CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Council Meeting Agenda

Friday, December 6, 2024
9:00 a.m. – 4:00 p.m.

Location: Hybrid Meeting

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

Council Meeting Agenda — December 6, 2024

Hybrid Meeting
Time: 9:00 a.m. to 4:30 p.m.

Item	Topic and Relevant Council Policy	Action	Lead if not Chair	Est. Time
1.0	**CALL TO ORDER**			9:00
1.1	Opening Remarks	Council Is Addressed	T. Strawn	9:05
1.2	Council Policy Manual Update	For Information	T. Strawn	9:15
1.3	Council Code of Conduct	For Information	T. Strawn	9:15
2.0	**APPROVAL OF AGENDA**			9:15
2.1	Review and Approval of Agenda	For Approval	T. Strawn	9:15
3.0	**DECLARATIONS OF POTENTIAL CONFLICT OF INTEREST**			9:20
3.1	Declarations of Conflict of Interest	Declare Conflicts	T. Strawn	9:20
4.0	**MEETING MINUTES APPROVAL**			9:20
4.1	Meeting Minutes – September 27, 2024	For Approval	T. Strawn	9:20
5.0	**INFORMATION REQUESTED BY THE BOARD**			
5.1	**Statutory Committee Reports**			
5.1.1	Executive Committee	For Information	T. Strawn	9:20
5.1.2	Discipline Committee	For Information	M. Cassim	9:20
5.1.3	Fitness to Practise Committee	For Information	TBD	9:20
5.1.4	Inquiries, Complaints and Reports Committee	For Information	Michelle Atkinson	9:20
5.1.5	Patient Relations Committee	For Information	Juli Kreutner	9:20
5.1.6	Quality Assurance Committee	For Information	Vanessa Pereira	9:20
5.1.7	Registration Committee	For Information	Anne-Marie Conaghan	9:20
5.2	**Incidental Briefing Reports**			
5.2.1	Council Chair’s Report	For Information	T. Strawn	9:20

5.2.2	Registrar's Administrative Report	For Information	G. Pettifer	9:20
6.0	**OWNERSHIP LINKAGE**			9:25
6.1	Status of Ownership Linkage Activities	For Information	Krista Dufour	9:25
7.0	**GOVERNANCE PROCESS ITEMS**			
7.1	2025 Operations Budget *Council will be asked to approve the 2025 operations budget.*	For Approval	T. Strawn	9:30
7.2	2025 Governance Budget *Council will be asked to approve the 2025 governance budget.*	For Approval	T. Strawn	9:40
7.3	Governance Committee Update *The Chair will provide an update to Council on the committee's activities.*	For Information	M. Atkinson	9:55
7.4	Emergency Class Activation and Supervision Policy	For Approval	T. Strawn	10:00
BREAK				10:30
7.5	Strategic Plan	For Information	T. Strawn	10:45
8.0	**BOARD EDUCATION**			
8.1	Canadian Oral Health Survey (COHS) Presentation	For Information	Statistics Canada	11:30
LUNCH				12:00
8.2	Voice of the Patient Survey Presentation	For Information	Pivotal Research	1:00
8.3	CNAR Report	For Information	M. Atkinson, L. Beniuk, V. Pereira, E. Betts	1:30
9.0	**MONITORING BOARD PERFORMANCE**			
9.1	Monitoring: Global Governance Process	For Information	T. Strawn	1:45
9.2	Monitoring: GP-13 In-Camera Sessions	For Information	T. Strawn	1:55
10.0	**GOVERNANCE PROCESS ITEMS CONTINUED**			
10.1	Policy Content Review: Global Governance Process	For Consideration	T. Strawn	2:00

10.2	Policy Content Review: GP-13 In-Camera Sessions	For Consideration	T. Strawn	2:05
11.0	**EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION**			2:10
11.1	Policy Content Review: EL-1	For Consideration	T. Strawn	2:10
11.2	Policy Content Review: EL-5	For Consideration	T. Strawn	2:15
11.3	Policy Content Review: EL-10	For Consideration	T. Strawn	2:20
11.4	Policy Content Review: EL-11	For Consideration	T. Strawn	2:25
—	**COUNCIL MOVES IN CAMERA (ITEM 12.1- 12.5)** To discuss personnel matters. Monitoring Reports on Ends and Executive Limitations form part of the Registrar's Performance Evaluation			
12.0	**MONITORING CEO PERFORMANCE**			
12.1	Internal Monitoring: General Executive Constraint	For Approval	G. Pettifer	2:30
12.2	Internal Monitoring: EL-2 Treatment of Staff	For Approval	G. Pettifer	2:40
12.3	Internal Monitoring: EL-3(3)-3(8)	For Approval	G. Pettifer	2:50
12.4	Internal Monitoring: EL-4(1)	For Approval	G. Pettifer	3:00
12.5	Internal Monitoring: EL-8	For Approval	G. Pettifer	3:10
—	**COUNCIL MOVES OUT OF CAMERA**			
13.0	**SELF-EVALUATION OF GOVERNANCE PROCESS**			
13.1	Council Meeting Evaluation	For Evaluation and Discussion	T. Strawn	3:30
14.0	**NEXT MEETING DATE — January 17, 2025**			
15.0	**ADJOURNMENT**			4:00

Briefing Note

To: Council

From: Chair

Date: December 6, 2024

Topic: Council Policy Manual Update

The following policy was updated at the September 27, 2024 Council meeting:

- GP-6.3 Registrar/CEO Transition Committee Terms of Reference

Council Code of Conduct

Excerpt from Policy Manual:

GP-8 CODE OF CONDUCT

Council Members shall conduct themselves in accordance with the bylaws.

Please refer to Bylaws section 3.7 for more details.

CDHO

Suggested Motion – Friday, December 6, 2024

2.1 ADOPTION OF AGENDA

MOTION: **THAT** Council moves to approve the December 6, 2024 Council meeting agenda as presented.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, December 6, 2024

4.0 MEETING MINUTES APPROVAL

MOTION: **THAT** Council moves to approve the September 27, 2024 meeting minutes as presented.

Moved:

Seconded:

VOTE:

Council Meeting Minutes

Virtual Zoom Meeting – Livestreamed to the CDHO YouTube Channel
Friday, September 27, 2024 – 9:00 a.m. to 4:30 p.m.

COUNCIL MEMBERS PRESENT

Professional Members: Michelle Atkinson (Vice-Chair), Maheen Cassim, Anne-Marie Conaghan (Academic), Jennifer Cooper (Academic), Krista Dufour, Vanessa Pereira, Terri Strawn (Chair), Mary Yeomans, Balbir Sohi, Christina Lee-Rotstein, Candace Herod

Public Members: Erin Betts, Pella Giabanis, Amit Sethi, Margaret Wade

Regrets: Sasha Sidhu, Ehizele Martin Iyamabo, Loree Beniuk, Farzana Hussain, Juli Kreutner

Administration: Dr. Glenn Pettifer (Registrar and CEO), Eric Bruce (Deputy Registrar/Director of Registration & Professional Conduct), Suzanne Fox (Director of Corporate Services), Ryan Pestana (Director of Communications), Veronica Douglas (Executive Administrator)

Guests: Julie Maciura, SML, CDHO Legal Counsel (9:00a.m.-2:15p.m.), Doha Melhem, Pivotal Research (11:30a.m.-12:10p.m.), Rainer Kocsis, Pivotal Research (11:30a.m.-12:10p.m.), Marika Nadeau, Health Canada (1:00p.m.-2:15 p.m.), Annabelle El-Hage, Health Canada (1:00p.m.-2:15 p.m.), Shanice Chin, Health Canada (1:00p.m.-2:15 p.m.), Joelle Pilon, Health Canada (1:00p.m.-2:15 p.m.)

1.0 CALL TO ORDER

1.1 Opening Remarks

The Council Chair, Terri Strawn, called the meeting to order at 9:01 a.m. She welcomed Council and guests to the September Council meeting. The following land acknowledgment was made:

"While we meet today in a virtual environment, I would like to begin by acknowledging the Indigenous peoples and every being of all the lands that we are gathered on here. I acknowledge that there are 46 treaties, other agreements as well as unceded nations that cover the territory now called Ontario, which remains the home of many First Nations, Inuit, and Métis people. I come with respect for this land that I am on today, for the people and all living beings who have and still reside here.

Let's take a moment to acknowledge the importance of the land which we each call home and express my gratitude to have the privilege to work on this land. We do this to reaffirm our commitment and our responsibility to improve relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures. From coast to coast to coast, I wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Please join me in a moment of reflection to acknowledge the effects of genocide, residential schools, and the ongoing effects of colonialism on Indigenous families and communities. We have the utmost respect for Indigenous peoples and wish to thank them for their continued stewardship of this land. Let's take this time to consider how we can, in our own way, move forward in a spirit of reconciliation and collaboration."

Ms. Strawn thanked Angelica Palantzas, Public Member, for her years on Council and welcomed new Public Members, Christina Lee-Rotstein and Candace Herod to their first Council meeting.

1.2 Council Policy Manual Update

No policy updates were made at the June Council meeting.

2.0 APPROVAL OF AGENDA

2.1 Review and Approval of Agenda

MOTION: **THAT** Council moves to approve the September 27, 2024 Council meeting agenda as presented.

MOVED: Krista Dufour
SECONDED: Erin Betts
VOTE: **CARRIED**

3.0 DECLARATIONS OF POTENTIAL CONFLICTS OF INTEREST

3.1 Declarations of Conflict of Interest

No conflicts were declared.

4.0 CONSENT AGENDA (4.1-4.1.1)

The June 7, 2024 meeting minutes were removed from the Consent Agenda. A footnote was added to Section 8.2 Auditor Assessment Tool to say: *At the time this motion was passed the Auditor Assessment Tool had not been completed. It has since been completed and a positive assessment was formed by the Executive Committee. It was presented to Council at the September 27, 2024, meeting*.

MOTION: **THAT** Council moves to approve the consent agenda as amended.

MOVED: Margaret Wade
SECONDED: Vanessa Pereira
VOTE: **CARRIED**

5.0 INFORMATION REQUESTED BY THE BOARD

Dr. Pettifer updated the CDHO on the College.

The Registration Committee report was updated to include a meeting date on September 23rd, 2024. The Chair's Report was updated to include a meeting with the Registrar on September 25, 2024.

6.0 OWNERSHIP LINKAGE

6.1 Status of Ownership Linkage Activities

The Chair of the Ownership Linkage Committee, Krista Dufour, advised there were no additional updates from the committee. A written report was provided to Council.

7.0 GOVERNANCE PROCESS ITEMS

7.1 Governance Committee Update

Michelle Atkinson updated the Council on the Governance Committees activities. The Governance Committee met on July 12, 2024. They are continuing to implement the recommendations from Harry Cayton and Deanna Williams' governance report. They have started work on all nine recommendations. At the June Council meeting, Council decided to create a strategic plan, so the Governance Committee has hired Kevin McCarthy of The Regulator's Practice to assist Council with this process.

7.2 2025 Council Meeting Dates

Council discussed potential dates for its 2025 meeting. Council considered the environmental impact of travel as well as Council member preferences and decided on having virtual meetings in January, June, and September and holding in person/hybrid meetings in March and December.

MOTION: THAT Council approved the proposed 2025 meeting dates.

Date	Meeting
January: Virtual	
Friday, January 17, 2025	January Council Meeting
March: In Person/Hybrid	
Thursday, March 27, 2025	Workshop
Friday, March 28, 2025	March Council Meeting
June: Virtual	
Friday, June 13, 2025	Workshop
Friday, June 20, 2025	June Council Meeting
September: Virtual	
Friday, September 19, 2025	Workshop
Friday, September 26, 2025	September Council Meeting
December: In Person	
Thursday, December 11, 2025	Workshop
Friday, December 12, 2025	December Council Meeting

MOVED: Jennifer Cooper
SECONDED: Balbir Sohi
VOTE: **CARRIED**

7.3 Proposed Amendments to the Examinations and Registration Regulations

Council was asked to withdraw portions of the proposed amendments to the Examinations and Registration Regulations (Parts I and VII of O. Reg. 218/94, made under the *Dental Hygiene Act, 1991*) that were previously submitted to the Ministry of Health for consideration in early 2021. This recommendation follows an updated review of the proposal by staff and consultation with the Ministry; it is intended to remove items that are no longer supported by a strong policy rationale and that may not receive Ministry support.

In general, the proposed amendments are intended to ensure that CDHO's registration processes are efficient and serve to protect the public by establishing objective, transparent, and fair registration requirements for applicants. A detailed discussion of the recommended

approach for each proposed amendment and the public protection rationale was provided to Council in a briefing note.

In summary, the proposed changes were:

Original Proposal	Staff Recommendation
Revoking the Examinations Regulation in its entirety	Retain
Eliminate the Specialty Class of Certificate of Registration	Withdraw
Create a new Retired Class of Certificate of Registration	Withdraw
Create a new Visiting Class of Certificate of Registration	Withdraw
Rename the Inactive Class of Certificate of Registration to Non-Practising	Retain
Replace references to specific accrediting and examining bodies [i.e., the National Dental Hygiene Examination Board (NDHCB) and the Commission on Dental Accreditation of Canada (CDAC)] with generic references	Retain
Eliminate the option for a refresher course for applicants who have been out of practice for more than three years	Withdraw
Update various reporting requirements (i.e., the information that an applicant must disclose regarding their conduct history)	Retain

Council discussed and supported the proposed changes.

THAT Council directs staff to resubmit the proposed amendments to the Examinations and Registration Regulations, as revised, to the Ministry of Health for consideration.

MOVED: Krista Dufour
SECONDED: Michelle Atkinson
VOTE: **CARRIED**

7.4 Auditor Assessment Tool

A key oversight activity of the Executive Committee is annually assessing the effectiveness of the external auditor. This annual assessment assists the Executive Committee to meet their responsibility to make an informed recommendation to Council on whether the external audit firm should be put forward for reappointment. The Executive Committee did form a positive assessment of the external auditor in June 2024 when the auditor for 2025 was appointed, however the document had not been provided to Council at that time. As such, the Auditor Assessment Tool was presented to Council at the September meeting. No questions were raised.

7.5 College Strategic Planning Process

At the June 2024 Council meeting, Council decided to undergo the strategic planning process. As a result, they have hired Kevin McCarthy, VP- Advisory Services at The Regulator's Practice to help facilitate discussion and help with the process. An initial discussion took place at Council's workshop on September 20, 2024. Council will be meeting with Kevin McCarthy at

least once in advance of the December workshop and meeting. Various documents, including an environmental scan, will be provided to Council to help them create a clear, understandable, achievable plan. Council hopes to create the strategic plan by end of 2024 or the beginning of 2025.

8.0 BOARD EDUCATION

8.1 Registrant Engagement Survey Results

Doha Melhem and Rainer Kocsis presented the findings from the Registrant Experience program. The Registrant Experience program assesses the CDHO registration process from the perspectives of successfully registered dental hygienists. The goal is to enhance the registration process, providing feedback to continuously improve CDHO operations and registrant engagement. The presentation highlighted key trends and progress, such as satisfaction improving across nearly all steps of the registration process between 2023 and 2024 and concerns regarding criminal record check/CPIC reports were cut in half. Pivotal Research provided some key considerations including: providing clear and detailed guidance for each step, enhancing the self-service portal, and enhancing customer service and transparency. The research started in 2023 and is ongoing with an upcoming cohort scheduled from October-November 2024.

8.2 Canadian Dental Care Plan Presentation

Marika Nadeau from the Oral Health Branch of Health Canada, joined the meeting to present to Council on the roll out of the Canadian Dental Care Plan (CDCP). The plan helps make the cost of oral health care more affordable for eligible Canadians and is an opportunity to provide care to new and existing patients. Ms. Nadeau provided an overview of the program, including eligibility criteria, services covered, provider participation, and how to submit a claim. Statistic Canada, in partnership with Health Canada, has developed new data collection tools to address oral health gaps. These studies will help inform the implementation and impact of the CDCP.

8.3 Public Awareness Campaign

The Director of Communication, Ryan Pestana, presented to Council on the progress of the upcoming Public Awareness Campaign. This will be multi-year public awareness campaign that targets the public through various mediums (digital, print, radio) and reaches as broad an audience as possible (including rural, Indigenous, and underserved communities). The goal is to increase the awareness of CDHO's mandate by plainly and simply describing the legislative role, promoting the Public Register, and promoting IPAC practices in plain language. So far CDHO has hired a vendor, done an audience scan, worked on creative development, and are currently in the pilot stage before launching the full campaign. The full campaign is expected to be launched in November 2024.

9.0 MONITORING BOARD PERFORMANCE

9.1 GP-6

The Council Chair reviewed the GP- 6 policy and discussed Council's adherence to the policy. Currently there have been no reports of misconduct to the Registrar or Chair regarding committee conduct. Council was found in compliance with the policy.

9.2 GP-6.3

The Council Chair reviewed the GP- 6.3 policy and discussed Council's adherence to the policy. The Registrar/CEO Transition Committee has not convened since the Registrar has not taken a leave of absence, therefore Council was found in compliance with the policy.

10.0 GOVERNANCE PROCESS ITEMS CONTINUED

10.1 Policy Content Review: GP-6

Council reviewed the GP-6 policy and determined no changes were needed.

10.2 Policy Content Review: GP-6.3

Council reviewed the GP-6.3 policy and decided to remove the word 'an' in GP 6.3 section 1.3.

11.0 COUNCIL REGISTRAR DELEGATION ITEMS FOR CONSIDERATION

There were no agenda items at this meeting.

12.0 ENDS ITEMS FOR CONSIDERATION

There were no agenda items at this meeting.

13.0 REQUIRED APPROVALS AGENDA

There were no agenda items at this meeting.

14.0 EXECUTIVE LIMITATIONS ITEMS FOR CONSIDERATION

14.1 Policy Content Review: EL 3

Council reviewed the EL 3 policy and no changes were made.

14.2 Policy Content Review: EL 4

Council reviewed the EL 4 policy and no changes were made.

14.3 Policy Content Review: EL 6

Council reviewed the EL 6 policy and no changes were made.

14.4 Policy Content Review: EL 9

Council reviewed the EL 9 policy and no changes were made.

MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, *Schedule 2, Section 7(2)(d)* at 2:14 p.m., for agenda items 15.1–15.4.

MOVED: Krista Dufour
SECONDED: Jennifer Cooper
VOTE: **CARRIED**

15.0 MONITORING CEO PERFORMANCE

15.1 EL-4(1)

MOTION: **THAT** Council has assessed the monitoring report for EL-4(1) and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Jennifer Cooper
Seconded: Amit Sethi
VOTE: **CARRIED**

15.2 EL-5

MOTION: **THAT** Council has assessed the monitoring report for EL-5 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Krista Dufour
Seconded: Maheen Cassim
VOTE:
CARRIED

15.3 EL-10

MOTION: **THAT** Council has assessed the monitoring report for EL-10 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Candace Herod
Seconded: Mary Yeomans
VOTE:
CARRIED

15.4 EL-11

MOTION: **THAT** Council has assessed the monitoring report for EL-11 and determined there is sufficient, verifiable evidence of a reasonable interpretation.

Moved: Krista Dufour
Seconded: Jennifer Cooper
VOTE:
CARRIED

MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, *Schedule 2, Section 7(2)(d)*.

MOVED: Krista Dufour
SECONDED: Christina Lee-Rotstein
VOTE: **CARRIED**

16.0 SELF-EVALUATION OF GOVERNANCE PROCESS

16.1 Council Meeting Evaluation

The Council Feedback Survey was sent to Council members to be completed electronically.

17.0 NEXT MEETING DATE

The next Council meeting is December 6, 2024.

18.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at 3.15 p.m.

MOVED: Krista Dufour
SECONDED: Amit Sethi
VOTE: **CARRIED**

Approved by:

_____ _____

Signature of Chair, Terri Strawn Date

Executive Committee Report — December 6, 2024

Committee Mandate: Except as provided by the Act, the Executive Committee may exercise all the powers and duties of the Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Council.

Professional Members (Council): Terri Strawn, Chair; Michelle Atkinson, Vice-Chair; Vanessa Pereira

Public Members (Council): Loree Beniuk, Erin Betts

INTRODUCTION

Since its last report to Council, the Executive Committee met virtually on November 8, 2024. The Executive Committee also met with the ODHA Executive Director and officers on November 8, 2024.

Approved Executive Committee meeting minutes are available to Council via Board Effect in the 'Library'.

ITEMS FOR INFORMATION

CDHO Governance

The Executive planned the agendas for the December 5th Council workshop and the December 6th Council meeting.

The Executive Committee reviewed the CDHO's Q3 Financial Report and no issues were raised.

The Governance budget was finalized and will be brought to Council at the December meeting for approval.

The Canadian Network of Agencies of Regulation's (CNAR) annual conference took place in Ottawa from October 7th-9th, 2024. This year, the Vice-Chair - Michelle Atkinson, and Executive Committee members Vanessa Pereira, Loree Beniuk, and Erin Betts attended the conference with staff. A sharing of information to Council on what was learned will take place at the December meeting.

Public Member Appointments

Candace Herod had an orientation session on October 17th and October 21st, 2024. Loree Beniuk has been assigned as her mentor. Vanessa Pereira has been assigned as Christina Lee-Rotstein's mentor.

Mentorship Update

In accordance with Council's Mentorship Program of having 6 months with a Public member and 6 months with a Professional member, Pella Giabanis has been mentoring Balbir Sohi and Anne-Marie Conaghan has been mentoring Juli Kreutner for the second half of this year.

CDHO

Discipline Committee Report — December 6, 2024

Committee Mandate: To hear and decide on allegations of professional misconduct and/or incompetence made against registrants of the CDHO.

Chair: Maheen Cassim

Vice-Chair: Vanessa Pereira

Professional Members (Council): Michelle Atkinson, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Farzana Hussain, Terri Strawn, Mary Yeomans, Balbir Sohi, Juli Kreutner, Maheen Cassim, Vanessa Pereira

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Ehizele Martin Iyamabo, Angelica Palantzas (until end of term September 1, 2024), Alessandro Greco (until end of term May 12, 2024), Margaret Wade, Christina Lee-Rotstein (since July 11, 2024), Candace Herod (since August 29, 2024)

Professional Members (Non-Council): Amanda Acker, Siobhan Brennen, Gillian Dunn, Rowena Javier, Paula Malcomson

INTRODUCTION

Since its last report to Council in September 2024, the Discipline Committee has not held a plenary meeting.

ITEMS FOR INFORMATION – RELATED TO MANDATE

As of the date of writing, there are no matters currently pending before the Committee.

CONCLUSION

The Discipline Committee is continuing to ensure that all matters referred to it are dealt with in a fair, consistent, and timely manner.

Fitness to Practise Committee Report — December 6, 2024

Committee Mandate: To hear and determine allegations of incapacity made against registrants of the CDHO.

Chair: Vacant

Professional Members (Council): Michelle Atkinson, Maheen Cassim, Anne-Marie Conaghan, Jennifer Cooper, Krista Dufour, Farzana Hussain, Juli Kreutner, Vanessa Pereira, Balbir Sohi, Terri Strawn, Mary Yeomans

Public Members (Council): Loree Beniuk, Erin Betts, Pella Giabanis, Ehizele Martin Iyamabo, Angelica Palantzas (until end of term September 1, 2024), Upneet (Sasha) Sidhu, Margaret Wade, Amit Sethi, Christina Lee-Rotstein (since July 11, 2024), Candace Herod (since August 29, 2024)

INTRODUCTION

The Fitness to Practise Committee conducts hearings to determine whether a Registrant is suffering from a health condition or disorder that is affecting or may affect their ability to practise safely and effectively. Given the personal health information that is often at issue in such hearings, they are closed to the public; however, any finding by the Fitness to Practise Committee will be summarized on the College's Public Register. In addition, the College's bylaws permit information about any allegations of incapacity at issue in a hearing to be published. Further, when a finding of the Fitness to Practise Committee is under appeal, it will be noted on the Public Register.

ITEMS FOR INFORMATION – RELATED TO MANDATE

The Fitness to Practise Committee has not met and panels of the Committee have conducted no hearings since the last report to Council in September 2024.

CONCLUSION

The Committee is continuing to ensure that all matters referred to it are dealt with in a fair, consistent, and timely manner.

CDHO

Inquiries, Complaints and Reports Committee Report — December 6, 2024

Committee Mandate: The ICRC is a statutory Committee created under the *Regulated Health Professions Act, 1991*. Its mandate is to review all complaints, reports and inquiries in a fair and consistent manner to determine what action, if any, is appropriate in each case.

ICRC Chair: Michelle Atkinson

Panel A – Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Balbir Sohi
Public Members (Council): - Loree Beniuk, Sasha Sidhu
Professional Members (Non-Council): Paula Benbow, Christina Mitas

Panel B – **Chair:** Michelle Atkinson

Professional Members (Council): Michelle Atkinson, Mary Yeomans
Public Members (Council): Erin Betts, Margaret Wade
Professional Members (Non-Council): Tonia Peachman-Faust, Larissa Voytek

INTRODUCTION

The Inquiries, Complaints and Reports Committee (ICRC) is divided into two main Panels (A and B). A third supplementary panel (Panel C) may be established to accommodate the number of ongoing investigations and to avoid any potential conflicts of interest.

Since the last Report to Council on September 27, 2024, the panels of the ICRC met on the following dates by video conference:

Committee as a Whole	Panel A	Panel B	Panel C
Did not meet	October 21, 2024	November 22, 2024 (scheduled)	Did not meet

ITEMS FOR INFORMATION – RELATED TO MANDATE

The following tables detail, in summary form, the activities of the ICRC since the last Report to Council (which reported information up to September 4, 2024).

Number of investigations carried over from previous period(s)[1]			
	Complaints	**Registrar Reports**	**QA Referrals**
Investigations started before September 4, 2024	**4**	**6**	**0**

Intake of new investigations			
	Complaints	**Registrar's Reports**	**QA Referrals**
September 4, 2024 to November 14, 2024	**2**	**2**	**0**

Decisions made and finalized by ICRC			
	Complaints Outcomes	**Reports Outcomes**	**QAC Outcomes**
September 4, 2024 to November 14, 2024	No Further Action: **5**	Specified Continuing Education or	**0**

[1] Carryover (carried over) refers to investigations that began before the last Council meeting which are still being investigated or have been completed.

	Guidance and Recommendations: **1** Specified Continuing Education or Remediation Program (SCERP): **1** Alternative Dispute Resolution (ADR) Decision Ratified[2]: **1**	Remediation Program (SCERP): **2**	

Health Professions Appeal and Review Board Matters			
	Total Matters in progress (including where Decision pending)	**Matters heard, Decision pending**	**Decision(s) Received**
September 4, 2024 to November 14, 2024	**2**	**0**	**0**

Incapacity

The ICRC is currently not dealing with any incapacity matters.

[2] Since August 1, 2022, the ICRC has offered Alternative Dispute Resolution (ADR) in eligible complaint matters. Both the Complainant and Registrant must agree to the process.

Timelines

The *Regulated Health Professions Act, 1991* states that complaints shall be disposed of within 150 days. However, if a complaint is not disposed of within 150 days, the ICRC does not lose jurisdiction to continue the investigation. A notice, however, must be provided to the complainant at 150 days and to all parties and the Health Professions Appeal and Review Board at 210 days. At 240 days and every thirty days thereafter, the College provides notice to the parties setting out the reason for the delay. Although these timelines only apply to complaints, the ICRC aims to dispose of all investigations using the same benchmarks of 150, 210 and 240 days. Reasons for a delay may be due to the complexity of the matter.

Numbers of days to disposition on completed matters from September 4, 2024, to November 14, 2024 (time of writing) were as follows:

Timeline	Complaints	Registrar's Reports	QA Referrals
150 days or less	4[3]	-	-
151 days to 210 days	3	-	-
211 days to 240 days	-	1	-
More than 240 days	1	1	-

CONCLUSION

The ICRC continues to review all complaints and reports in a fair and consistent manner.

[3] Includes ADR matter.

Patient Relations Committee Report — December 6, 2024

Committee Mandate: As a statutory committee under the RHPA, the mandate of the Patient Relations Committee is to develop and implement a program that includes two distinct components: 1) measures for preventing or dealing with sexual abuse of patients; and 2) to inform the public about the importance of oral health and Dental Hygienists' responsibilities within health care.

Chair: Juli Kreutner

Professional Members (Council): Farzana Hussain, Juli Kreutner

Public Members (Council): Loree Beniuk, Pella Giabanis, Sasha Sidhu

Professional Members (Non-Council): Paula Malcomson

INTRODUCTION

The Patient Relations Committee has not met since the last Committee meeting on June 12, 2024.

Discipline Hearings

At the time of the Committee's meeting, there were no Disciplinary Matters to report.

Quality Assurance Committee Report — December 6, 2024

Committee Mandate: To fulfill the CDHO's legislative obligation to the public of Ontario and the Ministry of Health and Long-Term Care by facilitating Dental Hygienists as they monitor and improve their level of competence in their dental hygiene practice and environment, for consistency with CDHO Standards of Practice, by-laws and regulations.

Chair: Vanessa Pereira

Professional Members (Council): Jennifer Cooper, Vanessa Pereira, Balbir Sohi

Public Members (Council): Christina Lee-Rotstein, Margaret Wade

Professional Members (Non-Council): Tonia Peachman-Faust, Wendy Wardlaw

INTRODUCTION

The Quality Assurance Committee met once since the last Report to Council. The Committee met by video conference on October 28, 2024.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Welcome Emails

'Welcome to the Profession' notices are sent out by automated email at the time of registration. The notice is designed to promote quality practice and to increase awareness of the CDHO resources available, such as the CDHO Knowledge Network, the practice advisors, and the Quality Assurance Program Self-Assessment and educational tools. Since the last report to Council, 172 emails were sent out to those registered between September 3, 2024, and November 13, 2024.

SMILE Portal Updates for 2025

The SMILE Portal was recently updated so that those who volunteered to submit their QA records in 2025 could select the new 4th Path option. The 837 volunteers have been asked to confirm their Path by the end of 2024. RDHs who choose Path 1, 2, or 3 will be able to use the SMILE Portal to complete and submit their records in 2025. Volunteers who choose Path 4 will be emailed in the new year to confirm availability so that they can be matched with a Facilitator and Peer Learning Circles group that fit into their schedule.

Quality Assurance Records Peer Review Statistics (as of November 13, 2024)

2024 Peer Assessment

Of the 22[1] quality assurance records requested

21 have met the assessment guidelines[2]

1 are in the assessment process[4]

0 are participating in directed learning/remediation

2024 Practice Reviews

Of the 1[3] on-site practice assessments requested

1 have met the assessment guidelines[2]

0 is in the assessment process[4]

0 are participating in directed learning/remediation

2023 Peer Assessment

Of the 42[1] quality assurance records requested

42 have met the assessment guidelines[2]

0 are in the assessment process[4]

0 are participating in directed learning/remediation

2023 Practice Reviews

Of the 0[3] on-site practice assessments requested

0 have met the assessment guidelines[2]

0 are in the assessment process[4]

0 are participating in directed learning/remediation

---

1 Includes registrants who were selected by the Committee from referrals, for not completing the Annual Self-Assessment and/or have been carried forward from a previous assessment period.

2 Includes registrants who have resigned, were exempted, or deferred to another assessment period and those referred to the ICRC for non-compliance.

3 Includes registrants who were carried forward from a previous assessment period and those placed into Path 3 for failure to submit QA records.

4 Includes registrants who were granted an extension to submit, those awaiting Committee decision, and those required to participate in an onsite practice review as part of their assessment.

CDHO

Registration Committee Report — December 6, 2024

Committee Mandate: The Registration Committee is a statutory Committee under the RHPA. It assesses an applicant's educational qualifications and suitability to practise dental hygiene in Ontario in an equitable and consistent manner. The Committee ensures that registrants meet the requirements as set out in the registration regulations.

Chair: Anne-Marie Conaghan

Professional Members (Council): Anne-Marie Conaghan, Maheen Cassim, Michelle Atkinson

Public Members (Council): Amit Sethi, Angelica Palantzas, Pella Giabanis

Professional Members (Non-Council): Lisa Frisch

INTRODUCTION

This report summarizes the Registration Committee's activities from its last Report to Council in September 2024, covering the period from August 27, 2024, to November 6, 2024.

The Registration Committee has met twice since the last Report to Council.

ITEMS FOR INFORMATION – RELATED TO MANDATE

Registration Statistics

Certificate of Registration	August 26, 2024	November 6, 2024
General	14, 177	14, 304
Specialty	647	653
Inactive	770	732
Total Registrants	15, 594	15, 689

Applications for Registration

Since the last Report to Council, the College received 168 new applications for registration. 1 application required detailed review by the Registrar.

Registration Committee Meeting

A panel of the Registration Committee convened via video conference on September 23, 2024, and reviewed 7 requests for a fourth attempt at the written entry-to-practice examination, also known as the National Dental Hygiene Certification Examination.

The Registration Committee convened on October 16, 2024, for a committee orientation.

Changes to the Register

Since last reported to Council:

- 114 applicants were registered to practise
- 16 previous registrants of the College were re-registered
- 1 registrant reinstated
- 0 registrants were administratively suspended
- 0 registrants were revoked for non-payment of fees
- 0 registrants were revoked with cause
- 34 registrants resigned
- 0 registrants resigned with cause

Council Chair's Report to Council — December 6, 2024

PUBLIC INTEREST RATIONALE

According to our bylaws, the Council Chair or the Chair means the Chair of the Council, and the Chair of the Executive Committee and shall be charged with the general supervision and leadership of the affairs and business of the Council and such other duties as may, from time to time, be assigned to them by the Council. This report provides transparency about the activities the Chair undertakes between Council meetings, expense approvals and Council member attendance at meetings. Council member attendance is of interest as it is a critical aspect of effective governance, ensuring that the CDHO fulfills its responsibility to the public of Ontario responsibly and transparently.

CHAIR'S ACTIVITIES

October 16 – Pre-election orientation

October 17 – New Council Member orientation

October 28 - Teleconference with Vice Chair

November 7 – Teleconference with Vice Chair

November 11 – Teleconference with Vice Chair

November 18 - Teleconference with Vice Chair

EXPENSE POLICY EXCEPTIONS

Subject to pre-approval by the Chair and under special circumstances, the Chair may use her discretion to approve costs for accommodation outside the policy allocation. In doing so, Council has requested that when discretion has been used, the Chair is to report to Council with the rationale for the decision.

The Chair approved the following expenses:

None

In an effort to increase the transparency of Council, the attendance record of Council members at meetings is included in this report. [Appendix 1]

COST OF GOOD GOVERNANCE

In an effort to increase the transparency of Council, the breakdown of honorariums and expenses per Council member has been provided. [Appendix 2]

APPENDIX 1

Name	January 12, 2024 New Member Orientation	January 19, 2024 Meeting	March 7, 2024 Workshop	March 8, 2024 Meeting	June 6, 2024 Workshop	June 7, 2024 Meeting	July 22, 2024 (special meeting- in-camera)	September 20, 2024 Workshop	September 27, 2024 Meeting	December 5, 2024 Workshop	December 6, 2024 Meeting
Professional Members											
Atkinson, Michelle	N/A	✓	✓	✓	✓	✓	✓	✓	✓		
Cassim, Maheen	N/A	✓	✓	✓	✓	✓	✓	✗	✓		
Conaghan-Anne-Marie	N/A	✓	✓	✓	✓	✓	✓	✓	✓		
Cooper, Jennifer	N/A	✓	✗	✗	✗	✓	✓	✓	✓		
Dufour, Krista	N/A	✓	✓	✓	✓	✓	✗	✓	✓		
Hussain, Farzana	N/A	✗	✗	✗	✓	✓	✗	✗	✗		
Kreutner, Juli	✓	✓	✓	✓	✓	✓	✓	✓	✗		
Pereira, Vanessa	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Sohi, Balbir	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Strawn, Terri	N/A	✓	✓	✓	✓	✓	✓	✓	✓		
Yeomans, Mary	N/A	✓	✓	✓	✓	✓	✓	✓	✓		
Public Members											
Beniuk, Loree	N/A	✓	✓	✗	✓	✓	✓	✓	✗		
Betts, Erin	N/A	✗	✓	✓	✓	✓	✓	✓	✓		
Giabanis, Pella	N/A	✓	✗	✓	✓	✓	✓	✓	✓		
Greco, Alex	N/A	✗	✗	✗	N/A	N/A	N/A	N/A	N/A		
Herod, Candace	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓		
Iyamabo, Martin	N/A	✗	✗	✓	✗	✗	✓	✗	✗		
Lee-Rotstein, Christina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	✓		
Palantzas, Angelica	N/A	✓	✓	✓	✗	✗	✗	N/A	N/A		
Sethi, Amit	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓		
Sidhu, Upneet (Sasha)	N/A	✗	✗	✗	✗	✗	✗	✗	✗		
Wade, Margaret	N/A	✓	✓	✓	✓	✓	✓	✓	✓		

APPENDIX 2

Professional Council Members Honorarium and Expense Claim Submissions - Quarterly

For the Year ending December 31, 2024

	Q1 HONORARIUM	Q1 EXPENSES	Q2 HONORARIUM	Q2 EXPENSES	Q3 HONORARIUM	Q3 EXPENSES	Q4 HONORARIUM	Q4 EXPENSES	TOTAL
Terri Strawn (chair)	2,150.80	444.03	2,743.00	345.54	1,610.00				**7,293.37**
Vanessa Pereira	2,009.50		1,890.00		1,140.00	363.86			**5,403.36**
Michelle Atkinson (vice-chair)	3,114.00	1,074.82	2,715.00	2,511.23	1,660.00				**11,075.05**
Krista Dufour	1,074.00		1,190.00		545.00				**2,809.00**
Anne-Marie Conaghan	1,638.00		1,175.00		755.00				**3,568.00**
Jennifer Cooper	666.00		765.00		690.00				**2,121.00**
Jacqueline White	179.00		0.00		0.00				**179.00**
Maheen Cassim	1,644.00		765.00	721.98	160.00				**3,290.98**
Farzana Hussain	-		925.00		0.00				**925.00**
Mary Yeomans	1,752.00		1,295.00		715.00				**3,762.00**
Balbir Sohi	1,900.00	436.79	1,480.00	531.57	940.00				**5,288.36**
Juli Kreutner	1,445.50		1,285.00		505.00	862.00			**4,097.50**
Non-Council Professional Members (combined)	2,874.00		1,395.00		1,175.00				**5,444.00**
								TOTAL	**55,256.62**

Includes claims for:

council workshops/meetings
committee meetings
discipline hearings
ad-hoc committee work

REGISTRAR'S ADMINISTRATIVE REPORT

Public Interest Rationale – The Registrar is responsible for working collaboratively with the CDHO Council to effectively position the College to achieve its mandate of holding the public interest at the forefront of its deliberations, decisions, and initiatives. This mandate includes ensuring that people who access care from Registered Dental Hygienists in Ontario receive safe, ethical, competent care and that the statutory obligations articulated in the *Regulated Health Professions Act, 1991*, the *Dental Hygiene Act, 1991* and other applicable legislation are met.

This report provides Council with a summary update on work that was done in between Council meetings and represents a report of this ongoing work since Council's last general meeting on September 27, 2024.

HUB601

The HUB601 continues to be a very successful and welcomed initiative for the CDHO. The four participating organizations not only share the space but are also combining resources in the delivery of common (staff team) initiatives. In total, the financial contributions of our **HUB601** partners for 2024 result in approximately 25% of our lease expenses. The HUB partners will be engaging in a combined staff education event on December 10: "Artificial Intelligence Education" with Professor Abdi Aidid. Professor Aidid is an Assistant Professor with the University of Toronto Faculty of Law and is a Faculty Affiliate at the Centre for Ethics and is a member of the Ethics of AI lab.

Operations

Staff continue to work largely remotely with individuals attending the office when the work process requires in-office attendance or meetings are required. We continue with 2 monthly "anchor" days where all staff attend in-office for team meetings, staff meetings and workshops. We continue to look for opportunities to foster engagement of team members and harness the collaborative energy of in-person meetings within the context of our new hybrid work model.

Since April 1, 2024, we have employed four new Coordinators of Professional Programs, to fill existing vacancies, maternity leaves and an increase in workload demand in the Quality Assurance program area. (For comparison, the following data describes the ratio of number of registrants per staff member: CDHO: 625:1; RCDSO: 80:1; CDO 154:1; CMTO: 283:1).

CRM Migration Update (provided by Eric Bruce, CDHO Project Oversight Lead) :

The CRM Migration project is nearing its final phases. For planning purposes, the project is divided into a series of "Sprints", during which the project team works to plan, develop, and test a portion of the overall project. As of early December, the project team is engaged in finalizing Sprint 10 and working on Sprint 11. User Acceptance Testing (UAT) remains in full swing with the assistance of multiple CDHO staff, in particular the IT team.

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www.cdho.org

To incorporate a series of enhancements and new features requested by staff, which are not part of the current database, two additional Sprints have been added to the project. This brings the total to 13 Sprints from an originally planned 11. Staff felt that it was better to incorporate these enhancements during the migration project, rather than to defer them until after the launch of the new database. These two additional Sprints will lead to approximately an extra six weeks of development time with corresponding costs. These amounts have been included in the project budget for 2025. Following completion of Sprint 13, CDHO staff will complete a final round of UAT and a cut over plan to the new database will be implemented, prior to launch. The project team is working with the CDHO communications team to develop messaging for registrants on the changes to the online self-service portal and how to sign up for access, which will be sent out in Q1 2025. The launch date remains on track for mid-to-late Q1 2025.

Registrant Engagement

Practice Advisory Service

The Practice Advisory Service continues to be an accessible, valuable resource for Registered Dental Hygienists. Since the last report to Council, the Practice Advisory Service responded to 608 enquiries.

	Calls	Emails	Total Enquiries	Top Topics
September 2024	117	77	194	• Independent Practice • IPAC • Billing • Standards of Practice- Knowledge Network, Records
October 2024	102	100	202	
November 2024 (up to November 19, 2024)	55	44	99	

Program Elements

Communications

Over the last few months, the Communications Department has increased the CDHO's presence in the platforms on which it participates. Congratulations to the Communications team for their efforts in this regard. The De-Brief micro-site has been deployed.

With the re-design of our website, we can gather metrics associated with the website use:

Website Stats (September 1 – November 15, 2024)

- 107,052 English Sessions; 1,251 French Sessions (Sessions = # of users who interacted with a page(s) and includes repeat views)
- 6,728 clicks to the Public Register

- Top visited pages (excluding the homepage)
    - Annual Renewal
    - Graduates from Accredited Educational Programs (Canada or the USA) Knowledge Network
    - Hypertension Fact Sheet
    - Standards and Resources

- **Top PDF downloads:**
    - DH Standards of Practice
    - IPAC Guidelines
    - Code of Ethics
    - Registrants' Handbook
    - Clinical Information Practice Standard for Dental Hygiene

Social Media Stats (September 1 – November 15, 2024)

Facebook
- 44 new followers
- Content most engaged with (i.e., clicks, comments, shares): Stay up to date on IPAC post, Thank you Windsor Peer Circle, Thank you Sault Ste. Marie Peer Circle

Instagram
- 59 new followers
- Content most engaged with: Thank you Windsor Peer Circle, Thank You St. Catharines Peer Circle, Thank you Sault Ste. Marie Peer Circle

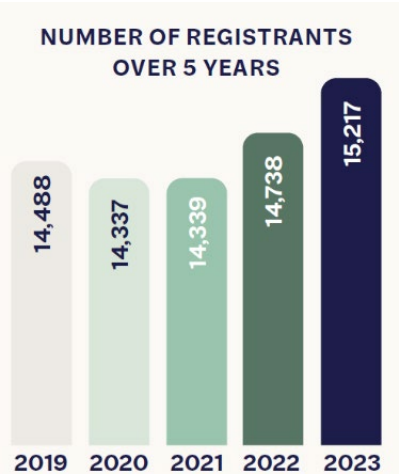
LinkedIn
- 105 new followers
- Content most engaged with: Welcome to new staff post (Alyssa), Thank you Windsor Peer Circle, Join our team: Director of Professional Practice

Public Awareness Campaign

The Communications team continues its work with Brand Heroes, an external vendor, to deliver a public awareness campaign that will help increase awareness of dental hygiene regulation and CDHO's role. Following extensive research, a two-month pilot began at the end of July and ended in early September. The pilot consisted of digital advertising (on Google, YouTube, Facebook, Instagram, Reddit and LinkedIn), as well as print and radio advertising in northern, remote and Indigenous communities. The results of the pilot confirmed the need for a mixed campaign (i.e., digital, print and radio) to reach our desired audiences. The full digital campaign was launched the second week of November, with print and radio launching the second week of December. Staff will continue monitoring analytics and adjusting the approach based on data from each platform.

Registration:

As of November 20, 2024, the CDHO has 15, 791 Registrants (14,411 General, 653 Specialty, and 727 Inactive). The Registration renewal period for 2025 Registration closed December 1.



The registration applicant **Application Process Experience Survey** continues. This feedback process is designed to characterize the experience of applicants as they engage with the CDHO during their initial Registration process. This qualitative data will assist us in identifying opportunities for improvement in our application process, an important component of our general principles of accessibility and accountability.

Dental Hygiene Workforce Assessment Publications

"Identification and assessment of factors that impact the demand for and supply of dental hygienists amidst an evolving workforce context: a scoping review." Dobrow MJ, Valela A, Bruce E, Simpson K and Pettifer G. BMC Oral Health (2024) 24:631 This publication can be viewed online: https://rdcu.be/dJpm5

"Comparison of the Distribution of the Dental Hygienist Workforce and Population in Ontario: A Geospatial Analysis" is currently under review by BMC Oral Health.

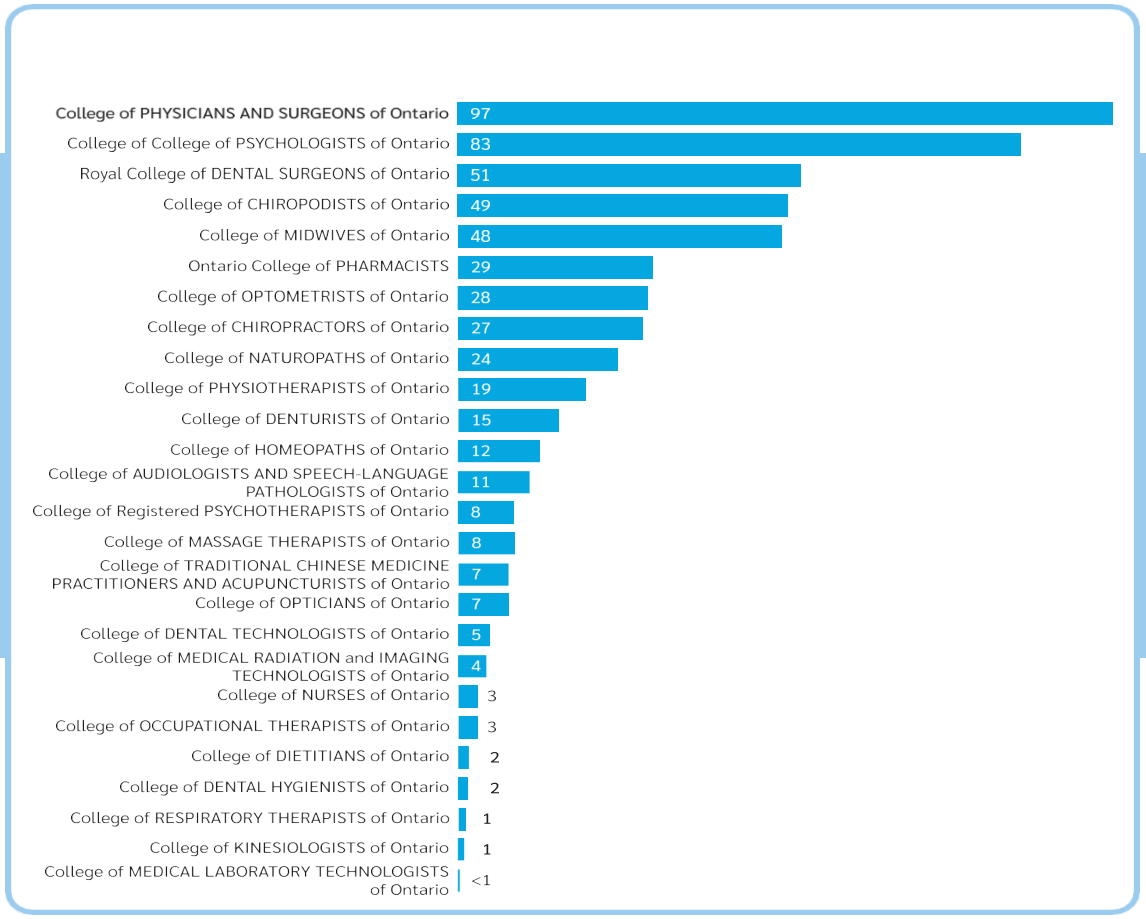
Professional Conduct

The **Complaint Process Experience Feedback Survey** remains available. This survey tool is used to evaluate the experience of individuals who submit complaints to the CDHO and Registrants respondents at touch points along the Complaint management journey.

There are currently 10 open complaint matters (of these 10 complaint matters, 3 have been reviewed by a panel and the panel is drafting the decisions) and 9 open report matters (that include referrals from the Quality Assurance Committee and matters related to incapacity). There are currently 2 matters before HPARB.

Complaints and Areas of Risk

Compared to many other health profession regulators, the CDHO receives a low number of complaints per 1,000 registrants as evidenced in the figure below (this is data from our Complaints Benchmarking Report, 2021). The College continues to receive a relatively low number of complaints, year over year.



With the complaint taxonomy framework the CDHO developed in conjunction with Pivotal Research, we are able to examine complaint issues in a standardized framework.

Examination of the taxonomy of complaints presented to the College and disposed of during the period September 4, 2024 – November 14, 2024, revealed that most frequent complaint issue was "disrespectful behaviour towards the patient" and "failure to provide a patient with required information

or failed to answer questions". Other unique issues that appeared in a complaint were: "failed or incomplete treatment", "forced patient to accept procedure", "overcharging", "poor acknowledgement of or causing pain or discomfort", "crossing professional boundaries", "violation of privacy", "inadequate record keeping". Please keep in mind that these are concerns raised in the context of a complaint and have not been substantiated.

Quality Assurance Program and Resource Development

Over 340 RDHs attended optional Peer Circles this summer at six online and four in-person events. Feedback continues to be overwhelmingly positive, with the majority of survey respondents indicating that they were very satisfied with the experience (82%). Most participants said they would recommend Peer Circles to others (98%), with comments highlighting collaborative learning, open conversation, and a safe space to connect with peers as reasons to attend.

More optional Peer Circles events occurred during the fall, with in-person events held in Sault Ste. Marie, Peterborough, St. Catharines, Kingston, Windsor, and Kitchener-Waterloo, as well as seven online events. The final two optional Peer Circles for 2024 will take place on December 7th and December 12th, bringing the total number of events to 28 for the year. At the close of the year, we nearly 1100 RDHs will have attended Peer Circles events.

In June, we asked for volunteers for the 2025 Quality Assurance assessment, with the new Path 4 – Peer Circles as an option to participate. We now have a little over 830 volunteers for the 2025 QA assessment. They have been asked to finalize their Path option selection in the SMILE Portal this December so that we can proceed with planning and scheduling Path 4 Peer Circles and coaching sessions. Based on an initial survey, we estimate about 80% oof volunteers will choose Path 4, with the remaining 20% split between Paths 1 and 2.

All 85 Peer Circle facilitators have completed training for facilitation skills. On November 4th and 5th, the first group of 36 facilitators began coach training. The second group will complete training in the spring.

With existing Peer Circles cases mapped and the weighting and blueprinting project completed in September, we began a round of case writing and reviewing in October. Thirty-five new cases were developed by a team of 39 RDHs. We are currently reviewing for consistency, formatting, etc., then these cases will be ready to use when Peer Circles return in 2025. Another round of case writing will also take place in the spring, with a target of 30 additional cases, which will bring the total cases to about 80-85.

In November, our assessment consultant worked with four focus groups of RDHs to help build the content base and inform the assessment structure of the Path 4 Peer Coaching sessions by identifying key competencies from the perspective of RDHs. In early December, two new groups will begin working on the data collection and assessment tool projects to create the tools Peer Coaches will use for Path 4 Peer Circles and coaching.

The Contraindications in Dental Hygiene Community of Practice has been open for a year this September and currently has over 2600 members. In response to feedback, we launched three new Communities of Practice (CoPs) in November. The Restorative, Orthodontic, and Public Health CoPs will

give RDHs a space to connect with each other, ask questions, access resources and discuss topics that are specific to their area of practice. These three new Communities of Practice have been open for almost a month. In this month, we have had 513 new signups to the Forumbee platform. We have seen an improvement in platform searches resulting in page clicks – meaning participants are now finding the information they were looking for.

We also now have a full complement of Community Leaders for each CoP. New leaders have been introduced to their respective CoPs, and the newest of them are scheduled for their orientation on December 10th:

- Contraindications and Dental Hygiene: 3
- Restorative: 3
- Public Health: 3
- Orthodontic: 4

Two additional educational Modules, one on Confidentiality and the other on Trauma and Violence Informed Care have been completed and are undergoing final Quality Assurance inspection before release to the Registrants.

System Partner Representation

Federation of Dental Hygiene Regulators of Canada

The CDHO is a member of and supports the work of this Federation. The work of the Federation is aimed at understanding and strategizing around areas of common interest for all regulators of the Dental Hygiene profession in Canada. The Federation is also responsible for the administration of the NDHCE (National Dental Hygiene Certifying Examination) and the CPEDH (Clinical Proficiency Examination for Dental Hygiene). Current initiatives are the implementation of a revised National Competency Profile for the Profession, a revision of the National Code of Ethics/Conduct for the Profession, and a review of the revised Entry to Practice Competencies for Dental Hygiene through an Indigenous Reconciliation lens. The FDHRC is also contemplating the development of a National Set of Standards of Practice for the Dental Hygiene profession.

Commission on Dental Accreditation of Canada (CDAC)

CDAC is the accrediting body (along with a reciprocal arrangement with the American Dental Association Commission on Dental Accreditation) identified by the Registration Regulation of the Dental Hygiene Act as the accreditor for Ontario Dental Hygiene programs.

As a member of the Federation of Dental Hygiene Regulators of Canada, I represent the FDHRC on the new CDAC Board that was created when CDAC was cleaved off the Canadian Dental Association. The Board is currently undergoing significant transformation that includes modifications to its governance structure, funding model and program survey framework. A new CEO has been in place since the summer and has been instrumental in developing a strategic plan for the organization, revising funding models, modifying organizational efficiency and contemplating a review of the accreditation standard framework.

Health Profession Regulators of Ontario

HPRO supports information sharing and some collaborative initiatives among Ontario's Health Profession Regulators in Ontario. The group is comprised of the Registrars from each of Ontario's 26 health regulatory colleges that regulate 29 distinct health professions. HPRO supports collaborative initiatives to assist colleges in fulfilling their regulatory roles.

Ontario Oral Health Professions Registrars

The Registrars of the CDHO, CDO, RCDSO, and CDTO continue to meet monthly to discuss areas of common interest.

2025 CDHO BUDGET

		2024 BUDGETED	2025 BUDGETED	2024 Y-T-D (Jan 1 - Sept 30)	2024 Y-T-D Percentage (Jan 1 - Sept 30)
INCOME					
Registration Income	**Breakdown**				
	Registration and Renewals	6,191,625.00	6,519,785.00	6,286,240.00	102%
	Incorporation	21,000.00	47,000.00	47,500.00	226%
	SUBTOTAL REGISTRATION	6,212,625.00	6,566,785.00	6,333,740.00	102%
Non-Registration Income	**Breakdown**				
	Legal Recovery	7,800.00	7,800.00	6,242.44	80%
	Hub 601 (office leasing)	127,000.00	131,000.00	91,707.94	72%
	Interest - Investments (bank account and portfolio interest)	380,000.00	500,000.00	320,257.71	84%
	SUBTOTAL NON-REGISTRATION INCOME	514,800.00	638,800.00	418,208.09	81%
	TOTAL INCOME	6,727,425.00	7,205,585.00	6,751,948.09	100%
EXPENSES					
OPERATIONAL					
Account	**Notes - 2025**				
JURISPRUDENCE		20,000.00	35,000.00	17,543.25	88%
DRUG COURSE AND EXAM		90,000.00	17,000.00	13,560.00	15%
ICRC	*Includes legal audit*	90,000.00	123,500.00	67,937.12	75%
DISCIPLINE		192,000.00	75,000.00	23,753.41	12%
COMMUNICATIONS		500,000.00	260,000.00	102,431.69	20%
QUALITY ASSURANCE	***includes knowledge network ($70,000) and education modules ($92,500)***	600,000.00	762,500.00	463,763.71	77%
REGISTRATION	*(includes applicant process feedback survey/tools)*	72,750.00	90,000.00	47,861.46	66%
COMM. ON DENTAL ACCREDITATION (CDAC)		140,000.00	170,000.00	160,041.76	114%
NATIONAL PROJECTS		50,000.00	50,000.00	0.00	0%
AMALGAMATION	*2024 spend = $3,675*	100,000.00	20,000.00	3,675.00	4%
SCHOLARSHIPS/BURSARIES	*Indspire - includes admin fee - 3 year commitment (final year)*	90,000.00	89,600.00	89,600.00	100%
FUNDING - counselling and therapy support	*ADDITION: Supplementary Supportive Fund $7,500*	34,350.00	42,240.00	0.00	0%
HEALTH BENEFITS PLAN - for registrants **(NEW)**	*homewood health (first year - no data to determine registrant use)*	–	50,000.00	–	–
SALARIES / BENEFITS		3,700,000.00	3,800,000.00	2,515,411.05	68%
IT	*Regular operational IT expenses*	1,750,000.00	350,000.00	954,113.48	55%
CRM MIGRATION/CONTINUED SUPPORT	*CRM and additional development*	–	800,000.00	–	–
RECORDS MANAGEMENT	*Year one - implementation - minamal expenses aftward*	–	200,000.00	–	–
POSTAGE/ STATIONERY/PRINTING		25,000.00	10,000.00	7,991.99	32%
RENT		475,000.00	475,000.00	341,233.56	72%
LEASED EQUIPMENT		12,000.00	12,000.00	6,983.68	58%
TELEPHONE/TELECONFERENCE		30,000.00	30,000.00	19,606.00	65%
MERCHANT SERVICES FEES		160,000.00	160,000.00	8,384.36	5%
CONFERENCES/PROFESSIONAL DEVELOPMENT		90,000.00	100,000.00	81,455.14	91%
SUBSCRIPTIONS, MEMBERSHIPS AND DUES	*communications has an increase in subscriptions*	48,000.00	60,000.00	38,732.31	81%
OFFICE ADMINISTRATION		80,000.00	60,000.00	36,853.17	46%
HUB 601 EXPENSES		10,000.00	10,000.00	7,231.28	72%
CONSULTING/OPERATIONAL PROJECTS	*Risk Management/Assessment Dashboard /Strategy Corp.*	125,000.00	150,000.00	104,207.01	83%
LEGAL - GENERAL		50,000.00	20,000.00	9,847.01	20%
	SUBTOTAL FOR OPERATIONS	8,534,100.00	8,021,840.00	5,122,217.44	60%
GOVERNANCE					
CONSULTING (Governance)		100,000.00	75,000.00	44,393.28	44%
COUNCIL TRAINING		75,000.00	40,000.00	18,897.16	25%
COUNCIL MEETING HONORARIUM		145,000.00	80,000.00	41,456.80	29%
COUNCIL/COMMITTEE MEETING EXPENSES		270,000.00	200,000.00	159,421.82	59%
OWNERSHIP LINKAGE	*Voice of Patient/potential DEI tool*	100,000.00	100,000.00	44,292.98	44%
GOVERNANCE REVIEW	*project completed in 2024*	150,000.00	–	31,640.00	21%
STRATEGIC PLANNING		–	100,000.00	–	–
AUDIT - FINANCIAL		32,000.00	32,000.00	28,815.00	90%
	SUBTOTAL FOR GOVERNANCE	872,000.00	627,000.00	368,917.04	42%
	TOTAL EXPENSES	9,406,100.00	8,648,840.00	5,491,134.48	58%
	NET (INCOME - EXPENSES)	***(2,678,675.00)			

***to be funded from the CDHO Reserve Funds

CDHO

Suggested Motion – Friday, December 6, 2024

7.1 OPERATIONS BUDGET

MOTION: **THAT** Council moves to approve the 2025 Operations Budget as proposed.

Moved:

Seconded:

VOTE:

CDHO

Suggested Motion – Friday, December 6, 2024

7.2 GOVERNANCE BUDGET

MOTION: **THAT** Council moves to approve the 2025 Governance Budget as proposed.

Moved:

Seconded:

VOTE:

Briefing Note

To: Council

From: Staff

Date: December 6, 2024

Topic: Emergency Class Activation and Supervision Policy

Appendices: Draft Emergency Class Activation and Supervision Policy

References: Registration Regulation, Part VII, O. Reg. 218/94 General, made under the Dental Hygiene Act, 1991, S.O. 1991, c. 22

Staff Support: Eric Bruce, Deputy Registrar and Director of Registration and Professional Conduct

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Issue: Council is being asked to approve an Emergency Class Activation and Supervision Policy. Following amendments to the Registration Regulation in 2023, CDHO may now issue certificates of registration in the Emergency Class if requested by the Minister of Health or where Council determines that there are emergency circumstances making it in the public interest to issue certificates of registration in the Emergency Class. Among other requirements, registrants in the Emergency Class must only practise under the supervision of a registrant in the General or Specialty Class who has been approved by the Registrar.

The draft policy sets out additional details about when Council may determine that emergency circumstances exist and the criteria for a registrant to be approved by the Registrar to act as a supervisor for a registrant in the Emergency Class.

Although it is expected that the Emergency Class is unlikely to ever be needed, it is recommended that Council be proactive by establishing a policy framework before any emergency circumstances present themselves in future.

Public protection rationale: The Emergency Class is intended to be used when emergency circumstances exist that make it in the interest of the public to expedite the registration of dental hygienists by waiving certain requirements that would normally be in effect. To maintain public safety, this expedited registration process is balanced by the requirement that registrants in the Emergency Class abide by certain conditions, including only practising while under supervision.

The draft Emergency Class Activation and Supervision Policy provides additional details regarding when Council could determine that emergency circumstances exist, how such circumstances will be monitored, who may act as a supervisor for a registrant in the Emergency Class, and what duties a supervisor must follow. These additional details support the overall public protection purpose of the

Emergency Class.

Source of Authority: Paragraph 1 of subsection 35.1(1) of the Registration Regulation states that CDHO may issue certificates of registration in the Emergency Class where either of the following circumstances exist:

1. The Minister of Health has requested CDHO to issue certificates of registration in the Emergency Class; or
2. Council has determined, "after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates."

The draft policy provides details of the "relevant circumstances" that Council will take into account when coming to its determination.

Paragraph 2 of section 35.2 of the Registration Regulation states that a holder of a certificate of registration in the Emergency Class must "practise only under the supervision of a holder of a general or specialty certificate of registration who has been approved by the Registrar." The draft policy provides details of when the Registrar will approve a registrant to act as a supervisor.

Background:

Emergency Class Activation

The draft Policy sets out the criteria for when Council may determine that emergency circumstances justifying the use of the Emergency Class exist, as follows:

- There is a current or imminent threat to the supply of registered dental hygienists to adequately serve the needs of the public.
- The public or the healthcare system is or will be negatively impacted by the disruption to the supply of registered dental hygienists.
- Immediate action is required to remedy the threat to the supply of registered dental hygienists.
- Issuing certificates of registration in the Emergency Class will fully or partially remedy the threat to the supply of registered dental hygienists.
- Considering all the circumstances, it is in the public interest for the College to issue certificates of registration in the Emergency Class.

The draft Policy also states that the emergency circumstances will be continually monitored by the Registrar, who will provide regular updates to Council. Moreover, where the above criteria are no longer in effect, the draft Policy states that Council shall declare the emergency circumstances at an end.

Emergency Class Supervision

The draft policy sets out the conditions for a registrant in the General or Specialty Class to act as a supervisor for a registrant in the Emergency Class, as well as the duties they must perform as a supervisor. In summary, these include the following:

- The supervisor must have been registered for at least five years.

- The supervisor must not have a disciplinary record or recent professional conduct matter that resulted in a public outcome.
- The supervisor must have signed an undertaking to CDHO to comply with their responsibilities as a supervisor.
- The supervisor must provide adequate supervision, oversight, direction and feedback to the registrant in the Emergency Class.
- The supervisor must report to CDHO every 30 days, and immediately if they are unable to continue to act as a supervisor.
- The supervisor must immediately resign and report to CDHO if there are concerns regarding the Emergency Class registrant's compliance or competence.

Decision:

MOTION That Council approve the draft Emergency Class Activation and Supervision Policy as appended to this motion.

MOVED:
SECONDED:
VOTE:

Emergency Class Activation and Supervision Policy

Purpose

This policy describes the circumstances when Council may direct the College to begin issuing and renewing certificates of registration in the Emergency Class. It also establishes the supervision requirements for registrants who hold a certificate of registration in the Emergency Class.

Emergency Class Activations

Section 35.1 of the Registration Regulation[1] permits the College to issue and renew certificates of registration in the Emergency Class only if

- the Minister of Health has requested the College to do so; or
- Council has declared the existence of an emergency circumstance where it is in the public interest for the College to do so.

This policy considers only activations of the Emergency Class in the second category (i.e., emergency declarations by Council.)

Activating the Emergency Class

The Council may declare that emergency circumstances exist making it in the public interest for the College to issue and renew certificates of registration in the Emergency Class when all the following criteria are met:

- There is a current or imminent threat to the supply of registered dental hygienists to adequately serve the needs of the public.
- The public or the healthcare system is or will be negatively impacted by the disruption to the supply of registered dental hygienists.
- Immediate action is required to remedy the threat to the supply of registered dental hygienists.
- Issuing certificates of registration in the Emergency Class will fully or partially remedy the threat to the supply of registered dental hygienists.
- Considering all the circumstances, it is in the public interest for the College to issue certificates of registration in the Emergency Class.

[1] Part VII of O. Reg. 218/94 General made under the *Dental Hygiene Act, 1991*, S.O. 1991, c. 22

DRAFT

Continuous Assessment

After Council has declared the existence of circumstances that justify the College issuing and renewing certificates of registration in the Emergency Class, the Registrar shall monitor the situation and shall provide regular updates to Council. The status of the emergency circumstances shall be assessed at each meeting of the Council and Executive Committee following the declaration.

Resolving an Emergency

Where Council determines that the criteria set out above are no longer in effect, or that it is otherwise no longer in the public interest for the College to issue and renew certificates of registration in the Emergency Class, Council shall declare the emergency to be resolved and the circumstances that led to the activation of the Emergency class to have ended.

Supervision of Emergency Class Registrants

Paragraph 2 of section 35.2 of the Registration Regulation requires that Emergency Class registrants practise only under the supervision of a registrant in the General or Specialty class who has been approved by the Registrar.

Supervisor Eligibility

The following are the eligibility criteria for a registrant to act as the supervisor of a registrant in the Emergency Class.

- The supervising registrant must have held a certificate of registration in the General or Specialty Class for at least five years.
- The Registrar is satisfied that nothing in the registrant's conduct impedes their ability to carry out the duties of a supervisor, including the following:
    - The supervising registrant must not be currently the subject of a hearing before the Discipline or Fitness to Practise Committees and have never been found guilty of professional misconduct or to be incompetent or incapacitated.
    - The supervising registrant must not be currently subject to any terms, conditions, or limitations on their certificate of registration, other than those applicable to all registrants who hold certificates of registration in the same class.
    - The supervising registrant must have not in the past five years been the subject of a direction or decision of the Inquiries, Complaints and Reports Committee that resulted in an outcome posted to the College's public register.
- The supervising registrant must have signed an undertaking in the form provided by the Registrar acknowledging and agreeing to abide by their responsibilities as a supervisor.

DRAFT

Supervisor Responsibilities

The following are the responsibilities of a registrant who acts as the supervisor of a registrant in the Emergency Class.

- The supervising registrant must provide an appropriate level of supervision and oversight of the Emergency Class registrant based on their evaluation of the Emergency Class registrant's clinical knowledge, skill, and judgment. At minimum, this supervision shall include the periodic observation and evaluation of the Emergency Class registrant's clinical care and documentation to ensure compliance with expected standards of practice.
- The supervising registrant must be readily accessible while the Emergency Class registrant is providing dental hygiene services. For greater clarity, the supervising registrant does not need to be physically present in the same treatment area while the dental hygiene services are being provided.
- The supervising registrant must provide appropriate direction and feedback to the Emergency Class registrant where required.
- The supervising registrant must verify that appropriate informed consent is obtained and documented for clients receiving services from the Emergency Class registrant.
- The supervising registrant must immediately inform the College in writing if they are unable to continue to serve as a supervisor.
- The supervising registrant must immediately resign as supervisor and inform the College in writing if the Emergency Class registrant
    - fails to comply with the terms of the supervision;
    - demonstrates a lack of clinical knowledge, skill, or judgment that places clients at risk; or
    - engages in other conduct or behaviour that would preclude the continuation of the supervision.
- The supervising registrant must submit a report to the College, in the form provided by the Registrar, every 30 days for the duration of the supervision.

DRAFT

Self-reported oral health problems in the Canadian population living in the provinces, November 2023 to March 2024

Released at 8:30 a.m. Eastern time in The Daily, Wednesday, October 23, 2024

Oral health can have a real impact on quality of life, and over one in four Canadians (26%) are either dealing with oral pain or avoiding eating certain foods because of problems with their mouth. Some populations are more likely to report problems with their mouth than others, including seniors, those without dental insurance and people with disabilities.

These findings are based on data from the Canadian Oral Health Survey (COHS), the first-ever national survey dedicated to oral health in Canada. It covered Canadians of all ages living in the provinces and was conducted from November 2023 to March 2024. The COHS provides a key baseline for understanding Canadians' oral health, collecting demographic and behavioural data ahead of potential changes from the Canadian Dental Care Plan.

Oral health is a critical component of well-being, affecting physical and psychological health throughout people's lives. Previous findings from the COHS focused on recent dental visits, which play an important role in maintaining oral health. This release focuses on several indicators of oral health status, such as persistent mouth pain, toothlessness or other mouth problems that result in avoiding certain foods, which can have a significant impact on people's daily lives. Poor oral health may potentially affect their ability to function well enough to go to school or to work, may influence their ability to eat a proper diet, and consequently may have an impact on overall health. While this survey focuses on the self-reported experiences of Canadians, clinical measures of oral health—such as the prevalence of tooth decay—are currently being collected as part of Cycle 7 of the Canadian Health Measures Survey and will be available at a later date.

Almost one in four adults experience persistent pain in their mouth

Adults aged 18 and older (29%) were more than twice as likely as children and youth aged 0 to 17 (14%) to report mouth problems, either in the form of having oral pain or avoiding certain foods.

Among Canadian adults, 24% reported persistent pain in their mouth and almost one in five (18%) reported avoiding certain foods because of mouth problems. By contrast, 11% of children and youth experienced mouth pain, and 6% reported avoiding certain foods because of problems in their mouth.

A greater proportion of women and girls reported having persistent pain (24%) and avoiding certain foods (18%) compared with men and boys (19% reported persistent pain and 14% reported avoiding certain foods).

Toothlessness highest among seniors

Among adults aged 18 and older, 4% reported having lost all their natural teeth.

The loss of all natural teeth (also known as toothlessness or edentulism) can lead to changes in eating patterns, nutrient deficiency, involuntary weight loss and speech difficulty. It also increases the risk of chronic diseases, such as cardiovascular disease and diabetes, significantly affecting overall health and well-being if left uncorrected.

Seniors were most affected by toothlessness, with 11% of those aged 60 and older reporting having lost all their natural teeth, compared with 1% of adults aged 18 to 59. However, compared with those living in other countries, Canadian seniors were less likely to have lost all their natural teeth. According to the World Health Organization's Global Oral Health Status Report, the global prevalence of edentulism for those aged 60 and older was 23% in 2022.

Lower-income Canadians and those without dental insurance are at a higher risk of having oral pain and avoiding certain foods because of mouth problems

Not all Canadians are able to receive care for their oral health problems. Previous analysis has shown that Canadians are more likely to see an oral health professional and get care when they have higher income levels and access to dental insurance.

The results released today show that Canadians with lower family income were significantly more likely to experience mouth pain and avoid certain foods because of mouth problems. More than one-quarter (27%) of individuals with a family income of less than $70,000 experienced regular pain compared with 16% of those with a family income of $90,000 or more. Similarly, 22% of those with a family income of less than $70,000 avoided certain foods because of mouth problems compared with 10% of those with a family income of $90,000 or more.

Among those with a family income of $70,000 to $89,999, 23% reported experiencing oral pain and 16% indicated avoiding certain foods.

The story was similar for dental insurance coverage, with 29% of uninsured Canadians experiencing pain compared with 18% of those with insurance. Canadians without access to dental insurance were more than twice as likely to avoid certain foods because of mouth problems as those with insurance (24% vs. 11%).

Mouth pain is more common among Filipino and Arab Canadians

Similar to the differences observed by income level and insurance coverage, oral health experiences were not the same across all population groups in Canada.

Overall, 22% of Canadians experienced regular oral pain and 16% of Canadians avoided certain foods because of mouth problems, yet these experiences varied significantly by population group. For example, higher proportions of Filipino (31%) and Arab (42%) Canadians reported persistent pain in their mouth sometimes or often in the 12 months prior to the survey. Food avoidance attributable to mouth problems, meanwhile, was more prevalent among Black (22%), Filipino (29%) and Arab (30%) Canadians.

Almost half of Canadians with disabilities report experiencing oral pain or avoiding certain foods because of mouth problems

Canadians with disabilities may face different challenges that can affect their oral health, such as the need for accessible care options. The results released today show that 46% of people of all ages with disabilities reported experiencing persistent mouth pain or avoiding eating certain foods because of mouth problems, compared with 24% of people of all ages without disabilities.

Persistent oral pain was significantly more prevalent among people with disabilities (37%) compared with those without disabilities (20%). Furthermore, people with disabilities were more than twice as likely to avoid certain foods because of mouth problems (31%) compared with those without disabilities (14%).

About one in nine people with disabilities aged 18 and older (11%) reported having lost all their natural teeth, compared with 4% of people without disabilities. This percentage is notably higher among disabled older adults. About 16% of people with disabilities aged 65 to 79 had lost all their natural teeth, compared with 10% of those without disabilities.

Edentulism is higher among smokers

Smoking is frequently listed as a lifestyle risk factor related to oral health. Results from the COHS showed that edentulism was much higher among smokers. Those who reported being current or former smokers were nearly twice as likely (7%) to report having lost all their natural teeth as those who reported having never smoked (4%).

Among older Canadians, more than one in five Canadian seniors aged 65 and older (21%) who were current or former smokers reported having lost all their natural teeth, compared with 13% of those who never smoked—the largest difference observed between the two groups with respect to oral health problems.

Besides edentulism, the only significant difference observed was for the avoidance of certain foods, which was reported more often among current daily smokers (21%) compared with those who never smoked (17%).

In total, 7 in 10 Canadians (70%) brush their teeth at least twice a day

The results released today also include information on how Canadians are taking care of their oral health. According to the Canadian Dental Association, good oral hygiene, including regular brushing and flossing, can help prevent tooth decay and inflammation in the gums. From November 2023 to March 2024, 7 in 10 Canadians (70%) reported brushing their teeth at least twice a day, while 3 in 10 (30%) reported flossing at least five times a week. Women and girls, despite reporting more oral health problems, were more likely to brush their teeth at least twice a day (76%) and floss at least five times a week (34%) compared with men and boys (65% reported brushing their teeth at least twice a day and 26% reported flossing at least five times a week).

Table 1
Proportion of Canadians reporting mouth problems, Canada, excluding territories

	Avoiding certain foods (sometimes or often)	95% confidence interval (low)	95% confidence interval (high)	Persistent pain (sometimes or often)	95% confidence interval (low)	95% confidence interval (high)	Mouth problems - avoiding certain foods or persistent pain	95% confidence interval (low)	95% confidence interval (high)
	%								
TOTAL	**15.6**	**14.7**	**16.6**	**21.6**	**20.5**	**22.7**	**26.4**	**25.2**	**27.6**
Gender									
Men+[1]	13.6	12.4	15.0	19.3	17.8	20.8	23.8	22.1	25.5
Women+	17.5*	16.2	18.9	23.9*	22.4	25.5	29.0*	27.3	30.7
Age group (years)									
0 to 5	2.7*	1.7	4.4	8.1*	6.0	10.7	9.4*	7.1	12.2
6 to 11	7.8*	6.0	10.0	12.0*	9.9	14.4	15.3*	12.9	18.1
12 to 17	7.6*	5.9	9.8	12.1*	10.1	14.4	15.3*	13.0	17.9
18 to 34[1]	13.9	11.7	16.5	22.1	19.2	25.4	26.3	23.1	29.8
35 to 49	14.6	12.8	16.6	23.0	20.6	25.5	26.2	23.8	28.8
50 to 64	20.2*	18.2	22.4	25.2	22.9	27.6	30.9*	28.5	33.5
65 to 79	23.6*	21.7	25.6	27.8*	25.9	29.8	35.3*	33.2	37.4
80 and older	21.8*	19.1	24.8	20.1	17.4	23.1	30.7	27.4	34.1
Age group (years)									
0 to 17[1]	6.2	5.1	7.4	10.8	9.6	12.3	13.5	12.0	15.2
18 and older	17.7*	16.7	18.8	24.0*	22.7	25.3	29.2*	27.9	30.6
Indigenous identity									
Indigenous people	16.0	11.7	21.5	19.2	14.5	25.1	23.1	17.9	29.3
First Nations people living off reserve	15.8	9.2	25.8	17.1	10.4	26.7	21.0	13.5	31.2
Métis	17.2	12.3	23.5	22.8	16.9	30.1	27.1	20.7	34.7
Inuit	F	F	F	F	F	F	F	F	F
Non-Indigenous, non-racialized people[1]	13.8	12.9	14.8	20.0	18.8	21.3	24.4	23.1	25.7
Dental insurance									
Yes	11.2*	10.2	12.2	17.7*	16.4	19.0	21.2*	19.9	22.7
No[1]	24.3	22.5	26.3	29.2	27.1	31.5	36.5	34.2	38.8
Don't know	19.8	13.5	28.1	26.8	19.7	35.3	32.6	24.9	41.2
Adjusted family net income									
Less than $70,000[1]	21.5	19.9	23.1	26.8	25.0	28.6	33.3	31.3	35.3
$70,000 to $89,999	15.5*	13.0	18.4	23.4	20.1	27.1	28.3	24.7	32.2
$90,000 or more	10.0*	8.9	11.3	16.3*	14.8	17.9	19.5*	17.9	21.2
Racialized population									
Racialized population	20.0*	17.7	22.5	25.7*	23.1	28.5	31.5*	28.7	34.5
South Asian	17.4	12.7	23.3	25.8	20.4	32.2	31.6*	25.6	38.2
Chinese	17.5	13.8	21.9	24.0	19.4	29.2	28.6	23.7	34.2
Black	21.8*	15.3	30.2	21.4	15.4	28.9	29.4	22.0	38.1
Filipino	28.6*	19.8	39.4	30.7*	22.2	40.8	38.7*	29.2	49.3
Latin American	11.3[E]	6.6	18.6	21.7[E]	12.0	35.9	24.8[E]	14.5	39.2
Arab	30.4*[E]	20.6	42.5	42.2*[E]	30.9	54.5	45.7*[E]	33.8	58.2
Southeast Asian	21.8[E]	12.7	34.7	24.4[E]	14.3	38.4	29.1[E]	18.5	42.7
Other racialized groups	17.8	12.8	24.1	23.0	17.3	30.0	29.2	22.5	37.1
Non-Indigenous, non-racialized people[1]	13.8	12.9	14.8	20.0	18.8	21.3	24.4	23.1	25.7

E use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
1. Reference category

Note(s): Because of the small sample size, the West Asian, Korean, Japanese, visible minority n.i.e. (not included elsewhere) and multiple visible minority categories were collapsed in the other racialized groups category. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men (and boys), as well as some non-binary people, while the women+ category includes women (and girls), as well as some non-binary people.

Source(s): Canadian Oral Health Survey – Cycle 1, November 2023 to March 2024 (**5399**).

Table 2
Proportion of Canadians aged 18 years and older missing all their natural teeth, Canada, excluding territories

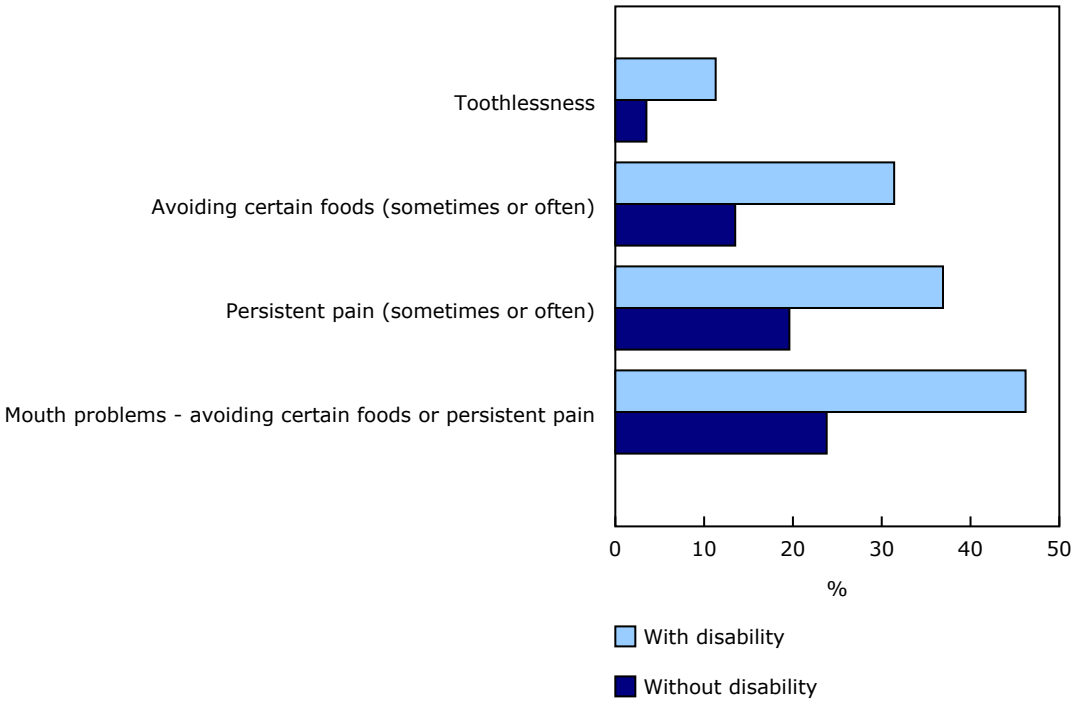
	Reported missing all their natural teeth	95% confidence interval (low)	95% confidence interval (high)
	%		
TOTAL	**4.4**	**4.0**	**4.9**
Gender			
Men+[1]	3.9	3.3	4.6
Women+	4.9*	4.2	5.6
Age group (years)			
18 to 34[1]	1.6	0.7	3.2
35 to 49	0.8	0.5	1.4
50 to 64	2.3	1.8	3.0
65 to 79	10.7*	9.6	12.0
80 and older	24.6*	21.9	27.5
Age group (years)			
18 to 59[1]	1.3	0.9	2.0
60 and older	11.1*	10.2	12.0
Indigenous identity			
Indigenous people	5.6	2.6	11.7
First Nations people living off reserve	8.4[E]	2.8	22.6
Métis	3.9	2.3	6.6
Inuit	F	F	F
Non-Indigenous, non-racialized people[1]	5.0	4.6	5.4
Racialized population			
Racialized population	2.7*	1.7	4.3
South Asian	3.6	1.3	10.0
Chinese	2.2*	1.2	4.0
Black	1.7*[E]	0.7	4.1
Filipino	2.6[E]	0.8	8.7
Latin American	F	F	F
Arab	F	F	F
Southeast Asian	F	F	F
Other racialized groups	4.1	1.5	11.0
Non-Indigenous, non-racialized people[1]	5.0	4.6	5.4

[E] use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)
1. Reference category

Note(s): Because of the small sample size, the West Asian, Korean, Japanese, visible minority n.i.e. (not included elsewhere) and multiple visible minority categories were collapsed in the other racialized groups category. Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men (and boys), as well as some non-binary people, while the women+ category includes women (and girls), as well as some non-binary people.

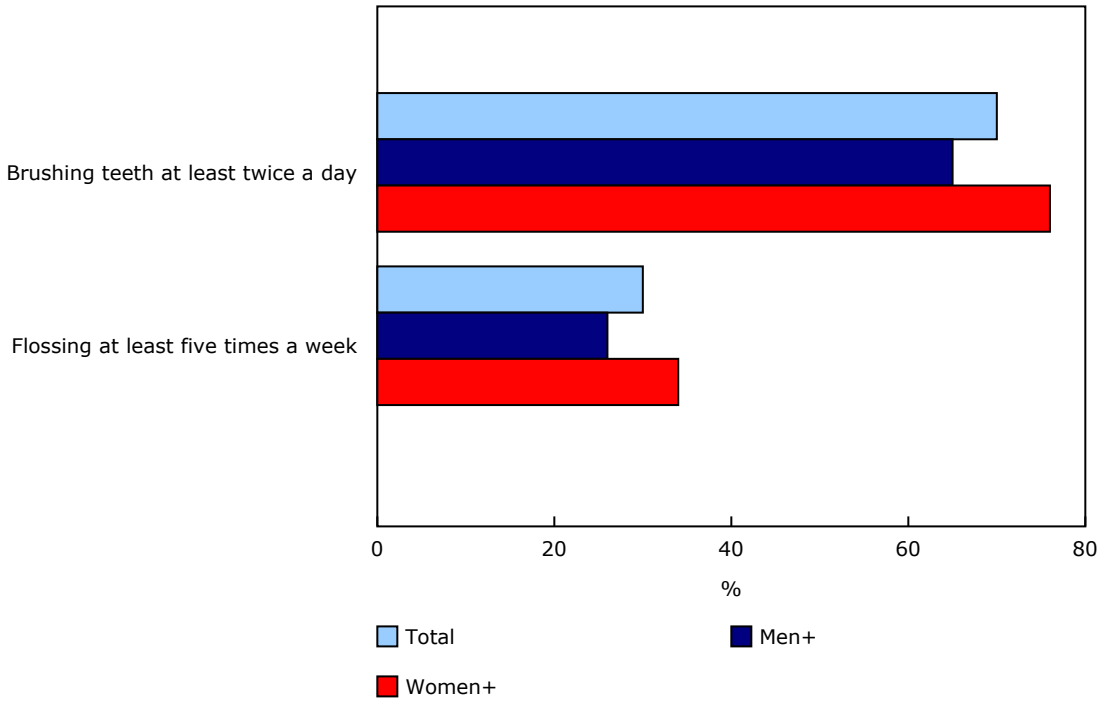
Source(s): Canadian Oral Health Survey – Cycle 1, November 2023 to March 2024 (**5399**).

Chart 1
Proportion of Canadians with disabilities and without disabilities reporting toothlessness and mouth problems, Canada, excluding territories



Note(s): Toothlessness refers to those that answered 'no' to having at least one of their own natural teeth. Only Canadians aged 18 years and older were included in the estimates.
Source(s): Canadian Oral Health Survey – Cycle 1, November 2023 to March 2024 (5399).

Chart 2
Proportion of Canadians reporting selected oral health behaviours, Canada, excluding territories



Note(s): Given that the non-binary population is small, data aggregation to a two-category gender variable is sometimes necessary to protect the confidentiality of responses. In these cases, individuals in the non-binary people category are distributed into the other two gender categories. Unless otherwise indicated in the text, the men+ category includes men (and boys), as well as some non-binary people, while the women+ category includes women (and girls), as well as some non-binary people.
Source(s): Canadian Oral Health Survey – Cycle 1, November 2023 to March 2024 (5399).

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Note to readers

Cycle 1 of the Canadian Oral Health Survey (COHS) is a voluntary annual household survey that collects information directly from Canadians on their oral health.

The target population for the COHS consists of Canadian households with adults 18 years of age and older, living in the 10 provinces, as well as all household members aged 17 and younger.

It excludes people living in the territories and on reserves and in other Indigenous settlements in the provinces, the institutionalized population, and members of the Canadian Forces living on a base.

In this release, data on racialized groups are measured with the visible minority variable. The non-racialized group is measured with the "not a visible minority" category of the variable, excluding Indigenous respondents (living off reserve). For the purpose of this study, Indigenous respondents (living off reserve) are not part of the racialized group or the non-racialized group. "Visible minority" refers to whether a person belongs to one of the visible minority groups defined by the Employment Equity Act. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour." The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

In the questionnaire, when respondents were asked about mouth problems, help text was provided with a list of problems to avoid confusion with pain related to orthodontic treatment. No note regarding pain caused by tooth eruption was included, which could have led to some misinterpretation for younger children. However, the quality test performed in preparation for the survey did not reveal any misinterpretation of these questions.

Regarding mouth problems, respondents were asked whether they experienced them sometimes, often, rarely or never in the 12 months prior to the survey. For analysis purposes, the responses "sometimes" and "often" were combined, and only the combined results were presented in the article.

Data on Indigenous populations include only those living in the provinces and living off reserve. Those living in the territories or living on reserves were not included in the target population for the survey. This is a limitation, as it excludes Indigenous people who are particularly affected by barriers to health care access and food insecurity.

On COHS Cycle 1, adjusted family net income data was only available for those aged 18 and older. The adjusted family net income value was then assigned to all children living in the same household, though the relationship between the adult and the children remains unknown.

The family income level refers to the 2022 adjusted family net income.

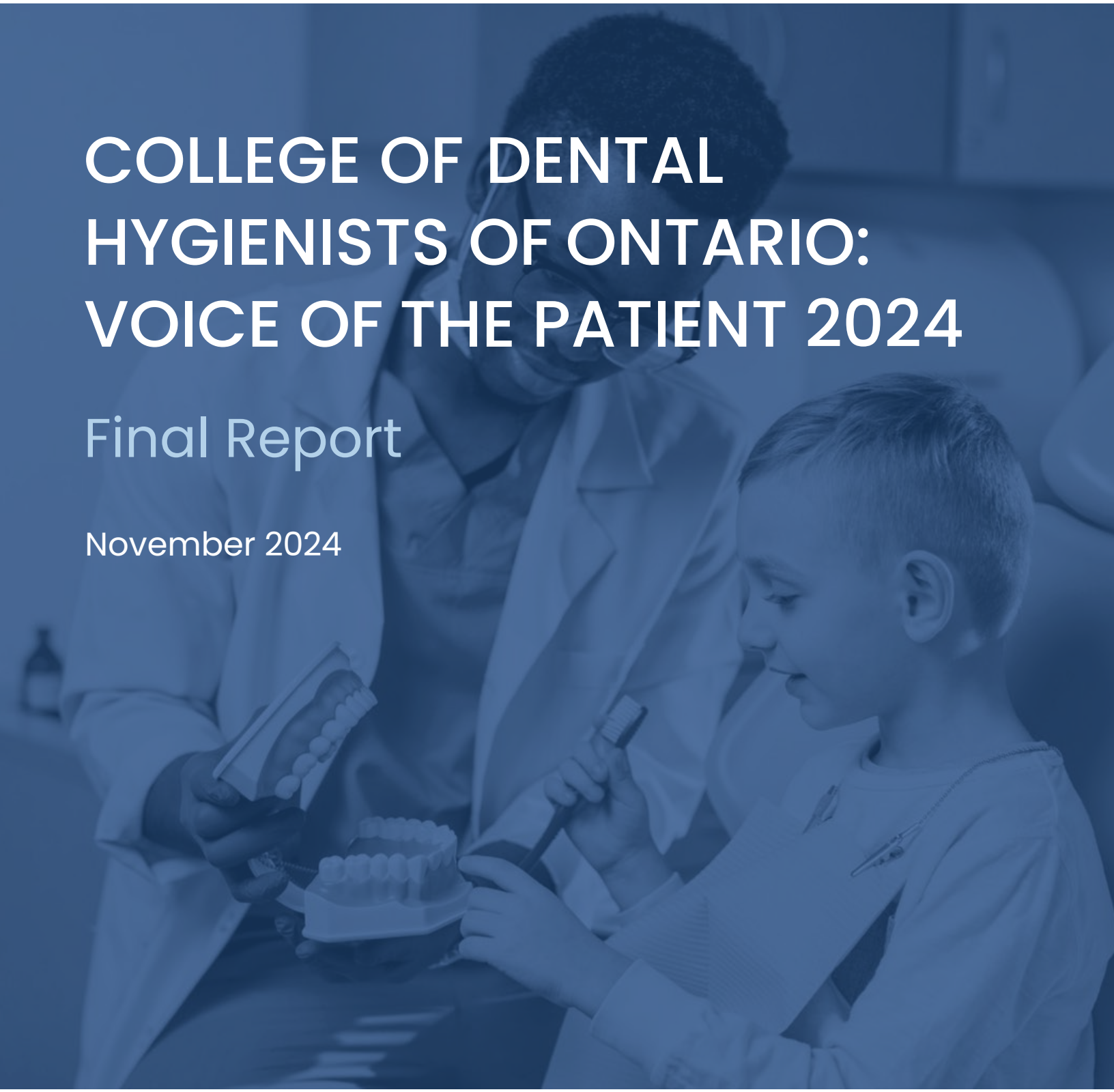
On the COHS Cycle 1 questionnaire, the respondents were asked whether they identify as a person with a disability. A person with a disability, as defined by Canadian Survey on Disability, is someone who has a long-term difficulty or condition, such as a vision, hearing, mobility, flexibility, dexterity, pain, learning, developmental, memory or mental health-related impairment, that limits their daily activities inside or outside the home, such as at school, at work or in the community in general.

Available tables: 13-10-0903-01, 13-10-0920-01 and 13-10-0921-01.

Definitions, data sources and methods: survey number 5399.

The dashboard entitled "Selected indicators of oral health in Canada" is now available.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; **infostats@statcan.gc.ca**) or Media Relations (**statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca**).



COLLEGE OF DENTAL HYGIENISTS OF ONTARIO: VOICE OF THE PATIENT 2024

Final Report

November 2024

CDHO
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

PIVOTAL RESEARCH Inc.™

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SUMMARY OF FINDINGS

Three quarters (74%) of Ontario residents are satisfied or extremely satisfied with the dental hygiene care that they and/or their dependants receive. Satisfaction rates are generally higher in 2024 compared to 2023, and more respondents reported a positive outcome from their last dental hygienist visit.

Nearly one-quarter of Ontario residents have not visited a dental hygienist in the past year, a trend consistent with the 2023 survey results. While barriers to accessing dental hygiene care remain significant for many, others perceive dental hygiene services as unnecessary. These insights from quantitative data were reinforced by qualitative interview findings.

Consent, communication, and transparency are key drivers of patient satisfaction. Consistent with previous survey years, providing information about the costs of treatments and procedures, taking time to build rapport, and not pressuring patients to choose a particular option have the greatest impact on the overall dental hygiene care experience.

Access to and satisfaction with dental hygiene care are influenced by socio-demographic factors. Income, English language proficiency, racial or ethnic origin, and geographic location were all strong determinants of satisfaction with dental hygiene care. Individuals with low income, limited English proficiency, racial and ethnic minorities, Indigenous peoples, and residents of Northern Ontario were the least satisfied with their dental hygiene experiences. These groups also faced greater challenges in accessing dental hygiene services.

The cost of dental hygiene care remains a significant barrier for many Ontario residents. In 2022, 2023, and 2024, approximately one-quarter of residents did not access dental hygiene services, with the majority citing financial constraints and lack of insurance coverage as the primary reasons.

The most commonly reported outcome of a dental hygienist visit is an improved dental appearance. Other notable outcomes include enhanced comfort and a boost in self-confidence, reflecting the multifaceted benefits of dental hygiene care.

RESEARCH BACKGROUND AND METHODOLOGY

Background and Research Objectives

The College of Dental Hygienists of Ontario (CDHO or College) is the regulatory body for registered dental hygienists in Ontario.

CDHO regulates the profession of dental hygiene in the interest in the overall health and safety of the public of Ontario and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care.

The purpose of this research is to ascertain perspectives of the general public in Ontario about dental hygiene care experience and regulation.

Research Methodology

CDHO's *Voice of the Patient* research program is a multi-year evaluation that began in 2022. The methodology detailed below describes the 2024 survey year, but similar sampling and data collection procedures were used during both the first and second survey years.

Quantitative Phase

In collaboration with CDHO staff, Pivotal Research developed an online survey that covers various aspects of dental hygiene care in Ontario. The survey was fielded to a province-wide panel of 2,000 Ontario residents, who completed the survey online. The survey was completed by a diverse sample representative of Ontario's population, including 5% of respondents who identified as Indigenous. The survey covered a variety of topics, from perspectives on the dental hygiene care experience to awareness and understanding of dental hygiene care regulations.

Where applicable, this report identifies statistically significant differences between various demographic groups and geographic regions. Comparisons between the 2023 and 2024 survey years are highlighted, where appropriate.

Qualitative Phase

In 2024, the research also entailed a qualitative deep-dive with 28 participants representing both recent and non-recent patients. Activities included 15 one-on-one interviews with Ontario residents who have not accessed dental hygiene care within the past 12 months, and two (2) focus groups with 6-7 participants each (13 participants total) with Ontario residents who were dissatisfied with the dental hygiene care services they received in the past 12 months.



DETAILED INFORMATION ON SAMPLING AND DATA COLLECTION

A total of 2,000 Ontario residents over the age of 18 completed the survey. Respondents were asked to provide demographic information and to identify their geographic location to ensure a comprehensive representation of the Ontario population distribution. Survey participants included representation from residents in all six Ontario health regions.

Data collection took place October 8-29, 2024. Respondents over the age of 18 were randomly selected from an online panel of Ontario residents that contains more than 70,000 residents across the province and invited to complete a 10-minute online survey. To enhance access to the research, the online survey was available in English, French, Mandarin, and Punjabi. While online surveys cannot be assigned a margin of error, surveying the target population (province of Ontario) using a sample size 2,000 of people produces a margin of error of +/-2.19 at the 95% confidence level.

Those currently working as dental hygienists in Ontario were excluded from participating in the survey.

Survey topics

- Time of most recent visit to dental hygienist and frequency of dental hygiene visits
- Dental hygiene patient journey
    - Dental office
    - Pre-treatment
    - Treatment/procedure
    - Post-treatment
    - Interaction/communication with staff
    - Payment
- Perceptions of dental hygiene care in Ontario
    - Access to dental hygiene care
    - Costs
    - Patient agency and consent
    - Discrimination
- Perceptions of dental hygiene care regulation in Ontario
- Awareness and perceptions of CDHO
- CDHO's communication with the public



Qualitative Phase

To build upon the quantitative research and to shed further light on the lived experiences of non-patients as well as recent patients who are dissatisfied with dental hygiene services in Ontario, individuals who participated in the quantitative survey and who met these criteria were asked to participate in additional qualitative research. In-depth interviews and focus groups were conducted using semi-structured discussion guides focused on the following topics:

Non-patients

- Understanding non-patients' reasoning behind not visiting the dental hygienist and identifying barriers to accessing care
- Measuring knowledge and understanding of dental hygiene and its importance
- Understanding how past experiences influence choice to pursue dental hygiene care
- Exploring perceptions of dental hygiene and dental care generally, including which factors and experiences have shaped/influenced perceptions
- Solution generation
- Exploring whether non-patients will use dental hygiene services in the future, and reasoning behind their decisions

Patients with negative experiences

- Understanding contextual factors that lead up to and contribute to negative experiences
- Exploring how experiences could have been improved or how risk could have been mitigated from the client's perspective
- Exploring how perceptions of dental hygiene are oral care are impacted by negative experiences
- Understanding what patients have done about negative experiences
- Understanding awareness of the regulator
- Measuring the extent to which negative experiences impact future intentions to visit the dental hygienist

RESPONDENT PROFILE

Respondents were asked to provide demographic information such as their gender, age, and geography.

Gender Identity

n=2,000



52% Female

47% Male

1% Other

<1% Prefer not to answer

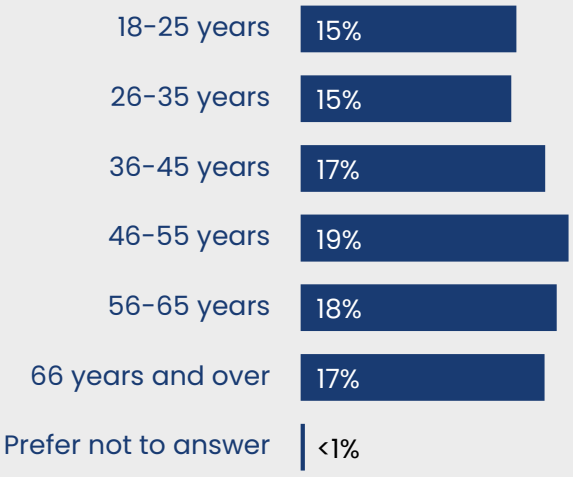
Place of Residence by Health Region

n=2,000

- Toronto 26%
- East 19%
- West 22%
- Central 22%
- North East 8%
- North West 3%

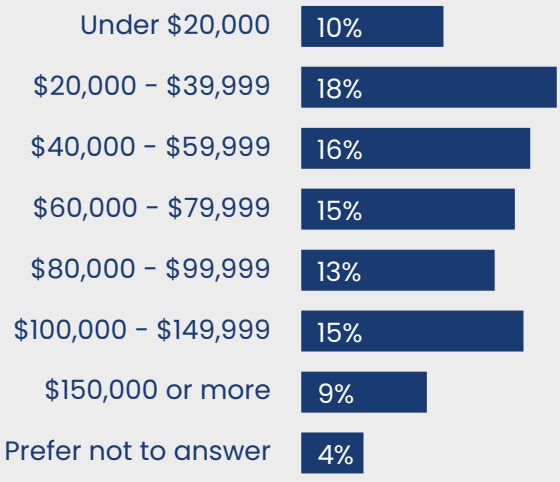
Age

n=2,000



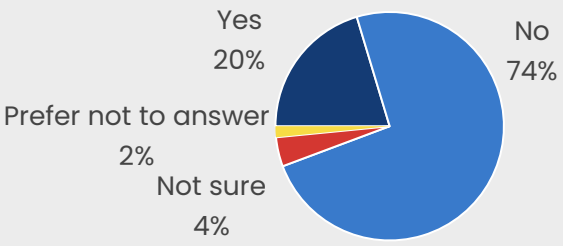
Total Household Income

n=2,000

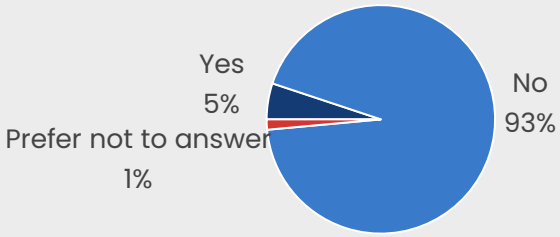


RESPONDENT PROFILE

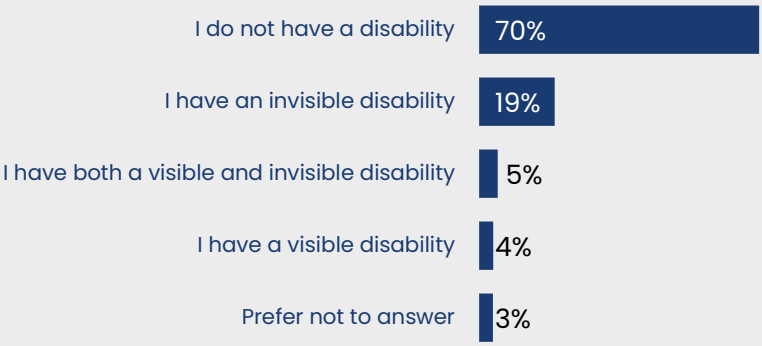
Identify As a Racial or Ethnic Minority
n=2,000



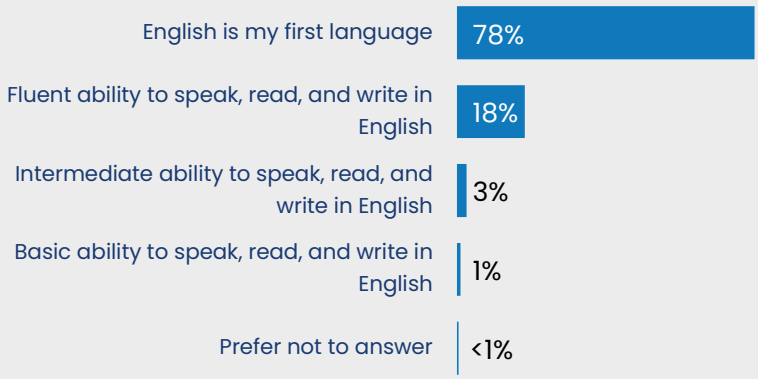
Identify As Indigenous (First Nations, Inuit, or Metis)
n=2,000



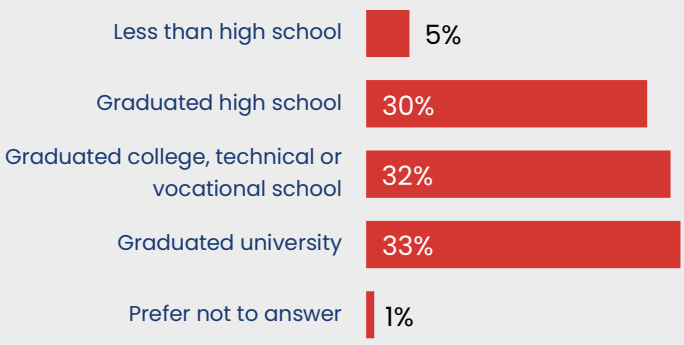
Self-reported Disability
n=2,000



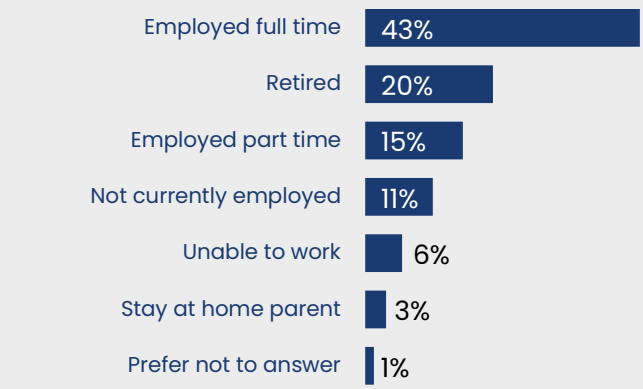
English Language Proficiency
n=2,000



Educational Attainment
n=2,000



Employment Status
n=2,000



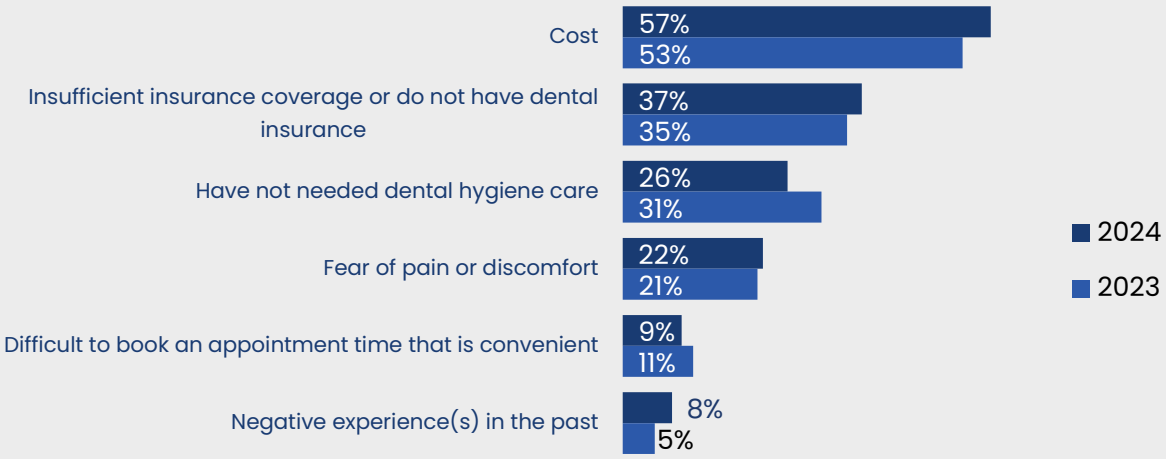
VISIT TO DENTAL HYGIENIST

Reason(s) for Not Visiting Dental Hygienist in Past 12 Months

Respondents who indicated neither they nor their dependent(s) had received dental hygiene care in the past 12 months cited cost (57%) and insufficient/no dental insurance coverage (37%) as the top reasons. Other commonly provided reasons were not needing dental hygiene care (26%) and fear of pain/discomfort (22%). These results remained relatively consistent compared to the 2023 survey year.

Top Reasons for Not Visiting a Dental Hygienist in the last 12 months

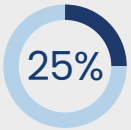
n=467



Of those who indicated neither they nor their dependent(s) had received dental hygiene care over the past 12 months, a quarter (25%) have not visited the dental hygienist in more than five years and a further one-in-ten (12%) have never visited a dental hygienist in Ontario. Results were relatively unchanged compared to the previous survey year.

Non-Patient Respondents' Last Visit to Dental Hygienist

n=467



Last visited dental hygienist more than five years ago



Never visited dental hygienist in Ontario

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VISIT TO DENTAL HYGIENIST

Qualitative Research: In-depth Interviews with Non-Recent Patients

Between October 25 and November 5, Pivotal Research conducted 15 in-depth, 30-minute, one-on-one interviews with Ontario residents who have not accessed dental hygiene care in the last 12 months. In total, 10 interviews were conducted via Zoom video conferencing platform and five were conducted over the telephone.

The group contained 10 females and five males. Five participants identified as a racial or ethnic minority and six identified as a person with a disability. The sample contained representation from a variety of geographic locations across Ontario including Toronto, Mississauga, Durham, Markham, London, Cambridge, Sarnia, Windsor, Sudbury, Oshawa, and rural Ontario.

Content analysis revealed the following key barriers, which align closely with the quantitative findings. Additionally, participants shared a variety of potential solutions which are described below.



Theme 1: Financial Barriers

Many participants identified a lack of insurance or insufficient coverage as the primary reason for not visiting a dental hygienist. Individuals who perceive dental hygiene care as unaffordable often fall into one of several groups: retirees, unemployed individuals, persons with disabilities, part-time or contract/temporary workers, and full-time employees whose employers do not offer dental insurance.

Potential solutions include collaborating with dental clinics to offer guidance on direct billing for government insurance programs, such as the Ontario Disability Support Program (ODSP), and third-party insurance. Additionally, clinics could be supported in establishing flexible payment plans to improve accessibility for underserved populations..

> "It's an issue of cost—you got no money, how the heck are you paying for it?"

> "I don't have insurance coverage and I don't want to pay out of pocket."



Theme 2: Lack of Perceived Need

Many participants view dental hygiene care as unnecessary unless they experience pain or notice a visible issue, often believing that regular brushing and flossing alone are sufficient. Some also express skepticism toward dental hygienists, perceiving that they may recommend unnecessary or superfluous treatments. These perceptions may stem from past experiences or influence from information they have seen or heard.

Potential solutions include a public awareness campaign highlighting the importance of regular visits to the dental hygienist and the benefits of preventive care.

> "Sometimes they recommend stuff just to max out your coverage. Like any professionals they want to make money."

> "I never have teeth issues so I don't feel a reason to go back. I once went ten years without going and it was fine."

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VISIT TO DENTAL HYGIENIST

Theme 3: Fear, Anxiety, Pain, Discomfort, or Embarrassment

Some participants have a general fear of pain/discomfort, or anxiety related to the unknown, often resulting from negative experiences from childhood or past dental visits. This may include uncomfortable physical sensations (such as sensitive gums and teeth) but also sights (sharp objects and needles), sounds, and scents/tastes (the smell of the dental clinic, for example). Self-consciousness or self-awareness about one's teeth, general medical anxiety, and a fear of COVID-19 were also cited by participants.

Potential solutions include permitting dental hygienists to independently administer conscious sedation, such as nitrous oxide, to help relax patients.

"Sometimes you don't have coverage, so you don't go but then it's been too long and you're too embarrassed. I don't want them to be frustrated or angry with me for not coming for regular checkups."

"I'm afraid they'll find something bad."

"I associate dentists and dental hygienists with pain. As someone with anxiety, I don't think I want to experience that."

Theme 4: Scheduling and Time-Related Challenges

Some participants highlighted challenges in accessing dental hygiene care due to busy schedules and difficulties finding convenient appointment times. These challenges are often compounded by childcare responsibilities, difficulty taking time off work, and transportation barriers. Additionally, several participants expressed frustration with long waiting times at dental clinics, despite the expectation for patients to arrive promptly and on time.

Potential solutions include implementing policies to discourage splitting treatments and procedures into multiple appointments unnecessarily and introducing a maximum allowable wait time for patients to improve the overall experience..

"[Clinics] that are open evenings, late afternoons, and weekends. I don't want to be seen taking a bunch of time off for dental hygiene appointments."

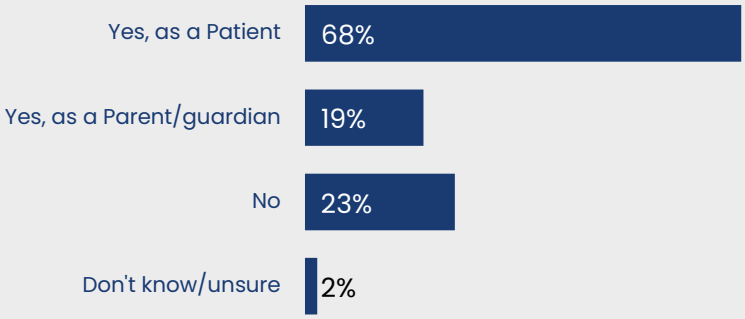
"With scheduling an appointment they're often booked up at times that are convenient for me. I have to take time off."

"Multiple appointments are a deterrent—one appointment for top teeth and one appointment for bottom teeth should be a single long appointment. Two hours is fine, or however long, just get it done."

VISIT TO DENTAL HYGIENIST

Survey respondents were asked to indicate if they or their dependant(s) had received dental hygiene care services in the last 12 months. Nearly a quarter (23%) of respondents said neither they nor their dependant(s) had visited a dental hygienist. Results were consistent with 2023 survey year data.

Incidence of visiting dental office in last 12 months
n=2,000



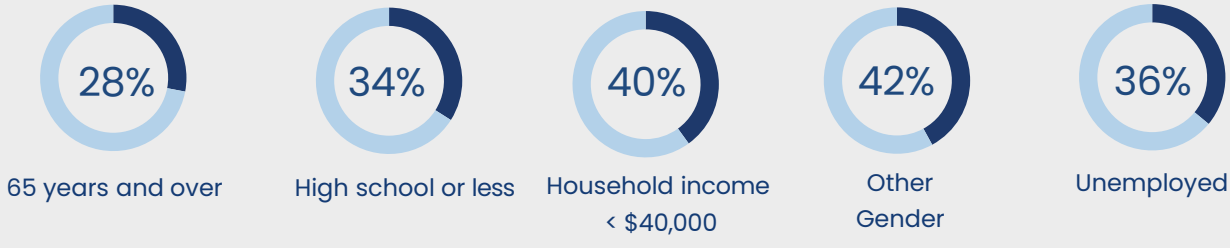
Key Demographics of Non-Patient Respondents

One third (33%) of those residing in the Northwest region and of those residing in the Northeast region (33%) indicated they had not visited a dental hygienist in the past 12 months.

Percent of Non-Patient Respondents by Health Region



Percent of Non-Patient Respondents by Other Demographic Factors



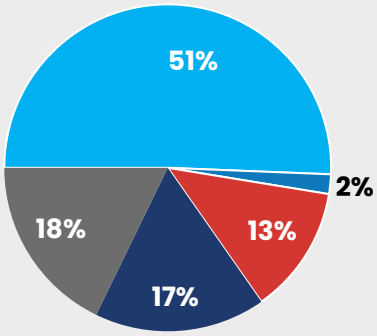
VISIT TO DENTAL HYGIENIST

Dental Insurance Coverage

Most patient respondents (82%) indicated they have access to dental insurance, mostly through their employer (51%). A small portion of respondents have dental insurance coverage which they purchased themselves, through Social Services, or through First Nations health insurance.

Nearly one-fifth (18%) of respondents said they or their dependant(s) were not covered by dental insurance during their last dental hygiene visit.

Dental Insurance Coverage By Type
n=1,495



- Yes, through Social Services 17%
- Yes, through First Nations health insurance 2%
- Yes, through company health insurance (through my employer) 51%
- Yes, through private health insurance (purchased myself) 13%
- No 18%



KEY TAKEAWAYS

1. Nearly a quarter of Ontario residents have not visited the dental hygienist within the past year, consistent with the 2023 survey year.
2. While many Ontario residents face barriers to accessing dental hygiene care, others believe it is unnecessary. This insight was reinforced by qualitative interviews supporting survey findings.
3. The most common barriers to dental hygiene care faced by Ontario residents are cost and lack of insurance coverage.
4. Ontario residents are less likely to seek dental hygiene care services if they live in the province's Northern regions, are low-income, and/or are unemployed.
5. Of those who visited a dental hygienist within the past year, most have dental insurance through their employer.

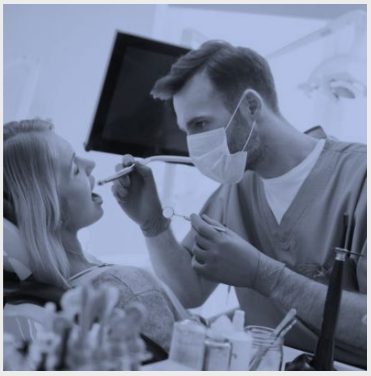
DENTAL HYGIENE PATIENT JOURNEY

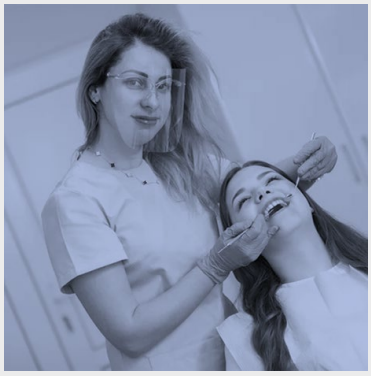
Patient respondents were asked to evaluate a series of statements pertaining to their satisfaction with various aspects of their dental hygiene care journey. Statements shown to respondents covered the following areas:

- Dental Office;
- Pre-treatment;
- Treatment/Procedure;
- Post-treatment;
- Interaction/Communication with staff;
- Payment; and
- Consent.

For each statement, respondents were presented with a seven-point scale ranging from extremely satisfied to extremely dissatisfied, as shown in the graphic below. Top-two satisfaction scores are calculated by combining the percentages for 'satisfied' and 'extremely satisfied.











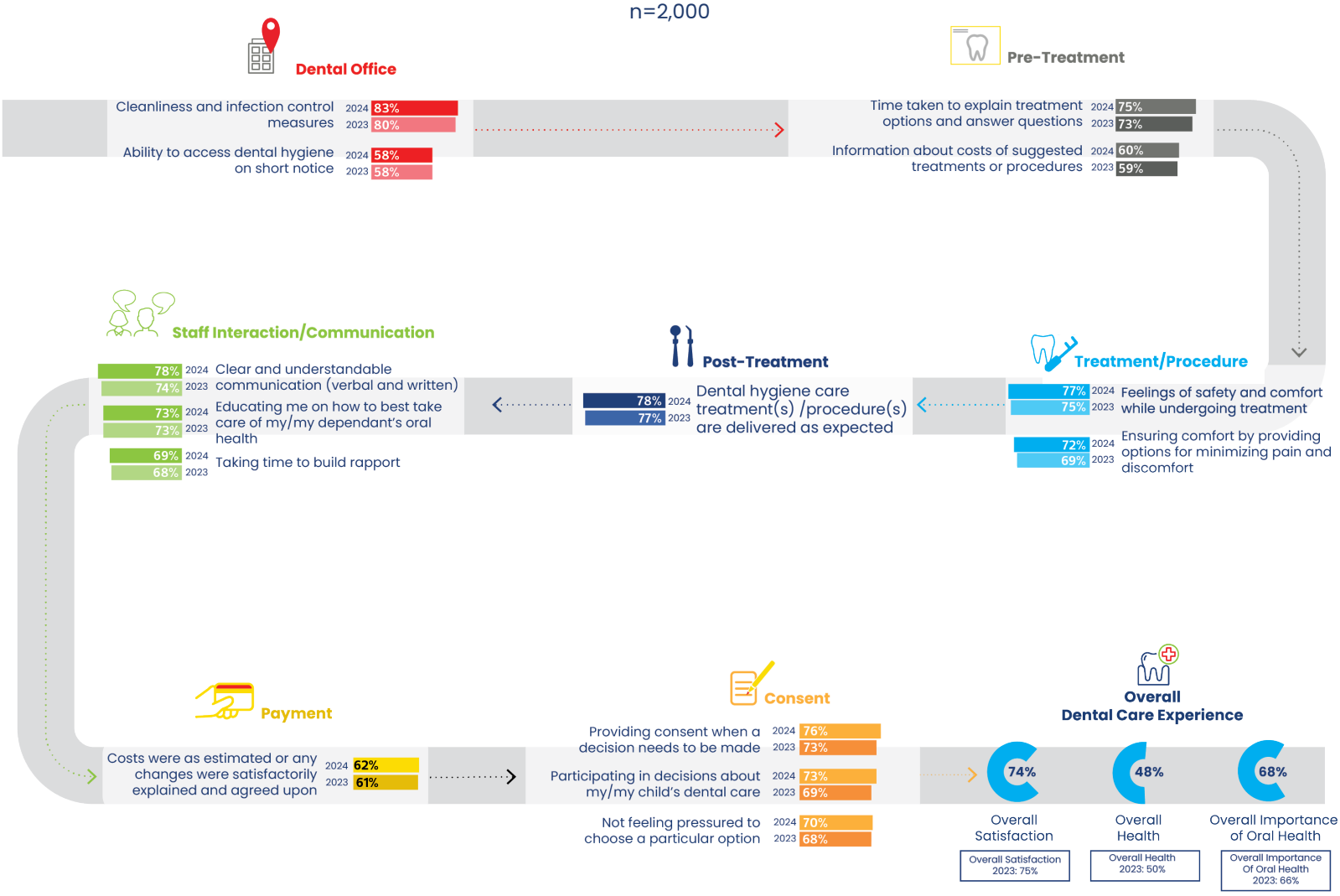




DENTAL HYGIENE PATIENT JOURNEY

Satisfaction Along the Dental Hygiene Care Journey - 2024

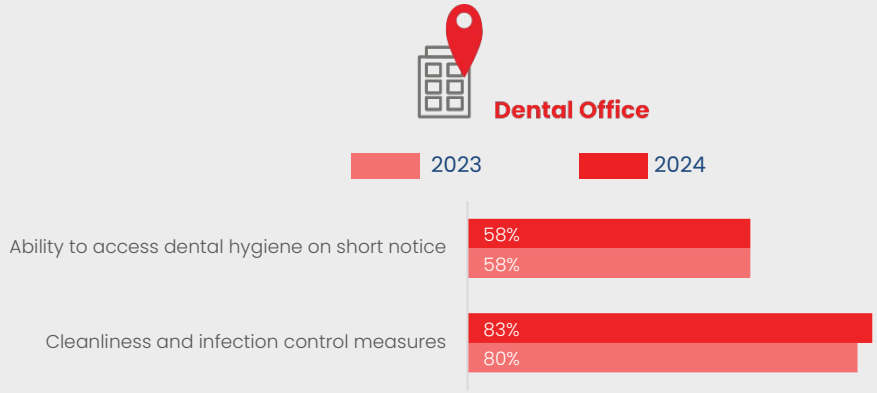
n=2,000



DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Dental Office/Dental Hygiene Clinic

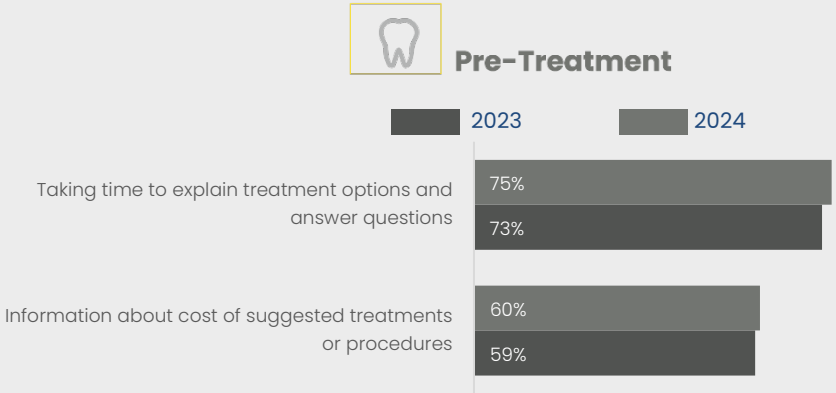
Cleanliness and infection control measures received a satisfaction score of 83% (a 3% increase since 2023) and the ability to access dental hygiene care on short notice received a score of 58% (no change from 2023).



Satisfaction with the dental office/dental hygiene clinic (both cleanliness and ability to access) was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** as well as those residing in the **Northwest** region were the least satisfied with the dental office/hygiene clinic.

Satisfaction with Pre-Treatment

Satisfaction with pre-treatment was evaluated along two dimensions. Three quarters (75%) of respondents were either satisfied or very satisfied with the time taken by their dental hygienist to explain treatment options and answer questions. Satisfaction with the information provided about the risks and benefits of undergoing or not undergoing a treatment or procedure was slightly lower (60%). Satisfaction scores were higher in 2024 than in 2023.

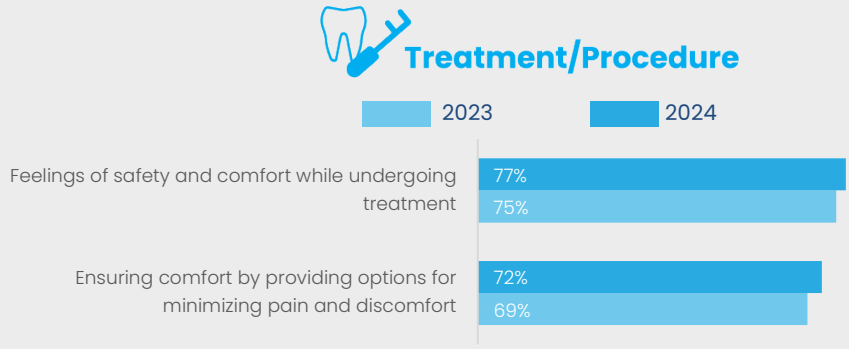


Satisfaction with pre-treatment was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** as well as those residing in the **Northwest** region were the least satisfied with pre-treatment, and **men** were slightly more satisfied than women.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Treatment/Procedure

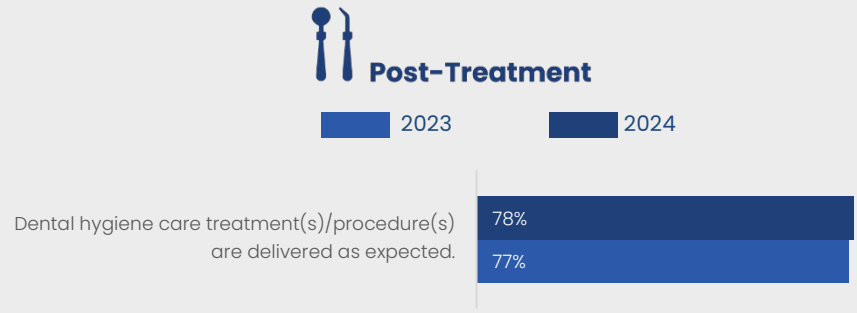
Slightly more than three quarters (77%) of respondents were satisfied or very satisfied with feelings of safety and comfort while undergoing treatments/procedures. Slightly fewer respondents (72%) were satisfied or very satisfied with the steps taken by the hygienist to ensure comfort and minimize pain. Satisfaction with treatment/procedure was higher in 2024 than in 2023.



Satisfaction with treatment/procedure was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** as well as those residing in the **Northwest** region were the least satisfied with treatment/procedure.

Satisfaction with Post-Treatment

Just over three quarters (78%) of patient respondents are satisfied or very satisfied with the delivery of dental hygiene care treatments/procedures. Satisfaction ratings were higher in 2024 than in 2023.

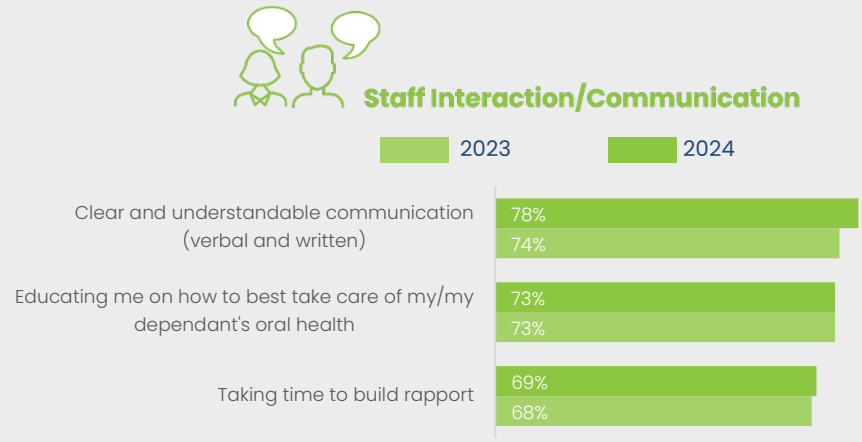


Satisfaction with post-treatment was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** as well as those residing in the **Northwest** region were the least satisfied with post-treatment.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Staff Interaction/Communication

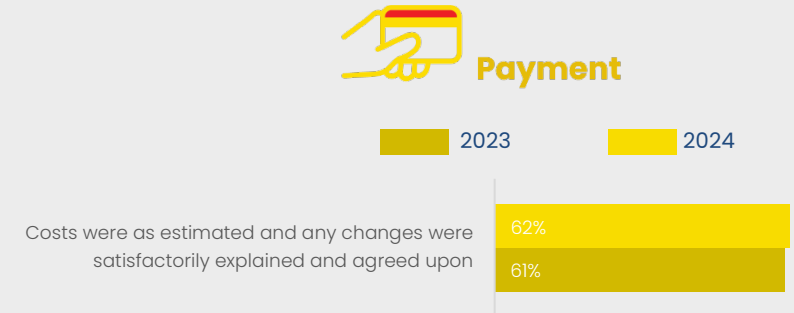
Respondents' interaction and communication with staff was evaluated along three dimensions. Slightly more than three quarters (78%) of respondents were satisfied or very satisfied with the clarity of their hygienists' verbal and written communication. Overall, patient satisfaction with staff interaction/communication was higher in 2024 than in 2023.



Satisfaction with staff interaction/communication was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), **English fluency** (native/fluent English speakers were more satisfied than English language learners), and **education** (university and college graduates were more satisfied than high school graduates). Additionally, those who identified as a **racial or ethnic minority** or **Indigenous**, those residing in the **Toronto** and **Northwest** regions, and persons with a **disability** were the least satisfied with staff interaction/communication.

Satisfaction with Payment

Six-in-ten (62%) patient respondents were either satisfied or very satisfied with the cost of dental hygiene services, representing a 1% increase between 2023 and 2024.

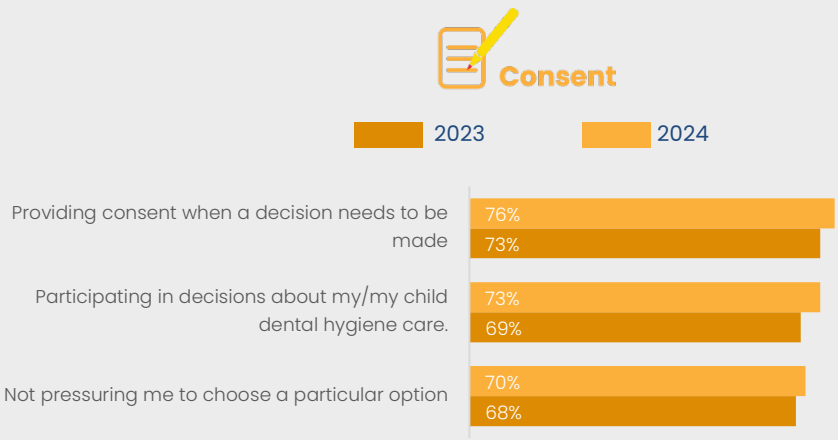


Satisfaction with payment was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** as well as those residing in the **Northwest** region were the least satisfied with payment.

DENTAL HYGIENE PATIENT JOURNEY

Satisfaction with Consent

Satisfaction scores for statements pertaining to consent hovered around the mid-seventies. While these ratings are on par with other aspects of the dental hygiene care journey, it is important to remember that, as far as consent is concerned, a score of less than 100% represents a failing grade for any medical professional, including dental hygiene professionals. Efforts should be made by the profession regulator to investigate and understand why consent is not being consistently obtained by dental hygienists. Overall, satisfaction scores increased between 2023 and 2024.



Satisfaction with consent was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), **employment** (full-time workers were the most satisfied while students were the least satisfied), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, those who identified as a **racial or ethnic minority** or **Indigenous** as well as those residing in the **Northwest** region were the least satisfied with consent.

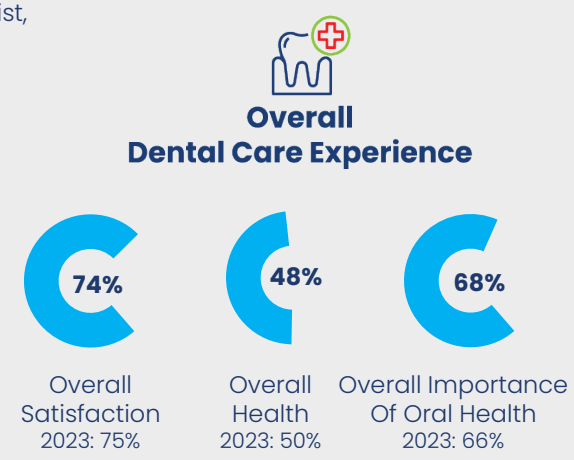
Overall Satisfaction with Dental Hygiene Care Experience

In 2024, roughly three quarters (74%) of respondents said they were either satisfied or very satisfied with the overall experience of visiting a dental hygienist, representing a 1% decrease from 2023.

Overall satisfaction with the dental hygiene experience was positively correlated with **age** (older respondents were more satisfied than younger respondents), **income** (those with higher incomes were more satisfied than those with lower incomes), and **English fluency** (native/fluent English speakers were more satisfied than English language learners). Additionally, overall satisfaction was lower among those who identified as a **racial or ethnic minority** or **Indigenous**, persons with **disabilities**, and those who reside in the **Northwest** region of Ontario.

Approximately half (48%) of those surveyed in 2024 rated their overall health as either 'good' or 'very good,' representing a 2% decrease from 2023.

About two thirds (68%) of participants said oral health is either 'important' or 'very important' to their overall health and well-being, a 2% increase from 2023.



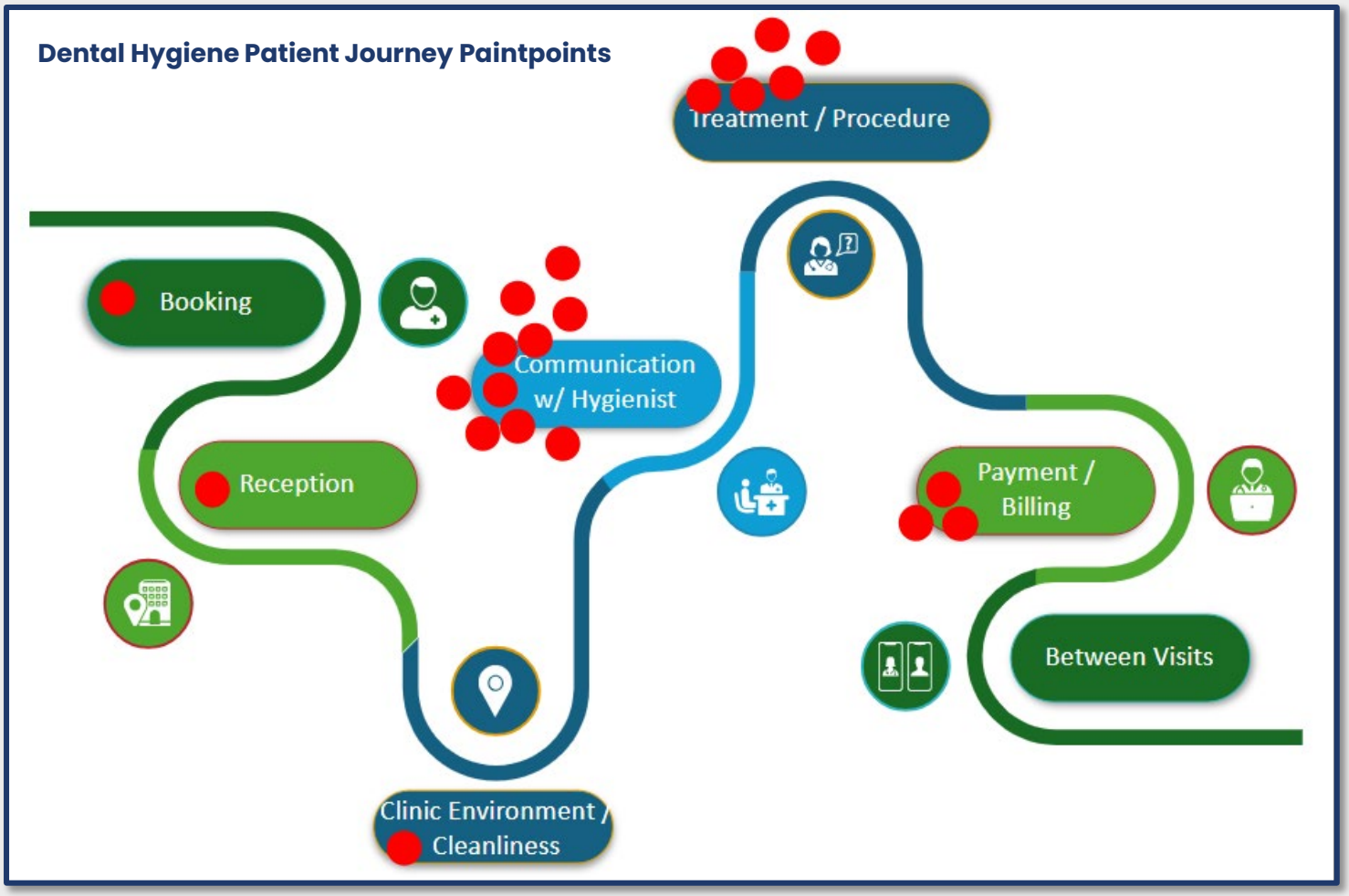
DENTAL HYGIENE PATIENT JOURNEY

Qualitative Research: Focus Groups with Recent Patients

On October 29 and November 1, Pivotal Research conducted two 90-minute focus groups with 13 Ontario residents who had a negative experience while accessing dental hygiene care in the last 12 months. Focus groups were conducted online via the Zoom video conferencing platform.

The sample contained eight males and five females. Six participants identified as a racial or ethnic minority—including three participants of Indigenous descent—and four identified as a person with a disability.

Participants were asked to evaluate their satisfaction or dissatisfaction with various aspects of the dental hygiene care journey. Their responses were used to produce the following journey map, where each red dot represents a concern, or "pain point."



Participant concerns tended to cluster around certain steps in the care journey, namely communication with the dental hygienist, treatment/procedure, and payment/billing. There were also some concerns with booking, reception, and clinic environment/cleanliness.

On the following page, thematic analysis of focus group data is supported with direct quotes from participants in order to illustrate major themes.

PIVOTAL RESEARCH Inc.™

DENTAL HYGIENE PATIENT JOURNEY

Booking

With regards to booking, some participants cited **frustration with administrative inefficiencies or inconveniences in the clinical setting** that are cumbersome.

"If we miss [an appointment] we get charged like a hundred to two hundred dollars. A lot of people miss appointments, so that just bothers me."

"When I booked, I asked them if I could come in ahead of time to fill out the new patient forms. So they said, yeah, sure, no problem. So I went in special visit and filled out the new patient forms. When I got there to visit the hygienist for the actual checkup, I had to fill out more forms and I was going like, well, I already filled out all the forms when I was here the first time."

"My clinic doesn't do online appointments, which is kind of odd. We just do it over the phone. We don't do it online. I don't know if the technology is there in that clinic."

Reception

Regarding reception, some participants expressed **frustrating wait times and delays** resulting from **poor scheduling practices**.

"I had to wait 30 minutes to get my appointment."

"I've had to wait... we'll be booked at the same time... they'll take one of us in first and then the other person will have to wait the entire time the other person is in there... I assume it's completely unnecessary to book people in like that. Booking two people at the same time, it just doesn't make sense why one person would have to sit and wait. It's just ridiculous to me."

Treatment/ Procedure

Several participants described a **lack of empathy or attentiveness** during procedures and frustration with **rushed, painful, or aggressive treatments**. They noted that hygienists often failed to respond to patient cues, such as verbal feedback or physical reactions to pain, and did not adapt their approach to accommodate individual needs, particularly for patients with heightened sensitivity or discomfort.

Many participants emphasized that the roughness or speed of treatments created unpleasant experiences, suggesting that some hygienists prioritized efficiency over patient comfort. There is a clear expectation among patients for hygienists to listen, adjust their techniques as needed, and place patient well-being above speed or convenience.

"Some hygienists are rough on your teeth... they don't have to scrub so hard. They could be much gentler. If there's tools available to make the process better for the patient, they should use them. Because my last experience was terrible. Maybe if they weren't so rough it would make a difference."

"[The hygienist] was incredibly rough with me. And even when I was trying to let her know that it was hurting, she wasn't understanding. It was a very hard appointment to go through."

"Using a very gentle hand would enhance the experience. Monitoring the patient's reactions as well. If a person is feeling pain, they would usually react to some way in which then the hygienist should know that this person is feeling pain, I should soften my hand a little bit. I've been asked in the past, if you're feeling pain, just raise your hand or that kind of thing. But when I'm with this hygienist, I was trying to express the pain and was sort of being ignored."

"You tell them not to rush but they just don't listen. The first thing I tell them, I said, look, do not rush. And the first thing they do is they're going so fast that they'll grab a piece of my gum and it'll start to bleed. She didn't take the time to do it properly."

"I mentioned, before she started working on me, that I have sensitive gums. I have a history of this. And so, I'd appreciate just working gently. And she didn't at all. It was the most painful cleaning I've ever had in my life. It was very aggressive. It was at the end of a day, so she might have been trying to finish really quickly. She was working in my mouth and it was hurting, and she wasn't responding at all to anything that I was trying to say."

"I feel like [the hygienist] kind of rushed the process. I felt like they were trying to cram me into a slot, and they had other appointments to get to. It would be nice if they took their time."

"If something's hurting or feels painful, or if something's being done too aggressively in the cleaning, I think they need to, no matter what they've been trained in school, take it on a case-by-case basis and just take their time. They're trying to do it exactly by the book, and it doesn't work like that. Not everyone's mouth is the same."

PIVOTAL RESEARCH Inc.™

DENTAL HYGIENE PATIENT JOURNEY

Communication w/ Hygienist

The most frequently mentioned pain point was the need for **better communication and respect for informed consent** during dental hygiene visits. Participants emphasized the importance of clear, empathetic dialogue, positive reinforcement, and being informed about treatments in advance, including the opportunity to ask questions and understand their options. Many expressed frustration about feeling excluded from decisions regarding their care.

"A lot of [hygienists] need to learn bedside manner and how to talk to people. The dental hygienist can be a little bit more positive during your visit. Positive things would be good to hear, but you never hear that. It's always the bad, negative, what you're doing wrong. A little bit more positive reinforcement or encouragement."

"My old dental hygienist always used to just run over what we're going to do today and let me know how the session would go. And it was an opportunity to ask questions or see if it was covered or if I needed it or if there were other options or so. But my current hygienist doesn't do any of that at all."

"The communication with the hygienist, getting treatment I don't want, or being told sort of after the fact or while it's happening already. [The hygienist] made the decision rather than communicating that with me in advance."

Payment/Billing

Participants frequently cited concerns about a **lack of transparency in pricing and billing, financial strain, and a sense of being upsold or taken advantage of financially**. Many expressed frustration with unexpected costs, unclear pricing structures, and insufficient upfront communication about what insurance covers versus what they would need to pay out-of-pocket. This lack of clarity often resulted in stress and dissatisfaction highlighting the need for greater transparency and patient-centered communication around costs and billing practices.

"With payment and billing, it would be nice if they were more transparent about what you were going to pay. So if insurance doesn't cover the whole procedure, it'd be nice if they tell you."

"There's a financial block to that to be able to afford it... trying to figure out a way to work around, you know, maybe there's something else that they could do. $400 for a cleaning. That's a lot out of my pocket."

"When it came to payment, I get up to the front, and because I'm a new patient, they said, well, in case something goes wrong with your coverage, we need to have your credit card to cover ourselves. And I was like, well, nobody ever said anything about that to begin with because that's like a blank check, right? I don't think I'll return to that particular office."

"I agree on a procedure and then they want to do something else and I would be like, okay, if it's included, then, yeah, go ahead. But then in the end they're like, oh, here's a bill. And it's something that I can't even pay because for me personally, my dental coverage doesn't cover that much.."

Clinic Enviroment/ Cleanliness

A few participants highlighted a **lack of attention and tailored accommodation for individual patient needs and/or preferences** in the clinic environment with respect to accessibility, the physical space/environment, and patient sensitivities.

"With my wheelchair, I have to be angled at a certain position in order to be comfortable in the dentist chair. And sometimes it takes me four or five times to maneuver around to get into that chair where I'm comfortable."

"The temperature was really high in the clinic. I was hot and sweating at my last appointment, and I mentioned that and discovered after the thermostat was set at 25 degrees Celsius, which, for me, provoked my anxiety."

DENTAL HYGIENE PATIENT JOURNEY

Drivers of Satisfaction with Dental Hygiene Providers in Ontario

To further understand the dental hygiene experience in Ontario, an advanced key driver analysis was conducted to identify which service attributes have the greatest impact on the overall dental hygiene care experience with the aim of informing performance enhancements. Regression analysis was performed for all 29 service attributes along the dental hygiene patient journey.

The top three attributes with the highest impact on satisfaction are shown in the table below.

Key Drivers of Satisfaction for Patient Respondents

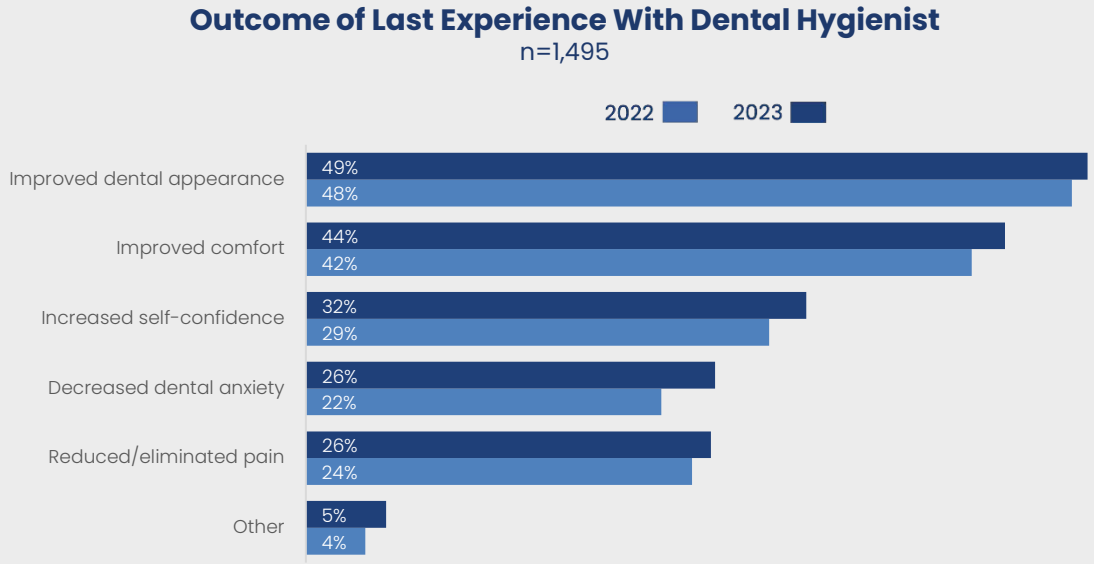
Attribute	Patient Journey	Satisfaction Score
Costs were as estimated, and any changes were satisfactorily explained and agreed upon	Payment	62%
Taking time to build rapport	Staff interaction/communication	69%
Not feeling pressured to choose a particular option	Consent	70%

The key driver analysis shows that patients appear to demand more from their dental hygienists regarding transparency around costs for treatments/procedures, communication from their dental hygienists, and receiving informed consent before deciding to begin a dental hygiene treatment or procedure. These areas of the patient journey were also key drivers of satisfaction in 2023.



DENTAL HYGIENE PATIENT JOURNEY

Outcome of Last Experience with Dental Hygienist



Typical patient outcomes of visiting the dental hygienist were:

- Approximately half (49%) of those surveyed felt their dental appearance improved as a result of visiting the dental hygienist;
- Roughly four-in-ten (44%) said their comfort improved as a result of the visit;
- Nearly a third (32%) felt increased self-confidence;
- Approximately a quarter (26%) said their visit decreased their dental anxiety; and
- Approximately a quarter (26%) said their visit reduced or eliminated pain.

Overall, more respondents reported a positive outcome from their last dental hygienist visit in 2024 compared to 2023.

KEY TAKEAWAYS

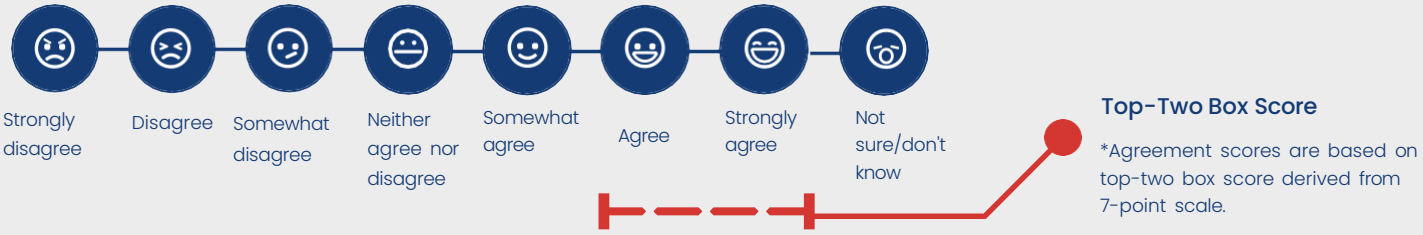
1. Three quarters (74%) of Ontario residents are satisfied or extremely satisfied with the dental hygiene care that they and/or their dependants receive.
2. Satisfaction rates were generally higher in 2024 compared to 2023, and more respondents reported a positive outcome from their last dental hygienist visit.
2. Cleanliness and infection control measures earned high satisfaction scores, while the ability to access dental hygiene care on short notice did not meet the expectations of Ontario residents.
3. Age, income, and English language proficiency, racial or ethnic origin, and geographic location were all strong predictors/determinants of satisfaction with dental hygiene care.
4. Dental hygiene care culminates in a variety of positive outcomes, primarily improved dental appearance and improved comfort.

PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Survey participants were asked to rate their level of agreement with several statements pertaining to their perceptions of dental hygiene care in Ontario across the following categories:

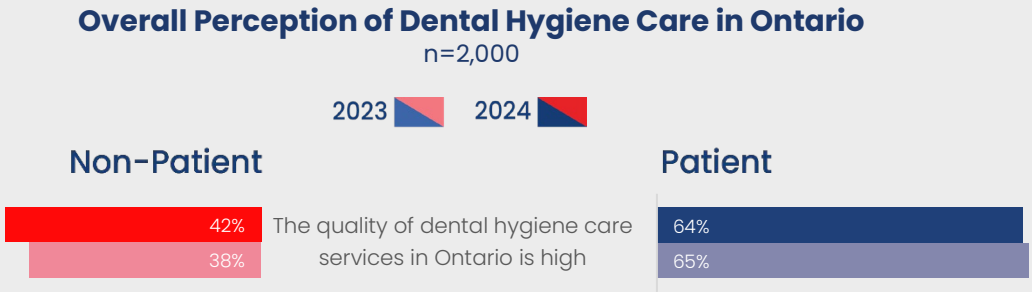
- Overall perceptions;
- Access to dental hygiene care services;
- Patient agency;
- Discrimination; and
- Regulation.

For each statement, respondents were presented with a seven-point scale (or agreement continuum) ranging from strongly agree to strongly disagree as shown in the graphic below.



Overall Perceptions of Dental Hygiene Care

Those who have accessed dental hygiene care in the past 12 months have a more favorable opinion of dental hygiene care than those who have not accessed dental hygiene care in the past 12 months. Approximately two-thirds (64%) of patient respondents either agree or strongly agree that the quality of dental hygiene care services in Ontario is high, while only four-in-ten (42%) non-patients feel the same.



PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Patient Agency

Respondents were asked to rate their level of agreement with a series of statements pertaining to patient agency.



Those who have accessed dental hygiene care in the past 12 months were more likely to feel comfortable raising concerns about treatments/procedures with the dental hygienist, more likely to feel informed, and more likely to know what to expect from a dental hygienist compared to those who have not accessed dental hygiene care in the past 12 months. Perceptions of patient agency were more positive in 2024 compared to 2023.

Perceptions regarding patient agency are positively correlated with **age** (older respondents had more positive perceptions than younger respondents), **income** (those with higher incomes had more positive perceptions than those with lower incomes), and **English fluency** (native/fluent English speakers had more positive perceptions than English language learners). Additionally, those who identified as a **racial or ethnic minority** or person with a **disability**, as well as those residing in the **Toronto** region, had the least positive perceptions of patient agency.

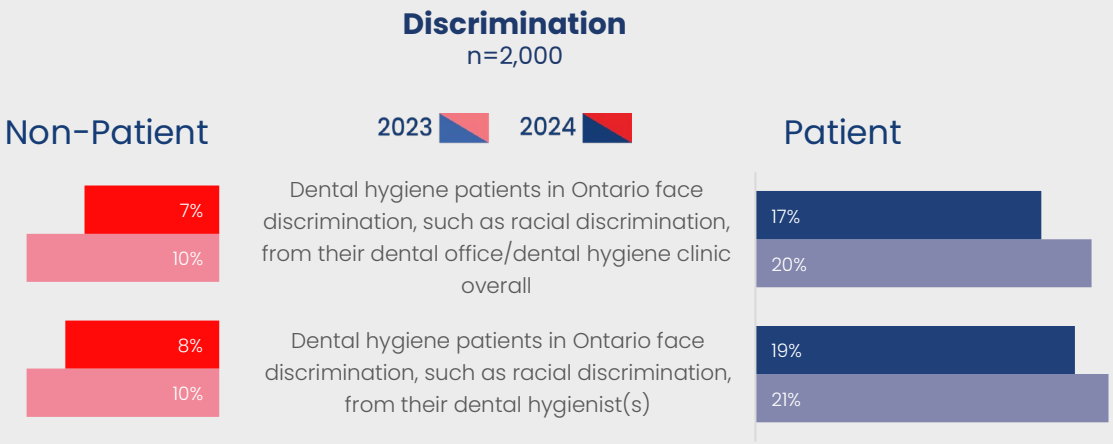


PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

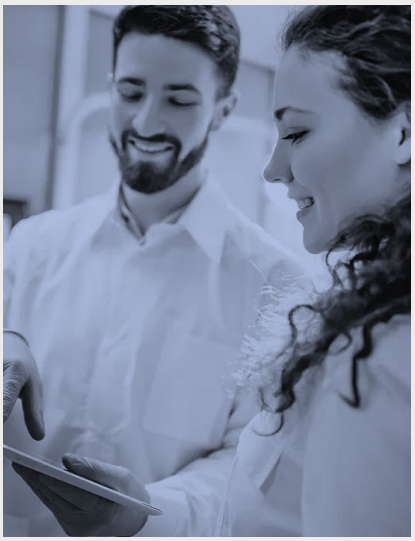
Discrimination

About one-in-seven (15%) of those surveyed either agreed or strongly agreed that dental hygiene patients in Ontario face discrimination, such as racial discrimination, from their dental hygienist(s). This represents a 2% decrease between 2023 and 2024.

A similar proportion of participants (16%) agreed or strongly agreed that dental hygiene patients in Ontario face discrimination, such as racial discrimination, from their dental office or dental hygiene clinic overall. This represents a 2% decrease since last year.



Feelings of discrimination were positively correlated with **age** (younger respondents were more likely than older respondents to agree that dental hygiene patients face discrimination) and **English fluency** (English language learners were more likely than native/fluent English speakers to agree that dental hygiene patients face discrimination). Additionally, respondents who identified as **Indigenous** (Inuit/First Nations/Metis), those belonging to **a racial or ethnic minority**, and those residing in the **Toronto** region were significantly more likely to agree that dental hygiene patients face discrimination.



PERCEPTIONS OF DENTAL HYGIENE CARE IN ONTARIO

Access to Dental Hygiene Care

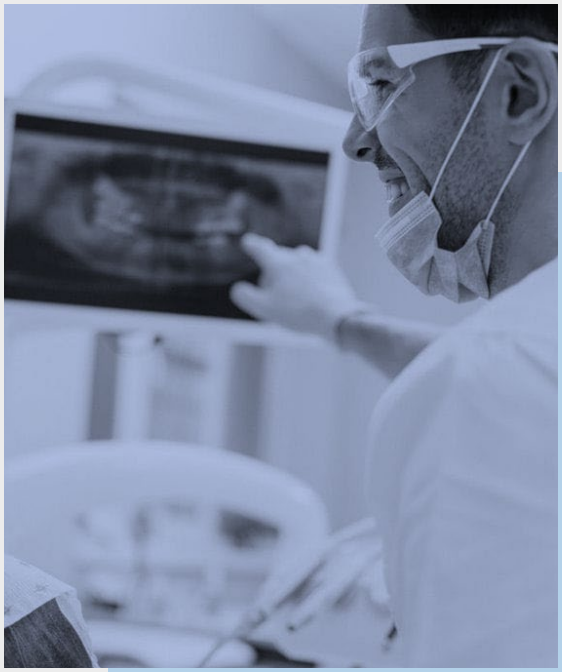
Nearly two-thirds (65%) of those surveyed said that they are able to find a suitable dental office or dental hygiene clinic in their community, representing a 1% increase between the 2023 and 2024 survey years.



In both 2023 and 2024, patient respondents reported a better ability than non-patient respondents to find a dental office or dental hygiene clinic in their community.

KEY TAKEAWAYS

1. In general, dental hygiene patients have a much more positive view of the dental hygiene profession in Ontario than non-patients.
2. Younger patients, those with poor English skills, those with a visible disability, and those who identified as Indigenous or and/or visible minority were significantly more likely to agree that dental hygiene patients face discrimination, whether from their dental hygienist or from others in the dental office/dental hygiene clinic.
3. Perceptions of dental hygiene care in Ontario were more positive in 2024 compared to 2023.



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Awareness of Regulator

Slightly more than four-in-ten respondents (42%) said that they are **aware** of a regulatory organization that oversees dental hygienists in Ontario. Overall awareness of a regulator for the dental hygiene did not change between 2023 and 2024 but was higher among patient respondents than non-patient respondents in both survey years.

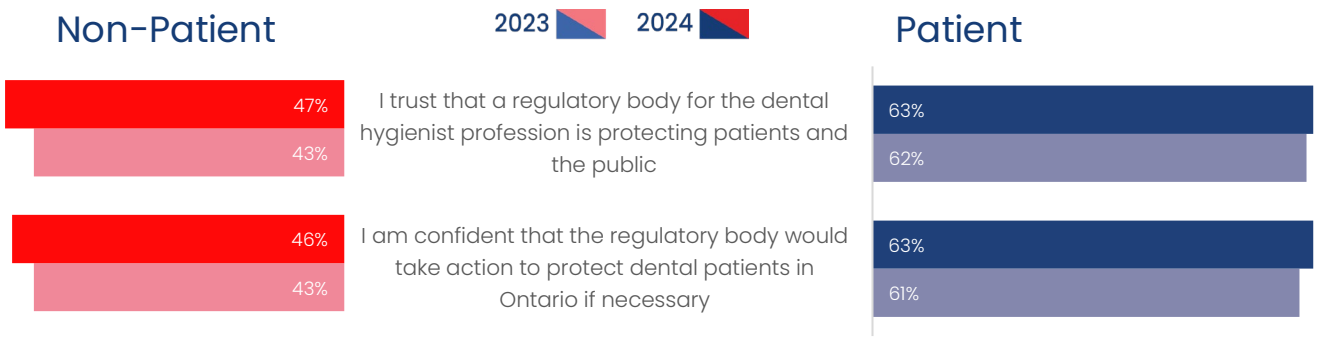
46% OF PATIENT RESPONDENTS 2023: 47%

29% OF NON-PATIENT RESPONDENTS 2023: 29%

ARE AWARE THERE IS AN ENTITY THAT OVERSEES DENTAL HYGIENE CARE PROVIDERS

A majority of those surveyed (59%) said they **trust** that a regulatory body for the dental hygiene profession is protecting patients and the public, a 2% increase from 2023. A similar proportion (59%) said they are confident that the regulatory body would take action to protect dental patients in Ontario, representing a 3% increase compared to last year.

Trust of Regulator Functions
n=2,000



Awareness of CDHO

Participants were asked whether they had ever heard of CDHO. Slightly less than a quarter (23%) of those surveyed indicated that they are aware of CDHO, a 4% decrease from 2023. Awareness of CDHO was higher among patients than among non-patients—in 2024, over a quarter (26%) of patient respondents were aware of CDHO compared to one-in-seven (15%) non-patient respondents.

26% OF PATIENT RESPONDENTS 2023: 30%

15% OF NON-PATIENT RESPONDENTS 2023: 18%

HAVE HEARD OF CDHO

PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

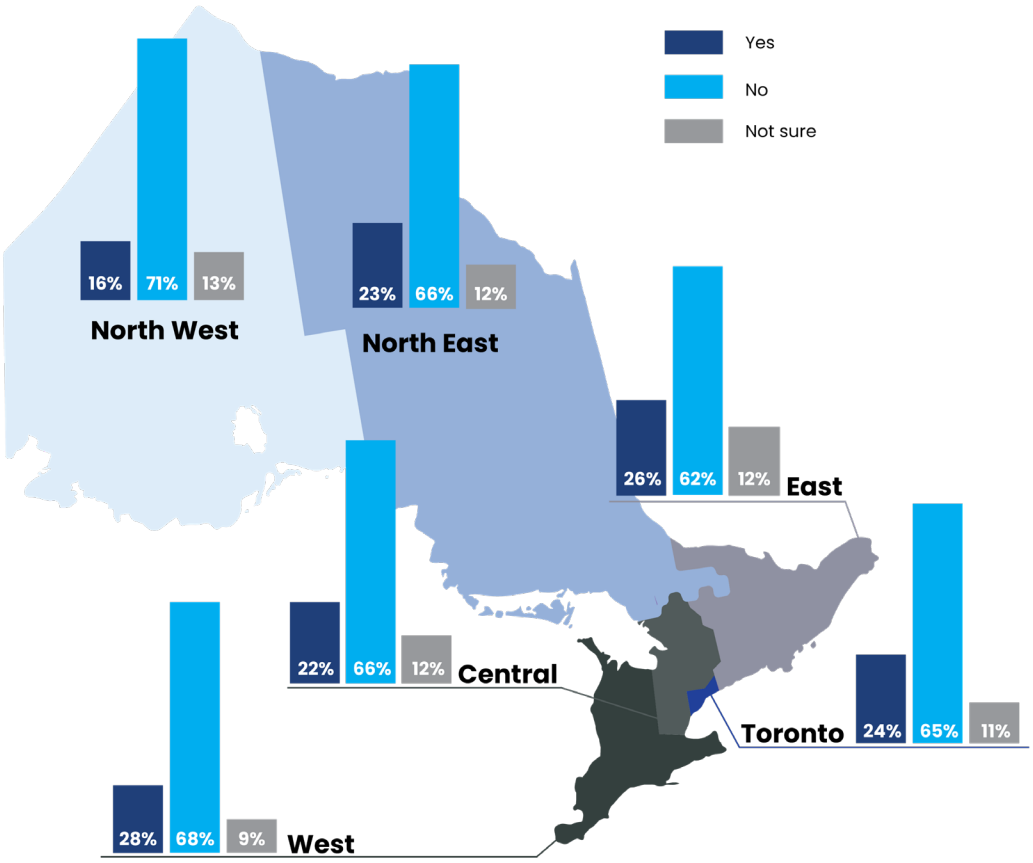
Awareness of CDHO by Geographic Region

Geographically, awareness of CDHO is lowest in the province's North West region. In the rest of Ontario, awareness of the regulator is quite similar.

Between 2023 and 2024, awareness of CDHO decreased in all geographic regions of Ontario.

The largest drop was observed in the North West region, where awareness fell from 27% in 2023 to 16% in 2024.

Have You Heard of CDHO?
n=2,000



PERCEPTIONS OF REGULATIONS & CDHO'S ROLE

Perceptions of Effectiveness of CDHO

Participants with an awareness of CDHO were asked to rate how effective they perceive CDHO to be when it comes to carrying out its mandate. CDHO's performance as it pertains to various aspects of the College's mandate were evaluated by respondents using a seven-point scale, where (7) means very effective and (1) means not effective at all.

66%
OF "AWARE" PATIENT RESPONDENTS
2023: 64%

54%
OF "AWARE" NON-PATIENT RESPONDENTS
2023: 47%

BELIEVE CDHO IS EFFECTIVE IN CARRYING OUT ITS PUBLIC PROTECTION MANDATE

Six-in-ten (64%) of those surveyed believe CDHO is effective in carrying out its public protection mandate, a 3% increase between 2023 and 2024. Two-thirds (66%) of patient respondents said CDHO is effective, a 1% increase between the 2023 and 2024 survey years. In 2024, slightly more than than half (54%) of non-patients believe CDHO is effective compared to a minority (47%) of non-patient respondents in 2023.

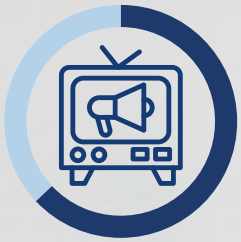
Perceptions of Effectiveness of CDHO
n=2,000



Of the approximately one-quarter of respondents who were aware of CDHO, roughly a third (29%) said they learned about CDHO from their dental hygienist and a further one quarter (25%) heard about CDHO from a friend or family member. One tenth (8%) were made aware of CDHO because they had a direct experience with the College.

COMMUNICATION WITH THE PUBLIC

Respondents were asked to indicate which media CDHO should use to engage with members of the public. Printed materials in dental offices/clinics and public awareness campaigns (e.g., on television and radio stations) were the top preferred methods overall, consistent with both the 2022 and 2023 survey years.



63%

Printed materials in dental offices/dental hygiene clinics



62%

Public awareness/ advertising campaig ns (e.g., television, radio)



55%

Regulator website



55%

Online advertising/social media



40%

Multi-lingual informational materials

KEY TAKEAWAYS

1. While the public is generally aware of a regulatory body for the dental hygiene profession, relatively few Ontario residents are aware of CDHO.
2. Awareness of CDHO is higher among patients than among non-patients.
3. Patients have a more positive perception of CDHO and its mandate, compared to non-patients.
4. Overall, perceptions of CDHO's effectiveness increased between 2023 and 2024.
5. CDHO is perceived to be effective at ensuring all those who enter the profession are qualified, but less effective at investigating and resolving complaints about dental hygienists.

KEY CONSIDERATIONS

Pivotal research has identified several recommendations for the College to consider as it continues to enhance public confidence and trust in the dental hygiene profession.

1 Strengthen Communication, Consent, and Transparency Standards

For several years, building rapport, providing clear information about treatments, and ensuring transparency around costs have received low satisfaction scores and remain key drivers of patient satisfaction and dissatisfaction.

The College could address these issues by establishing clear standards and guidelines emphasizing effective communication, informed consent, rapport-building, transparency, and respect for patient autonomy. This may include updated communication standards requiring hygienists to explain treatment options, ensure patients understand benefits and risks, address concerns, and provide verbal or written cost explanations before procedures.

However, in settings where hygienists lack decision-making authority and business policies are controlled by the clinic or employer, their ability to implement these practices may be limited. This highlights the need for a broader systemic approach to ensure patient-centered care.

2 Promote Public Awareness of the Importance of Dental Hygiene Care

Many Ontario residents feel they don't need to visit the dental hygienist regularly, a finding revealed by the quantitative research and confirmed by the qualitative research.

CDHO can play a key role in increasing public awareness of the importance of visiting the dental hygienist through educational campaigns and public outreach. Widespread media campaigns across multiple platforms to promote the importance of regular hygiene visits in preventing disease, their role in overall health, the connection between oral and overall health, and the benefits of visiting the dental hygienist with clear, concise, engaging, and evidence-informed messaging could encourage more Ontario residents to visit the dental hygienist regularly.

3 Champion Access to Dental Hygiene Care

For the past three years, data have consistently shown that many Ontario residents cannot afford to visit the dental hygienist, a finding supported by both survey and qualitative research.

CDHO can collaborate with various system partners, including the Ontario Dental Hygienists' Association, other oral health profession regulators in Ontario, public health agencies and government to explore and promote improved access to oral care. This could include advocating for policies and regulations aimed at increasing affordability, such as expanding publicly funded programs, enhancing insurance coverage for preventive services, and in identifying innovative ways to reduce financial barriers for patients.

4 Enhance Scope of Practice to Improve Patient Comfort and Access

Many dental hygiene patients, both recent and non-recent, report experiencing fear, anxiety, pain, and/or discomfort during visits, a finding supported by both survey and qualitative research.

Expanding the scope of practice for dental hygienists to permit the administration of mild or minimal sedatives for anxious patients could help improve access to dental hygiene care. While such a change would represent a significant regulatory shift, it could be implemented with comprehensive standards and safeguards to ensure patient safety remains a top priority.

5 Enhance Access and Equity for Underserved Populations

Data have consistently shown that underserved groups—individuals with low income, disabilities, limited English proficiency, Indigenous heritage, racial and ethnic minorities, and those living in rural or northern regions—face significant barriers to accessing dental hygiene care and report lower satisfaction with their experiences.

To address these challenges, CDHO could collaborate with system partners to expand mobile dental hygiene services, build partnerships with community health organizations, and promote practices that improve access for these populations. Additionally, the College should continue its efforts to address perceptions of discrimination and racism within the profession, fostering a culture of inclusion and equitable care.

APPENDIX: Survey Instrument

CDHO Voice of the Patient Survey

Screening Information

1. Where do you reside?
   - O [Drop down list of provinces]
   - O – Anything other than ON **[Terminate]**

2. In which of the following Ontario health regions do you live?



   a. Northwest
   b. Northeast
   c. West
   d. East
   e. Central
   f. Toronto

3. What are the first three digits of your Postal Code?

   ___ ___ ___

APPENDIX: Survey Instrument

4. Are you a Registered Dental Hygienist?
   - ○ Yes **[Terminate]**
   - ○ No

5. In what age category do you fall?
   - ○ Less than 18 years of age **[Terminate]**
   - ○ 18-25 years
   - ○ 26-35 years
   - ○ 36-45 years
   - ○ 46-55 years
   - ○ 56-65 years
   - ○ 66 years and over
   - ○ Prefer not to answer

6. Which of the following describe(s) you/your identity? [select all that apply]
   - ○ Female
   - ○ Male
   - ○ Transgender
   - ○ Non-binary/agender
   - ○ Two-spirit
   - ○ None of the above **[exclusive]**
   - ○ Prefer not to answer

7. In the past 12 months, have you or your dependant(s)* accessed the services of a dental hygienist in Ontario? **[select all that apply]**

   *A dependant is a family member who relies on you for financial support.

   - ○ Yes, I visited a dental hygienist as a client in the last 12 months [Go to Q11]
   - ○ Yes, my dependant(s) visited a dental hygienist in the last 12 months [Go to Q11]
   - ○ No, neither my dependant(s) nor I have visited a dental hygienist in the last 12 months [Go to Q8]
   - ○ Don't know/unsure [Go to Q18]

Questionnaire [Q7 routes are coded here]

You are invited to participate in a survey about your perspectives on dental hygiene care in Ontario. The survey will take you approximately 10 to 12 minutes to complete.

Your responses are anonymous and only group data will be reported. If you have any questions about the collection and use of this information or encounter any difficulties, please contact us at feedback@pivotalresearch.ca or toll free at 1-877-421-1199.

If you have any questions about the validity of this research please search Project 20241007-PI300 on the Canadian Research Insights Council (CRIC) website.

APPENDIX: Survey Instrument

Non-recent patients [If Q7 =3]

8. You indicated that you and/or your dependant(s) have not visited a dental hygienist in the last 12 months. Which of the following describe(s) the reasons for that? [Select all that apply] [Randomize options]
   - O Cost
   - O Insufficient insurance coverage or do not have dental insurance
   - O Fear of pain or discomfort
   - O Limited number of dental hygienists in my community
   - O Dental offices/dental hygiene clinics in the community are not taking new patients
   - O Commuting to a dental office or dental hygiene clinic is difficult
   - O Difficult to book an appointment time that is convenient
   - O Have not found a dental hygienist that is a good fit
   - O Cannot find a dental hygienist that speaks my native language
   - O Safety concerns related to COVID-19
   - O Safety concerns unrelated to COVID-19
   - O Concerns regarding discrimination
   - O Have not needed dental hygiene care
   - O Negative experience(s) in the past: Please share with us the nature of your experience:_____
   - O Other: Please specify _____

9. [If selected more than one reason in Q8] Of the reasons you selected above, which reason impacts your decision the most?
   [Display options selected in Q8] [Select one answer]

10. When was the last time you or your dependant(s) visited a dental hygienist in Ontario?
    - O 1 to 2 years ago [Go to Q18]
    - O 2 to 3 years ago [Go to Q18]
    - O 3 to 4 years ago [Go to Q18]
    - O 4 to 5 years ago [Go to Q18]
    - O More than 5 years ago [Go to Q18]
    - O Neither my dependant(s) nor I have ever visited a dental hygienist in Ontario [Go to Q18]
    - O Do not know[Go to Q18]

Recent Patients [If Q7 =1 or 2]

When answering the questions below, please think about when you **most recently** accessed the services of a dental hygienist, whether it was your dependant(s) who visited a dental hygienist or whether you were the patient.

11. When did you most recently access the services of a dental hygienist?
    - O Last month

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- O One to three months ago
- O Three to six months ago
- O Six to twelve months ago

12. Did you have dental care insurance when you accessed the services of a dental hygienist?
    - O Yes, through Social Services
    - O Yes, through First Nations health insurance
    - O Yes, through company health insurance (through my employer)
    - O Yes, through private health insurance (purchased myself)
    - O No

13. Thinking of when you most recently accessed the services of a dental hygienist, please use the following scale to rate your level of satisfaction with the following aspects. [Each item will be presented in a grid as shown below] [Randomize items]

	Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B...	O	O	O	O	O	O	O	O

a. Ability to access dental hygiene care on short notice.
b. Cleanliness and infection control measures.
c. The information provided to me about costs of recommended treatments or procedures (including any costs not covered by insurance) when applicable.
d. The information provided to me about the risks and benefits of undergoing (or not undergoing) a treatment or procedure.

14. Thinking of when you most recently accessed the services of a dental hygienist, please use the following scale to rate your level of satisfaction with the following aspects. [Each item will be presented in a grid as shown below] [Randomize items]

	Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
c. Item a	O	O	O	O	O	O	O	O
d. Item b...	O	O	O	O	O	O	O	O

a. Participating in decisions about my (or my dependant's) dental hygiene care.

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b. Providing consent when a decision needs to be made.
c. Feelings of safety and comfort while undergoing treatment(s)/procedure(s).
d. Dental hygiene care treatment(s)/procedure(s) are delivered as expected.
e. Costs were as estimated and any changes were satisfactorily explained and agreed upon.

15. Please rate your level of satisfaction with the following qualities of your/your dependant's **dental hygienist.** [Each item will be presented in a grid as shown below] [Randomize items]
    a. Clear and understandable communication (verbal and written).
    b. Taking time to build rapport.
    c. Educating me on how to best take care of my/my dependant's oral health.
    d. Taking time to explain treatment(s)/procedure(s) and answer any questions.
    e. Not pressuring me to choose a particular option.
    f. Ensuring comfort by providing options for minimizing pain and discomfort (e.g., topical anesthetic AKA freezing/numbing gel).

16. What was/were the outcome(s) of your/your dependant's last experience with a dental hygienist? **[Select all that apply]** [randomize items]
    - O Increased self-confidence
    - O Decreased dental anxiety
    - O Improved comfort
    - O Reduced/eliminated pain
    - O Improved dental appearance
    - O Other: Please specify:_____

17. When considering the **dental hygiene care you/your dependant(s) receive <u>overall</u>**, indicate your level of satisfaction.

Extremely dissatisfied 1	Dissatisfied 2	Somewhat Dissatisfied 3	Neither satisfied nor dissatisfied 4	Somewhat satisfied 5	Satisfied 6	Extremely satisfied 7	Do not know 8
O	O	O	O	O	O	O	O

All Respondents

Value of Oral Health

18. In general, how would you rate your overall health?
    - O Very poor
    - O Poor
    - O Somewhat poor
    - O Neither good nor poor
    - O Somewhat good
    - O Good

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- O Excellent

19. When considering your overall health and well-being, how important is your oral health?
    - O Not at all important
    - O Unimportant
    - O Somewhat unimportant
    - O Neither important nor unimportant
    - O Somewhat important
    - O Important
    - O Very important

Perceptions of Dental Hygiene Care

The following set of questions will ask you about your perceptions of dental hygiene care services in Ontario as a whole.

20. Indicate your level of agreement with the following statements about **dental hygiene care services generally**. [Each item will be presented in a grid as shown below using the following scale] [Randomize items]

	Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8
a. Item A	O	O	O	O	O	O	O	O
b. Item B...	O	O	O	O	O	O	O	O

a. I am able to find a suitable dental office/dental hygiene clinic in my community.
b. The quality of dental hygiene care services in Ontario is high.
c. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental hygienist(s).**

d. Dental hygiene patients in Ontario face discrimination, such as racial discrimination, **from their dental office/dental hygiene clinic overall.**

Patient Agency

21. Indicate your level of agreement with the following statements about your **ability to ask questions and be informed about your/your dependant's dental hygiene care**. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

APPENDIX: Survey Instrument

a. I feel comfortable raising concerns about treatment(s)/procedure(s) with the dental hygienist.
b. I have access to tools and resources I need to make informed decisions about dental hygiene care.
c. I know what to expect from a dental hygienist and their obligations to their patients.

Regulation

22. Are you aware that there is a regulatory body that oversees dental hygienists in Ontario? [Select one answer]
    - ○ Yes
    - ○ No
    - ○ Unsure

23. Indicate your level of agreement with the following statements about **the regulation of dental hygienists in Ontario**. [Each item will be presented in a grid using an agreement scale] [Randomize items]

Strongly disagree 1	Disagree 2	Somewhat disagree 3	Neither disagree nor agree 4	Somewhat agree 5	Agree 6	Strongly agree 7	Do not know 8

    a. I trust that a regulatory body for the dental hygienist profession is protecting patients and the public.
    b. I am confident that the regulatory body would take action to protect dental patients in Ontario if necessary.

24. The College of Dental Hygienists of Ontario (CDHO) is the regulatory body for over 15,000 Registered Dental Hygienists in Ontario. CDHO regulates the profession of dental hygiene in the interest of the overall health and safety of the public of Ontario and sets the requirements for registration as a dental hygienist. While CDHO does not train dental hygienists, it establishes practice standards for safe and ethical care. **Have you heard of CDHO?** [Select one answer]
    - ○ Yes [Go to Q25]
    - ○ No [Skip to Q30]
    - ○ Unsure [Skip to Q29]

25. How did you first become aware of CDHO? [Randomize items] [Select all that apply]
    - ○ Had a direct experience with CDHO [Go to Q26]
    - ○ Had a direct experience with another health profession regulatory body [Skip to Q27]
    - ○ Saw a story involving CDHO in the news or on social media [Skip to Q27]
    - ○ Saw promotional material put out by CDHO (advertisement, print material in dental office, etc.) [Skip to Q27]
    - ○ Heard about CDHO from a friend or family member [Skip to Q27]
    - ○ Heard about CDHO from my dental care professional [Skip to Q27]
    - ○ Other: Please specify_____ [Skip to Q27]
    - ○ Unsure/don't recall [exclusive] [Skip to Q27]

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26. Which of the following reflects your experience with CDHO? {Select all that apply)
    - ○ Submitted a complaint
    - ○ Contacted with a question or concern
    - ○ Accessed the website
    - ○ Searched for or looked up the qualifications of a dental hygienist
    - ○ Researched dental hygiene care policies in Ontario
    - ○ Other. Please specify: _____
    - ○ Not sure/can't remember [exclusive]

27. To what extent do you believe CDHO is effective in performing the following aspects of its public protection mandate? [Randomize items]

	Extremely ineffective 1	Not effective 2	Somewhat ineffective 3	Neither effective nor ineffective 4	Somewhat effective 5	Effective 6	Extremely effective 7	Do not know 8
a. Ensuring all who enter the profession are qualified	○	○	○	○	○	○	○	○
b. Establishing clinical and ethical standards of practice for dental hygienists	○	○	○	○	○	○	○	○
c. Ensuring dental hygienists maintain competence throughout their career	○	○	○	○	○	○	○	○
d. Investigating and resolving complaints about dental hygienists	○	○	○	○	○	○	○	○

28. To what extent do you believe that CDHO is effective in carrying out its public protection mandate? [Select one answer]
    - ○ Extremely ineffective
    - ○ Not effective
    - ○ Somewhat ineffective
    - ○ Neither effective nor ineffective

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- ○ Somewhat effective
- ○ Effective
- ○ Extremely effective
- ○ Do not know

29. Which of the following media should CDHO use to communicate with the public? [Select all that apply] [Randomize items]
    - ○ Regulator website
    - ○ Printed materials in dental offices/dental hygiene clinics
    - ○ Online advertising/social media
    - ○ Public awareness advertising campaigns (e.g., television, radio)
    - ○ Multi-lingual informational materials
    - ○ Other: _____

Other Demographics

To ensure we hear from individuals with diverse experiences and perspectives, we are asking a few demographic questions. Ultimately, this information will be used to enhance efforts to promote equitable healthcare experiences. You may select "Prefer not to answer" to any of the following questions.

30. How would you describe your English language skills? [Select one answer]
    - ○ English is my first language
    - ○ **Fluent** ability to speak, read, and write in English (second or additional language)
    - ○ **Intermediate** ability to speak, read, and write in English
    - ○ **Basic** ability to speak, read, and write in English
    - ○ Prefer not to answer
31. Are you a person with a disability? [Select one answer]
    - ○ I have a visible disability
    - ○ I have an invisible disability
    - ○ I have both a visible and invisible disability
    - ○ I do not have a disability
    - ○ Prefer not to answer
32. Which of the following represents your total household income per year before taxes? [Select one answer]
    - ○ Under $20,000
    - ○ $20,000 to under $39,999
    - ○ $40,000 to under $59,999
    - ○ $60,000 to under $79,999
    - ○ $80,000 to under $99,999
    - ○ $100,000 to under $149,999
    - ○ $150,000 or more
    - ○ Prefer not to answer
33. Which of the following describes your employment status? [Select one answer]

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- ○ Employed full-time, including self-employment (30 hours or more per week)
- ○ Employed part-time, including self-employment (less than 30 hours per week)
- ○ Not currently employed
- ○ Unable to work
- ○ Stay at home parent
- ○ Retired
- ○ Prefer not to answer

34. Are you currently attending school? [Select one answer]

- ○ Not currently a student
- ○ Yes, high school student
- ○ Yes, full-time university student
- ○ Yes, part-time university student
- ○ Yes, enrolled in a vocational/technical program
- ○ Prefer not to answer

35. What is the highest level of education that you have achieved? [Select one answer]

- ○ Less than high school
- ○ Graduated high school
- ○ Graduated college, technical or vocational school
- ○ Graduated university
- ○ Prefer not to answer

36. Including yourself, how many people live in your household?

[Drop down menu including numbers through 1 to 10, more than 10, and prefer not to answer]

37. Do you have dependants? [Select one answer]

- ○ Yes
- ○ No
- ○ Prefer not to answer

38. Do you identify as Indigenous (Inuit/First Nations/Métis)? [Select one answer]

- ○ Yes [Go to Q40]
- ○ No [Go to Q41
- ○ Prefer not to answer [Go to Q41]

39. Do you currently live on a First Nations Reserve or Metis or Inuit Settlement? [Select one answer]

- ○ Yes
- ○ No
- ○ Prefer not to answer

40. Do you consider yourself to be a racial or ethnic minority?

- ○ Yes
- ○ No
- ○ Not sure
- • Prefer not to answer

APPENDIX: Survey Instrument

Qualitative Recruitment [only show to Q17=5 or lower]

Pivotal Research, a market research company based in Edmonton, is focus groups on behalf of the College of Dental Hygienists of Ontario with dental hygiene patients and non-patients to further understand their experiences and learn more about sources of frustration and areas in need of improvement.

You are invited to participate in qualitative research sponsored by the CDHO and conducted by Pivotal Research. We are requesting your participation in the last week of October.

We are seeking participants for a 90-minute focus group. As a thank-you for your participation in a virtual focus group, **you will be compensated with $100 CAD** if you are selected to attend. Please note that focus group sizes are limited, so not everyone will be able to participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

Are you interested in participating in this ***optional*** research?

- ○ Yes
- ○ No

If you are interested in participating, we invite you to please provide your contact information by filling out the forms below and a member of the Pivotal Research team may get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

Your personal information will only be used to contact you about a focus group and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

Availability (please select all that apply)

- ❑ Tuesday, October 29 during the day (before 5pm Eastern Time)
- ❑ Tuesday, October 29 in the evening (after 5pm Eastern Time)
- ❑ Wednesday, October 30 during the day (before 5pm Eastern Time)
- ❑ Wednesday, October 30 in the evening (after 5pm Eastern Time)
- ❑ Thursday, October 31 during the day (before 5pm Eastern Time)
- ❑ Thursday, October 31 in the evening (after 5pm Eastern Time)
- ❑ Friday, November 1 during the day (before 5pm Eastern Time)
- ❑ Friday, November 1 in the evening (after 5pm Eastern Time)

Qualitative Recruitment [only show to Q7="no"]

Pivotal Research, a market research company based in Edmonton, is conducting interviews on behalf of the College of Dental Hygienists of Ontario to further understand your experiences and learn more about sources of frustration and areas in need of improvement.

You are invited to participate in qualitative research sponsored by the CDHO and conducted by Pivotal Research. Interviews will be conducted during the last week of October.

We are seeking participants for a 30-minute virtual/telephone interview. As a thank-you for your participation in a virtual/telephone interview **you will be compensated with $50 CAD** if you are selected to attend. Please note that space in interviews is limited, so not everyone will be able to

APPENDIX: Survey Instrument

participate. We will strive to accommodate everyone who wants to participate but interest in this research may exceed the number of spaces.

Are you interested in participating in this ***optional*** research?

- ○ Yes
- ○ No

If you are interested in participating, we invite you to please provide your contact information by filling out the forms below and a member of the Pivotal Research team may get in touch with you to make arrangements.

First and last name:
Email address:
Phone number:

Your personal information will only be used to contact you about an interview and will not be shared or used for any other purposes. The identities of those who participate will not be disclosed to the study's sponsor, CDHO. All personal information collected will be securely destroyed at the end of the study.

Thank you for providing your feedback.
Please press the submit button below to complete the survey.

APPENDIX: Focus Group Discussion Guide

Draft Focus Group Moderator Guide

Objective: To explore dissatisfaction in dental hygiene care as experienced by participants, focusing on specific points in the patient journey (e.g., booking, receptionist, treatment/procedure, payment, communication, consent, comfort, and safety).

Participants: 6-8 individuals with low satisfaction scores from the 2024 VoP survey.

Introduction (5 minutes)

Hi everyone, and thank you for joining us today. My name is [Moderator Name], and I'll be guiding this conversation. We're conducting this focus group on behalf of the College of Dental Hygienists of Ontario (CDHO), and we're here to understand your experiences with dental hygiene care. In a recent survey, you shared that you weren't fully satisfied with your care, and today we'd like to learn more about that to help improve dental hygiene services across Ontario.

Everything you share will be kept confidential, and your participation is completely voluntary. We're aiming to create a safe space where you can openly share your thoughts and experiences. There are no right or wrong answers—your perspective is what matters most.

We'll spend about 90 minutes together, and I'll ask a few questions to guide our discussion. If everyone's ready, let's start with a brief introduction.

Participant Introductions (5 minutes)

Let's go around the room. Please introduce yourself by sharing your name, where you're from, or anything else you're comfortable sharing.

Ideal Visit (10 minutes)

To start, let's do a quick exercise. Think about your ideal visit to a dental hygienist. What are three words you'd use to describe that ideal visit?

[The moderator will go around the virtual room and have participants share their words or use a shared board/chat to capture responses. The moderator will highlight common themes briefly before proceeding.]

APPENDIX: Focus Group Discussion Guide

Discussion of Recent Dental Hygiene Experience (20 minutes)

1. Now, let's talk about your most recent visit to a dental hygienist. Can you walk me through what happened, from when you arrived to when you left? Also, where and when did this visit take place?
    - **a.** [Moderator will listen for place of negative experience (dental hygiene clinic or dental clinic) and areas of dissatisfaction in the journey:
        - **i.** Booking and check-in
        - **ii.** Interaction with the receptionist or other clinic staff
        - **iii.** Communication with the dental hygienist
        - **iv.** The treatment or procedure itself (e.g., comfort, expectations, pain)
        - **v.** Payment and any surprises around costs
        - **vi.** The clinic environment or cleanliness]
    - **b. Follow-Up Probes:**
        - **i.** What stood out most during your visit?
        - **ii.** How did this experience compare to the ideal visit you described earlier?
        - **iii.** Were there moments when you felt particularly uncomfortable, unsure, or unsafe?
2. ***[For communication issues]*** For those of you who mentioned there were communication issues during your visit, can you walk me through what was unclear or missing for you?
    - a. **Follow-Up Probes:**
        - i. What specific points during your visit you felt you didn't receive enough information?
        - ii. Was there anything about risks, options, or the process that you wanted more clarity on?
3. ***[For treatment or procedure issues]*** For those of you who mentioned concerns about the treatment or procedure from the dental hygienist, could you describe what didn't meet your expectations?
    - a. **Follow-Up Probes:**
        - i. How was the treatment or procedure explained to you before the dental hygienist started?
        - ii. Were there any points during the treatment when you felt unsafe, unsure, or uncomfortable?

APPENDIX: Focus Group Discussion Guide

Exploring How Experiences Could Have Been Improved (20 minutes)

4. Reflecting on that visit, what specific changes or improvements would have made your experience more positive?
    a. **Follow-Up Probes:**
        i. What could have been done to make you feel more comfortable during your visit?
        ii. How could the treatment or procedure have been explained differently to help you feel more confident or informed?
5. Let's do a quick show of hands—how many of you feel that clearer communication would have improved your experience?

[The moderator will use this exercise to generate interaction and discussion about communication gaps and encourage participants to build on each other's comments and share how communication issues affected their experience.]

    a. **Follow-Up Probe:**
        i. What kind of communication would have made the experience clearer or easier for you to understand?

Actions Taken After Negative Experiences (10 minutes)

6. After your visit, did you take any steps to address your concerns? For example, did you speak to the clinic or leave feedback?
    a. **Follow-Up Probes:**
        i. If you took action, what response did you receive?
        ii. If you didn't take action, can you share why?

Awareness of Regulator and Future Intentions Regarding Dental Hygiene Care (15 minutes)

7. Did you know that dental hygienists are regulated by the College of Dental Hygienists of Ontario, and that you can file a complaint if you're unhappy with your care?
    a. **Follow-Up Probe:** Would knowing more about this have changed how you handled your experience? Why or why not?
8. How has your recent experience affected your feelings about seeking dental hygiene care again in the future?
    a. **Follow-Up Probe:** What would need to change for you to feel more confident about returning?

APPENDIX: Focus Group Discussion Guide

Final Thoughts and Closing Remarks (5 minutes)

9. Is there anything else you'd like to share that we haven't discussed today?

Thank you all so much for your time and insights. Your feedback is incredibly valuable, and we'll be using this information to help improve dental hygiene care in Ontario.

APPENDIX: Interview Guide

Draft Interview Guide

Objective - To understand the reasons why participants have not accessed dental hygiene care in the last 12 months, explore their perceptions of dental hygiene care services, and identify barriers and solutions to improve access.

Sample - 15 one-on-one interviews with participants recruited through the 2024 VoP survey, where they indicated they had not accessed dental hygiene care in the last 12 months.

Introduction and Who You Are (5 minutes)

Hi [Participant Name], thank you for joining us today. I'm [Interviewer Name], and I'm conducting this interview on behalf of the College of Dental Hygienists of Ontario (CDHO). We're interested in understanding why some people haven't visited a dental hygienist recently and how we can improve access to dental hygiene care.

Your responses will be kept confidential, and this conversation will last around 30 minutes. There are no right or wrong answers—your insights are very valuable. Shall we get started?

1. To start, could you tell me a little bit about yourself—such as your age, where you live, what you do, or anything else you'd like to share?"

Last Visit to a Dental Hygienist (10 minutes)

2. When was the last time you visited a dental hygienist, if at all? Was this visit in Ontario or somewhere else?
3. Can you tell me more about why you haven't visited a dental hygienist in [add timeframe based on response to Q2]?
    a. **Listen for and record reasons:**
        i. Cost
        ii. Lack of insurance
        iii. Fear of discomfort
        iv. Negative past experiences
        v. Difficulty with scheduling
        vi. Feeling it wasn't necessary
        vii. Other

APPENDIX: Interview Guide

Perceptions of Dental Hygiene Care (7 minutes)

4. What do you think about dental hygiene care services in Ontario? Why do you feel that way?
    a. **Listen for and record perceptions:**
        i. Quality of care
        ii. Communication
        iii. Comfort
        iv. Respect
        v. Patient involvement in decision-making
        vi. Overall trust in dental hygiene services
        vii. Other

Challenges in Accessing Dental Hygiene Services (10 minutes)

5. What has stopped you from visiting a dental hygienist in your community in Ontario? Why is that?
    a. **Listen for and record barriers and reasons:**
        i. Cost
        ii. Insurance coverage
        iii. Location
        iv. Availability
        v. Language
        vi. Transportation
        vii. Accessibility issues
        viii. Other
6. ***For location/proximity barriers***: How easy or difficult is it to find a dental hygienist or dental office near your home or work?
7. ***For appointment availability barriers:*** Have you found it hard to book an appointment at a time that works for you? Why is that?
8. ***For cost/insurance coverage barriers***: How has the cost of dental hygiene care been a factor in your decision not to visit? Does having or not having insurance affect your decision to seek care?

APPENDIX: Interview Guide

9. ***For language barriers if applicable:*** How important is it for you to have a dental hygienist who speaks your native language?
    a. If the dental hygienist only speaks English, do you rely on family members or friends for translation?"

Solution Generation: Improving Access (7 minutes)

10. What would make it easier or more appealing for you to visit a dental hygienist in Ontario in the future? Why?

Closing and Final Thoughts (3 minutes)

11. That brings us to the end of our conversation. Thank you so much for sharing your thoughts today. Is there anything else you'd like to add or any thoughts we haven't covered?

Thank you again for your time. Your insights will help us understand how to improve access to dental hygiene care in Ontario.



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CDHO

Briefing Note

To: Council

From: Chair

Date: December 6, 2024

Topic: Policy Content Review: Governance Process Policies

No changes proposed. Council will review the Global Governance Process Policy and the GP-13 policy and determine if any changes are needed.

GLOBAL GOVERNANCE PROCESS

The government of Ontario has given the profession of dental hygiene the right to self- regulation to protect the public interest. Thus, the CDHO considers that while it has legal accountability to the government, it has moral accountability to the people who access dental hygienists in Ontario – its moral owners.

The purpose of the Council, on behalf of those to whom it is morally and legally accountable, is to see to it that the College of Dental Hygienists of Ontario achieves appropriate results for the appropriate people at an appropriate cost as defined in the Council's Ends, while avoiding unacceptable actions and situations as defined in Council's Executive Limitation policies.

GP-13 IN-CAMERA SESSIONS

In compliance with *Regulated Health Professions Act, 1991* Schedule 2, Article 7 (2), the Council may exclude the public from a meeting if it considers it necessary to protect the interests of the public or a person and the desirability of avoiding disclosure outweighs the desirability of public disclosure of the information. Council members shall maintain confidentiality respecting all discussions undertaken by the Council in-camera.

1. Items discussed in-camera are items of a confidential nature, disclosure of which could reasonably be expected to be harmful to:
    - Personal privacy of staff or clients, including human resource issues;
    - Individual or public safety;
    - Business interests of a third party;
    - Financial or economic interest of the Council and its affiliates, including local public body confidences;
    - The integrity and security of computer systems;
    - The integrity and protection of security systems.
2. Also, to be considered in-camera are:
    - Policy advice as provided in the [name of legislation relating to freedom of information and protection of privacy];
    - Litigation matters and solicitors' legal advice;
    - Property acquisitions or disposals.
3. The Council determines attendance at in-camera sessions.
    - 3.1. All Council members with the exception of those who are deemed to be in conflict of interest as defined in Bylaw sec. 3.7, items 16 to 21 shall be included.
    - 3.2. The Registrar/CEO shall attend all in-camera meetings, except where issues of his/her performance or compensation are being discussed, at which time he/she may be excluded from the proceedings at the direction of the President.
    - 3.3. Senior staff will be included in in-camera discussions at the discretion of the Registrar/CEO, only with the permission of the President. They will normally be excluded only when issues of performance or remuneration of the Registrar/CEO are under discussion.
4. Except where prohibited by the privacy provisions of legislation, the Council shall rise and report in-camera resolutions to an open meeting of the Council.

Council committee meetings will be held in-camera.

CDHO

Briefing Note

To: Council

From: Chair

Date: December 6, 2024

Topic: Policy Content Review: Executive Limitations Policies

No changes proposed. Council will review the EL-1, EL-5, EL-10, and EL-11 policies and determine if any changes are needed.

EL-1 TREATMENT OF PUBLIC AND REGISTRANTS

The Registrar/CEO shall not cause or allow conditions, procedures or decisions related to the public, registrants, or those applying to be registrants, that are unsafe, disrespectful, or unnecessarily intrusive, or that are inconsistent with enforcement and application of the *Regulated Health Professions Act* and Code, the *Dental Hygiene Act*, Regulations under the Act, and any further Council interpretation of the Act in its Bylaws or Policies.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Permit the public and registrants to be without easy access to clear information about the requirements and responsibilities of registrants.
2. Permit violation of public or registrant confidentiality and privacy, except where specific disclosure is required by legislation.
    2.1. Use forms or procedures that elicit information for which there is no clear necessity.
    2.2. Use methods of collecting, reviewing, storing or transmitting applicant, public or registrant information that inadequately protect against improper access to the information elicited.
3. Permit unfair, inconsistent, disrespectful, or untimely response to individual or group comments or complaints.
4. Allow registrants to be without easily accessible, understandable information regarding what may be expected and what may not be expected from the services, standards and guidelines offered.
5. Allow the organization to be without all Statutory Committees required in legislation or permit those Committees to operate inconsistently with requirements of the legislation and the organization’s bylaws.
6. Apply the legislation in a manner inconsistent with due process and the duty of procedural fairness.
7. Allow registrants to be without a process for effectively handling appeals.
    7.1. Allow registrants to be unaware of the process for registering an appeal.

EL-5 PROTECTION OF ASSETS

The Registrar/CEO shall not allow assets to be unprotected, inadequately maintained or unnecessarily risked.

Further without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Permit the organization to be without adequate insurance against theft and damage losses.
2. Permit the Council members, staff and individuals engaged in activities on behalf of the organization, or the organization itself to be without adequate liability insurance.
3. Unnecessarily expose the organization, its Council members or staff to claims of liability.
4. Allow uninsured personnel or unauthorized persons access to material amounts of funds.
5. Receive, process or disburse funds under controls that are insufficient to meet the Council-appointed auditor's standards.
    5.1. Receive, process or disburse the organization's assets under internal controls insufficient to detect, deter and prevent fraud or insufficient to prevent and detect significant deficiencies or material weaknesses.
6. Cause or allow buildings and equipment to be subjected to improper wear and tear or insufficient maintenance.
7. Allow the organization to be without a disaster plan and fire safety policies, which are readily available to all staff, and reviewed at least annually with all staff.
8. Make purchases that do not result in appropriate level of quality, after- purchase service and value for dollar, or do not provide opportunity for fair competition.
    8.1. Make any purchase wherein normally prudent protection has not been given against conflict of interest.
    8.2. Make a purchase of budgeted services over $50,000 or purchase of budgeted goods over $25,000 without a stringent method of assuring the balance of long term quality and cost and protection of confidential and proprietary vendor information. Orders shall not be split to avoid these criteria.
        8.2.1. Renew a supply or service contract in place for three consecutive years without first obtaining a comparative review of quality and cost.
9. Compromise the independence of the Council's audit or other external monitoring or advice.
    9.1. Engage parties already chosen by the Council as consultants or advisers.
10. Allow intellectual property, information and files to be exposed to loss or significant damage.

11. Public Image

    11.1. Endanger the College's public image, credibility, or its ability to accomplish Ends.

    11.2. Develop or continue collaborative relationships with, or authorize use of the College name or identity by organizations whose principles or practices are incompatible with achievement of the Council's Ends.

        11.2.1. Allow relationships with stakeholders that are inconsistent with the productive cooperation necessary to the achievement of Council's Ends.

    11.3. Permit inconsistent, disrespectful or untimely response to stakeholder concerns.

        11.3.1. Publish material or information that endangers the College's credibility or public image.

12. Change the College's name or substantially alter its corporate identity.

EL-10 DEVELOPMENT OF STANDARDS GOVERNING PRACTICE

The Registrar/CEO shall not develop or change standards governing the practice of Dental Hygiene that cannot be adequately defended, or are inconsistent with the legislated mandate of the organization.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Require a decision of Council without at the same time providing evidence that the proposed change(s) meets the following criteria reasonably interpreted:
    - Develop standards that are inconsistent with evidence-based practices.
    - Develop standards without a broad scope of stakeholder consultation.
    - Develop standards that would interfere with the ability of the profession to work with other professions with which it is important to maintain productive relations, unless it is necessary to protect public interest.
    - Let Council be unaware of issues arising from stakeholder consultation on a proposed change of standards.
2. Release new or amended standards prior to Council's formal approval on the Required Approvals Agenda.

EL-11 AMENDMENTS TO ACT OR BYLAWS

When preparing options for Council's decisions regarding Regulations under the Act regulating Dental Hygiene, or Council Bylaws, the Registrar/CEO shall not interfere with the Council's legislated responsibilities.

Further, without limiting the scope of the above statement by the following list, the Registrar/CEO shall not:

1. Develop Bylaws, or propose amendments to the Act or Regulations prior to involving Council in an initial discussion of options, nor develop amendments that are inconsistent with the direction indicated by Council.
2. Allow Council to be without appropriate legal advice where required.
3. Develop content inconsistent with any legislated requirement.
4. Let Council be unaware if there are any changes in the assumptions under which the initial position was developed, or if there are legal or governmental obstacles to proceeding with that position.
5. Allow Council to be without a current cumulative record of Council decisions regarding positions during development or amendment of the Act, Regulations, or Bylaws.
6. Submit the final version of proposed amendments to Acts or Regulations to the government, nor proposed amendments to Bylaws to membership, prior to Council approval.

CDHO

Suggested Motion – Friday, December 6, 2024

12.0 MOTION TO MOVE IN CAMERA

MOTION: **THAT** Council move in Camera as per RHPA, Schedule 2, Section 7(2)(d) at ____:____ p.m., for agenda items 12.1–12.5.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, December 6, 2024

12.0 MONITORING CEO PERFORMANCE

12.1 General Executive Constraint

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy General Executive Constraint and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy General Executive Constraint and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy General Executive Constraint and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.2 EL-2

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 2 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 2 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 2 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.3 EL-3(3)-3(8)

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 3(3)-3(8) and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.4 EL-4(1)

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4(1) and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 4(1) and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has 4(1) and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:
VOTE:

12.5 EL-8

MOTION 1: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 8 and determined there is sufficient, verifiable evidence of a reasonable interpretation; OR

MOTION 2: **THAT** Council has assessed the monitoring report for the Executive Limitations Policy 8 and determined that the interpretation is reasonable but there is insufficient verifiable evidence and has asked for a new monitoring report by [date]; OR

MOTION 3: **THAT** Council has 8 and determined that the interpretation is not reasonable and has asked for a new monitoring report by [date].

Moved:
Seconded:

Suggested Motion – Friday, December 6, 2024

12.0 MOTION TO MOVE OUT OF CAMERA

MOTION: **THAT** Council move out of Camera as per RHPA, Schedule 2, Section 7(2)(d) at ____:____ p.m.

Moved:

Seconded:

VOTE:

Suggested Motion – Friday, December 6, 2024

15.0 ADJOURNMENT

MOTION: **THAT** the Council meeting be adjourned at _____:_____ p.m.

Moved:

Seconded:

VOTE: