

SOHC DIRECTOR'S MESSAGE



The SOHC Inc. is adding Director Updates as a new feature to the newsletters. We hope this is helpful and would appreciate feedback on it!

We have two new directors in the SOHC Inc. following the AGM in May: Boyd Doucette and Karen Ritchie- welcome!

Boyd and Karen join six other directors: Kellie Watson, Leslie Topola, Meagan Kachur, Dr. Parviz Yazdani, Shelby Hamm and Susan Anholt.

For the summer update we want to focus on the upcoming October 23rd professional development (PD) day at **The Barn at Wind's Edge**, in Saskatoon. This will see a return to pre-COVID times with the sessions being in-person with no virtual options. The networking and engagement that happens among attendees is important to the professional development aspect of the day and we welcome its return!

On October 23rd, we will have two keynote speakers- Lauri-Ann Marshall and Judy Da Silva. Their presentation will focus on the development of the Grassy Narrows Mercury Care Home and programming. The necessity for a Mercury Care home is decades in the making following the mercury poisoning of the English-Wabigoon river.

continued on page 2...

[Consider donating to SOHC Inc.](#)

Your [donation](#) will go towards covering the cost of dental treatment for people in need, or those who have complex life issues, with no dental insurance or ability to pay for treatment. It also helps provide basic oral health care supplies to those who cannot afford to purchase them.

Would you and/or your organization like to submit an article for the SOHC Inc. Newsletter?

Contact us for more information:

sohcadmin@saskohc.ca

In This Issue:	Page
SOHC Director Message	<u>1, 2</u>
Save the Date	<u>2</u>
SOHC News	<u>3</u>
Member Spotlight- Northern Oral Health Working Group	<u>4</u>
IDAC – National Indigenous Oral Health Day	<u>5</u>
Bringing Better Dental Care to Indigenous Communities in Saskatoon	<u>6</u>
Challenges and Opportunities of a Novel National Dental Benefit	<u>7</u>
Call to Action: Promoting Oral Health for Refugees	<u>8</u>
Halitosis: Causes, Treatment and Prevention	<u>9, 10</u>
Indigenous Insight Newsletter	<u>11</u>
Jordan's Principle	<u>11</u>
SOHC Membership, Donation and Contact Information	<u>11</u>

SOHC DIRECTOR'S MESSAGE *continued...*

An [article published in CMAJ by Mosa and Duffin outlines the history of mercury poisoning of the Grassy Narrows First Nation along the English–Wabigoon River](#). The Grassy Narrows First Nation is located about 100 km downstream from the Dryden Chemical Company. This company dumped tonnes of mercury into the river between 1962 and 1970. The authors [link this history with that of mercury poisoning in Minamata, Japan, in the 1950s](#).

One of the SOHC Inc. goals is to provide funding, in a simplistic manner, for people who have challenges accessing dental care. There are many barriers for people to access dental care that a Federal Dental Plan is not going to solve. Over the years, there are hundreds of people who have used dental public health funding to access the dental care, and community supports required, for them to receive the care they needed for optimal health. Over the summer, we have gathered their stories in video testimonials about their journey through a complex system. These will be shared as a highlight for the PD day. These are the people the SOHC Inc. needs to support in the future through fundraising.

Dr. Keith Da. Silva, president of the Canadian Association of Public Health Dentistry, will provide an update on the Federal Dental Plan. Bring your questions!

Dr. Gerry Uswak, Director of the Dental Therapist Training Program at the U of S, College of Dentistry will provide an update on the newly implemented dental therapist training program.

Dr. Sheri McKinstry will provide information on the newly launched Indigenous Dental Association of Canada (IDAC). There are numerous resources and continuing education available to the public and dental providers. The IDAC's vision is to bring the Canadian dental community together in the spirit of Reconciliation.

The Northern Oral Health Working Group will provide an update on their organization and how it engages with a variety of sectors to improve oral health.

There will be the usual member and stakeholder updates, which are always fascinating and informative. Please feel free to bring resources to share/distribute!

We hope you will join us on October 23rd for a jam packed, motivational, and educational day. Excellent food and comradery await! Look for the agenda in early September- please share with others you feel may be interested in attending!

Working together to improve oral health,

Leslie Topola
Director, SOHC Inc.



SAVE THE DATE:
SOHC Inc. Professional Development Day
Monday, October 23, 2023
The Barn at Wind's Edge
Details to follow

SOHC NEWS

In May 2023 SOHC Inc. welcomed two new Directors, Boyd Doucette and Karen Ritchie.



Boyd Doucette is a 3rd generation denturist located in Saskatoon, Saskatchewan. Boyd graduated NAIT in Edmonton, Alberta in June of 2012 and became fully licensed in that same fall. Boyd along with his brother Britten, currently own two denture clinics, MBK Denture Clinic in Saskatoon's Lawson Heights mall along with Warman Denture & Implant Solutions.

Boyd currently sits on the Denturist Society of Saskatchewan's council as the Chair for the Conduct committee. During his free time he enjoys spending time with his family and friends, playing many sports and enjoying Saskatchewan summers.



Karen Ritchie is a dedicated oral health professional with a passion for improving access to care and promoting good oral health practices. She has been a dental assistant for 26 years, 22 of those years were spent in a pediatric public health program called Smile plus program, situated in Winnipeg, Manitoba. In the role she served underserved populations. Improving oral health outcomes of individuals, particularly in vulnerable communities. She is dedicated to the advancing of the dental assistant profession. Karen has served as a director on the CDAA (Canadian Dental Assistants Association) and held the position of president of the Manitoba Dental Assistant's Association.

Currently, she serves as a board member of the SDAA (Saskatchewan Dental Assistant's Association). Additionally, she is an instructor for the dental assisting program at the university of Saskatchewan imparting knowledge and skills to the next generation of dental assistants.

She is always passionate about taking part in activities that help in bridging gaps in oral health care disparities and initiatives that promote education and awareness with communities.

Northern Oral Health Working Group

The Northern Oral Health Working Group works together to assure access to oral health knowledge, skills and services so that Northern Saskatchewan residents can achieve sound oral health.

The Northern Oral Health Working Group (NOHWG) was established in 2003 to bring together oral health professionals in both Northern First Nations and provincial Health Authorities to respond to the escalating oral needs in Northern Saskatchewan. Originally operating under the umbrella of the Northern Health Strategy (NHS), it had a dual focus of improving the oral health of the Northern population and increasing access to oral health services by working together to remove barriers of inter-professional and inter-jurisdictional lines. NHS sunsetted in 2010 but the group identified the need for this work to continue and a decision was made to move forward independently.

The NOHWG is focused on issues related to vulnerable and at-risk populations. While our membership is predominately from the North, it includes other members from Saskatchewan who also focus on vulnerable populations. Thanks to the support of oral health programs across many organizations, the NOHWG has connected oral health promotion, prevention, and treatment utilizing a holistic perspective that provides a culturally safe environment through cultural awareness, cultural sensitivity, cultural humility and cultural competency.



NOHWG Members June 2023

We are client centered and nurture continuous quality improvement by following best practice standards through resource sharing. This facilitates knowledge transfer to communities and health professionals as well as professionals in other sectors.

In September 2016, the NOHWG was honoured to receive the 2016 Canadian Association of Public Health Dentistry Merit Award at the National Conference in Edmonton. This award recognizes the effort groups or individuals in improving the oral health of Canadians. These efforts can include but are not limited to administrative work, inter-professional, education, and health promotion.

If you are an Oral Health Professional and would like to become a member of the NOHWG, please contact the Chair, Melanie Martell at mmartell@willowcreehealth.com

National Indigenous Oral Health Day

On March 17, 2023, the [Indigenous Dental Association of Canada \(IDAC\)](#) reached out to pertinent Indigenous rights-holder organizations and various oral health stakeholder organizations in Canada to announce, “In the spirit of Reconciliation, IDAC is proposing that October 15th be declared the [National Indigenous Oral Health Day](#) as a priority to address Indigenous oral health inequity, as inequity is unjust, unfair, and avoidable”.

October 15th was chosen for the [National Indigenous Oral Health Day](#) for children to have access to oral health education, prevention and products early in the school year, and before Halloween, while still respecting September as the Crying month, that was explained by Phyllis Webstad as the month that children were taken from their homes and put into the residential schools.

Education was historically used as a weapon to harm Indigenous culture and ways of knowing. IDAC would like to change this. Setting a date for this early in the school year presents an important time to highlight the various oral health professions as career paths for children, youth and adults that may not have had access, or opportunity to consider oral health profession training as feasible.



Lastly, a [National Indigenous Oral Health Day](#) supports the historic resolution on oral health that was adopted by the 74th World Health Assembly that positions oral health to be fully embedded in the Noncommunicable Diseases (NCD) agenda, recognizing that oral diseases are among the most common NCDs worldwide. This calls for a paradigm shift in oral health policy planning away from the conventional traditional curative approach (drill-and-fill) toward a promotive and preventive model approach to address this global health concern.

IDAC is inviting the oral health community across Canada to join us on our journey as we work to create meaningful change to address the oral health inequity that is facing Indigenous people across Canada.



Dr. Sheri McKinstry
*BSc.(Dent.), DMD, MPH, M.Dent./
Dip.PD, FRCD(C)
Co-Founder - IDAC*

Bringing Better Dental Care to Indigenous Communities in Saskatoon

By Greg Basky for [SHRF](#)

From his 10 years working as a specialist in pediatric dentistry, Dr. Keith Da Silva can still recall at least once a month having three- and four-year-old patients whose tooth decay was so advanced that he had to pull out most, or all of, their teeth. “Kids only have 20 teeth until their permanent teeth come in. So, a lot of these kids, they were just so far gone that we had to take everything out,” says Da Silva. “And you know they’re not getting new teeth until they’re six years old, when their adult teeth start coming in.”

While those were the extreme cases, Da Silva saw many other children with dental problems that could have been treated or prevented from worsening had the young patients been seen earlier.

A new project involving Dr. Da Silva – now an assistant professor in the USask College of Dentistry – and his colleague Dr. Amrinderbir Singh – aims to detect and treat kids’ oral health issues sooner, by teaching doctors and nurses at the [Saskatoon Community Clinic](#) to take a closer look inside the mouths of very young children while they’re already in for *well-child* medical visits. The project is one of two Singh and colleagues are conducting, with the support of SHRF research grants, to address barriers the city’s Indigenous population face in accessing dental care. While the kids dental project isn’t specifically targeted at Indigenous children, the Community Clinic does tend to see more patients from this community.



Dr. Amrinderbir Singh (left) and Dr. Keith Da Silva (right) are working to address oral health disparities in Saskatoon.

The pair of projects align with the Dental College’s belief in community outreach and engagement and in providing accessible dental care to underserved communities through initiatives such as [Saskatoon West Dental](#). Through its research efforts and clinical training, the College is committed to strengthening dental care for Indigenous patients.

"This is about co-creating an oral healthcare delivery model that addresses barriers"

Read the full article [here](#)



A Perspective: Challenges and Opportunities of a Novel National Dental Benefit

PERSPECTIVE article

Front. Oral. Health, 17 May 2023

Sec. Oral Health Promotion

Volume 4 - 2023

<https://doi.org/10.3389/froh.2023.1207581>

In Canada, the federal government launched the interim Canada Dental Benefit (CDB) on December 1, 2022, to support access to dental care for children <12 years. The interim benefit shows government's assurance to develop a long-term national dental care program. The benefit will be a cash transfer through Canada's revenue services agency, ranging from \$260 to \$650 annually. This perspective examines the federal initiative and reflects on its strengths and challenges to learn lessons, which can support the long-term solution that is being currently planned. This article outlines a number of positive aspects as well as challenges from the perspectives of varied stakeholders; the feasibility of the application process; remaining potential gaps due to restricted eligibility criteria; possible effects of unrestricted oral health care services and reimbursement rates; valuing of patient autonomy; guidelines for the expansion of the program to other populations; and remaining barriers to oral health care access are analyzed. The CDB is cause for excitement for the Canadian population because it is an opportunity to reduce affordability barriers to accessing dental care. That said, it is important to discuss anticipated challenges and indirect consequences, particularly through the lens of equity, to support the new CDB and the proposed national dental care program in achieving the much-awaited goal of putting the mouth back into the body.

Introduction

On March 22, 2022, for the first time in Canada's history, oral health gained attention at the federal level (1). To be precise, a commitment of \$5.3 billion was made "to provide dental care for Canadians with family incomes of less than \$90,000 annually, starting with those under 12 years old in 2022, expanding to under 18 years old, seniors and persons living with a disability in 2023, with full implementation by 2025." (2)

Following that, consultations with relevant stakeholders including provincial/territorial governments, dental associations, and insurance companies were arranged to assess how this program will roll out (3). However, as the time was ticking fast to fulfill the commitment to start the program for children under 12 years by December 2022, the government announced the Canada Dental Benefit (CDB), an interim plan, on September 13, 2022 (3).

Beginning December 1, 2022, middle and low-income families earning less than \$90,000 were eligible to receive the CDB for every child twelve years of age or under. The CDB is a direct payment, tax-free credit ranging from \$260 to \$650 per child, depending on the household income bracket. Approximately 500,000 Canadian children would benefit from this targeted investment of \$938 million. Families are able to receive the benefit retroactively for completed dental services dating back to October 1, 2022 (3–5).

[Read the full article](#)



[Interim Canada Dental Benefit – walkthrough Watch \(YouTube\)](#)

Uploaded: Dec 14, 2022

Intro

[00:00:51](#) Who can apply

[00:01:13](#) How much can you get

[00:01:54](#) Get ready to apply

[00:03:34](#) How to apply

Call to Action: Promoting Oral Health for Refugees



Every year, on 20 June, the world unites to pay tribute to the resilience and bravery of refugees. World Refugee Day serves as a catalyst for people around the globe to come together with a shared determination to provide support to those who have been forced to flee their homes due to conflict or persecution.

In the spirit of this global solidarity, FDI joined forces with [Framework Convention on Global Health Alliance](#) (FCGH Alliance), [Sustainable Health Equity Movement](#) (SHEM) and [World Federation of Public Health Associations](#) (WFPHA) to develop a policy brief calling on policymakers, healthcare providers and the international community to promote oral health for refugees.

Call to Action: Promoting Oral Health for Refugees

With the scale of global displacement growing alarmingly, refugees find themselves among the most vulnerable populations worldwide. Unfortunately, these individuals face numerous barriers in accessing healthcare, including oral health services. Recognizing this critical gap, the organizations are calling on policymakers, healthcare providers, and international

and national organizations to ensure that oral health is an integral part of health strategies for refugees. By doing so, refugees can be empowered to lead better lives in their host countries.

The policy brief emphasizes the necessity of collaborative and united efforts to guarantee that oral health services are an integral component of existing and future refugee health strategies. By advocating for equitable access to oral health services, we can help alleviate the burdens faced by refugees and empower them to rebuild their lives with dignity and confidence.

Access, read, and share the policy brief widely to raise awareness and encourage action. Recognizing that oral health is a critical component of overall health and well-being, it is vital for individuals, including refugees, to have equitable access to timely, affordable, and high-quality care.

[Policy Brief](#)

Promoting oral health for refugees

[Read more](#)

Halitosis: Causes, Treatment, and Prevention

Written by [NewMouth](#)

Medically Reviewed by [Erica Anand](#)

[Read full article here](#)



What is Halitosis?

About 50% of adults have bad breath at some point in their lives.¹ The odor typically resolves with oral health changes like brushing and using mouthwash after eating.

Halitosis (chronic bad breath) is an oral health problem that causes **persistent bad breath**. It is different from the “morning breath” many people experience temporarily.

Daily brushing, chewing gum, mints, and mouthwash typically won’t improve the odor halitosis causes. This condition can also indicate a more serious problem like cavities or gum disease.

If you have bad breath, try improving your dental hygiene and the foods you eat. If these lifestyle changes don’t help, you may have halitosis. Schedule an appointment with your dentist to determine the root cause.

What Causes Halitosis?

If nothing eliminates your bad breath, it may be an indication of something else happening in your body.

Mouth, Nose, and Throat Infections

Nose, sinus, and throat infections can lead to postnasal drip, causing bad breath. When you’re fighting a sinus infection, your body may produce more mucus. Bacteria feed on mucus, making your mouth odor worse.

Oral Health Issues

[Cavities](#), [malocclusion](#), and periodontal disease (advanced gum disease) can contribute to bad breath. Holes in teeth and deep pockets between the gums give bad breath-causing bacteria a place to hide.

Bacteria is challenging to remove from deep periodontal pockets. Normal toothbrushes and floss aren’t effective at removing plaque from these areas.

Instead, you need to visit a general dentist or periodontist for a **professional deep cleaning**. This treatment helps prevent gum disease from progressing.

Dry Mouth

If you have a dry mouth, you don’t have enough saliva to maintain your dental health, potentially causing halitosis. Health conditions, medications, tobacco, alcohol, caffeine, and mouth breathing can cause dry mouth.



Saliva is an integral part of your dental health. Saliva contains disease-fighting substances that protect against infections and cavities. It also helps break down food and rinse out any leftover food particles.

Side Effects of Tobacco Products

Tobacco products significantly worsen bad breath. They have a strong odor that lingers in your mouth. Smokers are also more likely to develop dry mouth and gum disease than nonsmokers.

Poor Oral Hygiene

If you don’t have good dental hygiene, you are more vulnerable to bad breath, which can lead to bacteria buildup, cavities, gum disease, and other infections. Brushing your teeth twice a day and flossing daily helps remove bad breath-causing bacteria. [Waterpiks](#) can also improve oral health.

Other Chronic Conditions

Sometimes halitosis is a sign of another health problem. For example, conditions like diabetes, liver disease, kidney disease, and gastric reflux can contribute to chronic bad breath.

Halitosis: Causes, Treatment, and Prevention *continued...*

Other Causes of Bad Breath

Other causes of bad breath not necessarily linked to halitosis include:

Certain Foods

[Diet](#) is a significant factor that contributes to breath and overall dental health. The foods you eat absorb into your bloodstream, and some can leave a bad odor in your mouth. Onions and garlic, for example, can lead to bad breath.

Odor-Causing Bacteria

Odor-causing bacteria on the tongue can react with amino acids to produce volatile sulfur compounds. These sulfur compounds can be particularly smelly, causing bad breath.

How to Manage and Treat Halitosis

Getting a diagnosis and treatment recommendations from a dentist is the first step in eliminating and treating halitosis.

Diagnosis

If you notice persistent bad breath, first pay attention to the foods you eat. You should also improve your dental hygiene if needed. This means brushing twice a day with fluoride toothpaste, flossing at least once a day, and rinsing with mouthwash. If your bad breath persists, see a dentist.

Dentists diagnose halitosis by reviewing your medical history and performing a mouth exam. The dentist will check your entire mouth for any signs of infection. If the dentist cannot determine the cause of the bad breath, they will refer you to a specialist.

Professional Treatments

Below are four causes of halitosis and their treatments:

1. Periodontal Disease

Advanced gum disease can be treated by your dentist or another oral specialist, like a periodontist. [Periodontal cleanings](#) remove tartar, plaque, and bacteria above and below the gum line.

2. Poor Oral Hygiene

If poor dental care is causing halitosis, your dentist will also recommend ways to maintain good oral hygiene and reduce bad breath at home.

3. Plaque Buildup

If you have extensive plaque buildup, your dentist or periodontist may suggest an antibacterial mouthwash. You should also brush your tongue daily to remove bacteria.

4. Health Conditions

Some underlying medical conditions can cause halitosis. Diagnosis and treatment of these conditions may be the only cure for your bad breath. For example, having a doctor treat gastroesophageal reflux disease (GERD) can stop oral malodor and clear up your halitosis.

Preventing Bad Breath

You can prevent bad breath odor by following these tips:

Practice Good Oral Hygiene

This includes:

- Brushing your teeth twice a day (with fluoride) and flossing at least once a day. Dentists recommend flossing before you brush to loosen any debris between your teeth.
- Brushing your whole mouth, tongue, cheeks, and the roof of the mouth. Also, gently brush or [scrape your tongue](#). Your tongue harbors bacteria.
- Rinsing with mouthwash after you brush and floss your teeth (before bed).
- If you have dentures, a retainer, or a mouth guard, brush it every night before placing it in your mouth.
- Quit smoking to lower your risk of gum disease and prevent dry mouth.

Eat a Healthy Diet

Eating healthy foods that stimulate saliva production is an effective way to prevent bad breath. Carrots and apples are two examples. They require intense chewing, which increases saliva content. This, in turn, can help prevent bad breath and dry mouth.

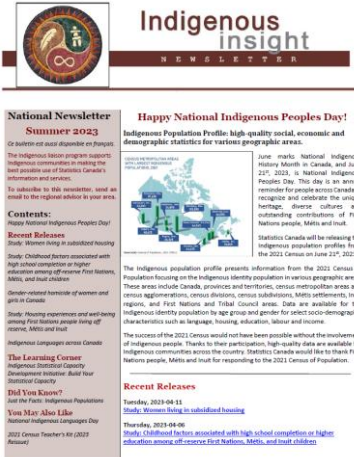
You can also chew sugarless gum or suck on hard candy to keep your saliva flowing. If you still have dry mouth, talk to your dentist. They may give you artificial saliva.

Visit Your Dentist Regularly

Visit your dentist twice a year for a professional teeth cleaning and dental exam. These visits are essential for preventing oral health conditions and treating any issues early.

[Read full article here](#)

LINKS/RESOURCES



[Indigenous Insight – English](#)

[Perspective Autochtone Été - Français](#)



[About Jordan's Principle](#)

[Submit a Request Under Jordan's Principle](#)

[Jordan's Principle Handbook \(Assembly of First Nations\)](#)

Between July 2016 and March 31, 2023

more than

2.69 million

products, services and supports were approved under



speech therapy



educational supports



medical equipment



mental health services and more

MEMBERSHIP

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
Administrative Coordinator

Contact Info:

sohcadmin@saskohc.ca

DONATE NOW



<https://saskohc.ca/donate-now>

DIRECTORS

Kellie Glass, Chairperson
Susan Anholt, Treasurer
Boyd Doucette
Karen Ritchie
Leslie Topola
Meagan Kachur
Dr. Parviz Yazdani
Shelby Hamm

Contact Info:

sohcadmin@saskohc.ca

Visit our website:

www.saskohc.ca