



SOHC Inc. Newsletter April 2019

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

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

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Save the date for SOHC Inc. Education Day & AGM, Monday
May 27, 2019 Saskatoon

Please see page 1 and page 17 for more information

SOHC Inc. Presents May 27, 2019

SOHC Education Day and AGM

AGM breakfast meeting 8:00am – 9:15 am

Education Day 9:15 am - 5:00 pm

Edelweiss Hall - German Cultural Centre
160 Cartwright Street East
S7T 1B1 Saskatoon, SK

Lunch will be provided.
Please RSVP by May 8, 2019
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"*

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

*This Meeting will be
Live Streamed except
for the premier of
"The Systemic Effect"
You have to be in person
To view this documentary*





**Better Oral Health in Long Term Care: Best Practice Standards for SK Written by
Kerrie Krieg, Long Term Care Oral Health Coordinator – [Full article on Page 26 - 29](#)**

Research indicates that more than ever before, the majority of residents who live in LTC have their natural teeth and have spent thousands of dollars maintaining their oral health. The research also shows that many residents have difficulty with their daily mouth care, depend on others to help them and that the mouth care provided is often inadequate or completely absent.



The LTC Oral Health Coordinator (OHC) provides education and training for the Better Oral Health in LTC: Best Practice Standards for Saskatchewan. The training is provided to continuing care aides, nurses, licensed practical nurses and management/administrators. The goal is to provide and assist with daily mouth care for the LTC Residents.

The Better Oral Health (BOH) in LTC program was implemented in 2 Saskatoon LTC Homes in 2017. An evaluation was completed after six and then twelve months of its implementation. The evaluations followed 177 long term care (LTC) residents, from their initial (baseline) assessment to their six-month assessment and twelve-month assessments. The evaluation was designed to monitor how oral health improved for residents with natural teeth and for those with dentures. All of the Better Oral Health in Long Term Care resources and the Oral Health Status of Long Term Care Residents: Two Evaluations Following the Implementation of the Better Oral Health in Long Term Care Program report can be viewed on the Saskatchewan Oral Health Coalition web site at www.saskohc.ca; click on Resources then "Other Resources" then one more click to "Other"

Saskatchewan Government

Information from the substance abuse and oral health focus group on cannabis

Cannabis Resources for Health Care Providers

The following resources have been developed for health care professionals and providers. In some cases, the resource listed is an external link that has been created by a third-party. If you have questions about a resource, please contact the Ministry of Health at info@health.gov.sk.ca.

Ministry of Health Cannabis Fact Sheet

Cannabis (marijuana, pot, weed, reefer, MJ, dope or grass) comes from the plant, Cannabis sativa. Once grown, the leaves and flowers can be dried for use or made into oils, waxes and other products for consumption. Cannabis can be smoked in a joint, pipe or bong, or vaporized. It can also be eaten, brewed as a tea or made into skin lotions.

Cannabis contains many chemical compounds. Two that receive a lot of attention are THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol). THC is what makes people "high"; CBD is often used to alleviate pain and does not result in a "high."

[Health Canada Cannabis Health Effects website](#)
[SOHC Inc. webpage](#)



Healthy Eating: It's More Than Knowing What to Eat

A NEWSLETTER FOR PROFESSIONALS by Registered Nutritionists SHA Nutrition Update Newsletters

SHA Nutrition Update

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

- [Food Guide snapshot](#)
- [Healthy eating recommendations,](#)
- [Recipes, Videos,](#)
- [Food environments, Food marketing,](#)
- [Healthy eating in the community,](#)
- [Healthy eating and the environment.](#)

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



Eating
Behaviours
affect

Professionals and leaders have an opportunity to address the physical, economic and social factors that affect food choices (4). By addressing factors such as food access and food environments we can move beyond education alone and have a greater impact on healthy eating behaviors.

PUBLIC HEALTH NUTRITIONISTS OF SASKATCHEWAN WORKING GROUP

Distributed by: Jill Aussant, M.Sc. R.D. Saskatchewan Health Authority – Saskatoon.

jill.aussant@saskhealthauthority.ca

Income

Can the person afford basic healthy foods?

Housing

Does the person have stable housing?

Food Access

Where to access?

Support

Is there family/peer support network?

Environment

Is the food available to them healthy?

Poverty Education Resources for Grades 6-9 Saskatchewan Health Authority (Formerly Saskatoon Health Region).

www.saskatoonhealthregion.ca/locations_services/Services/health-promotion/Pages/TheresMoreToPovertyThenMeetsTheEye.aspx

PROOF Fact Sheets Find out the quick facts about food insecurity in Canada in these easy to read fact sheets showing the causes, possible solutions, who's affected, what impact it can have, and more.

Available here: proof.utoronto.ca/resources/fact-sheets/

The Cost of Meals and Snacks A tool that can be used by schools, child care facilities and community organizations to budget for child nutrition programs to help ensure that they have the appropriate resources available to purchase and prepare healthy foods for their meal programs. The tool identifies the average costs for healthy meals and snacks for each child per day.

Available here: www.saskatchewan.ca/government/government-structure/ministries/health/other-reports/a-report-on-the-cost-of-healthy-food-in-saskatchewan



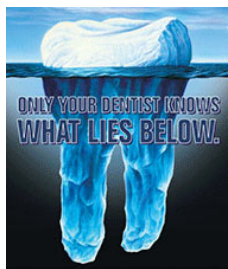
April is National Oral Health Month

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

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

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

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



[As part of National Oral Health Month](#), and also to promote oral health year round, the Canadian Health Association distribute posters which highlight these 5 points.

- Visit your Dentist on a regular basis
- Keep your mouth clean
- Eat, drink and be wary
- Check your mouth regularly
- Avoid all tobacco products

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



CBC Radio

[The Secret Life of Canada Podcasts](#)

**Featuring the country that you know.
The stories you don't.**

[Why water is worthy of the history books](#)

Are you ready to ride waves of emotion with Secrets Life's latest episode? Because there's laughter, alright, but Also some tears.

What you'll hear this episode:

- Falen and Leah jump into the history of Canada's first highways (spoiler: they weren't roads).
- How Indigenous trade routes laid the blueprint for the foundation of Canada.
- How corn came to North America and why it was such an important crop. (Plus, how Leah would use it to solves Brexit. You're welcome, Theresa May.)
- Also: corn Vampires: real or a fake breakfast cereal?
- The story of Oolichan and how this tiny fish may be the namesake for an American state.
- Why don't many people who live on reserves don't have access to clean drinking water. Does Canada have a myth of abundance when it comes to it's water?
- Environmental concerns, both current and upcoming, for Canada's water supply.
- What to do about it other than cry a little (but, it's okay to cry a little too)





New Food Guide Health Canada Food Guide Guidelines [ENGLISH:](#) [FRENCH:](#)

Government of Canada website: [English:](#) [French:](#)

Health link from Government of Canada <https://www.canada.ca/en/services/health.html>
<https://food-guide.canada.ca/en/>

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

Protein foods are good for you

You can eat a variety of protein foods as part of a healthy [eating pattern](#).

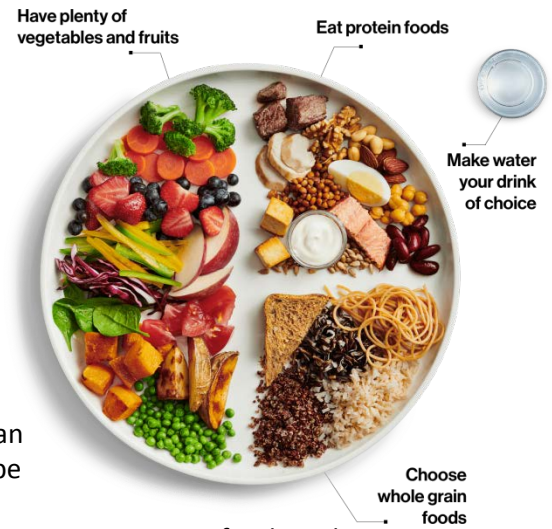
Protein foods have important nutrients such as:

- protein
- vitamins
- Minerals

Choose protein foods that come from plants more often. Plant-based protein foods can provide more fibre and less saturated fat than other types of protein foods. This can be beneficial for your heart health.

You don't need to eat large amounts of protein foods to meet your nutritional needs. Try to eat protein foods such as:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • eggs • lean meats and poultry
lean cuts of beef, pork and wild game
turkey
chicken • nuts and seeds
peanuts
almonds
cashews
nut butters
sunflower seeds | <ul style="list-style-type: none"> • fish and shellfish
trout
shrimp
salmon
scallops
sardines
mackerel • lower fat dairy products
milk
yogurt
lower sodium cheeses | <ul style="list-style-type: none"> • beans, peas and lentils
brown, green or red or other lentils
peas such as chickpeas and split peas
dried beans such as black beans and kidney beans • fortified soy beverages, tofu, soybeans and other soy products |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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

Vegetables and fruits are an important part of a healthy [eating pattern](#).

Eating a variety of vegetables and fruits may lower your risk of heart disease

Vegetables and fruits have important nutrients such as:

- fibre
- vitamins
- minerals

Include plenty of vegetables and fruits in your meals and snacks. Try making half of your plate vegetables and fruits. Choose different textures, colours and shapes to fit your taste. From apples to zucchini, choose plenty of vegetables and fruits.

Try a variety of vegetables and fruits such as:

- pears
- apples
- berries
- broccoli
- peaches
- cabbage
- leafy greens

Fruit juice and fruit juice concentrates are high in sugars. Replace juice with water. Choose whole or cut vegetables and fruits instead of juice.



[The Ultimate Bean Salad](#)



Whole grain foods are an important part of healthy eating.

Whole grain foods are good for you

Whole grain foods have important nutrients such as:

- fibre
- vitamins
- minerals

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

Whole grain foods have more fibre than refined grains. Eating foods higher in fibre can help lower your risk of:

- stroke
- colon cancer
- heart disease
- type 2 diabetes

Choosing and preparing healthy whole grain foods

Enjoy a variety of whole grain foods such as:

- quinoa
- whole grain pasta
- whole grain bread
- whole oats or oatmeal
- whole grain brown or wild rice

Some grain foods can have a lot of added sodium, sugars or saturated fat. These include foods like:

- breads
- muffins
- crackers
- pasta dishes



Quinoa and veggie caserole

Making healthy drink choices is as important as your food choices.

Benefits of making water your drink of choice

There are a lot of drink choices available. Many choices have a lot of:

- calories
- sodium
- sugars
- saturated fat

Make water your drink of choice instead.

Drinking water is:

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



5 ways to add flavour to your water

You can add fruits and herbs to your hot or cold water for flavour. Here are some ideas to try:

blackberries + mint

raspberries + cucumber

strawberries + fresh basil

chopped apples + a cinnamon stick

pear slices + a drop of vanilla extract

To release the most flavour:

crush the berries

chop or tear herbs

cut fruit into cubes

If you like some fizz in your drink, try carbonated water

Our bodies lose water by:

- sweating
- breathing
- getting rid of waste

You need to replace what is lost.

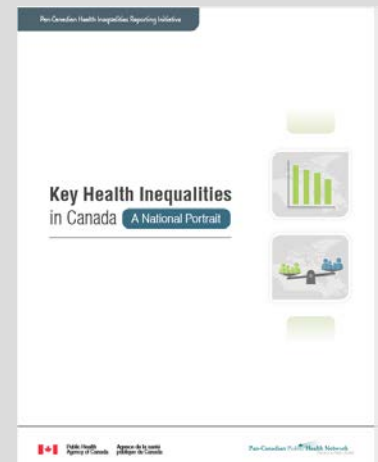
We are pleased to share with you the animated video on health inequalities in Canada that is now available on the [Canada.ca](https://canada.ca) website. This video constitutes the second product in a series of knowledge mobilization products for the [Key Health Inequalities in Canada: A National Portrait](#) report and provides a summary of some of the Health Inequalities in Canada. The video is available in [English](#) and [French](#).

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.

Key Health Inequalities in Canada: A National Portrait

[illegible]

Increased health care costs



[←](#)
[→](#)
[↺](#)
[🏠](#)

<https://www.youtube.com/watch?v=RMk8UXULW9g>

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Health Inequalities in Canada

323 views

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Public Health Agency of Canada

[Towards Paying for Health in Dentistry – Policy Lab Report](#)

A [Policy Lab meeting](#) took place on 23-24 July 2018, and was a further breakthrough, bringing together a multi-faceted expert group (including health economists) from around the world who looked to answer this question by designing a generic payment model blueprint.

What we should pay for

- **Standardized and measurable health outcomes**, such as being cavity-free: The ability to measure how our care affects a patient's health is imperative: it allows us to understand how effective our treatments are, and how best to spend our resources to maximise health gain. For this purpose, the standardisation of health outcomes is essential to compare best practices between practitioners, payment systems and countries. These health outcomes have to be easily measurable for the dental teams in order to facilitate implementation.
- **Innovative and evidence-based preventive interventions**: In most health system, preventative interventions or care such as the patient's risk assessment, fluoride varnishes or minimally interventive procedures are still not financed by payers and may not be valued by patients. This is at odds with international recommendations for best practice and has been for decades.
- **Personalised and integrative care**: Evidence-informed and evidence-based systems such as the Caries Care International 4D System are comprehensive, dental team friendly protocols that maximises the patient's health gains, it is important that each element of is paid for, from Risk Assessment to a comprehensive examination, personalised care planning and the full range of tooth preserving treatments.
- **Paying dentists for preventive and non-surgical interventions** will help drive the interest of dental industries in bringing new preventive products to market

A shift towards prevention requires changes to dental payment systems

How do we achieve this?

More work is required to develop the diagnostic and coding standards to support measuring health outcomes. DMFT as currently practiced is not sensitive enough to show detriments or improvements to health to demonstrate performance or to reinforce good practice with providers. Improvements are therefore needed around uniformity of coding of what is happening at surface, tooth, patient and population level.

While good tools are available to measure severity of caries, assessing caries activity is more problematic. Regular and repeated assessment use of CariesCare International – ICCMS™ as part of the 4D approach would allow both severity staging and activity assessment, enabling, for example, checking remineralisation.

To ensure a globally uniform approach to measuring health outcomes, collaborative work is needed to align current international systems (SNOMED, ICDAS, ICCMS™ etc.) to work in compatible ways.



The dental profession has the responsibility to be the main driver for change, and should be leading on developing and articulating:

There should be one aligned 'dental voice' advocating the solution, why it is (and will continue to be) viable, and why it is not a threat. This united voice should take the lead in putting forward the case for the shift that works for patients, dental professionals and the system as a whole.

Health systems in many countries have already taken steps to prioritise preventive interventions and work towards being 'cavity-free'. Prevention at both individual and population levels has, for example, become a priority in many Scandinavian countries.

[Get the Lab report here](#)



A strong, uniform and focused approach to achieving long term health outcomes is paramount

The new payment model needs a set of standardised and measurable health outcomes which will drive the design and implementation of effective preventative interventions and also provide the data necessary to remunerate those involved in the delivery of those interventions. In agreeing these outcome measures there is a need for simplicity and consensus.

The adoption of 'cavity-free' as an overarching outcome goal would work at individual, practice and population level. This is seen as a simple and concrete measure which, if delivered, would by necessity lead to better overall oral health as well as contributing to improvements in a wider set of NCDs. It also allows comparison between different practitioners, regions or states. The 'cavity-free' message can also be motivational for patients being told 'I am here to help you stay cavity-free' as an encouragement towards valuing health, making required behaviour changes and paying for preventive interventions.

We propose that the initial focus should be on a dental caries outcome (cavity-free) as the primary clinical health outcome indicator. This has the advantage of focusing on health rather than disease.

Additional information can readily be collected in terms of number, severity and activity of lesions. Patient Reported Outcome Measures (PROMs) are also an important compliment to clinical measures.



Association Between Water Fluoridation and Income-Related Dental Caries of US Children and Adolescents [Research Letter](#)

By age 11 years, an American child living in poverty has twice the level of dental caries (tooth decay) as one living at 3 times the poverty threshold.¹ To achieve the *Healthy People 2020* overarching goal of health equity, interventions must preferentially prevent disease at the lower end of the income distribution.

Research conducted in Canada suggests that water fluoridation might reduce inequality, but that possibility has not been investigated in the United States. We used 2 nationally representative data sets to investigate whether water fluoridation attenuated income-related inequality in dental caries among US children and adolescents.

Windsor Ontario has voted to reintroduce water fluoridation.

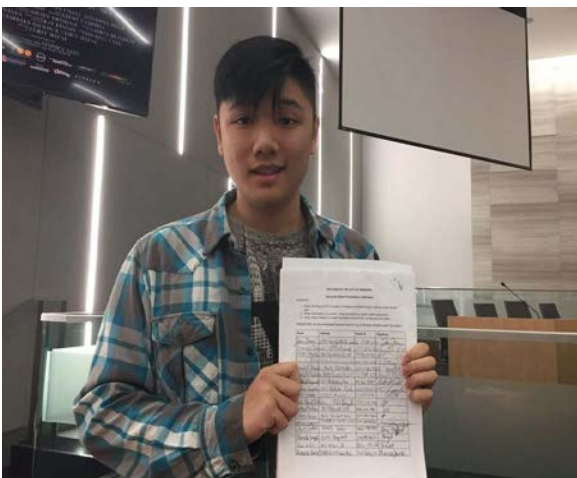
Citing a 51 per cent rise in serious tooth decay among kids over five years, [city council voted 8-3](#) Monday to resume fluoridating the water supply.

It reverses an 8-3 vote that went the other way in 2013, when council ordered a stop to fluoridation.

“A 51 per cent increase in the quantity and severity of dental hygiene in the last five years is more than alarming to me,” Coun. Jo-Anne Gignac said as she seconded a motion by Coun. Rino Bortolin to bring back fluoride.

“It’s not the silver bullet, I recognize it. It’s not going to eliminate dental problems but it’s going to go a heck of a long way.”

The decision came after more than four hours of deliberations, with about 20 delegations passionately arguing on both sides of the divisive issue. Many local residents, backed by a national movement opposed to fluoridation, urged council to not resume “medicating” the population with a chemical they believe is harmful and minimally effective at preventing tooth decay.



Student Raymond Hoang brought a petition signed by 237 people supporting Fluoridation. “This speaks to the support,” the 22-year-old said, adding that Fluoridation lets kids have healthier teeth and avoids unnecessary trips to the Dentist.

“On behalf of the four out of five Windsorites who support fluoridation, Please put it back in our water supply,” he said.

“We have to consider the voice that we don’t hear – residents in Long Term Care, young children and vulnerable populations”

Local dentist Dr. Charles Frank spoke on behalf of the Essex County Dental Association and the Ontario Dental Association. He said that he’s seen the increased quantity and severity of cavities in local patients since fluoride was removed. Some children are so severe that they are going under general anesthetic in the hospitals and he is booking some kids into 2020. “I just can’t keep up,” he said. “No child should be in pain and have to wait more than a year for treatment.”



Published research about using the [Nutritious Food Basket Costing](#) for advocacy on income as a determinant of health, highlighting the important work of Ontario's public health dietitians.

"It's not a food issue; it's an income issue" using Nutritious Food Basket costing for health equity advocacy

Objectives

Ontario's public health units (PHUs) face considerable challenges in addressing the social determinants of health, even though "reducing health inequities" is a primary population health outcome in the *Ontario Public Health Standards* (OPHS). Since 1998, the OPHS mandated PHUs to use the *Nutritious Food Basket* (NFB) protocol to document food costs, a requirement that was removed in 2018. This study examined how the NFB advanced health equity advocacy by Ontario PHUs, and why some have used this tool more strategically than others.

Methods

Semi-structured qualitative phone interviews were conducted with 18 public health dietitians (PHDs) and three key informants between May and October 2017. Interviews were audio-recorded, transcribed, inductively coded, and analyzed.

Results

The PHDs agreed that the NFB tool provides essential localized evidence of inadequate incomes for people living in poverty, and supports the health equity mandate of PHUs in Ontario. Factors that support NFB research and advocacy work include strong PHU leadership regarding health equity, participation in community coalitions, and engagement with *Ontario Dietitians in Public Health* (ODPH). Interviewees identified lack of support at the PHU level and lack of coordination of food insecurity work at the Ministry of Health as significant barriers to PHUs' use of the NFB to advance health equity mandates.

Conclusion

This study offers compelling evidence for reinstating NFB costing in the *Ontario Public Health Standards* as a mandatory requirement of PHUs. Without this requirement, the already-limited capacity of PHUs to advance health equity in Ontario will be further compromised.



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

Aboriginal Liaison Program Contact for Saskatchewan:

Renata Andres

Phone : (306) 491-0482

Email : renata.andres@canada.ca

2017 Aboriginal Peoples Survey and the Aboriginal Peoples Survey–Nunavut Inuit Supplement

Labor Market Experiences of First Nations people living off reserve: [Key findings from the 2017 Aboriginal Peoples Survey](#)

A quarter of a million First Nations people living off reserve are of core working age

The off-reserve First Nations population continues to grow significantly, and is projected to represent an increasing percentage of the total population. As it is also a young population, there is potential for young First Nations workers to enter the labor force.

[Nearly one-third work part time because full-time work is not available](#)

[Half of Nunavut Inuit aged 15 to 54 have applied for government employment](#)

[Labour market experiences of First Nations people living off reserve: Key findings from the 2017 Aboriginal Peoples Survey](#)

[Infographic: Off-reserve First Nations people entering the labour force](#)



**McGill University and Public Health Agency of Canada
Introducing the Canadian Dental Connection Website**

What is the Canadian Dental Connection website?

This website was designed for oral health professionals interested in working in northern, remote and underserved communities in Canada and for clinics in these areas. It was developed by a group of the Faculty of Dentistry at McGill University with several partners and a financial contribution from the Public Health Agency of Canada.

What does the Canadian Dental Connection website mean for you?

This simple, bilingual, and free tool includes a **job matching** component, where clinics can post an oral health position and professionals can have a profile and apply for positions.

It also includes **training modules** to help oral health professionals prepare to work in northern, remote and underserved communities. Anyone interested in learning more about cultural competency, trauma-informed care and the application of these notions in Indigenous settings can benefit from this resource.

Visit the Canadian Dental Connection website today!

English: www.dentalconnection.ca

French: www.connexiondentaire.ca

International Journal of Paediatric Dentistry

Does oral health influence school performance and school attendance? A systematic review and meta-analysis

A systematic review was performed in accordance with PRISMA included epidemiological studies that assessed concomitantly oral health measures, participants' school performance and/or school attendance. Electronic search was conducted on MEDLINE, SCOPUS, Web of Science, Science Direct, and LILACS. Studies published up to May 2018 in any language were eligible.

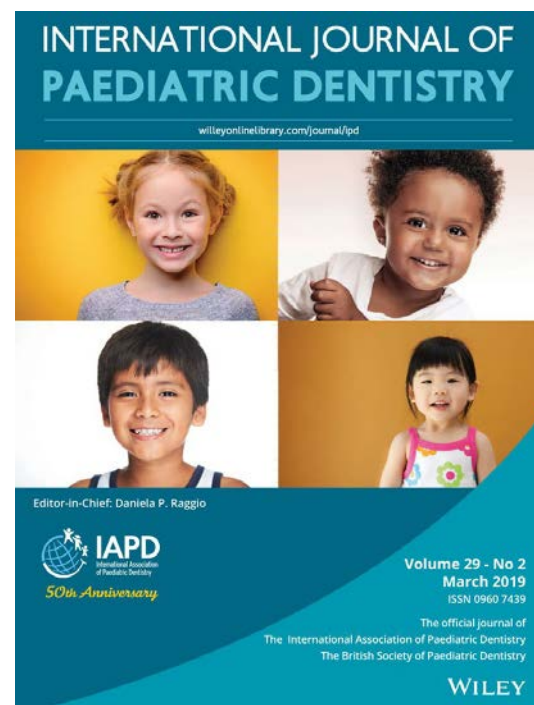
Volume 29, Issue 2
March 2019

The relationship between oral health education and quality of life in adolescents

A retrospective observational survey was conducted on 300 randomly selected 12–14 years-of-age adolescents living in two publicly funded health service administrative areas in Manaus, Brazil. Between 2006 and 2008, dental treatment and oral health education were offered in one area (DT/OHE group), whereas in the other area, only dental treatment was provided (DT group). Collected data included socio-demographic characteristics, health services use, health-related behaviours, dental pain, dental caries and Child-OIDP. Independent variables were compared between groups by Mann–Whitney and chi-square tests. The association between one or more OIDP (Child-OIDP ≥ 1) and DT group tested using multivariate logistic regression.

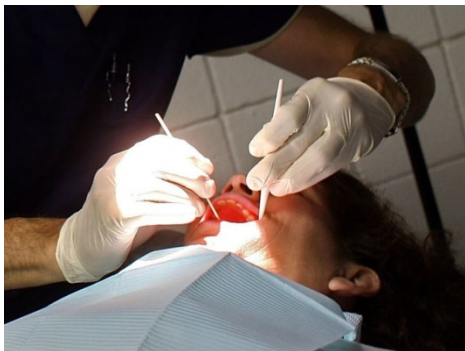
Contextual and individual determinants of non-utilization of dental services among Brazilian adults

The concept of utilization of dental services adopted in this study considered any type of direct contact (e.g., dental consultations, hospitalization) or indirect contact (e.g., preventive examinations and diagnosis in health services) with dental services **4**. According to the Brazilian law, only dentists registered at the Brazilian Federal Dental Council can provide dental care. Non-utilization of dental services was assessed through interviews with adults according to the question: "Have you ever had a dental visit?" (Yes/No). The participants were informed the question referred to dental visit over the whole life time. Adults who had never visited a dentist were compared to those who visited a dentist at least once.





Quebec to invest \$10 million annually in dental care for seniors at CHSLDS announced in February 2019



Opinion: Quebecers need universal public dental coverage

Why do we accept that the Canadians that need dental care the most are precisely those who tend to be excluded from the dental care system?

Public dental coverage became a major issue in the recent Quebec election. It is high time to make this a reality. Millions of Canadians, and approximately 25 per cent of the population of this province, are unable to receive the dental treatment they need. We, dentists and dental public health professionals, call for the introduction of universal dental coverage in Quebec.

"Just as our hearts, legs, livers, lungs, fingers and other parts of our bodies are covered by Canada's Medical care system, we strongly believe our teeth and mouth should be, also. Including teeth and mouth care in Canadian Medicare will enable those who need care to access it and have their disease treated. Timely treatment will, moreover, help prevent future disease and unneeded suffering."

Dental Tribune Canada

Accelerating global progress on oral health

NEW YORK, N.Y., USA: Some of the world's leading policy experts gathered on Sept. 28, 2018, for a United Nations side meeting on oral health. The side meeting was conducted by the New York University College of Dentistry and its World Health Organization (WHO) Collaborating Center, together with the NYU College of Global Public Health.

The purpose of the meeting was to study policies to help prevent noncommunicable chronic diseases (NCDs), which have been identified as a growing threat. The daylong event was open to the public, free of charge. It was held at NYU's Institute for the Study of Ancient World. The side event followed the United Nations 3rd High-Level Meeting on Noncommunicable Diseases (NCDs), held the day before at the U.N. Headquarters.

"Good oral health is a crucial element of overall health and, as such, part of the human right to health," Svetlana Axelrod, WHO assistant director general for noncommunicable diseases and mental health at the WHO Headquarters in Geneva, who presented the keynote address, said in a press release issued by NYU before the meeting. "It is a striking fact that untreated tooth decay is among the most common noncommunicable diseases worldwide — and almost entirely preventable."

"I want to help bring these issues to the attention of decision makers, whether in government, business, in the unions — people who care about health care," Bergman said. "We want these decision makers to understand the impact of untreated oral disease, and we want to find ways in which we can work together in public-private partnerships."



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Join us on
November 20th, 2019
in Ottawa to celebrate
30 years of children's rights
in Canada





Pediatricians now call for soda taxes to curb kids' sugary drink habits

Pediatricians have long warned parents about the risks of consuming too many sugary drinks — including the link to Type 2 diabetes and obesity.

Now, the nation's leading group of kids' doctors, the American Academy of Pediatrics, together with the American Heart Association, has endorsed a [range of strategies designed to curb children's consumption](#) — including taxes on sugary drinks, limits on marketing sugary drinks to kids and financial incentives to encourage healthier beverage choices.

The soda industry has spent millions of dollars to [fend off soda taxes](#). And the American Beverage Association argues there is a better way to reduce the amount of sugar consumers get from beverages. "We are supporting parents who want less sugar in their kids' diets by creating more drinks than ever before with less or no sugar," says William Dermody, spokesperson for the ABA. "Today, 50 percent of all beverages sold contain zero sugar as we drive toward a goal of reducing beverage calories consumed by 20 percent by 2025."



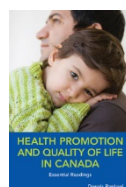
Interesting Reads Join 1200+ health leaders on the SDOH Listserv at <https://listserv.yorku.ca/archives/sdoh.html>

Of interest: [Immigration, Public Policy, and Health: Newcomer Experiences in Developed Nations](#)
[Tackling Health Inequalities: Lessons from International Experiences](#)
 Foreword by Alex Scott-Samuel

[About Canada: Health and Illness, 2nd edition](#)



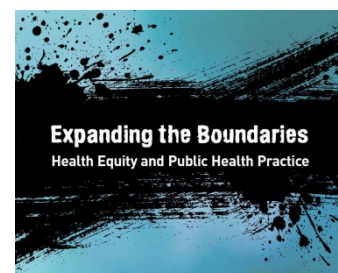
[Poverty in Canada, 2nd edition](#),
 Readings Forewords by Rob
 Ranier and Jack Layton



Health Promotion and Quality of Life
 in Canada: [Essential](#)

[Expanding the Boundaries: Health Equity and Public Health Practice](#)

In late 2014, the National Association of County and City Health Officials (NACCHO) published a book called Expanding the Boundaries, Health Equity and Public Health Practice. Aimed at creating discussion and facilitating change, the book explores the ways in which public health practitioners might act on the underlying social inequalities that are the root of health inequities. Revolutionary and hopeful, it provides both overarching theory and practical ideas for moving public health work upstream, to successfully address causes and not consequences.



[Oral Health - NDP Calls For Free Dental Care For All Nova Scotia Schoolchildren](#)

[Free Dental Care for Low-Income Seniors to Be Announced in Budget](#)

[Canadians Looking at Dental Care Coverage for All Youth](#)

[How B.C.'s System for Regulating Health-Care Workers is Failing Patients](#)

[Serve from the Heart](#)

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Social Determinants of Health

Get a free copy of Social Determinants of Health: The Canadian Facts at <http://thecanadianfacts.org>

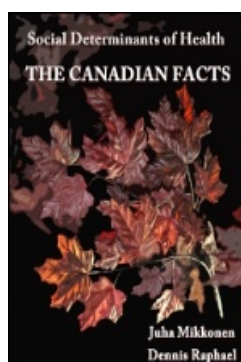
Summary

The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health. This information – based on decades of research and hundreds of studies in Canada and elsewhere – is unfamiliar to most Canadians.

Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed and if so, the working conditions we experience. Our health is also determined by the health and social services we receive, and our ability to obtain quality education, food and housing, among other factors. And contrary to the assumption that Canadians have personal control over these factors, in most cases these living conditions are – for better or worse – imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies, and educational institutions with which we interact.

Improving the health of Canadians requires we think about health and its determinants in a more sophisticated manner than has been the case to date. *Social Determinants of Health: The Canadian Facts* considers 14 social determinants of health:

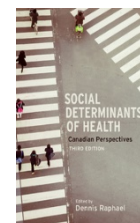
1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability



The publication outlines why they are important; how Canada is doing in addressing them; and what can be done to improve their quality. The purpose of the document is to provide promote greater awareness of the social determinants of health and the development and implementation of public policies that improve their quality.

[Social Determinants of Health: Canadian Perspectives, 3rd edition](#)

Forewords by Michael Butler and Maude Barlow, Carolyn Bennett and Roy Romanow



Staying Alive: Critical Perspectives on Health, Illness, and Health Care, 2nd edition

Foreword by Gary Teeple

<http://tinyurl.com/4xlu4up>

See a presentation! The Political Economy of Health Inequalities.

<http://www.youtube.com/watch?v=-NCTYqAub8g>

Also, presentation at the University of Toronto on how Canada stacks up again other nations in providing citizens with economic and social security.

<http://vimeo.com/33346501>

See what Jack Layton had to say about my books!

<http://www.cbc.ca/news/canada/story/2011/04/10/cv-election-ndp-layton-platform.html>

at 27:20



US story Health Affairs – Canadian Association of Public Health Dentistry [Medicare Dental Benefit](#) Will Improve Health and Reduce Health Care Costs



A Health Affairs Blog post on [social determinants of health](#) noted that many people in health philanthropy now recognize that factors such as housing and education “have a greater impact on health outcomes than does the medical care a person receives.”

Oral Health Is Essential To Overall Good Health

Oral health’s connection to overall health is undeniable. Poor oral health is linked to [heart disease, stroke, diabetes](#), and other issues. More than [90 percent of all systemic diseases](#) have oral manifestations that include swollen gums, mouth ulcers, and more.

Oral disease harms older adults by making serious medical conditions more difficult to treat. About 68 percent of adults sixty-five and older have [gum disease](#). Nearly 20 percent of older adults have lost all their teeth. Many seniors choose [foods that are easier to chew](#) but are less healthy—because of the foods’ high saturated fat and cholesterol levels, which contribute to obesity.

Infected and damaged gums make it harder to [control blood sugar](#), and controlling blood sugar is essential to controlling diabetes. Diabetes reduces the ability to fight infection, and so gum disease becomes more likely and severe. [More than 25 percent](#) of seniors have diabetes.

Needed: Dental Coverage Through Medicare

By 2030, [more than 20 percent](#) of the US population, including all “baby boomers,” will be sixty-five or older. Yet [two-thirds](#) of Medicare recipients don’t have dental coverage. Medicare covers more than 49 million people in the US. Forty-five percent of those covered have [three or more chronic health conditions](#), many of which can be exacerbated by poor oral health. But [Medicare does not cover dental benefits](#) because of a statutory exclusion in the Social Security Act. Some [Medicare Advantage](#) plans offer dental benefits unavailable in traditional Medicare, but not all do.

Traditional Medicare can cover procedures deemed “medically necessary,” but it interprets this narrowly. In addition to the medical harm incurred when Medicare denies coverage and patients forego needed care, Medicare’s costs can increase. For example, Medicare will pay for an inpatient [dental exam](#) before a kidney transplant because an oral infection would add to surgery and post-surgery risks, but it won’t pay for treating the underlying dental problem. Because the oral condition could make surgery too risky, a patient could have to remain on costly kidney dialysis. Treating the dental issue and covering a kidney transplant would be far better for the patient’s health.

Recognizing An Imperative

The foundations with which we are affiliated are working for Medicare reform for many reasons. These include their understanding of the need for whole-person care and their experience with seniors’ oral health problems. We’ve seen the difference that adult dental care can make with Medicaid expansion for lower-income adults.



Jamie Oliver warns against sugar

Jamie Oliver is an advocate for better food choices in the UK and wants to impose a 20% sugary tax to help battle childhood obesity.

"It should be a Canadian kid's human right to be taught about food and where it comes from and how it affects their body in elementary schools in Canada."

[Jamie's A & E interview is here](#)

[Jamie's Sugar Rush documentary](#)



[Jamie Oliver's tax on soft drinks 'useless'](#)

28-Aug-2015 By Nicholas Robinson

Celebrity chef Jamie Oliver's call to put sugary soft drinks "on the naughty step" with a 20% tax has been slammed by industry as 'pointless'. See link [here](#)

Jamie's Super Food Family Classics [recipes](#)

[Just What the doctor ordered](#)

Jamie Oliver is back on screen waging "absolute war" on sugar in a one-hour documentary, *Jamie's Sugar Rush*. He is just what the doctor, the dentist, the Public Health Professionals and the Global food experts ordered.

It will expose the true cost of sugar (particularly sugar-sweetened drinks) on global health and connect this to the fact that we now have 700 amputations per year in the UK from diabetes. It will help explain why childhood obesity rates have risen so dramatically within a generation: in the US, where a third of children are overweight or obese, the average weight of a child has risen by more than 5kg in three decades. And it will show how a "soda tax" in Mexico has, it seems, helped stop the rot of soaring incidences of diabetes in the land once dubbed "Mexicoke".

The answers to your sugar questions [here](#)

Sugar Smart [Campaign video](#)

Jamie's [Dream school](#)

Jamie Oliver takes on [School bake sales](#)

Sugar Smart [webpage](#)

Go [Sugar Smart](#)

Top tips & recipe ideas to reduce your sugar intake link [here](#)





Save the Date!
Saskatchewan Oral Health Coalition Meeting

Monday, May 27, 2019 - Saskatoon

German Cultural Centre, 160 Cartwright Street East
 9:15 a.m. – 5:00 p.m.

The meeting will be live-streamed!



Source: Virtual Gurus

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](#)

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