



SOHC Inc. Newsletter April 2020

Updated website by Objectified Software <http://www.saskohc.ca/>

Through a unified voice, the Saskatchewan Oral Health Coalition Inc. works collaboratively with dedicated partners to improve the oral and overall health of Saskatchewan residents. As an inter-disciplinary group, we strive to identify and address the needs of vulnerable populations, and by using evidence based decision making, promote advocacy, education, prevention and standards.

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**SOHC Inc. Annual General Meeting (AGM) will be held
May 25th, 2020 at 0830-0930.**



**The AGM will occur via Zoom. A Zoom link and
password will be sent to members with the AGM
agenda before May 11th.**

**The SOHC Inc. May 25th, 2020 Education Session is
cancelled due to the COVID-19 outbreak.**

**COVID-19 Saskatchewan Health Authority updates click [here](#)
Government of Saskatchewan updates click [here](#)**

COVID-19: using better oral health for your household

Many of us practice great personal hygiene and it has never been more important. Do regular handwashing with soap for at least 20 seconds or use hand sanitizer when it is not possible.

Here are other measures that could protect you and those around you:

- Never share a toothbrush – viruses and blood-borne diseases can be spread to other people
- Change your toothbrush regularly – this helps to prevent the spread of bacteria – If you have had the coronavirus or suspect that you have, change your brush head or toothbrush
- Store toothbrush away from possible sources of contamination (toilet, sink, family member's toothbrushes) – Be sure store your brush to allow for air-drying between uses
- Disinfect your bathroom regularly – It is important to regularly disinfect with bleach-based cleaning products. Many common household and commercial disinfectants will destroy the COVID-19 virus. You can make your own by mixing 1 part bleach into 9 parts water.
- Daily oral health practices; brush 2 times a day with a fluoride toothpaste, drink plenty of water, and limit sugary foods and drinks, and floss your teeth once a day.

The cost of Healthy Eating in Saskatchewan Report

[The Cost of Healthy Eating in Saskatchewan Report](#) provides a benchmark for the cost of healthy eating for various age and gender groups. It also notes variances in cost in different geographic locations within the province. The report helps to inform us of health, nutrition and social policies. It can also help individuals, families and organizations to budget for nutritious food.

This food costing study is conducted every three years in randomly selected grocery stores throughout Saskatchewan. Read it [here](#) or click on picture below.



Individual and family circumstances fluctuate due to the influence of one or more of the following factors which may impact actual food costs:

- adequate time, energy, skills and equipment to prepare healthy meals
- recommended nutrition therapy to help manage acute or chronic health conditions
- increased metabolic demands due to illness or physical activity
- cultural preferences and or religious diet considerations
- food allergies or sensitivities
- cleaning or personal care items that are often included on a family's grocery bill
- regular and easy access to full-service grocery stores and travel costs to a grocery store.

Average weekly and monthly cost of the National Nutritious Food Basket for a family of four

Northern Saskatchewan	Cost per Week	Cost per Month	Southern Saskatchewan	Cost per Week	Cost per Month
Far North	\$421.64	\$1,825.68	Rural	\$253.65	\$1,098.33
North East	\$308.67	\$1,336.56	Town	\$241.14	\$1,044.12
North West	\$321.63	\$1,392.66	Small City	\$217.65	\$942.43
Northern Town	\$261.36	\$1,131.71	Large City	\$213.08	\$922.65

The Cost of Healthy Meals and Snacks for Children in Saskatchewan 2018 report

Foods and beverages served in childcare settings, schools and community programs can affect children's health and well-being. The cost of foods, as well as available program funding and budgets, impact the type of foods and beverages served. This resource shows the average cost of healthy meals and snacks for children and youth in Northern and Southern Saskatchewan. Details can be found on page 3. Using these average costs can help childcare facilities, schools, and community organizations budget for child nutrition programs. Planning for the cost of healthy food helps to ensure quality food is available in meal and snack programs.

Read it [here](#) or click on picture.



The Cost of Healthy Meals and Snacks for Children in Saskatchewan 2018



Public Health Nutritionists of Saskatchewan

Nutrition and Healthy Eating

A NEWSLETTER FOR PROFESSIONALS by Registered Nutritionists SHA Nutrition Update Newsletters Click [here](#)
Nutrition Month Educator toolkit click [here](#)

[SHA Nutrition Update](#)

Canada's Food Guide – In January 2019, Health Canada released a new *Food Guide* that outlines the foundation for healthy eating in Canada. The Food Guide is based on the best available scientific evidence and includes a range of actionable advice for Canadians, policy-makers and health professionals. It is now an online suite of resources ranging from tips for making healthy food choices to the broad factors that influence our eating behaviors such as food access and the food environment. Here are some links to get you started:



“Healthy eating is much more complicated than personal choice, as eating behaviour is highly contextual.” – Kim Raine, 2005

Click on links below to go to the website

- [Food Guide snapshot](#)
- [Healthy eating recommendations](#)
- [Recipes](#)
- [videos](#)
- [Food marketing](#)
- [Healthy eating in the community](#)
- [Healthy eating and the environment](#)
- [Canada Food Guide tips and Resources](#)

Canada's Food Guide - Now available in 28 languages. <https://food-guide.canada.ca/en/>
Family Meals and Literacy go hand in hand! Click [here](#)

Click on picture or titles underlined to link for more information

[Vegetables and fruits are good for you](#)

Vegetables and fruits are an important part of a healthy [eating pattern](#).
Eating a variety of vegetables and fruits may lower your risk of heart disease

[Eat protein foods](#)

Protein foods, including plant-based protein foods, are an important part of healthy eating. Include foods such as beans, lentils, nuts, seeds, lean meats and poultry, fish, shellfish, eggs, lower fat milk and lower fat dairy products.

[Whole grain foods](#)

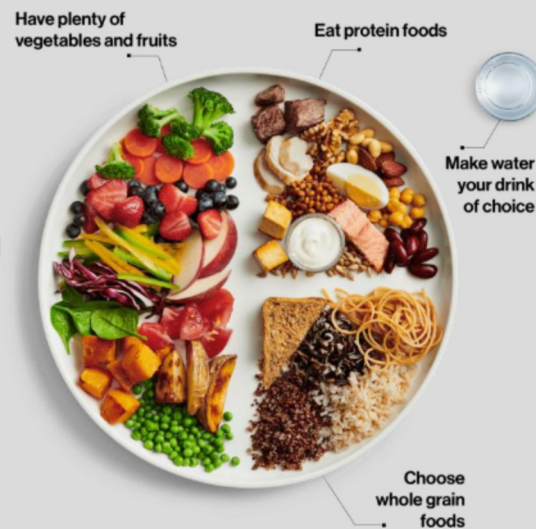
Whole grain foods are an important part of healthy eating.
Whole grain foods are a healthier choice than refined grains because whole grain foods include all parts of the grain. Refined grains have some parts of the grain removed during processing.

[Make water your drink of choice](#)

What you drink on a regular basis matters for your health.
Choose drinks that have little to no added sodium, sugars or saturated fat.
Compare the nutrition facts table on drinks to choose products that are lower in sodium, sugars or saturated fat.

Drinking water is:

- important for your health
- a great way to quench your thirst
- a way to stay hydrated without calories



Our bodies lose water by:

- sweating
- breathing
- getting rid of waste

You need to replace what is lost.



[Mediterranean tomato and ricotta pasta salad](#)

For more recipes click [here](#)



Saskatchewan's Tobacco Control Act to limit vaping to protect youth

Tuesday November 19, 2019 Saskatchewan's Health Minister Jim Reiter introduced proposed amendments to The Tobacco Control Act to bring vaping products in line with existing tobacco legislation.

"The Government of Saskatchewan takes the health of our citizens very seriously and this legislation is an important step in protecting Saskatchewan youth in particular from the harms of vaping products," Reiter said. "If you don't smoke there is no need to vape."

Read the rest of the release on the Ministry of Health's website [here](#):

New Saskatchewan Vaping laws Global News reports [here](#)



CTV News regarding new vaping laws in effect read [here](#)

The new legislation restricts the sale of vaping products to 18 or older prohibiting the display of vaping products at stores where young people could access and restricts the use of vaping products around public buildings. The Lung Association of Saskatchewan supports the legislation. Read more [here](#)

The amendments outlined in Bill 133 will:

- restrict the sale of vapour/e-cigarette devices and products to individuals 18 years of age and older
- prohibit the display of vapour/e-cigarette products in a retail business where young persons have access
- restrict the use of vapour/e-cigarette products in and around public buildings, including schools and school grounds, in the same manner as our provincial tobacco legislation
- prohibit the sale of vapour/e-cigarette products from specified facilities such as amusement parks, arcades, and theatres where youth frequent
- restrict advertising of vapour/e-cigarette products in the same manner as tobacco products by prohibiting advertising signs and promotional signs in areas where young persons can enter
- provide the ability to restrict the sale of flavoured tobacco and vapour products by regulation
- expand the authority of tobacco enforcement officers to include enforcement of vapour/e-cigarette product restrictions.

All you need to know about Tobacco in 17 minutes DVD to loan [here](#) and Teacher's Resource book [here](#)

Tobacco use is the leading cause of preventable death. Viewers learn about the toxic chemicals in tobacco smoke and are alerted to the hazards of second-hand and third-hand smoke.

WHAT ARE E-CIGARETTES AND HOW DO THEY WORK [HERE](#)

The devices often look like cigarettes or pens. The vapour mimics the appearance of smoke.

A typical e-cigarette is made up of:

- a cartridge that holds a liquid (often called e-juice)
- a vaporizer or atomizer that heats and turns the liquid into a vapour or aerosol
- a battery that powers the device
- a mouthpiece to inhale through



SK Prevention Institute site click [here](#)

SK Prevention Institute tobacco resources available [here](#)

Smoke Free Home brochure get it [here](#)



Original quantitative research – Tobacco, alcohol and marijuana use among Indigenous youth attending off-reserve schools in Canada: cross-sectional results from the Canadian Student Tobacco, Alcohol and Drugs Survey
Read it [here](#)



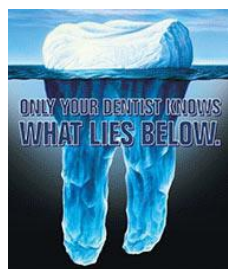
April is National Oral Health Month

[April is National Oral Health Month™](#) and the Canadian Dental Association (CDA) wishes to remind Canadians about the importance of good dental health. Oral diseases, including oral cancer, are serious threats to your health and keeping a healthy mouth is an important part of leading a healthy life.

[Oral Health is just as important for healthy living.](#) Having poor oral health may lead to serious health issues and diseases such as diabetes, respiratory, cardiovascular and other.

While many oral diseases are preventable, they are still common and widespread across Canada. Daily brushing, flossing, drinking fluoridated water and seeing an oral health professional regularly helps us keep our teeth and mouth healthy. Canadians can also improve their oral health by avoiding tobacco, cannabis, e-cigarettes, alcohol, sugary beverages and foods.

Compared to other parts of the body, people often ignore problems with their mouths. Bleeding and tender gums, oral pain, and mouth infections, are common problems which are often ignored but can affect a person's quality of life.



[The Canadian Association of Public Health Dentistry](#) is a national voice for dental health in Canada that exists to support members, government, institutions and agencies who are dedicated in improving oral health in Canadians.

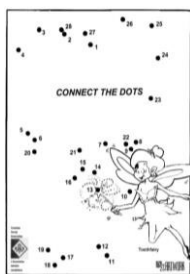
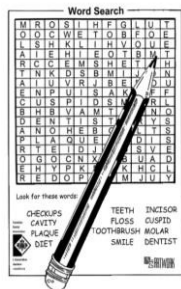
CDA click [here](#)
SK Prevention Institute
Resources click [here](#)
Oral Health click [here](#)
Germ card click [here](#)



Oral Health Good for Life

1. Visit your dentist regularly
 2. Eat a well-balanced diet
 3. Check your mouth regularly for signs of gum disease and oral cancer
 4. Limit alcohol, and avoid smoking, smokeless tobacco and vaping
 5. Brush your teeth and tongue twice a day using fluoride toothpaste and floss every day
- For more read [here](#)

Tips for Good Oral Health click [here](#)



Trivia

An elephant's tooth can weigh three kilograms? That's heavier than a big jug of milk! Even though whales are very big, some of them don't have any teeth. Instead, they have rows of stiff hair like combs that take food out of the ocean. Snails are very small but they can have thousands of tiny teeth all lined up in rows. Minnows have teeth in their throat. Rabbit teeth never stop growing. They are worn down by gnawing on bark and other hard foods. Lemon sharks grow a new set of teeth every two weeks. They grow more than 24,000 new teeth every year! Every year in China, people celebrate a special holiday called "Love Your Teeth Day".





Government of Canada - Preserving antibiotics now and into the future

Chief Public Health Officer of Canada's spotlight report 2019 Read it [here](#)

Taking antibiotics unnecessarily can contribute to the rise of antibiotic-resistant bacteria. This means that harmful bacteria are becoming more resistant to antibiotics, limiting our available treatment options.



Dr. Theresa Tam shines a spotlight on the importance of using antibiotics responsibly in human medicine. Discover how unnecessary antibiotic use contributes to antibiotic resistance, why unnecessary use sometimes happens, and what we can do about it.

The more and more we use antibiotics unnecessarily, the less effective they will become. Many Canadians have already experienced serious infections with antibiotic-resistant bacteria or know someone who has. A world without effective antibiotics is not one we would wish on future generations.

Download full report [here](#)

Seeking reassurance for a child's ear infection in a busy medical clinic: Amanda's story

"It was a few years back when the incident happened. My daughter was 2 and a half years old. It was in the middle of the night and she had been up a few times. She barely had a fever yet was upset and crying. The next morning, a Saturday, I did not know if I should seek care since our family doctor's office was closed. I had heard about a walk-in clinic that was open on the weekend and decided to go there because I did not want to wait until Monday for her family doctor. I went mostly because I wanted to know what she had. I thought she had an ear infection but wasn't 100% sure, and if it was something more serious, I wanted to make sure. You hear of people who do not seek care in these situations, thinking that it is nothing serious, and then it turns out to be meningitis. This is why it is important to get these issues documented and recorded. After we arrived at the clinic, my daughter was seen fairly quickly by a doctor and a medical student. Almost immediately, I was told that my daughter had an ear infection, that kids get these all the time, and then received a prescription for an antibiotic called amoxicillin. The doctor and the medical student left the room immediately after. The whole encounter lasted less than 5 minutes and I felt very rushed and unimportant. There was no opportunity to discuss alternative options. I did not feel comfortable to voice my concerns to the doctor because I did not want to make her look bad in front of her medical student. I took the prescription but did not get it filled. Instead, I went home, gave my daughter a Tylenol, and had her rest. A day or two later, she was feeling better."



youtube videos to watch

Antibiotic Resistance click [here](#)

What causes antibiotic resistance – Kevin Wu click [here](#)

How we can solve the antibiotic resistance crisis? – Gerry Wright click [here](#)

A health care perspective:
Pharmacist Christine Landry
Watch Keep antibiotics
working Youtube video [here](#)
or on picture



How to prevent antibiotic
resistance Youtube video
[here](#) **or on picture**



Government of Canada
Health related video Gallery
click [here](#)

A Prescription for Canada:
Achieving Pharmacare for all
website click [here](#)

Download entire report [here](#)
or on picture





(ROI) Calculator for Partnerships to Address the Social Determinants of Health

This calculator is designed to help community-based organizations and their health system partners plan sustainable financial arrangements to fund the delivery of social services to high-need, high-cost (HNHC) patients. HNHC patients, who account for a large share of overall health care spending, often have social needs, clinically complex conditions, cognitive or physical limitations, and/or behavioral health problems. Research shows that complex patients are likely to benefit from a holistic model of care that addresses the social determinants of health (SDOH) such as transportation, housing, and nutrition, in addition to medical needs.

ROI Calculator for Partnerships to address the Social Detriments of Health click [here](#)

This application is best viewed on a desktop computer, preferably using a Windows operating system and the latest

Chrome/Firefox browsers. ROI Calculator click [here](#)



The Canadian Association of Emergency Physicians (CAEP) Position Statement on Dental Care in Canada Hasasn Sheikh MD CCFP(EM)

To read click on picture or click [here](#)



CAEP website click [here](#) or on logo.

Oral health is an important part of an individual's overall health; however, dental care is not included in the Canadian public health care system. Many Canadians struggle to access dental care, and six million Canadians avoid visiting the dentist each year due to cost. The most vulnerable groups include children from low income families, low income adults, seniors, indigenous communities, and those with disabilities.

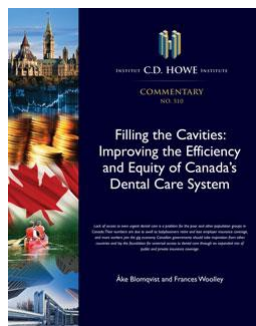


The Ontario Association of Public Health Dentistry OAPHD - "Dedicated to health for all by assuring optimal oral health"

Is an association of dental professionals whose interest is the oral health of the general public. Our members work in local public health departments and provide oral health information and services for the communities. OAPHD promotes oral health and advocates for improved access to dental care for all Ontarians. Click website [here](#) or on logo.



Oral Health Education Guides from Halton Region Public Health click [here](#) or on child's picture.
It's a tool that will help teachers to teach oral health, linking oral health education and resources to learning blocks and strands found in The Ontario Curriculum Grades 1-8.



Filling the Cavities: Improving the Efficiency and Equity of Canada's Dental Care System
Read the full report click [here](#) or click on picture.

Lack to access to even urgent dental care for many people with low income, seniors and others is a problem that could be solved with a "public option" for dental insurance, according to a new report published by the C.D Howe Institute. Authors of this report argue that provincial governments should strengthen and expand existing public dental programs and start moving toward some form of universal dental insurance, perhaps through a mixed system where people can choose between a public plan and private coverage.



Minister of Health Mandate Letter Office of the Prime Minister of Canada

December 13, 2019

It appears that dental care made it into PM Justin Trudeau's mandate letter to Health Minister Patty Hajdu.

Read it [here](#):

"It is also your responsibility to substantively engage with Canadians, civil society and stakeholders, including businesses of all sizes, organized labour, the broader public sector and the not-for-profit and charitable sectors. You must be proactive in ensuring that a broad array of voices provides you with advice, in both official languages, from every region of the country".

2019 Report Card on Child and Family Poverty in Canada

Here's the report - note the mention of dental care.

Read it [here](#)

or click on picture.



Fig. 1 Census Family Low Income Measure, After-Tax 2017

Family Type	CFLIM-AT (\$)
Single person (no child)	21,234
Lone parent with one child	30,029
Lone parent with two children	36,778
Couple with one child	36,778
Couple with two children	42,468

Source: Statistics Canada, Table G. Technical Reference Guide for the Annual Income Estimates for Census Families, Individuals and Seniors. T1 Family File, Final Estimates, 2017.

NDP discussing in Parliament requesting Universal Dental Care

See the Youtube video with NDP Don Davies Vancouver Kingsway BC discusses in Parliament on [Dental care](#) February 25, 2020 or click on video picture.

Tweet from NDP Don Davies (MP Vancouver Kingsway): see Tweet [here](#)

Or click on picture of tweet.

Mayo Clinic Radio talk on The Importance of Dental Health on Youtube.

See it [here](#) or click on picture.

Dr. Thomas Salinas, a prosthodontist at Mayo Clinic, shares why dental health is important for adults. This interview originally aired June 30, 2018.





Canadian Association of Public Health Dentistry
Association canadienne de la santé dentaire publique



Mosaic
newsletter
click [here](#) or
click on picture

For all Mosaic
newsletters link
click [here](#)

CAPHD website link click [here](#) or on logo

Resource page for
Professionals click [here](#)

Canadian Government dental
programs in the various
provinces click [here](#)

Position Statement
on access to oral
health care click
[here](#)



New National Report Card on Child and Family Poverty Sets the Stage for a Poverty-Free Canada

News reports to follow click [here](#)

Thirty years after the first unanimous all-party promise to end child poverty, Campaign 2000's new report shows that over 1,350,000 children in Canada continue to live in poverty, with Indigenous children, racialized and immigrant children, and children in female-led single parent families disproportionately affected. The national child poverty rate has decreased exceptionally slowly over the last 30 years, from 22% to 18.6%. At the current rate, it will take another 155 years for the government to reach the goal to eliminate child poverty.

Campaign 2000 End Child and family poverty

C2000 responds to
Government Aid
Click [here](#)
Read the release
[here](#)
Alternative Federal
Budget 2020
Read [here](#)



C2000 Manitoba Release Report

Full Report read [here](#)

April 8, 2020

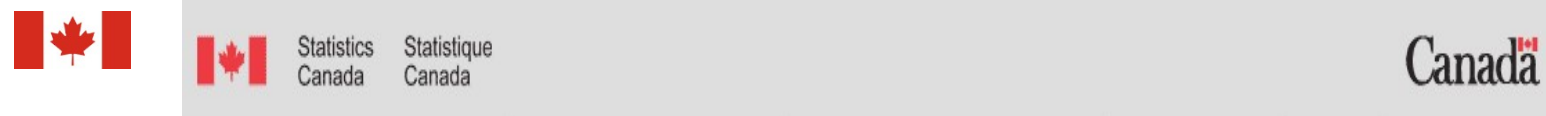
Today Campaign 2000 partners in Manitoba release their annual report card on the state of child and family poverty, Broken Promise Stolen Futures: Child and Family Poverty in Manitoba, where 1 out of every 6 children living in a two-parent family live in poverty, and 1 out of every 1.6 children living in a single...

[Continue reading](#)

Medias Release read [here](#)

**Broken Promise
Stolen Futures**
Child and Family Poverty
in Manitoba





aboriginal insight

NEWSLETTER

Aboriginal Peoples Survey

Harvesting activities among First Nations people living off reserve, Métis and Inuit: Time trends, barriers and associated factors
Read it [here](#)

Visit the [Stay Connected](#) portal on Statistics Canada's website
Blog and stories click [here](#)

English

Please take a look at the Fall Edition of the Aboriginal Insight Newsletter!

French

Click on the picture to read the newsletter in full

The Aboriginal Liaison Program supports the Indigenous community in making the best possible use of Statistics Canada's information and services.

Aboriginal Liaison Program Contact for Saskatchewan:

Renata Andres

Phone : (306) 491-0482

Email : renata.andres@canada.ca



Selected geographical area: Canada

Key indicators

Canada

[Aboriginal population, 2016](#)
(2016 Census of Population)

1,673,785

42.5 ↑

(period-to-period change)

[First Nations single identity](#)
(2016 Census of Population)

977,230

39.3 ↑

(period-to-period change)

[Métis single identity](#)
(2016 Census of Population)

587,545

51.2 ↑

(period-to-period change)

[Inuit single identity](#)
(2016 Census of Population)

65,025

29.1 ↑

(period-to-period change)



Please take a look at the winter Edition of the Aboriginal Insight Newsletter!
Click on the picture to read newsletter in full.

Statistics Canada Blog [Read Blog articles here:](#)

Research Blog: Child health and well-being in Canada [Read the blog post here:](#)

The well-being of children is an important issue for Canadians. Statistics Canada has a long history of producing data on this topic. On the topic of early learning and child care, Statistics Canada's studies have looked at the percentage of children in child care, including descriptions of who is using what type of care and provincial portraits of use. One study looked at the use of child care in Quebec and the other provinces after Quebec implemented the \$5 per day daycare policy.

The communities and the houses in which children live and grow up are also related to children's well-being. For example, exposure to poor housing and to environmental contaminants have been shown to negatively impact children's health.





AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

Mouth Monsters [click here](#)

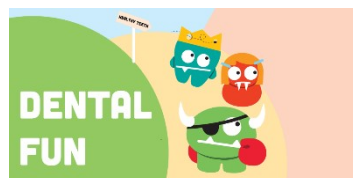
American Academy of Pediatric Dentistry (AAPD) website click [here](#)



Printable Fun Oral Health Activities to do at home

Click [here](#)

Click on individual picture



Pedo teeth talk podcast click [here](#)

Click on picture



April 14, 2020

The age one dental visit: as important as ever episode 36 AAPD President Dr. Kevin Donly reminds us of the importance of the first visit to the dentist by the first birthday



Pediatric Model for caries risk based on Determinants of health available to Primary Care Providers

The third and final year of research exploring oral health promotion in primary care produced innovative and promising results in regard to streamlining caries risk assessment in the primary care setting. Based on information noted in the early well-child visits, a predictive model was developed at Nationwide Children's Hospital characterizes the likelihood a child would have oral disease or risks of future disease at the time of their first dental visit.

Safety toolkit link click [here](#)

State of little teeth second edition report click [here](#)



In addition to examining the problems and causes of dental diseases, this report also explores an array of viable remedies by pediatric dentists, parents and our nation's leaders. Here is a snapshot of the tooth decay epidemic, its challenges and potential solutions:

Dental decay is not an equal opportunity disease. Children living in poverty are more likely to have caries—and to have the condition left untreated.

SILVER DIAMINE FLUORIDE: NEWEST ADDITION TO THE TREATMENT TOOLBOX Silver diamine fluoride (SDF) is recommended for treating active cavities in child and adolescent patients, including those with special health care needs, by the 2017 American Academy of Pediatric Dentistry (AAPD) evidence-based clinical guideline. SDF is a minimally invasive, low-cost treatment that dentists paint on teeth to painlessly treat cavities.

- SDF has a history of being very safe, with no reports of significant adverse effects.
- is appropriate to use when fixing cavities immediately is not possible
- or when the cost of treating cavities in young children can be disproportionately high
- topical silver products, including SDF, have been used in Japan for over 40 years to arrest cavities and reduce tooth hypersensitivity.

SDF is most effective as part of an ongoing decay management plan preceded by consultation with the patient and/or parent. Teeth treated with SDF need to be checked by a dentist at least every six months and SDF may need to be re-applied twice a year to have a sustained effect. While SDF can slow or arrest the decay process, it doesn't fix the damage already done. As soon as practicable, the tooth must still be restored by the child's dentist.



Aired September 24, 2019, America's Oral Health: An Emerging Crisis

An estimated 74 million Americans have no access to oral health care – this is nearly double the number of people without health insurance – despite evidence showing that poor oral health is linked to cardiovascular diseases and can lead to other significant health complications. In Washington, there has been little political will to change this status quo as much of the policy discussions around health insurance coverage leave out oral health. What will it take to recognize oral health as an integral part of overall health care before it's too late?

On **Tuesday, September 24**, POLITICO held a deep-dive conversation on solutions around access, coverage and costs of oral health care in America

Highlights and [full 45 minute video here](#):



DentaQuest oral health resources click [here](#)

DentaQuest Oral Health Library link click [here](#) or on logo

ResearchGate

The Evolving Role of Dental Responders on Interprofessional Emergency Response Teams

To view Research Gate article click [here](#)

The evolving role of dental responders on interprofessional emergency response teams. Dental Clinics. 2016

"KEY POINTS

- Oral health care professionals can serve as responders and should be actively involved in all stages of disaster and pandemic planning within their local communities.
- Through emerging state and federal laws, dental responders can legally provide triage, immunization/vaccination, and infrastructure support during declared pandemics and disasters.
- Dentists can serve a critical role as triage coordinators and “medic” members of tactical emergency medical support and forensic investigative teams.
- The dental profession needs to continue to advocate for dentists and hygienists to be included as key members of the response team.
- Oral health care providers must be paramount in educating their medical colleagues on the importance of dental skills in catastrophic events and pandemic response."



National Smile Month

Word of Mouth Monthly Magazines click [here](#)



[Word of Mouth: March 2020](#)

In this issue, we give an update on National Smile Month 2020, advice on maintaining good oral health and the top pledges you can take to gain a healthier smile.



[Word of Mouth: February 2020](#)

In this issue, we have plenty on safe cosmetic dentistry, Pet Dental Health Month and much more that can help you achieve a healthy smile.



[Word of Mouth: January 2020](#)

In the first issue of 2020, we look at children's teeth, water fluoridation, World Cancer Day, and much more.

ECTD:

New statistics on childhood tooth decay suggest concerning lack of progress. Read March 23, 2020 news & blog click [here](#)

"No child should be born into a world where they have a one-in-four chance of having decayed teeth on their fifth birthday.

The concern for the oral health and general wellbeing of children has been prompted by the release of new statistics from Public Health England (PHE) that reveal around one-in-four (23%) of 5-year-olds in 2019 have had dental decay.



Dental Buddy

Is a series of free educational resources aimed at nursery and school children in order to increase the amount of time oral health is taught in the classroom. Click [here](#)

A – Z list of oral health information click [here](#). You can also view this information grouped by topic:

- Prevention and advice click [here](#)
- Mouth problems click [here](#)
- Treatments and procedures click [here](#)

The Oral Health Podcasts click [here](#) or click on each box

[Listen Here: The Oral Health Podcast | Episode One | Healthy Gums](#)

Episode One of The Oral Health Podcast.

In this National Smile Month mini-series, Dr Ben Atkins is joined by Dr Nigel Carter, Chief Executive of the Oral Health Foundation, and Dr Saoirse O'Toole, a Clinical Lecturer at King's College London. Our panel answer some burning questions around the topic of gum health. Includes simple advice for preventing gum disease and what to do if we suffer from bleeding gums.

[Listen here: The Oral Health Podcast | Episode Two | Diet and My Teeth](#)

It's the second of three episodes in our National Smile Month mini-series, Dr Ben Atkins is joined by Dr Nigel Carter, Chief Executive of the Oral Health Foundation, and Dr Saoirse O'Toole, a Clinical Lecturer at King's College London, to discuss the impact that diet has on our oral health. Our experts name the foods and drinks that are playing havoc with our teeth and give some great advice about some healthier alternatives.

[Listen here: The Oral Health Podcast | Episode Three | Dental Erosion](#)

The final part of this three episode mini-series for National Smile Month.

Dr Ben Atkins is once again joined by Dr Nigel Carter, Chief Executive of the Oral Health Foundation, and Dr Saoirse O'Toole, a Clinical Lecturer at King's College London, to discuss the topic of dental erosion. Some of the items covered are what dental erosion is, how common it is and what causes it. What the consequences of dental erosion are to our health, and importantly how we can go about preventing it.

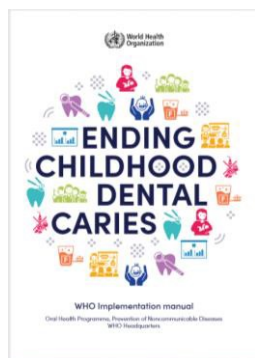


"The manual intends to inform and support policy-makers on actions and rationales for ECC interventions. Oral health focal points in ministries of health (e.g. chief dental officers) and public health administrators are considered important in the development and implementation of plans for ECC prevention and control using the primary health-care approach.

The manual includes the following elements:

- definition of ECC
- tackling ECC:
 - early diagnosis
 - control of risk factors: infant feeding and diet in young children
 - control of risk factors: population-based fluoride exposure
 - arresting carious lesions through application of sealants, fluoride varnish and minimally invasive techniques for restoration such as Atraumatic Restorative Treatment (ART)
 - health education and community engagement for prevention of ECC
 - involving primary care teams, including community health workers, in prevention and control of ECC
 - monitoring and evaluation
 - building a supportive framework for integration of ECC prevention and control in overall health initiatives.

"The manual may also be useful in training activities for primary care teams to help them understand ECC as a public health problem, recognize the essential risk factors for ECC, and identify opportunities for intervention against ECC and its sequelae." Read manual [here](#) or click on picture.



Key points

- ECC is a highly prevalent global disease.
- ECC risk factors are linked to family lifestyle and community norms.
- Prevention and control of ECC require a primary health-care approach.
- Building supportive environments for integration of ECC prevention and control into other public health activities is crucial.
- Primary care teams, including community health workers, are key to successful programs to prevent ECC.
- Countries should develop and deliver strategies for prevention and control of ECC.

The misfortune of dental general anesthetics for infants and young children

Extraction of infected carious teeth is often the only option – a traumatic experience for both child and family. If facilities exist, these extractions are often carried out under general anesthesia in a safe environment, but this is expensive. It is of considerable concern that in several high-income countries, dental extractions are among the most common reasons for hospital admission in infants and children.

In 2016–2017, a total of 30 238 children aged 0–9 years were admitted to hospital for extraction of decayed teeth in England (population 53 million). This figure excludes extractions under general anesthetic in young children carried out by community dental services and private hospitals. Tooth extraction was the most common reason for hospital admission for children aged five to nine years. The average cost of admitting a child aged 5 years or under for tooth extraction is £800–900.

Similarly high numbers of hospital admissions for dental extractions in young children have been reported in Australia (18), the United States of America, Israel and New Zealand.



World Health Organization

WHO link click [here](#) or on logo

A-Z Health topics click [here](#)



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Oral Health link [here](#) or click on picture

World No Tobacco Day – 31 May
2020 campaign read [here](#)
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E-cigarettes are harmful to our health click [here](#) or on picture



Fact Sheet Tobacco click [here](#)



World failing to provide children with a healthy life and a climate fit for their future: WHO-UNICEF-Lancet

No single country is adequately protecting children's health, their environment and their futures, finds a landmark report released today by a Commission of over 40 child and adolescent health experts from around the world. The Commission was convened by the World Health Organization (WHO), UNICEF and The Lancet. Read it [here](#)

WHO Oral Health key facts click [here](#) or on picture below

Key facts

- Oral diseases pose a major health burden for many countries and affect people throughout their lifetime, causing pain, discomfort, disfigurement and even death.
- These diseases share common risk factors with other major noncommunicable diseases.
- It is estimated that oral diseases affect nearly 3.5 billion people.
- Untreated dental caries (tooth decay) in permanent teeth is the most common health condition according to the Global Burden of Disease 2017.
- More than 530 million children suffer from dental caries of primary teeth (milk teeth).
- Severe periodontal (gum) disease, which may result in tooth loss, is also very common, with almost 10% of the global population affected.
- Oral cancer (cancer of the lip or mouth) is one of the three most common cancers in some countries of Asia and the Pacific.
- Treatment for oral health conditions is expensive and usually not part of universal health coverage (UHC). In most high-income countries, dental treatment averages 5% of total health expenditure and 20% of out-of-pocket health expenditure.
- Most low- and middle-income countries are unable to provide services to prevent and treat oral health conditions.
- Factors contributing to oral diseases are an unhealthy diet high in sugar, use of tobacco and harmful use of alcohol.
- Most oral health conditions are largely preventable and can be treated in their early stages.

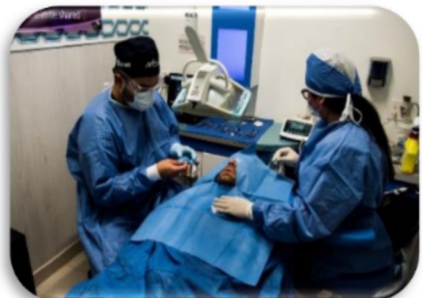


Molar City

[Welcome to Molar City, Mexico, The Dental Mecca America's Health Care Costs Built - HuffPost Canada](#)

Welcome to Molar City, Mexico, The Dental Mecca America's Health Care Costs Built A tiny border town is home to hundreds of dentists and is a major destination for Americans seeking big savings ...

www.huffingtonpost.ca



LOS ALGODONES, Mexico — The billboards that line the stretch of California's Interstate 8 headed toward Los Algodones make it clear travelers are not on their way to a typical tourism destination.

The clinics are the main reason Americans and, to a lesser extent, Canadians, travel to this village. There's not much else here. The few restaurants in town close early, and the nightlife consists of two strip clubs. The residents are poor, and these dental clinics [aren't for them](#). Although the medical tourism boom has provided jobs to many area residents, [other's hustle](#) as *jaladores* for tips from clinics and other businesses for [luring pedestrians](#) to them.

Prices up to 60% lower outside the US

The savings can be significant. A bridge containing four implants to replace lost teeth cost an average of \$21,500 in the United States last year, according to data collected by Patients Beyond Borders. The average cost in Mexico is \$9,300, not counting travel expenses.

Click on picture for youtube or click [here](#)



Read more on Molar City on Buzz Feed click [here](#)

Welcome to Molar City youtube click [here](#)

Molar City part 2 youtube click [here](#)

Molar City part 3 youtube click [here](#)

We paid \$30 for dental work in Mexico youtube [click here](#)

America's Dental Crisis: NBC Nightly News youtube click [here](#)

Free shuttle from Phoenix youtube click [here](#)

Fox News youtube click [here](#)

Client story

Stefan Rodman, 68, doesn't care much for Los Algodones as a destination, but the Morro Bay, California, resident was enthusiastic about the dental care he got at Sani.

Rodman, a semi-retired [musician](#), needed all 28 teeth replaced after a car crash in 2016. "I went to my dentist and they wanted to \$70,000 to do the work," he said. "So I got online and I found Sani Dental."

Rodman initially went down for a partial set of temporary implants, which are intended to be worn for only four months. But it took him two years to set aside enough to return and complete the procedure.

Combined, he spent \$18,000 for a full set of implants. The clinic covered his hotel room.

"Those guys are professionals. They work quick. They work as a team," Rodman said. "They're just as nice as they possibly could be. They treat you like a person, you know? You're not just cattle run through there."





Re-Open Saskatchewan

A plan to open the provincial economy

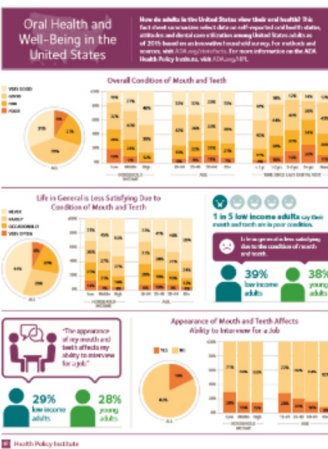
Re-Open Saskatchewan youtube click [here](#) or on picture.

Government of Canada COVID-19 app link click [here](#)

Unicef – What parents need to know - COVID-19 click [here](#)

Resources of Interest – click on the links for information and youtube videos

U.S. fact sheet
Oral Health and well-being
click [here](#)



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“The new tobacco” click [here](#)

Consider Becoming a Member of SOHC Inc.

Join the diverse membership of the Coalition to make a positive difference for the future of Saskatchewan residents!

Membership runs January through December annually.

Organization Levels:

- \$150 – Business/For Profit Organization
- \$100 – Non-Profit Organization
- \$50 – Individual
- Free- Students (full-time)

For Business/For-profit and Non-profit organizations, the fee will cover up to 5 members.

Download the Application Form [Here](#)

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