SASKATCHEWAN ORAL HEALTH COALITION INC

SOHC Inc. Newsletter October 2018

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.

Save the date for **SOHC Inc. Meeting, Monday October 22, 2018 Regina**
Please see page 1 and page14 for more information

In This Issue:

SOHC Inc. Presents October 22, 2018

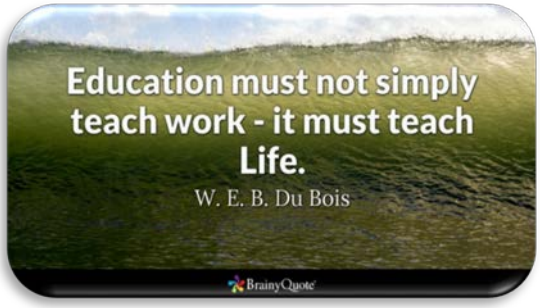
SOHC Education Day
Monday, October 22, 2018
8:30am – 5:00 pm
Travelodge Hotel & Conference Centre Regina
4177 Albert Street South
Regina SK., S4S 3R6
(306)586-3443

Lunch will be provided.
Please RSVP by October 15, 2018 to sohcadmin@saskohc.ca

(This is required to plan lunch. Let us know if any specific dietary requirements are needed.)
"Please feel free to attend as travel permits"

This Meeting will be Live Streamed

If you are unable to attend in person, please log onto www.saskohc.ca under SOHC Meeting Live to join the meeting.



U of S students to open free dental clinic – but it's about more than teeth

https://thestarphoenix.com/news/local-news/u-of-s-dental-students-to-open-free-inner-city-clinic

Saskatoon's first student-run free dental clinic is expecting to open in October and the students are looking to treat more than teeth – they're looking to help patients tackle social barriers to good oral health. Direct Dental, which would operate out of the existing Saskatoon West Dental Clinic, is the result of more than a year of planning by a group of senior University of Saskatchewan College of Dentistry students. It's a student initiative supported by the school. The clinic will be open for 14 days over the course of this academic year.

We have a total of 14 operating days in the 2018-2019 academic year: October: 20th, 27th, November: 3rd, 17th, 24th, January: 12th, 19th, 26th, February: 2nd, 9th, 23rd, March: 9th, 23rd, 30th

Saskatchewan Health Authority Health Equity & Cultural Safety Newsletter – publicly accessible sign up link

This monthly newsletter is designed to spark learning, dialogue, and health system decisions that reflect our organization's commitment to health equity and cultural safety through our Health Equity Position Statement and response to the Truth and Reconciliation Commission's Calls to Action

We welcome submissions from the SHA community - and the broader community we serve. If you would like to share a learning opportunity, resource, community event, or celebrate health equity and cultural safety innovation within our health authority, send us an email!

Why U.K. doctors are doling out 'social prescriptions' to treat mental health (audio)
"What we're looking at is non-medical solutions — where appropriate — for people that can often be more transformative than just giving them medication, which doesn't always get to the root of the cause," says Marie Polley, founder of the Social Prescribing Network, a group of health professionals involved with using the method.

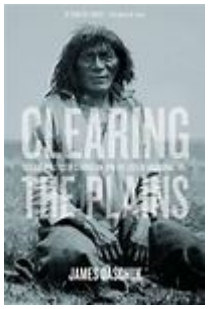
Race Isn't a Risk Factor in Maternal Health. Racism Is.
We—in health, advocacy, and media—need to stop saying and teaching that being Black is a risk factor for illness and death. Instead, we need to start telling the truth: It's exposure to racism that is the risk factor.

FOR YOUR HEALTH EQUITY TOOLKIT

Improving Health Equity: 5 Guiding Principles for Health Care Leaders (IHI)
Attaining health equity is an eye-opening and often difficult pursuit. If leaders do the hard work necessary to eliminate inequities, they will inevitably face hard questions and choices, have their assumptions challenged, and experience many uncomfortable situations. But if we're serious about providing the best care to all our patients, then we must also be serious about providing all our patients — regardless of their social position or other socially determined circumstance — with the opportunity to attain their full health potential. That is the very definition of health equity

Sheelah McClean – May 2018 SOHC Presenter recommended reading and resource videos

Clearing the Plains by James Daschuk – this is a book https://uofrpress.ca/Books/C/Clearing-the-Plains



Clearing the Plains: Disease, Politics of Starvation, and the Loss of Aboriginal Life
Book by James Daschuk
"Clearing the Plains is a tour de force that dismantles and destroys the view that Canada has a special claim to humanity in its treatment of indigenous peoples. Daschuk shows how infectious disease and state-supported starvation combined to create a creeping, relentless catastrophe that persists to the present day. The prose is gripping, the analysis is incisive, and the narrative is so chilling that it leaves its reader stunned and disturbed. For days after reading it, I was unable to shake a profound sense of sorrow. This is fearless, evidence-driven history at its finest." Elizabeth A. Fenn, author of Pox Americana

The Pass System by Alex Williams – this is a You Tube video

The Pass System

The Pass System is a 2015 Canadian documentary film about the pass system, a former Canadian government policy in which First Nations people were kept segregated on their reserves. The film was researched, directed and produced by Alex Williams, narrated by Tantoo Cardinal and executive produced by James Cullingham, with music by Cris Derksen. It was made with support from the Canada Council for the Arts, the Ontario Arts Council, the Toronto Arts Council, community support and produced in association with Tamarack Productions. The film premiered in Vancouver, B.C. during the 2015 Vancouver International Film Festival. The film was first broadcast by APTN on April 13, 2016. The CBC main network presented the film on June 19, 2016 at 1 PM

Reel Injun – look for the You Tube video
In over 4000 films, Hollywood has shaped the image of Native Americans. Classic westerns like *They Died With Their Boots On* created stereotypes. Later blockbusters like *Little Big Man, One Flew Over the Cuckoos Nest* and *Dances with Wolves* began to dispel them. Not until a renaissance in Native cinema did films like Once Were Warriors and Smoke Signals portray Native people as human beings. 100 years of cinema defining the Native American image to the world.

https://www.bing.com/videos/search?q=reel+injun+youtube&view=detail&mid=AE2B7CDD55A0181FDF56AE2B7CDD55A0181FDF56&FORM=VIRE

Historian of food, health and colonialism
http://www.ianmosby.ca/

Ian Mosby is an award winning author and historian of food, health and colonialism. He has a PhD in History from York University and has published widely on topics ranging from the history of monosodium glutamate (MSG) and anti-Chinese racism to the legacy of human biomedical experimentation in residential schools. His research has made national headlines on a number of occasions and, in August 2016, he was named one of the 53 most influential people in Canadian food by the *Globe and Mail*. Ian's first book, *Food Will Win the War: The Politics, Culture and Science of Food on Canada's Home Front* was published by UBC Press in 2014. *Food Will Win the War* was awarded the 2015 Political History Book Prize by the Canadian Historical Association and, in 2016, was shortlisted for a Canada Prize in the Humanities by the Federation for the Humanities and Social Sciences

Government of Canada

Understanding the report on Key Health Inequalities in Canada

Canadians are among the healthiest people in the world. However, as this report shows, the benefits of good health are not equally enjoyed by all. Many of these inequalities are the result of social, political, and economic disadvantages, which affect our chances of achieving and maintaining good health. This report describes the degree and distribution of key health inequalities in Canada, a critical step in taking action to advance health equity. https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html

Public Health Agency of Canada

Inequalities in Oral Health in Canada: Inability to chew Page 252 – 272

INEQUALITIES HIGHLIGHTS • The inability to chew among Canadians who are permanently unable to work is 3.9 times more prevalent than among employed Canadians. This means there are 14.6 more cases of inability to chew per 100 people among Canadians who are permanently unable to work than among those who are currently employed.

• Adults in the lowest income group have a prevalence of inability to chew 3.3 times that of those in the highest income group. This corresponds to 9.2 more cases of inability to chew per 100 people among Canadians in the lowest income group than among those in the highest income group.
• The prevalence of inability to chew among adults with less than a high school education is 2.9 times that of university graduates. This corresponds to 8.3 more cases of inability to chew per 100 people among adults who did not complete high school than among university graduates.
• The prevalence of inability to chew among adults who are often limited in their activities is 2.2 times that of adults with no limitations. This corresponds to 6.9 more cases of inability to chew per 100 people among adults who are often limited in their activities than among those with no limitations.
• The prevalence of inability to chew among people working in unskilled occupations is 2.3 times that of people in professional occupations. This means there are 4.0 more cases of inability to chew per 100 people among those working in unskilled occupations than among those in professional occupations.
• The prevalence of inability to chew for First Nations off reserve and Métis people are, respectively, 1.7 and 1.5 times that of non-Indigenous people. This corresponds to 5.0 and 3.7 more cases of inability to chew per 100 people among First Nations off reserve and Métis people than among non-Indigenous people

Related Indicator: Dental Insurance

In Canada, only 9% of dental insurance is funded through public programs. Two-thirds (67%) of Canadian adults have dental insurance, of which 83.2% is employer sponsored. This leaves a large portion of the adult population in Canada relying on out-of-pocket payments for dental care. A lack of insurance (as well as low income and a low level of education) has been associated with financial barriers to obtaining dental care.

Discussion

Indigenous peoples report a higher prevalence of inability to chew than do non-Indigenous people. The prevalence varies among First Nations people living on reserve, First Nations people living off reserve, Métis people, and Inuit. Although the difference in prevalence of inability to chew between Inuit and non-Indigenous people was not statistically significant in our findings, the Inuit Oral Health Survey 2008– 2009 found that 28.8% of respondents aged 20 to 39 years and 35.6% of respondents aged 40 years and older reported avoiding foods because of problems with their mouth; these differences were statistically significantly higher than the reported prevalence among southern Canadians. The Inuit Oral Health Survey also highlighted inequalities across various oral health indicators for Inuit survey participants compared with people living south of the 60th parallel (18) (Box 3). Similar inequalities have been reported for Indigenous Australians (31) and Maori and Pacific peoples in New Zealand versus their non- Indigenous counterparts.

FOCUS ON FIRST NATIONS PEOPLE LIVING ON RESERVE AND IN NORTHERN COMMUNITIES—CONTEXTUALIZING RESULTS FROM THE FIRST NATIONS ORAL HEALTH SURVEY

Prepared by the First Nations Information Governance Centre

Although the state of oral health varies across First Nations communities, the disproportionately poor outcomes on a national scale may be the result of several common and inter-related factors. The rural, small, and/or remote nature of some communities can hinder socioeconomic development and health care accessibility, including preventive health care (e.g. shortage of timely dental services) (32). While regular dental cleanings and exams are crucial for maintaining oral health, other important measures include access to water fluoridation and safe drinking water (e.g. for daily teeth brushing) (33). Ample evidence suggests that many First Nations communities lack the necessary infrastructure for reliable water fluoridation and safe drinking water (34). Further, the effects of colonization on the environmental conditions of communities (e.g. urbanization of traditional lands, pollution), and the costs and restrictions to hunting and fishing practices, has diminished accessibility to traditional foods that are rich in micronutrients, and has increased the availability of Westernized diets, which are high in sugar and directly diminish oral health (33,35). Moreover, food insecurity contributes to disproportionate rates of chronic conditions (e.g. diabetes) among First Nations peoples, which also increase their susceptibility for periodontal disease (35,36). Poor oral health can also be transmitted across generations, both prenatally, through the effects of mothers' oral health on fetal development, and through the transference of poor health literacy practices from caregiver to child (37–40). The latter may be especially problematic for First Nations children, who are disproportionately represented in the foster care system and face added barriers to care, including factors that disrupt medical records and consistency of care (e.g. follow-up and/or restorative visits), such as caseload burden of caregivers and transience between placements

Access to dental care is one important driver of inequalities in oral health. Compared with most Organization for Economic Co-operation and Development (OECD) countries, Canada contributes a low proportion of public funds to dental care—approximately 6.0% in 2011. In the same period, the USA contributed 7.9% of public funds, while Finland, which has among the highest public contributions to dental care, contributed 79% (3). Canada performs poorly in terms of equitable access to care, with some of the largest differences in dental care access between high and low income brackets among OECD nations.

Northern Ontario First Nations are battling an oral health crisis

In the region's remote First Nations more than 80 per cent of five year olds have tooth decay — but a new program aims to fix that.

As dental hygiene co-ordinator in Sioux Lookout for Indigenous Services Canada, Wendy Simpson is a witness to the staggering problem of tooth decay in children living on First Nations in Canada.

A town of 5,200 people located nearly 400 kilometres northwest of Thunder Bay, Sioux Lookout is known as the "Hub of the North" travel there for essential education and health-care services. Simpson says a lack of infrastructure greatly affects dental health in the Indigenous communities that her organization serves. "Some of the communities don't have plumbing in the houses," Simpson says. And regular brushing becomes difficult if a home doesn't have running water, she notes.

The preventative program, called the Baby Teeth Talk Study, is the first of its kind. The program aims to tackle tooth decay in Indigenous children, with a particular focus on decreasing the number who are treated under general anesthesia. As the lead investigator, Lawrence hopes to show that the program would dramatically improve the oral health of Indigenous children in the Sioux Lookout region — and across the world.

C.D. Howe Institute report

Filling the Cavities: Improving the Efficiency and Equity of Canada's Dental Care System

Lack of 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. In "Filling the Cavities: Improving the Efficiency and Equity of Canada's Dental Care System," authors Åke Blomqvist and Frances Woolley 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. **Read more…….**https://www.cdhowe.org/public-policy-research/filling-cavities-improving-efficiency-and-equity-canada's-dental-care-system



Exciting news for Inuit – Ottawa will create an Inuit equivalent to Jordan's Principle

Ottawa says it will create an Inuit equivalent to Jordan's Principle
Policy would ensure children don't face health care delays over jurisdictional disputes

The new initiative is meant to be an equivalent to another policy in place for First Nations children.
The federal government implemented Jordan's Principle in 2017, a year after the Canadian Human Rights Tribunal ruled that First Nations children received discriminatory treatment in accessing health care due to delays caused by jurisdictional conflicts.

The policy and related funding are intended to resolve jurisdictional disputes between provincial/territorial and federal governments over the cost of health care services, when children have to travel away from home to receive them.
"In the past, there was a lack of understanding around if Inuit were eligible under Jordan's Principle," said Natan Obed, the president of Inuit Tapiriit Kanatami.
The vast majority of Inuit Nunanvat residents are required to travel out of their community or region at some point to receive certain services, most often health-related care.

Federal ministers are pictured with Inuit leaders in Inuvik, N.W.T. on June 27, where they met as part of the Inuit–Crown Partnership Committee. (PHOTO COURTESY OF J. PHILPOTT)

A Tale of Two Countries: Access to Oral Health Care in Canada and the U.S.A.

Date: Friday, October 12, 2018 from 8:30 a.m. to 4:30 p.m. at the Fogolar Furlan Club 1800 North Service Rd, Windsor
Registration begins at 8:00 am; presentation starts at 8:30 am SHARP. Lunch is provided.
Cost - $30
Register Now
Speakers:
Mary Otto, author and independent journalist and oral health topic leader for the Association of Health Care Journalists, Knight Science Journalism Fellow.
Dr. Carlos Quiñonez, Associate Professor at the Faculty of Dentistry, University of Toronto, and Director of its Specialty Training Program in Dental Public Health.
The intent of this workshop is to create an awareness of the need for free or low-cost oral health care among adults and seniors in our community. Specifically, the objectives for this event are to:
Educate health care providers, community partners, and decision makers about access to oral health care challenges in Windsor-Essex County and how it affects adults and seniors in our community.
Clarify the history and division between dentistry and the rest of the American and Canadian health care systems and the impact on patients themselves.
Hear from individuals and health care providers with lived experience of this problem.
Engage participants in being part of a local Oral Health Coalition.
We are grateful to Henry Schein and 3M (Oral Care), who will each donate $5 to the Downtown Mission of Windsor for every workshop ticket sold.
This workshop qualifies as a Category 3 RCDSO Course (7 CE points) for Ontario dentists. For all other participants, this workshop provided 7 hours of professional development

Oral Health 2018 Report

The Windsor-Essex County Health Unit is pleased to present the Oral Health 2018 Report. Oral health is vital to general health and overall well-being at every stage of life.
Read more about Oral Health 2018 Report

Healthy Smiles Ontario

Healthy Smiles Ontario is a government-funded dental program that provides free preventive, routine, and emergency dental services for children and youth 17 years old and under who qualify.
Read more about Healthy Smiles Ontario

Dental Health Resources

As a teacher/educator, you are in a unique position to provide the education, guidance, and motivation necessary to help your students establish positive oral health habits. Resources to support the elementary school oral health curriculum can be found here.
Read more about Dental Health Resources

Oral Health of Adults and Seniors in Windsor-Essex Survey

A survey is being done by the Windsor-Essex County Health Unit (WECHU). We are inviting you to share your experience with getting dental care and/or any dental treatment. Your answers will help staff learn more about any issues faced by adults, 18 and over, in the Windsor-Essex region when looking for dental health care.
Read more about Oral Health of Adults and Seniors in Windsor-Essex Survey

News Release: Do you have Problems Accessing Dental Care?

Published:
Monday, January 15
The Windsor-Essex County Health Unit is rolling out a survey on the dental health needs of adults and seniors in Windsor and Essex County starting in January.
Read more about News Release: Do you have Problems Accessing Dental Care?

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

New Infection Prevention and Control Resource Available from the CDC Division of Oral Health

Basic Expectations for Safe Care Training Modules

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices.
The slide series is divided into 10 modules including an introduction, seven elements of standard precautions, as well as dental unit water quality and program evaluation. Each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel

Division of Oral Health DOH

DOH is proud to release a new resource for the infection prevention and control community! The Basic Expectations for Safe Care Training Modules is a training series that covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC's Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices.
The slide series is divided into 10 modules, and each module includes a slide set and speaker notes that can be used to educate and train infection prevention coordinators, educators, consultants, and other dental health care personnel.

Module 1: Introduction Presentation
Module 2: Hand Hygiene
Module 3: Personal Protective Equipment
Module 4: Respiratory Hygiene and Cough etiquette
Module 5: Sharps Safety
Module 6: Safe Injection Practices
Module 7: Sterilization and Disenfection
Module 8: Environmental Infection Prevention And Control
Module 9: Dental Water Unit Control
Module 10: Program Evaluation

CDC's Oral Health Data Website Now Includes IHS Data

CDC's Oral Health Data website has been updated with a new feature! The Child Indicators tab now includes Indian Health Service (IHS) data. This feature allows us to compare IHS data with state oral health survey data.

The IHS Oral Health Survey of American Indian/Alaska Native children uses the Basic Screening Survey (BSS) protocol also used in State Oral Health Surveys. Use of this protocol provides standardized data that can be reported as estimates for the National Oral Health Surveillance System (NOHSS) child indicators.

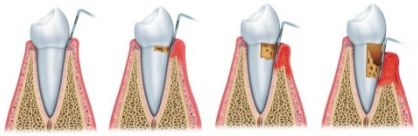
IHS data for Head Start, Kindergarten, First, Second and Third grade children are available. For more information about survey methodology, please see the data briefs for individual surveys on the IHS Dental Portal (no login required) and ASTDD's Basic Screening Surveys webpage.

The data will include displays of the following NOHSS indicators:

Caries Experience: Percentage of 3rd grade students with caries experience, including treated and untreated tooth decay.
Untreated Tooth Decay: Percentage of 3rd grade students with untreated tooth decay.
Dental Sealants: Percentage of 3rd grade students with dental sealants on at least one permanent molar tooth.

ILEARN SCIENTIFIC NEWS July 2018 Periodontal Disease Issue

Studies show that almost 1 in 2 adults has some form of periodontal disease. That is a high population of patients who are classified to be in need of some form of intervention. The classification aspect is of utmost importance as it identifies what the next step in their treatment plan should be. **READ MORE...**



August 2018 Pain Control Issue

A comparison of two anesthesia methods for the surgical removal of maxillary third molars: PSA nerve block technique vs. local infiltration technique

The improvements in agents and techniques for local anesthesia improve the patients` perceptions, comfort and acceptance during dental treatment. The pain control is an important factor for reducing the fear and anxiety associated with dental procedures (12) for that the choice of local anesthetic techniques may influence the amount of discomfort produced during intraoral injection in order to propose an easy and safe method to anesthetize the dentition and surrounding hard and soft tissues during management of surgical extraction. **READ MORE...**

Human diseases, immunity and the oral microbiota—Insights gained from metagenomic studies
The immune system consists of a complex but organised myriad of cell types that continually maintain and survey their resident environment. It is this balanced homeostatic relationship between the cells of the immune system and its surrounding environment that shapes the microbial flora. In the oral cavity, the immune system not only has to harmonise with the ecology of commensal bacteria, fungi and viruses but also should be able to defend against pathogenic microbes.

Oral Health

Providing Preventive Dental Care in the Community for Persons with Special Needs

May 9, 2018
by Josie Costantiello, RDH

Closing the Gap Between Mobile and Conventional Dental Clinics in the Community

You would be hard pressed to find anyone in the dental industry who has said that starting a new mobile dental and/or dental hygiene practice in the community is an easy and simple feat. In fact, from the experiences of my own and other persistent dental hygienists, it is anything but easy and simple. Now, add to the "challenges" of operating a mobile practice with a patient base comprised of individuals with various special needs, factoring in behavioural and often at times logistical challenges, individuals with Autism Spectrum Disorder, Developmental Disabilities, Dual Diagnosis and individuals with severe mental health conditions.
Lack of Proper/Adequate Provincial Funding: Provincial Government Subsidized Social Services Programs for individuals in the special needs community who are on General Disability Coverage and/or Low Income Social Services Coverage.
Misconception that mobile dental hygiene practices "take away" from dental clinics in the community is the next challenge: Speaking from experience, the present large gap that I have witnessed in accessing dental care with the individuals in this demographic in and of itself proves that dental clinics are having difficulties in coordinating access to dental care for these patients and hence, are presently not even treating their dental needs.
The immense obstacles in forming a new relationship not only with the future special needs patients, but with their caregivers and/or group homes, need to be overcome first which can take several hours of patience, and administrative and clinical coordination (group homes can house from four to over 75 people under one roof, depending on the size of the home and the types of needs the individuals have).
The next challenge is finding a local dental clinic for the patient to obtain dental radiographs, and any treatment required, nearest to their residence (a clinic that will accept Government Subsidized Dental Coverage).
Read more.....

Oral Science International Journal

Case Report

A case of papilloma associated with topical tacrolimus ointment for tongue ulcers
We report a case of tongue papilloma that developed after the topical administration of tacrolimus. A 68-year-old man was admitted to our hospital with pain in his mouth. The diagnosis was ulcerative stomatitis. Although corticosteroids were ineffective, marked improvements were noted with the use of tacrolimus ointment. During follow-up observations, papillomas were observed on the tongue at the site of ointment application. The recurrence of papillary lesions was noted, but the lesions disappeared following the oral administration of a 5-fluorouracil formulation after pancreatic cancer surgery. In this case, tacrolimus ointment may have been associated with the formation of papilloma on the tongue.

Culture of Health Blog

To Improve Health Disparities, Focus on Oral Health

A team from our Clinical Scholars program believes that addressing oral health disparities can improve overall health and well-being, and help end cycles of poverty. They are bringing oral health to the community through school clinics, an app and an oral health protocol development for nurses, physicians, dentists and dental hygienists.

Ultimately, addressing oral health has implications for individuals' overall health and well-being. Our team has developed a unique model called OH-I-CAN (Oral Health in Communities and Neighborhoods) aimed at increasing access to oral health services for low-income students and their families.

Bring Oral Care Into Schools
Every community has a school and it makes logical sense to bring health care to where students go every day. OH-I-CAN has integrated dental and primary care services, as the health clinic at Hollis now does. Students can have their teeth cleaned and receive other preventive care, and those with cavities and other problems are referred to a dentist at the nearby Neighborhood Union Health Center. Eventually, the clinic will be able to see adults from the community as well.

A young boy once told me that he snacked on Twinkies because the apple he knew was healthier for him hurt his teeth when he bit into it.

Studies done by National Center for Biotechnology Information (NCBI) on School based prevention

Comparative effectiveness of school-based caries prevention: a prospective cohort study.

Dental caries is the world's most prevalent childhood disease. School-based caries prevention can reduce the risk of childhood caries by increasing access to care.

Data were derived from two prevention programs with different treatment intensities from US children on School-based caries prevention. One program provided primary and secondary prevention (glass ionomer sealants and interim therapeutic restorations) and one primary prevention only (glass ionomer sealants), both given twice yearly in six-month intervals. Primary study outcomes included untreated decay and the total observed caries experience. Analysis used generalized additive models to estimate nonlinear effects and trends over time. Results were compared to those estimated using generalized estimating equations and mixed-effects multilevel Poisson regression.

RESULTS:

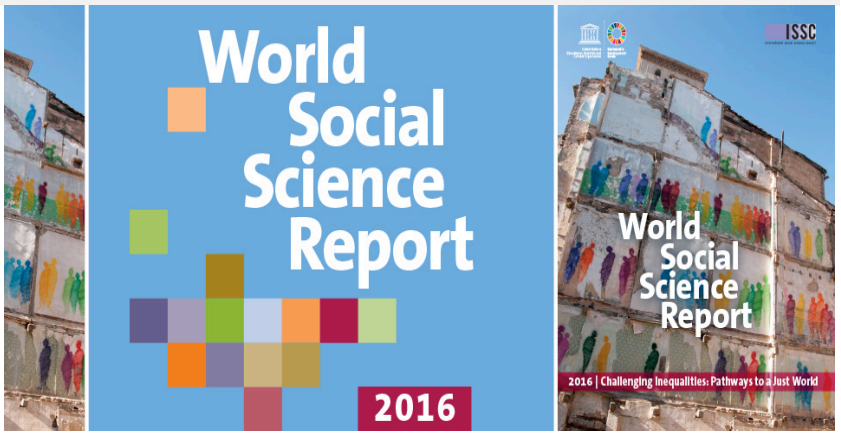
Primary and secondary prevention combined did not significantly reduce total caries experience compared to primary prevention alone, but did reduce the risk of untreated decay on permanent dentition. Additionally, the rate of new caries experience was slower in the primary and secondary prevention group. Nonlinear trends for dental caries across both programs were statistically significant from zero ($p < .001$).

CONCLUSION:

Caries prevention consisting of primary and secondary prevention agents may be more effective than primary prevention alone in reducing the risk of tooth decay over time. Results suggest that the impact of caries prevention may not be constant over the medium- and long-term, suggesting reduced effectiveness with continued treatments.

Pit and fissure sealants versus fluoride varnishes for preventing dental decay in the permanent teeth of children and adolescents
Sealants for preventing dental decay in the permanent teeth
School-Based Caries Prevention, Tooth Decay, and the Community Environment
Oral health comparisons between children attending an Aboriginal health service and a Government school dental service in a regional location
Pit and fissure sealants for preventing dental decay in the permanent teeth of children and adolescents

UNESCO - World Social Science Report 2016 Challenging Inequalities: Pathways to a Just World



Never before has inequality been so high on the agenda of policy-makers worldwide, or such a hot topic for social science research. More journal articles are being published on the topic of inequality and social justice today than ever before.

This is the Summary of the 2016 World Social Science Report. It draws on the insights of over 100 social scientists and other thought leaders from all over the world, across various disciplines, to emphasize transformative responses to inequality at all levels, from the grass-roots to global governance.

It concludes that:

unchecked inequality could jeopardize the sustainability of economies, societies and communities;

inequalities should not just be understood and tackled in terms of income and wealth: they are economic, political, social, cultural, environmental, spatial and knowledge-based;

the links and intersections between inequalities need to be better understood to create fairer societies;

a step change towards a research agenda that is interdisciplinary, multiscale and globally inclusive is needed to inform pathways toward greater equality.

In short, too many countries are investing too little in researching the long-term impact of inequality on the sustainability of their economies, societies and communities. Unless we address this urgently, inequalities will make the cross-cutting ambition of the Sustainable Development Goals (SDGs) to 'leave no one behind' by 2030 an empty slogan.

The World Social Science Report 2016 was prepared by the International Social Science Council (ISSC) and the Institute of Development Studies (IDS), and is co-published with UNESCO.

SweetLife Founder Carolyn Hartz, 70, Quit Sugar Almost 30 Years Ago And Hasn't Looked Back

SHE made headlines after shocking the country with her youthful looks, now 70-year-old grandmother-of-four Carolyn Hartz is about to shock the rest of the world

At 55, the sugar-addict gave up the white stuff after finding she was pre-diabetic and switched to using sugar alternative xylitol, which her company now imports.
"I want to inspire people. I know how hard it is to quit sugar. I was a sugar addict. But if I can, so can anyone."

Eliminate Sugar
Carolyn stopped consuming sugar 29 years ago, claiming that this is the main reason she has stayed in shape. Although she says it was difficult at first, she's done with sugar and has never looked back. Instead, she uses a natural, alternative sweetner called xylitol. She's now the founder of SweetLife, a xylitol company that specializes in sugar-free products.

"We know our metabolism slows down as we get older it just means we have to take control and make healthier choices and work a little harder," she said.

"I believe it is very important to be aware of the type of food you eat and the quantity of food you eat.

"Mindless eating can lead to unnecessary weight gain. I say to my customers 'taste and enjoy every mouthful', it will help you slow down and you will be less likely to overeat."

"My body just felt awful, like I had the flu," she wrote in a blog post.

https://www.youtube.com/watch?v=NQXX3YyflCo

What is Xylitol

Xylitol /ˈzaɪlɪtɒl/ is a sugar alcohol used as a sweetener. The name derives from Ancient Greek: ξύλον, *xyl[on]*, "wood" + suffix *-itol*, used to denote sugar alcohols. Xylitol is categorized as a polyalcohol or sugar alcohol (specifically an alditol). It has the formula $CH_2OH(CHOH)_3CH_2OH$. It is a colorless or white solid that is soluble in water. Use of manufactured products containing xylitol may reduce tooth decay.[3]

Dental care[edit]
Xylitol is a nonfermentable sugar alcohol[16][17] which may have advantages in dental care compared to other polyalcohols.[18][14] Two systematic reviews of clinical trials found no evidence that xylitol was superior to other polyols such as sorbitol[19] or equal to that of topical fluoride in its anti-cavity effect.[20] In the 33-month Xylitol for Adult Caries Trial, participants were given lozenges of either five grams of xylitol or a sucralose-sweetened placebo. While this study initially found no statistically significant reduction in 33-month caries increment among adults at an elevated risk of developing cavities,[21] a further examination of data from this study revealed a significant reduction in the incidence of root caries in the group that received xylitol.[22]
In preliminary studies compared with chewing sucrose-sweetened gum, xylitol was associated with fewer cavities.[23] Cavity-causing bacteria prefer six-carbon sugars or disaccharides, while xylitol is non-fermentable and is not used as an energy source.[14] This same property renders it unsuitable for making bread as it interferes with the ability of yeast to digest sugars.[14] The perception of sweetness obtained from consuming xylitol causes the secretion of saliva which acts as a buffer against the acidic environment created by the microorganisms in dental plaque. Increase in salivation can raise the pH to a neutral range within few minutes of xylitol consumption.[24]
A review of xylitol effects on dental cavities concluded that the body of evidence is of low to very low quality and is insufficient to determine whether any other xylitol-containing products can prevent cavities in infants, older children, or adults.[3]

Weight management[edit]
Processed foods containing xylitol as a non-nutritive sweetener may be useful to manage body weight

GOV.UK

Public Health England

Research and analysis

Oral health of 5-year-old children in local authorities

Local authority area trends in the oral health of 5-year-olds and information on the commissioning of programmes to improve oral health in children.

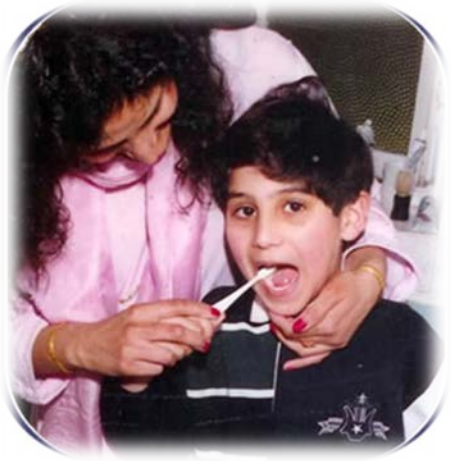
Public Health England has published, for the first time, these 2 reports presenting information on the oral health of children at local authority level:

- 'Local authority area variation in the oral health of 5-year-olds' identifies the 30 local authority areas with higher levels of tooth decay and the trends in decay over the past 9 years
- 'Oral health improvement programmes commissioned by local authorities' shows which oral health improvement programmes local authorities are currently commissioning

Both reports should be read in conjunction with the official statistics publication National Dental Epidemiology Programme for England: oral health survey of 5-year-old children 2017

Delivering better oral health: an evidence-based toolkit for prevention

Public Health England



Local Authority Profiles – dental health of five-year-old children 2015

These profiles provide analysis and key findings on the dental health of five-year-old children in each upper tier local authority area in England. They can be used to help plan and commission evidence-based services based on local need.

A report is available for each local authority that participated in the dental public health epidemiology programme oral health survey of five-year-old children 2015. Where applicable, lower tier information is included in the reports, along with ward level maps, middle super output area maps or cluster information (when sufficient data allowed).

Dental Health

Official Statistics

Oral health survey of 5-year-old children 2017

Results of the National Dental Epidemiology Programme for England's biennial survey, which took place in the academic year 2016 to 2017.

The results of the oral health survey of 5-year-old children 2017 show:

- wide variation at both regional and local authority level for both prevalence and severity of dental decay
- overall 76.7% of 5-year-old children in England had no experience of obvious dental decay
- this is the fourth consecutive survey which has shown improvement in the proportion of children free from obvious dental decay

The oral health survey of 5-year-old children takes place every two years to collect dental health information for children aged 5 years old who attend mainstream, state-funded schools across England. It is carried out as part of the PHE National Dental Epidemiology Programme for England.

The aim of the survey is to measure the prevalence and severity of dental caries among 5-year-old children within each lower-tier local authority. This is to provide information to local authorities, the NHS and other partners on the dental health of children in their local areas and highlight any inequalities.

Save the Date!
Saskatchewan Oral Health Coalition Meeting

Monday, October 22, 2017- Regina

Cumberland Room, Travelodge Hotel
4177 Albert Street, Regina

8:30 a.m. – 4:30 p.m.
The meeting will be live-streamed!

Future Meeting Dates:
Monday, May 27, 2019 – Saskatoon
Monday, October 21, 2019 - Regina

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

Contact Us

Barbara Anderson
Administrative Coordinator
Saskatchewan Oral Health Coalition

Contact Info:
sohcadmin@saskohc.ca

Our Website:
www.saskohc.ca

Chairperson Kellie Glass
Saskatchewan Dental Hygienists' Association
1024 8th Street East
Saskatoon, SK S7H 0R9

SOHC Inc. Directors

Barbara Anderson (Admin)
Susan Anholt
Jerod Orb (Treasurer)
Leslie Topola (Director)
Kellie Glass (Chairperson)
Dr. Parviz Yazdani

Contact Info:
sohcadmin@saskohc.ca