



**SASKATCHEWAN  
ORAL HEALTH  
COALITION INC.**

# SOHC Inc. Newsletter April 2022

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

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

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## SOHC Inc. Annual General Meeting (AGM)

Will be held on **Monday, May 16, 2022**; 8:30- 9:30 am.



SOHC Inc. **Member/Stakeholder Update Meeting** will follow; 9:30-11:30 am.

Both meetings will be virtual and take place via Microsoft Teams. An email will be sent out prior to this date with information on how to register.



## April is Oral Health Month

**Oral health** is part of your overall health. With a healthy mouth you can eat, speak and smile in comfort, which helps you feel physically, socially and mentally well. A healthy mouth helps you enjoy life.

Visit the CDA website for more [tips for oral and overall health](#).



# April Is Oral Health Month

April is Oral Health Month, a good time of year to take stock of your oral care routine and understand how proper oral health can have an impact on your overall well-being. This April, consider the preventive steps you can take to make sure your mouth and the rest of your body are healthy throughout the year.

Good oral health includes eating the right foods, practicing proper oral hygiene, avoiding smoking, and visiting your dentist every six months for a cleaning and oral cancer screening. This April, you can take advantage of Oral Health Month by making sure you continue to follow the oral care routines outlined above.



## ORAL HEALTH

Good for Life™

CANADIAN DENTAL ASSOCIATION

A healthy mouth is an important part of a healthy lifestyle. Keep your smile healthy for a lifetime by following these 5 steps to good oral health:

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

[cda-adc.ca/goodforlife](http://cda-adc.ca/goodforlife)

**Attack the Plaque!**  
Colouring Contest

Children's first & last name: \_\_\_\_\_  
age: \_\_\_\_\_  
email: \_\_\_\_\_  
phone number: \_\_\_\_\_  
dental hygienist/clinic: \_\_\_\_\_

**Contest deadline:**  
May 1, 2022

**Submit your entry today!**  
email to: [marketing@cdha.ca](mailto:marketing@cdha.ca)  
or mail to: 1122 Wellington St W  
Ottawa, Ontario  
K1V 2Y7

**Categories:**

- 5 years old & UNDER
- 6-9 years old
- 10-13 years old

**Prizes:**

Win a Toys R Us gift card and kids' oral health prize packs from Sunstar GUM and Crayola

- 1st prize \$75
- 2nd prize \$50
- 3rd prize \$25

CDHA/ADC IS AN AFFILIATE OF THE CANADIAN DENTAL HYGIENISTS ASSOCIATION / ASSOCIATION CANADIENNE DES HYGIENISTES DONTAIRE

**DENTAL HYGIENE CANADA.CA**

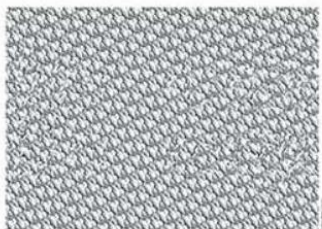
From age one to one hundred, oral health matters!

[The Canadian Dental Hygienist Association- 2022 coloring contest- deadline May 1](http://The Canadian Dental Hygienist Association- 2022 coloring contest- deadline May 1)



# April is National Oral Health Month

## Canadian Dental Association- [Oral Health Activities and Resources](#)



**Magic Eye: Not everybody can see it, but your dentist can.**

H L F S D I E S W Z O T R O R  
 T E B W T E U D S K O C A C I  
 O N A E L C C R I O L B L A N  
 O K D L M G T A T R L H O V S  
 T M V O T S U H Y B O F M I E  
 Y B U M I H P M F H B U U T D  
 M T G T Z A Y S S W T U L Y I  
 H Q N H S U R B H T O O T F P  
 M E F T S E A L A N T Y H Z S  
 D E E U G N O T B B R T Y Q U  
 K O T W X Q Y R I I E G V H C  
 H Y F S D T A T A E X R A Y I  
 W E H C A C E F T R W I A Z B  
 P I W R E T A Z P S N N W U V  
 E D U S S H S M I L E R V B D

### WHAT'S IN YOUR MOUTH?

There are 26 words hiding in this puzzle. Some are easy to find, but some aren't. That's exactly like your mouth, where you can't always see what's between your teeth or under your gums. But your dentist can, so make sure to open wide and help your dentist find whatever's there... or even better, nothing at all!

- |          |          |         |            |
|----------|----------|---------|------------|
| BICUSPID | DENTIST  | MOLAR   | TONGUE     |
| BITE     | FAIRY    | MOUTH   | TOOTH      |
| BRACES   | FLOSS    | RINSE   | TOOTHBRUSH |
| CAVITY   | FLUORIDE | SEALANT | TOOTHPASTE |
| CHEW     | GRIN     | SMILE   | X-RAY      |
| CLEAN    | GUMS     | TASTE   |            |
| DECAY    | HEALTHY  | TEETH   |            |



View PDF [here](#)

### WHAT YOU CAN'T SEE CAN HURT YOU.

As it turns out, so can what you don't know. Test your knowledge of oral health below:

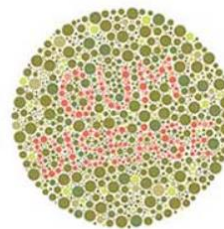
#### True or False

- Your oral health can impact your overall health and well-being.  
 True  False
- Gum disease (periodontal disease) is a chronic infection that is most often caused by the build up of dental plaque.  
 True  False
- Tobacco users are more likely than non-users to develop gum disease.  
 True  False
- Women with gum disease are twice as likely to deliver a premature low-birth weight baby.  
 True  False
- There is no link between oral health and heart and stroke disease.  
 True  False
- Dental decay, a disease caused by bacterial infection, is one of the most common disorders of childhood affecting more than half of 5 to 17 year-olds.  
 True  False
- Oral health has little impact on the quality of sleep of pre-schoolers.  
 True  False
- Toothache is the most common pain affecting the daily lives of Canadians.  
 True  False
- Poor oral health impacts the psychological and social well-being of one in 12 Canadians.  
 True  False
- Nearly half of Canadians will be affected by gum disease at some point in their lives.  
 True  False
- Good oral hygiene habits can help prevent gum disease.  
 True  False
- Chronic bad breath can be a sign of gum disease.  
 True  False



ANSWERS  
 1. True. Research shows there may be a link between oral disease and other health problems, and that the state of the oral and related tissues can impact overall health. 2. True. While there are many factors involved in the development of gum disease, the most common cause is the build up of dental plaque. Plaque is a colourless film of bacteria that coats teeth and gums. 3. True. Tobacco use is a major risk factor for gum disease. 4. True. Tobacco use is a major risk factor for gum disease. 5. True. Research shows there may be a link between oral disease and other health problems, and that the state of the oral and related tissues can impact overall health. 6. True. Research shows there may be a link between oral disease and other health problems, and that the state of the oral and related tissues can impact overall health. 7. False. A rapid form of dental decay affects pre-schoolers and can cause pain, poor sleep and poor eating habits. 8. True. Canadian studies have found that in a four-week period, 6 to 9 percent of adults experience moderate to severe oral or facial pain. 9. True. Poor oral health impacts the psychological and social well-being of one in 12 Canadians. 10. True. Nearly half of Canadians will be affected by gum disease at some point in their lives. 11. True. Good oral hygiene habits can help prevent gum disease. 12. True. Chronic bad breath can be a sign of gum disease.

View PDF [here](#)



**Gum Disease: Not everybody can see it, but your dentist can.**



# April is National Oral Health Month

Resource from [Canadian Dental Hygienists Association](#) and [Dental Hygiene Canada](#)- download the full Toothbrushing Toolkit for Total Health PDF [here](#)

## Toothbrushing Toolkit for Total Health

Taking good care of your teeth and gums will help prevent tooth loss and keep the rest of your body healthy. Poor oral health has been linked to diabetes and heart disease.

When you clean the surfaces of your teeth, especially those hard-to-reach, in-between areas, you remove harmful plaque. Did you know that plaque is an accumulation of bacteria that constantly forms on your teeth? Even while you sleep, plaque is growing and putting your mouth at risk for:



Cavities



Gum disease (gingivitis), which causes your gums to be red, puffy, and tender



Bad breath

That is why it's important to brush your teeth every morning and evening.

Follow these tips to take proper care of your teeth and gums.

### Toothbrush Selection



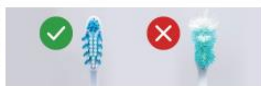
Use a soft or extra soft toothbrush.



Keep in mind that a power toothbrush is better at removing plaque than a manual toothbrush.



Choose your toothbrush size based on the size of your mouth. If you have a small mouth, a brush with a smaller head, or even a children's toothbrush, would be best.



Replace your toothbrush every 3 to 4 months or after you have been sick.

## Toothbrushing Toolkit for Total Health

### Toothbrushing Basics

- Wet the brush if you choose.
- Place a pea-sized amount of toothpaste on your brush.
- Divide your mouth into 4 sections: top, bottom, left, and right.
- Brush all surfaces of your teeth: cheek side, tongue side, and biting surfaces.
- Brush for a total of 2 minutes, spending 30 seconds in each section of your mouth.



### Using a Manual Toothbrush



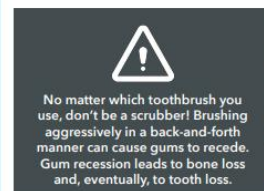
- Place the brush at a 45-degree angle towards the gumline and place half the bristles on the gums and half on the teeth.
- Use a gentle jiggling motion to ensure the bristles reach the plaque under the gumline.
- Roll the brush away from the gums in a sweeping motion (roll downwards on the top teeth and upwards on the bottom teeth).
- Brush the biting surfaces using a back-and-forth motion.
- For brushing the inside of the front teeth, turn the brush head, place it along the gumline, and sweep upwards on the bottom teeth and downwards on the top teeth.

## Toothbrushing Toolkit for Total Health



### Using a Power Toothbrush

- Place the bristles at a 45-degree angle towards the gumline with bristles pointed upwards on the top teeth and downwards on the bottom teeth.
  - Place half of the bristles on the gums and half on the teeth (traditional brush head).
  - Place the top edge of the brush head along the gumline with some bristles on the gums (circular brush head).
- Slowly move the brush along the teeth and gums, following the shape of each tooth.
- Brush the biting surfaces using a back-and-forth motion.
- To avoid splatter, turn on the brush once it is against your teeth and gums. Close your lips over the brush head.
- Let the toothbrush do the work. Do not put extra pressure on the brush head while you are moving it along your teeth and gums.



No matter which toothbrush you use, don't be a scrubber! Brushing aggressively in a back-and-forth manner can cause gums to recede. Gum recession leads to bone loss and, eventually, to tooth loss.

## Toothbrushing Toolkit for Total Health

### Additional Tips



Remember to brush your tongue because it also harbours harmful bacteria. Place your brush on the tongue and sweep forward a few times. You can also use a tongue scraper.



Don't forget to clean in between your teeth using floss, dental picks, proxabrushes or a water flosser. See [Dental Hygienists Untangle the Floss Controversy at dentalhygienecanada.ca](#) for steps on how to floss.



Finishing with an antibacterial mouth rinse helps to reduce your risk of cavities while controlling bad breath. Rinse for 30 to 60 seconds.

Brushing twice a day reduces your risk of cavities, gum disease, and bad breath. It's a quick and easy way to protect your oral and overall health!



## Cities to Reintroduce Fluoride into Water Systems

### [Calgary to reintroduce fluoride to water following city council vote](#)

Posted November 15, 2021



Calgary to reintroduce fluoride in water after city council votes Monday

Calgarians can expect fluoride in the water soon after city council overwhelmingly voted in favour of it Monday. Jackie Wilson reports. – Nov 15, 2021

globalnews.ca



Fluoride is going back in Calgary water following a Monday decision at city hall.

That decision follows a plebiscite question in the October municipal election that found 62 per cent of Calgarians voted in favour of reintroducing the substance dental associations say can prevent tooth decay.

Watch/Read the news release [here](#)

### [Fluoride going back into water system for Windsor, Tecumseh and LaSalle](#)

Posted: January 10, 2022



For decades, governments around the world have added fluoride to public drinking water to reduce rates of tooth decay in children and adults.



WINDSOR, ONT. - Windsor, Tecumseh and LaSalle will have fluoride reintroduced in the water system this week.

ENWIN Utilities Ltd., on behalf of The Board of Commissioners of the Windsor Utilities Commission (WUC) announced Monday that it will reintroduce Fluoride into the local drinking water systems for Windsor, Tecumseh and LaSalle, effective Jan. 12, 2022.

Read the full [news release](#)



## [Quebec to Offer Free Dental Services to Vulnerable People in 5 Pilot Projects](#)

Posted: November 16, 2021

The Quebec government is setting up five pilot projects to offer front-line dental services for people on low incomes or living in remote areas.

These pilot projects represent a first phase to reduce dental health inequalities, the province's Health Ministry said in a news release. If successful, a second phase is possible, and it could extend services to approximately 600,000 people — 7 per cent of the Quebec population.



Read the full [news release](#)

## Canadian Journal of Public Health

A Publication of The Canadian Public Health Association

### [The economic burden of excessive sugar consumption in Canada: should the scope of preventive action be broadened?](#)

Excessive sugar consumption is an established risk factor for various chronic diseases (CDs). No earlier study has quantified its economic burden in terms of health care costs for treatment and management of CDs, and costs associated with lost productivity and premature mortality. This information, however, is essential to public health decision-makers when planning and prioritizing interventions. The present study aimed to estimate the economic burden of excessive free sugar consumption in Canada.

Free sugars refer to all monosaccharides and disaccharides added to foods plus sugars naturally present in honey, syrups, and fruit juice. Based on free sugar consumption reported in the 2015 Canadian Community Health Survey–Nutrition and established risk estimates for 16 main CDs, we calculated the avoidable direct health care costs and indirect costs.

If Canadians were to comply with the free sugar recommendation (consumption below 10% of total energy intake (TEI)), an estimated \$2.5 billion (95% CI: 1.5, 3.6) in direct health care and indirect costs could have been avoided in 2019. For the stricter recommendation (consumption below 5% of TEI), this was \$5.0 billion (95% CI: 3.1, 6.9).

Read the full paper [here](#)





## CDA Dental Patient with Special Health Care Needs Transition Process

CDA has launched a new tool called the *CDA Dental Patient Special Health Care Needs Transition Process*. The tool aims to guide patients, families/caregivers and oral health care providers seamlessly through the process of transition when an adolescent with special health care needs moves from pediatric to adult oral health care, or when an adult with special health care needs moves from one dental practice to another.

Patients and their families/caregivers will benefit from a more formalized transition process by being guided through the process; being more aware of what to expect; and knowing what type of information to share with the new oral health care provider. For oral health care teams on both the departing and receiving ends of patient care, following a step-by-step transition process will facilitate an organized, coordinated and consistent clinical protocol for both transition preparation and patient transfer.

Helpful videos on a range of topics are linked throughout the tool and are marked with an asterisk (\*) for quick reference. The tool, available in English and French, can be found on the CDA website at [www.cda-adc.ca/transition](http://www.cda-adc.ca/transition), and consists of three steps, including:

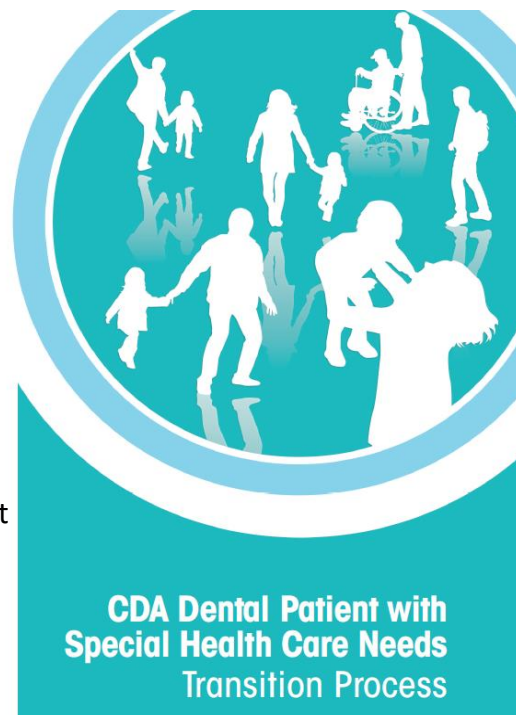
Step 1: Transition Readiness Assessment

Step 2: Dental Summary and Care Plan

Step 3: Meet and Greet

Read the full PDF [here](#)

For additional tools and resources on caring for persons with special health care needs, please visit [www.cda-adc.ca/specialneeds](http://www.cda-adc.ca/specialneeds).





THE CANADIAN DENTAL  
HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES HYGIÉNISTES DENTAIRE

## National Standards for Long-Term Care: Addressing Oral Health for Overall Health



Read the [full discussion paper](#) from the Canadian Dental Hygienists Association

The Canadian Dental Hygienists Association (CDHA) welcomes a national discussion of priorities and opportunities to do better for people living in long-term care homes across Canada. When it comes to national standards for safe, reliable, and high-quality care in long-term care homes, meeting the oral health needs of residents is an important prerequisite.

### PURPOSE

- (1)** Increase awareness of the connection between oral health and overall health.
- (2)** Present the evidence for including oral health in national standards for long-term care services in Canada, highlighting published research and health system data/information.
- (3)** Make recommendations for incorporating oral health care in national service standards for long-term care homes.

## National Standards for Long-Term Care: Addressing Oral Health for Overall Health



### 1 CARE TEAMS WITH DENTAL HYGIENISTS

Professional staffing and interprofessional collaboration in long-term care homes should incorporate dental hygienists to ensure a comprehensive program of oral health services to meet the assessed oral health needs of residents.

### 2

#### ORAL HEALTH SERVICES FOR RESIDENTS

Oral health care services for long-term care home residents must include oral health assessments, the development of personalized oral health care plans, and the provision of daily mouth care by dental hygienists.

### 3

#### ORAL HEALTH EDUCATION FOR STAFF

All direct-care workers in long-term care homes should receive education on oral health. This education should be developed and delivered by dental hygienists.

### 4

#### ORAL HEALTH IN LEGISLATION PERTAINING TO LONG-TERM CARE HOMES

Legislation pertaining to long-term care homes across the country must reflect minimum standards for oral health care and related aspects.

### 5

#### ORAL HEALTH IN ACCREDITATION STANDARDS FOR LONG-TERM CARE HOMES

Accreditation standards specific to oral health services in long-term care settings should be developed and enforced.





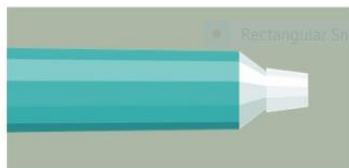
## Oral Health in America: Advances and Challenges

This report, facilitated by the National Institutes of Health, and titled Oral Health in America: Advances and Challenges, is only the second comprehensive document on this topic and the first in more than 20 years.

Since the publication in 2000 of Oral Health in America: A Report of the Surgeon General under the auspices of Surgeon General David Satcher (U.S. Department of Health and Human Services 2000), our knowledge of oral health and our understanding of both the etiology and epidemiology of oral diseases has increased more dramatically than at any comparable time period. Today, most of us understand that oral health is important to overall health, and we have begun to grapple with the challenge of improving the oral health of the nation. We now know that achieving this goal requires understanding the deep disparities in the experience of disease by different population groups and the systemic inequities in access to care that inevitably accompany those disparities. Still, the job is far from finished.

Read the [full report](#)

Figure. Overview of select content within Oral Health in America: Advances and Challenges





# ANTI-RACISM IN DENTAL PUBLIC HEALTH: A CALL TO ACTION

AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

Racism is a public health and dental public health crisis. The aim of this white paper is to help address a need within the dental public health community for deeper understanding of structural racism as a source of oral health inequities. Beyond raising awareness and better understanding racism's role in oral health inequities, it is critically important to identify actions that the dental public health community can take to reduce and eliminate racism.

This white paper is a call to action for dental public health to take anti-racist steps. To be anti-racist is to fight against racism. According to Dr. Ibram Kendi, "To be antiracist is a radical choice in the face of history, requiring a radical reorientation of our consciousness." In practice, this means addressing racism at all levels, and specifically for dental public health it starts with understanding how racism impacts health, science, education, policy, and practice. In response to a need to examine critically the role of racism and identify anti-racist actions in dental public health, the AAPHD Councils and Board of Directors have collaboratively developed this white paper. This paper summarizes the state of current knowledge regarding the role of racism and antiracist actions in each area of the four AAPHD Councils – Scientific Information, Educational Affairs, Policy and Advocacy, and Practice – and provides action steps to advance anti-racist practices in dental public health. These action steps aim to provide a framework and foundation upon which to push forward the work within the dental public health community to achieve a more equitable and inclusive society. AAPHD is committed to leading and supporting efforts to do this work.

Read the [full white paper](#)

*"Silence about and lack of attention and consideration for anti-racism advocacy by oral health proponents supports racism and its acidic effects. If dental public health advocates fail to speak out and provide leadership regarding anti-racism, what other entity in oral health domain will? If not us, who? If not now, when?"*

– Dr. Caswell Evans



# MODEL DENTAL THERAPIST RULE

Composed by  
The National Model Dental Therapy Rule Panel

2022

The National Partnership for Dental Therapy [announced](#) the release of the [Model Dental Therapist Rule and Best Practices Guide](#) (the Model Rule), which will support the implementation, regulation, and growth of the dental therapy profession. It was written by the National Model Dental Therapy Rule Panel, a group of 15 experts with extensive experience in the regulation of dental professions, administrative law, Tribal law and dental therapy.

The Model Rule will provide guidance to policymakers, state licensing agencies, dental boards, Tribes, dental and nonprofit organizations, and other interested stakeholders in states that enacted dental therapy legislation and are planning regulatory implementation. This publication is another valuable tool for the development of state-level infrastructure for dental therapy education, practice and implementation. Other fundamental resources include [model dental therapy legislation](#) and the Commission on Dental Accreditation's (CODA) [national dental therapy education standards](#).

[READ THE MODEL RULE](#)







## Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions



The USPSTF recommendations and the underlying evidence report 2021 updates

### Promotion of Oral Health and Prevention of Dental Caries Among Children in Primary Care

Dental caries is the most common chronic disease of childhood in the US, with approximately 23% of children aged 2 to 5 years experiencing caries in their primary teeth. Dental caries disproportionately affects children of low socioeconomic status and minority race and ethnicity, with a higher prevalence among Mexican American children (33%) and non-Hispanic Black children (28%) than among non-Hispanic White children (18%). Poor oral health adversely affects overall health, and dental caries is associated with pain, tooth loss, missed school days, poorer academic performance, and costly restorative care.

Access to dental care remains limited in many communities, especially for young children, those insured through Medicaid, and patients with special health care needs.

Read the full report [here](#)

### Screening and Interventions to Prevent Dental Caries in Children Younger Than 5 Years Updated Evidence Report and Systematic Review for the US Preventive Services Task Force

**IMPORTANCE** A 2014 review for the US Preventive Services Task Force (USPSTF) found that oral fluoride supplementation and topical fluoride use were associated with reduced caries incidence in children younger than 5 years.

**OBJECTIVE** To update the 2014 review on dental caries screening and preventive interventions to inform the USPSTF

Read the full [Evidence Report and Systemic Review](#)

### Screening and Interventions to Prevent Dental Caries in Children Younger Than 5 Years US Preventive Services Task Force Recommendation Statement

The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. (B recommendation) The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. (B recommendation) The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of routine screening examinations for dental caries performed by primary care clinicians in children younger than 5 years. (I statement)

Read the full [Recommendation Statement](#)



## [Reducing Inequities in Early Childhood Dental Caries in Primary Health Care Settings](#)

**Dental caries** is one of the most prevalent chronic noncommunicable diseases among children in the US and the world and one of the most common unmet health care needs of underserved children.

This costly and burdensome disease can result in severe pain, failure to thrive, and poor school performance, which have consequences for a child's short- and long-term future. Dental caries can start in early childhood and progress throughout the life course, despite being preventable. Many of the behaviors that cause dental caries are established early in life, which makes early childhood a critical period to establish effective healthy practices and start preventive interventions. To address these challenges, primary care clinicians have been called on to assess the oral health of their patients; provide anticipatory guidance and counseling about oral hygiene, fluoride exposures, and diet; assist with referrals; and apply fluoride varnish.

Read the PDF [here](#)

### HEALTH EQUITY

Jan 11, 2022

#### [How unifying dental, medical care can advance health equity](#)

The schism between the two domains dates to before the American Civil War. Learn more about how and why to bring them together.



The [January issue](#) of *AMA Journal of Ethics*® ([@JournalofEthics](#)) explores inequity along the medical-dental divide—in practice, in education and in health policy—focusing on practical and ethical strategies for better aligning goals of care.

Read it [here](#)



### Inequity Along the Medical/Dental Divide

January 2022, Volume 24, Number 1: E1-105



## Australian Centre for Integration of Oral Health (ACIOH)

The Australian Centre for Integration of Oral Health (ACIOH) is the leading national research centre in integrated oral health care and translational research - a key focus of Australia's National Oral Health plan (2015-2024). ACIOH is a virtual centre led by Western Sydney University (WSU) in collaboration with partner universities, health services and professional organizations. WSU has a strong reputation in this area having co-established a successful interprofessional oral health research centre in 2015 ([www.cohortaustralia.com](http://www.cohortaustralia.com)).

ACIOH generates research for the Australian Network for the Integration of Oral Health (NIOH) which was established in 2017 as an independent group, connected through our mission to put the mouth back into the body and make oral health everyone's business. NIOH has over 120 members across universities, government agencies, not-for-profits, consumer groups, and industry within Australia.

ACIOH provides a national platform for individuals and organizations to collaborate on oral health research, generate evidence to inform policy and practice, and disseminate findings through NIOH. This approach ensures that research being undertaken is complementary and builds on existing work; and importantly avoids duplication and enhances research translation. The work being led by ACIOH/NIOH has been internationally recognized and endorsed by the World Health Organization as well as the National Interprofessional Initiative on Oral Health in the United States.

Read the full [prospectus](#)

To learn more about ACIOH please visit [www.acioh.com](http://www.acioh.com) or contact the Co-Directors of ACIOH:  
 Prof Ajesh George: [a.george@westernsydney.edu.au](mailto:a.george@westernsydney.edu.au) Prof Hanny Calache:  
[h.calache@westernsydney.edu.au](mailto:h.calache@westernsydney.edu.au)







# Delivering for Canadians Now, A Supply and Confidence Agreement

March 22, 2022- the Prime Minister, Justin Trudeau, announced an agreement reached by the Liberal Party of Canada and the New Democratic Party in Parliament, *Delivering for Canadians Now, A Supply and Confidence Agreement*.

This agreement includes the way to **A better healthcare system** by: Launching a new dental care program for low-income Canadians. Would start with under 12-year-olds in 2022, then expand to under 18-year-olds, seniors and persons living with a disability in 2023, then full implementation by 2025. Program would be restricted to families with an income of less than \$90,000 annually, with no co-pays for anyone under \$70,000 annually in income.

Read the [full news release here](#).

## Resources of Interest – click on the links for information

**Time to Tame that Sweet Tooth**

A healthy diet is an important part of your overall well-being and is the best way to protect your body. Sugar is found in many foods, but the most common source is added sugar. Added sugar is found in many foods, including soft drinks, fruit-flavored yogurts, and many processed foods. High levels of added sugar can contribute to the erosion of tooth enamel.

Reducing the amount of sugar we consume daily and developing good dental hygiene habits can help protect our teeth and keep them healthy.

**Where to Start?**

**5 Simple Ways to Conquer Those Sugar Cravings**

1. Read labels: "free" ingredients are high in sugar and should be avoided.
2. Cut back on sugary snacks and drinks like sodas, energy drinks, and fruit-flavored yogurts.
3. Don't drink too much fruit juice. If you do, dilute it with water.
4. Use unsweetened alternatives instead of sugar in recipes.
5. Stick to whole grains, fruits, and vegetables.

Find more information at [www.dentalhygienecanada.ca](http://www.dentalhygienecanada.ca)

**Clearing the Air on Vaping and Oral Health**

Dental Hygienists – experts in oral health promotion and disease prevention – know that good oral health is vital for physical and overall well-being. As essential primary health care providers, they work with you to develop individualized oral care plans and can offer guidance on healthy lifestyle choices.

If you vape or are thinking about vaping, be sure to talk to your dental hygienist about the impact on oral and overall health.

**ORAL HEALTH CONSIDERATIONS**

Although research is ongoing, we know that vaping may increase your risk of:

- dry mouth
- halitosis (bad breath)
- mouth sores/ulcers
- gingivitis
- periodontitis
- burn injuries
- lung and heart disease

**VAPING AS A WAY TO QUIT**

While a cigarette and other vaping devices are considered as a less harmful alternative to regular cigarettes, they have not been approved as a smoking cessation aid in Canada. Dental Hygienists can recommend other proven smoking cessation strategies for you instead.

Don't let the growing popularity and widespread availability of vaping devices cloud your judgment. Vaping is not harmless!

Learn more about your oral health at [www.dentalhygienecanada.ca](http://www.dentalhygienecanada.ca)

**TOBACCO**

Tobacco use is a risk factor for many oral diseases and adverse oral conditions. Dental Hygienists play an important role in helping to educate individuals about the health hazards associated with tobacco use. Making the decision to stop tobacco use can improve your oral and overall health.

**Examples of tobacco products and devices include:** cigarettes, cigars, cigars, pipes, hookahs, and chewing tobacco.

The oral effects of tobacco use include oral and throat cancers, chronic gum disease, tooth decay, tooth discoloration, stains, bad breath, dry mouth, irritated taste and smell, and mouth sores that do not heal.

**New dental hygienists will screen you for early signs of oral cancer and gum disease.** Tobacco use is a leading cause of cancer and gum disease. As a primary oral health care professional, your dental hygienist performs a comprehensive examination of your teeth, neck, and mouth at each appointment. If an abnormality of any kind is found, your dental hygienist will make an appropriate referral to a physician. Early diagnosis and treatment of oral cancer can save lives. Your dental hygienist will also assess the health of your gums and the bones supporting your teeth. Make sure you talk to your dentist, which ultimately leads to your life.

With your dental hygienist about strategies to quit smoking, Dental Hygienists are skilled in health promotion, disease detection, and behavioural modification. They are required partners in any plan to reduce oral and overall health. Together during your regular appointments, you and your dental hygienist can discuss your oral health concerns and identify appropriate strategies to help you quit using tobacco products.

**TOBACCO**

**Did You Know?**

- Nicotine is the addictive property in tobacco.
- 1 cigarette = 1.1 mg nicotine
- 1 pipe bowl = 2.5 cigarettes
- 1 large cigar = 20 cigarettes (1 pack)
- 1 hookah session (45-60 minutes) = 20 cigarettes (1 pack)
- 1 tin of dip/tobacco = 20 cigarettes (1 pack)

**Related Resources**

Identify and prevent oral cancer: [www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/identifying-your-risk.html](http://www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/identifying-your-risk.html)

Oral cancer: [www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/oral-cancer.html](http://www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/oral-cancer.html)

Help resources: [www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/help-resources.html](http://www.canada.ca/en/health-services/public-health/healthy-living/healthy-mouth/help-resources.html)

### Consider Becoming a Member of SOHC Inc.

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

Membership runs January through December annually.

**Organization Levels:**

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

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

[Download the Application Form](#)

### Contact Us

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