



SOHC Inc. Newsletter October 2022

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The SOHC Inc. serves as a collaborative, inter-disciplinary group that addresses the needs of vulnerable populations to improve the oral health and overall health of Saskatchewan people.

In This Issue:

Page

| | |
|---|--------------------|
| SOHC Inc. Receives Charitable Organization Status | 2 |
| USask Dental Therapy Degree Program | 3 |
| The Smile Gap | 4 |
| Filling the Gaps | 4 |
| More than Cleaning and Caring | 4 |
| Indigenous Insight Newsletters | 5 |
| Uncovering the Social Impact of Oral Health | 6 |
| The State of Oral Health in Waterloo Region | 7 |
| The State of Oral Health in Toronto | 7 |
| The Canadian Association of Public Health Dentistry- Mosaic | 8 |
| Victimization of First Nation People, Metis and Inuit in Canada | 9 |
| Oral Health in America Editors Issue Guidance | 10 |
| Antiracism in Dental Public Health | 11 |
| Dominant Power and the Concept of Caste | 12 |
| Sugar Science | 12 |
| Position Statement on Community Water Fluoridation | 13 |
| Position Statement on Individual and Professional Methods of Fluoride Use | 13 |
| World Cavity-Free Future Day | 14 |
| World Cavity-Free Future Day | 15 |
| Global Strategy on Oral Health | 16 |
| SOHC Inc. Professional Development Day | 17 |
| Membership and Contact Information | 17 |

Saskatchewan Oral Health Coalition Inc. receives Charitable Organization Status in June, 2022



See [page 2](#) for the full announcement

SAVE THE DATE:

SOHC Inc. Professional Development Day
November 7, 2022

See [page 17](#) for more information

World Cavity-Free Future Day (WCFFDay),
October 14th, 2022

See [page 14](#) and [page 15](#)



**World
Cavity-Free
Future Day**



Saskatchewan Oral Health Coalition Inc. receives Charitable Organization Status in June, 2022

The concept of an oral health coalition began as a plan to expand partnerships and networking in the community. It was identified during a Saskatoon Health Region- Dental Health Program Review in 2008. Best practice literature indicated that developing a coalition focused on oral health, and including community partners and stakeholders, was an excellent practice to expand the importance of oral health to a broad and diverse group of individuals and agencies in the community.

The inaugural meeting of the **Saskatoon** Oral Health Coalition (OHC) was May 26, 2010. There was wide support for an Oral Health Coalition to tackle oral health issues. The coalition began meeting twice each year and providing professional development on oral health issues focused on vulnerable populations, in addition to developing a wide range of resources and training. By May 2012, there was a shift and members voted to expand the focus of the coalition to the province. It became the **Saskatchewan** Oral Health Coalition (SOHC).

In 2017, the SOHC became a not for profit corporation. The SOHC Inc. became a charitable organization in June 2022 with seven Directors. This is a huge achievement over 12 years! We will continue to work diligently to grow the SOHC Inc. into a successful charitable organization that will benefit and improve the oral health, and overall health, of the people in Saskatchewan.

There is a significant need in Saskatchewan to work collaboratively to improve the oral health of Saskatchewan people.

When considering your future charitable donations, please support the SOHC Inc.!

Mission: The SOHC Inc. serves as a collaborative, inter-disciplinary group that addresses the needs of vulnerable populations to improve the oral health and overall health of Saskatchewan people.





Dr. Doug Brothwell (DMD), dean of the USask College of Dentistry.
(Photo: University of Saskatchewan)

USask Collaboration Establishes First Dental Therapy Degree Program in Canada

May 17, 2022

SASKATOON – Indigenous Services Canada (ISC) has given its support for a new national dental therapy educational program and approved \$2.1 million in funding to establish the program, which will be run collaboratively through a partnership between the Northern Inter-Tribal Health Authority (NITHA), the University of Saskatchewan's (USask) College of Dentistry, Saskatchewan Polytechnic, and Northlands College.

The partnership will launch the Bachelor of Science (BSc) in Dental Therapy program in Fall 2023, thereby establishing Canada's first and only dental therapy degree program. The dental therapy program will start accepting students in March 2023 through the USask website. Classes will start in August 2023. Students can choose to study in La Ronge at the Northlands College campus, in Prince Albert at the USask campus, or in Regina at the Sask Polytech campus. The program will accept seven students per year at each campus location, for a total of 21 students per year.

The two-year degree program's focus will include recruiting Indigenous students; utilizing multiple campuses to enable students to learn where they live; and using a multi-entry, multi-exit model that enables students to complete the program in steps and allow them the option to take a break from their studies and find employment if needed. The degree program will also offer dual licensing opportunities for dental hygienists.

Read the full news release [here](#)



[The Smile Gap](#)

A History of Oral Health and Social Inequality

By Catherine Carstairs

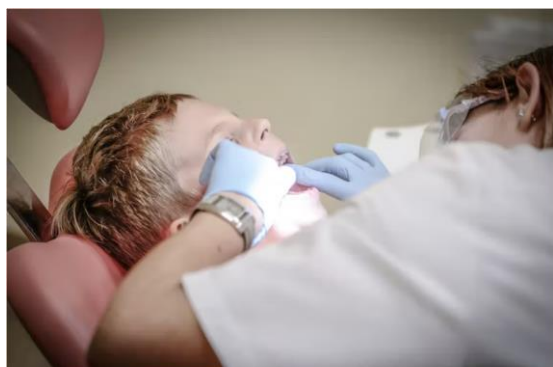
A cultural and social history of oral health in Canada and the inequalities that persist.

As recently as fifty years ago most people expected to lose their teeth as they aged. Few children benefited from braces to straighten their teeth, and cosmetic procedures to change the appearance of smiles were largely unknown. Today, many Canadians enjoy straight, white teeth and far more of them are keeping their teeth for the entirety of their lives. Yet these advances have not reached everyone.

The first history of oral health in Canada, *The Smile Gap* reveals that despite the gains made, too many Canadians go without any dental care, with damaging consequences for their oral health, general physical health, and self-image. To complete our health care system, it is time to close the gap.



[Purchase book](#)



In the years after the Second World War, some provinces began providing dental care to all children. (Photo: iStock)

[Filling the gaps: Why Canada still needs a public dental health plan despite decades of medicare](#)

By Catherine Carstairs

Canadians pride ourselves on our health-care system, especially in comparison with our neighbors to the south. But there are significant gaps in coverage.

Read the full article [here](#)

[More than Cleaning and Caring: The Profession of Dental Hygiene in Canada, 1951–2010](#)

By Catherine Carstairs

Dental hygiene has been a female-dominated profession that worked primarily for dentists who, until very recently, were usually male. This article explores the early history of dental hygiene in Canada during the 1950s and 1960s; its explosive growth in the 1970s; the influence of feminism on the profession; and the battles dental hygienists fought to improve the status of their profession including better educational opportunities; professional self-regulation and the right to practice independently of dentists. It argues that dental hygienists have made important gains, and yet the culture of 'caring' continues to complicate their professional status.

Read the full article [here](#)



NEWSLETTER

Indigenous
insight

N E W S L E T T E R

Ce bulletin est aussi disponible en [français](#)

Source: Statistics Canada, Table 14-10-0104-01 Employment by Indigenous group and occupation (x 1 000)

Ce bulletin est aussi disponible en [français](#)

[Click here to quickly access information from the 2021 Census of Population for various levels of geography, including provinces and territories, census metropolitan areas, communities and census tracts.](#)

[Census learning centre](#) contains a collection of short videos to help users of census products better understand the various Census of Population concepts. There will be two additional videos added to the Census learning centre on the topic of 'Language':



GSC and Community Partners Launch New Reports Uncovering the Social Impact of Oral Health

TORONTO, ONTARIO (APRIL 7, 2022) – Green Shield Canada (GSC), in partnership with Toronto Foundation, Kitchener Waterloo Community Foundation and the Ottawa Community Foundation, is proud to announce the launch of a new series of social impact reports called *Left Behind: The State of Oral Health*.

The three reports available here:

- [Left Behind: The State of Oral Health in Waterloo Region](#)
- [Left Behind: The State of Oral Health in Toronto 2022](#)
- [Left Behind: The State of Oral Health in Ottawa](#)

Or, on our Foundation partners' sites, delve into the local state of oral health in Toronto, Waterloo Region and Ottawa, exploring the social issues that impact access to oral health care.

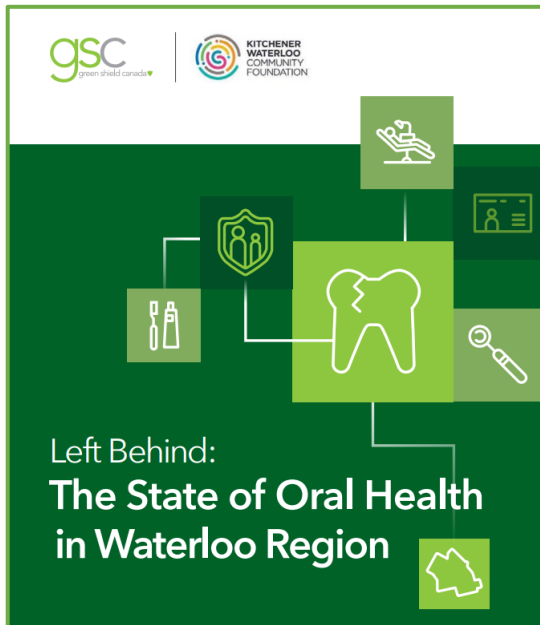
This analysis comes at a critical time. In Canada, one in three people lack coverage for dental care, while low-income Canadians are four times more likely to avoid seeing a dentist because of cost and two times more likely to have poor dental outcomes.

In creating the *Left Behind: The State of Oral Health* series, GSC and its Foundation partners uncovered more alarming trends, including:

- Dental care is increasing in cost faster than nearly every other type of cost. From 2001 to 2020, dental care services have grown by 81 per cent, twice as fast as inflation overall at 41 per cent. This exceeds nearly every other category of goods and services.
- There is strong racial inequity present in access to care. In all three communities studied, racialized residents were significantly less likely (between 15 per cent and 39 per cent) to have dental coverage than white residents.
- Precarious employment is making things worse. With the rise in self-employment and the increase in low-paying precarious jobs, the odds of a full-time, low-income worker not having employer-sponsored dental insurance has increased by 56 per cent in ten years (Waterloo Region). "These statistics reveal large gaps in the Canadian health care system and highlight how access to dental care is an issue that is too often rendered invisible or overshadowed in the busy public health landscape," explains Mila Lucio, GSC's Executive Vice President of Human Resources and Social Impact.

Read the full outline of these reports [here](#)





Left Behind: The State of Oral Health in Waterloo Region

Waterloo Region is prosperous, with higher-than average median household after-tax income. Nevertheless, approximately 138,000 residents (30%) are falling through the cracks and do not have dental insurance. The problem is especially acute for racialized residents, 39% of whom lack insurance. While this rate of dental insurance coverage is close to the average for larger regions of the province, the fact that children in Waterloo Region persistently have higher oral health issues than the rest of Ontario underscores the challenges. Read the [full report](#)

Left Behind: The State of Oral Health in Toronto 2022

Toronto is Canada's financial capital and home to many of the country's highest earners, yet a staggering 861,000 residents (35%) do not have dental insurance coverage. Toronto has low rates of coverage compared to other larger health units.

Read the [full report](#)



Left Behind: The State of Oral Health in Ottawa

Ottawa has the highest rates of dental insurance in the province among the larger Ontario public health units analyzed, yet 195,600 residents (24%) still do not have coverage in data from the 2017/2018 CCHS. The problem is especially acute for immigrants to Canada, 31% of whom lack insurance (compared to 22% of Canadian-born residents).

Read the [full report](#)



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

ISSUE NUMBER 15

SPRING 2022

Mosaic

THE **CANADIAN**
ASSOCIATION OF PUBLIC
HEALTH DENTISTRY
ASSOCIATION **CANADIENNE**
DE LA SANTÉ DENTAIRE
PUBLIQUE

IN THIS ISSUE

- 2** CAPHD Virtual Conference a Success!
The Politics of Dental Care in Canada
- 3** The Canadian Oral Health Screening Tool for Seniors /
Outil canadien de dépistage de la santé buccodentaire des aînés
- 4** 2022/2023 Membership Survey Results
- 5** CAPHD 2020 & 2021 Award Winners
- 6** Call for Submissions
- 7** CDA ESSENTIALS
ARTICLE ON CHMS
CYCLE 7 OHC
Interview with the
Office of the Chief
Dental Officer of Canada
(OCDOD)
- 9** ARTICLE DE LA REVUE
OASIS DE L'ADC SUR
LE VOLET SANTÉ
BUCCODENTAIRE DU
CYCLE 7 DE L'ECMS
Entrevue longue version
avec le Bureau du
dentiste en chef du
Canada
- 12** What's Happening



Dr. Keith Da Silva

President's Message

It is an honour and privilege for me to be a part of the Canadian Association of Public Health Dentistry (CAPHD), which serves as the voice of dental public health in Canada. As I write this note, I am reflecting on what has surely been a challenging two years for all of us both personally and professionally. Navigating the pandemic and all the associated changes to our daily lives has been, and will continue to be exhausting. However, despite a temporary pause to our biannual Mosaic Newsletter, and a shift to virtual conferences over the last two years, I am proud that our community has persevered. Early in the pandemic, there were times I felt isolated and disconnected from reality while trying to work from home, however, I found the daily pandemic updates through the CAPHD Listserve and the discussions that followed to be an important part of my routine (thanks Carlos!). A virtual conference will never replace the in-person experience, but given the circumstances, I was also happy that we were all able to connect remotely to share ideas and highlight the exceptional work being done in our communities. I extend my thanks to our Past-President, Dr. Sonica Singhal for her leadership. I would also like to thank our Administrators, Paula Benbow and previously Andrea Richard, as well as our Board of Directors who worked hard behind the scenes to keep things moving forward during a difficult time.

As we move ahead into 2022, I look forward to the upcoming year which promises to be a busy one. We are in the process of renewing our website, and our committees are moving ahead with full steam. Hopefully, in the near future there will be an opportunity for us to come together again in-person as a community to reconnect. However, whatever the future holds I am reassured that as members of the CAPHD, we will always be here for each other.

Keith Da Silva, DDS, MSc, FRCD(C)
President, Canadian Association of Public Health Dentistry

WWW.CAPHD.CA

Read the full Newsletter [here](#)



Juristat

Victimization of First Nations people, Métis and Inuit in Canada

by Samuel Perreault

Release date: July 19, 2022

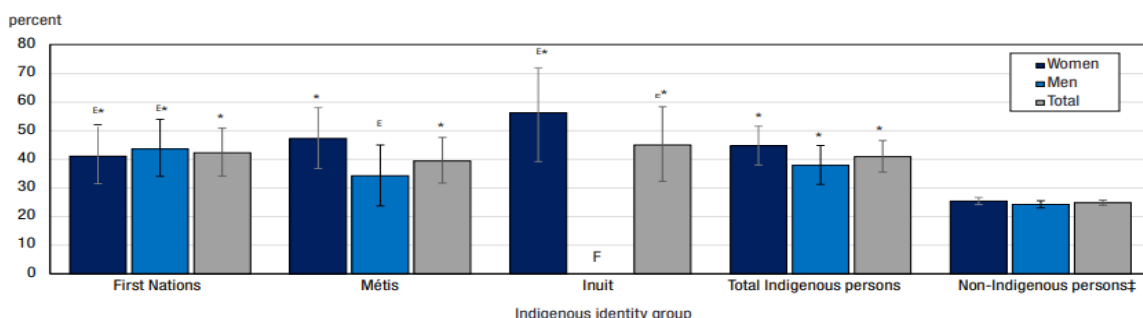


In recent years, several studies have shown that First Nations people, Métis and Inuit are more likely than non-Indigenous people to have experienced violence during their childhood (Burczycka 2017), to have been sexually or physically assaulted (Boyce 2016; Cotter and Savage 2019; Perreault 2020), to have been victims of violence by an intimate partner (Heidinger 2021; Boyce 2016), or to have been victims of homicide (Armstrong and Jaffray 2021; Moreau 2021).

Due to the historical and ongoing colonialism and related policies—including the experiences of residential schools and the Sixties Scoop—as well as individual and systemic racism, many Indigenous people today deal with intergenerational trauma, socioeconomic marginalization. Both the National Inquiry into Missing and Murdered Indigenous Women and Girls and the Truth and Reconciliation Commission of Canada indicated that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada's staggering rates of violence against Indigenous people (National Centre for Truth and Reconciliation 2015; National Inquiry into Missing and Murdered Indigenous Women and Girls 2019).

To provide the most comprehensive picture of violent victimization among First Nations people, Métis and Inuit, the analyses in this article are based on various Statistics Canada data sources to measure the nature and extent of criminal victimization of Indigenous people.

Population aged 15 and over who experienced sexual or physical violence by an adult before the age of 15, by Indigenous identity group and by gender, Canada, 2019



* use with caution

F too unreliable to be published

* significantly different from reference category ($p < 0.05$)

† reference category

Note: Indigenous people include those who reported being a First Nations, Métis or Inuit person. Respondents could report belonging to more than one Indigenous group. These were included in each of the groups they identified with. Percent calculations include missing or not stated responses.

Source: Statistics Canada, General Social Survey, 2019.

Read the full report [here](#)



National Institute of Dental
and Craniofacial Research

Oral Health in America Editors Issue Guidance for Improving Oral Health for All

NIDCR Director Rena D’Souza, DDS, PhD, along with editors of the NIH report [*Oral Health in America: Advances and Challenges*](#), have authored a series of perspective papers and accompanying editorials that draw on the report’s findings to propose strategies for addressing the nation’s oral health challenges. The papers, published in four dental specialty journals, offer audience-specific recommendations for dental practitioners, educators, researchers, and public health specialists. The recommendations focus on changes needed in dental health care, education, research, and policy to adapt to a changing oral health more diverse population, new ways of delivering care, and an emerging understanding of social determinants of oral health.



“The [*Oral Health in America*](#) report showed that although some measures of oral health have improved over the last 20 years, there is still much work to be done,” said Dr. D’Souza. “The papers published today serve as a framework to guide our community in creating an oral health ecosystem that ensures all Americans can enjoy the benefits of good oral health.”

Read the article [here](#)

Oral Health in America



Download the Report—790 pages
(PDF - 35.6 MB)



Executive Summary—28 pages
(PDF - 1.8 MB)



Oral Health in America: Advances and Challenges



Journal of Public Health Dentistry; Antiracism in Dental Public Health: Engaging Science, Education, Policy, and Practice

ISSUE INFORMATION

EDITORIAL:

From a call to action to taking action: Exploring the science, education, practice, and policy implications of dental public health as an antiracist discipline

The global history of racial discrimination and oppression influences the racial inequities that are evident today. The protests after the murder of George Floyd raised the public consciousness about systemic racism, which was further amplified by the evident inequities caused by the pandemic, and highlighted the intersection of poverty, social and racial injustices, and health.

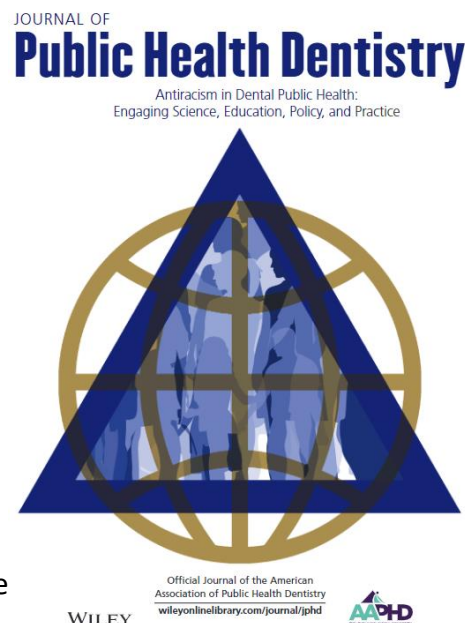
Many cities, states, and organizations across the United States have declared that racism is a public health crisis. As dental public health professionals, we have seen decades of scientific evidence showing the degree and persistence of racial inequities in oral health access, outcomes, and workforce diversity. However, evidence in scientific research and public health practice that explores and/or addresses the root causes of these inequities – namely, racism – have been scarce.

This special issue aims to elevate the voices of scholars, public health professionals, and organizations that have been doing the work of anti-racism in dental public health in order to inspire and highlight opportunities for further action within our field.

To be clear, the root causes of racial inequities are individual and systemic racism. And to make progress on reducing racial inequities, we as a dental public health community need to be actively engaged in anti-racism work. It is the hope of the authors and editors that after reading the special issue, readers will be inspired to reflect on their work with an eye toward opportunities for anti-racist action, and to gain a deeper commitment to equity. As practitioners and those committed to oral health, we must center anti-racism in our work – to deliver care, train students and residents, improve population-level health, conduct the best scientific research, and advocate and implement effective policies – if we are to live up to the ideals of equity and justice.

To read the individual articles in this publication visit the [SOHC website](#), under [Links](#)

Volume 82 • Supplement 1 • Spring 2022





Dominant Power and the Concept of Caste: **Implications for Dentistry and Oral Health Inequality**

Author Manuscript- Cristin Kearns, George Taylor, Snehlata Oberoi, Elizabeth Mertz University of California, San Francisco

This paper explores the issues of caste and casteism in the U.S. as described by Pulitzer Prize winning journalist Isabel Wilkerson in her 2020 book “Caste: The Origin of Our Discontents”. Wilkerson argues that a caste system not only exists in the U.S. but operates as a hidden force affecting social inequality. The paper draws on Wilkerson’s work to explore caste as an analytical concept. It begins by defining caste and casteism in contrast with racism, the eight pillars of a caste system, the consequences of casteism, and the psychological drivers of casteism. The paper then applies to concept of caste to understanding power, dentistry, and oral health inequality. The paper concludes by emphasizing that the concept of caste and its relationship to oral health inequality must be understood if we want to create real social change.

Read the full paper [here](#)



Click on icons to visit each page

SugarScience Resource Kit

Download posters, flyers, videos and more to help you share the facts with your community.

[Select Your Resources](#)



Sugar-Sweetened Beverages

Liquid sugar, such as sodas, energy drinks and sports drinks, is the leading single source of sugar in the American diet. And there's growing scientific evidence that it's the most dangerous way to consume it.

[Learn more](#)



Hidden in Plain Sight

Sugar is found in 74% of packaged foods sold in supermarkets, including many savory foods or items marketed as “healthy.” How can you tell whether you're eating something healthy?

[Learn more](#)



Too Much Can Make Us Sick

Heart disease. Diabetes. These chronic conditions are among the leading causes of death worldwide. Increasingly, scientists are focusing on a common set of underlying metabolic issues that raise people's risk for chronic disease. And it turns out that eating too much sugar over the long-term is linked to many of these dysfunctions.

[Learn more](#)

Healthy Beverage Initiative Toolkit

Learn more about how organizations are eliminating the sale of sugar sweetened beverages.

[Learn more](#)



Position Statement on Community Water Fluoridation

The International Association for Dental Research (IADR) supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries. This public health measure has a high benefit/cost ratio and benefits deprived communities the most thus reducing health inequalities. While fluoride occurs naturally in water, levels vary depending on regions and sources of water. Fluoridation is the controlled addition of a precise amount of fluoride to community water systems to the level beneficial for dental health, without systemic health side-effects.

Read the full statement [here](#)

Position Statement on Individual and Professional Methods of Fluoride Use

Various methods of fluoride use have been available since the discovery of the anticaries properties of this ion. This position statement deals with those which are applied to erupted teeth. Historically, those methods have been classified as "topical" (to be differentiated from the methods of fluoride use resulting in intentional systemic exposure, such as water fluoridation), which has been the cause of confusion considering that the predominant effect of fluoride in caries control, irrespective of the method of use, is local (topical) (see the IADR statement on community water fluoridation).

Therefore, in this statement these methods will be separated according to their delivery approach, as fluoride used at the individual or professional level.

Read the full statement [here](#)





Stop Caries NOW for
a Cavity-Free Future

The Alliance for a Cavity-Free Future

World Cavity-Free Future Day (WCFFDay), October 14th, 2022



More than 600 million
children worldwide
are affected by
Early Childhood Caries
(ECC).



of the world's
population suffer
from tooth decay,
making caries the
most prevalent
global condition



World Cavity-Free
Future Day
14th October

What is WCFFDay?

World Cavity-Free Future Day (WCFFDay) was launched as an initiative in 2016 by the Alliance for a Cavity-Free Future (ACFF). Its mission is to address the need for greater global awareness of dental caries, the disease which, when left unaddressed, can lead to dental cavities. In addition, ACFF focuses on the wider issues that stem from poor dental health and raises global awareness about best practices for the prevention and management of caries and cavities.

WCFFDay is a global awareness day and is celebrated around the world with multiple efforts supported by ACFF Chapters including outreach events, educational drives, free oral-care consultations, professional webinars, school-based education efforts and many more activities coordinated by local communities and partner organisations.

WCFFDay aims to engage communities around the world in this global fight and offers the chance to send a 'wake up call' to those with the ability to make social, economic and political changes to encourage action towards achieving a cavity-free future.

Get involved:

Creating a cavity-free future will require a widespread shift in behavior for the public, policy makers and dental professionals. This type of change is only possible through cooperation and action. By uniting in our message and sharing clear advice on the most effective way to beat cavities and improve overall oral health, a real difference can be made both for individuals and for communities.

Share our resources with your friends/families/coworkers/neighbours and become an ambassador for a cavity-free future.

Use the #WCFFD hashtag on social media to become part of the social movement

If you want to run a local event, please get in touch with admin@acffglobal.org for advice.

Visit *The Alliance for a Cavity-Free Future* website for more information: <https://www.acffglobal.org/wcffday-2/>



Stop Caries NOW for
a Cavity-Free Future

The Alliance for a Cavity-Free Future **World Cavity-Free Future Day (WCFFDay), October 14th, 2022**



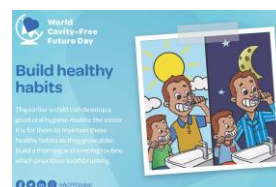
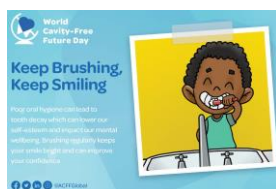
WCFFDay 2022:

For WCFFDay 2022 we want to focus on encouraging behavioural change around toothbrushing and to support and motivate those that need it to brush their teeth. Encouraging behavioural change is important as oral healthcare professionals have the least amount of control over our oral health routines at home between check-ups. Encouraging the right habits as early as possible is crucial to helping people maintain these healthy habits throughout the life course.

WCFFDay 2022 Resources:

For World Cavity-Free Future Day 2022, we have created resources to help with your local and online WCFFDay 2022 campaigns. We have created postcards you can use in your campaigns. The postcards are available to download in English and Spanish, with other translations to be made available in the coming weeks.

Click on each postcard to view downloadable image





Landmark Global Strategy on Oral Health Adopted at World Health Assembly 75

28 May 2022

Member States agreed to adopt a global strategy on oral health, which will inform the development of a new global action plan, including a framework for tracking progress with targets to be achieved by 2030.

Oral diseases are among the most common noncommunicable diseases (NCDs) worldwide. While largely preventable, there were estimated to be more than 3.5 billion cases of oral diseases and other oral conditions globally in 2019. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

The global strategy sets the bold vision of universal health coverage (UHC) for oral health, reaching all individuals and communities by 2030. This enables people to enjoy the highest attainable state of oral health and live healthy and productive lives, including by tackling social and commercial determinants and risk factors of oral diseases and conditions.

Read full article [here](#)

Save the Date!

Saskatchewan Oral Health Coalition Professional Development Day

Monday, November 7, 2022

The Willows Club
382 Cartwright Street, Saskatoon
The Twilight Room

8:15 a.m. – 4:35 p.m.

Register **before October 21, 2022** by email to: sohcadmin@saskohc.ca

An Agenda will follow at a later date

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](#)

Contact Us

Lena Ens
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www.saskohc.ca

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Admin Coordinator

SOHC Inc. Directors

Leslie Topola
Susan Anholt (Treasurer)
Kellie Glass (Chairperson)
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