



SASKATCHEWAN

ORAL HEALTH
COALITION

SOHC Newsletter

October 2016

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Save the Date for the Upcoming
SOHC Meeting!

October 24, 2016

Regina

8:30am-4:30pm

The meeting will be live-streamed!

Please see **page 6** for more
information.

Stay tuned for the Agenda!

Through a unified voice, the Saskatchewan Oral Health Coalition 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.

The First Federal Budget Under Prime Minister Justin Trudeau: Addressing Social Determinants of Health?

The social determinants of health (SDHs)- such as income and housing- have been widely acknowledged as a central driving force of population health outcomes. A challenging budget environment during the Harper years has meant that crucial investments in the SDHs have increasingly been neglected.

The first Liberal budget under the new Prime Minister, Justin Trudeau offers some steps in the right direction for improvements

in SDHs. However, there are two issues that raise concerns. First, additional and health-promoting government spending appears to be extremely short-lived. The 2016–2017 Budget highlights that after briefly increasing federal spending, levels will return to those seen during the era under Harper, ending its first fiscal plan in the year 2020–2021 with federal spending at one of the lowest rates in the past 65 years – 15.1% of Gross Domestic Product (GDP). This is only slightly higher than the 2014–2015 all-time low of 14.2% under Harper. Second, is the fact that government revenues are predicted to decline even further in the

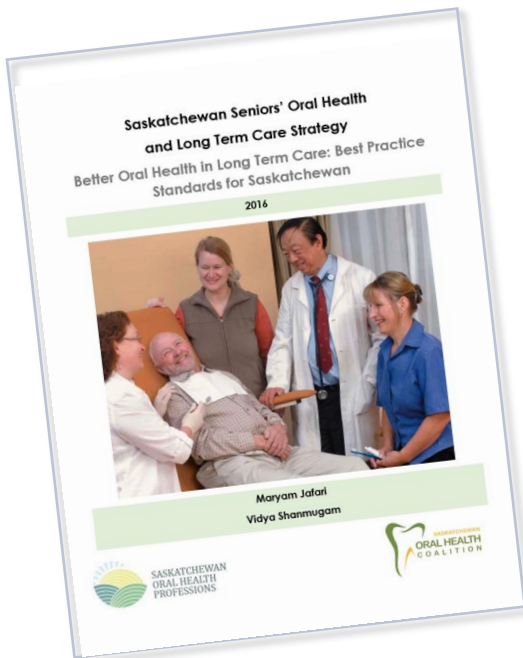
2016–2017 Budget, from 14.6% of GDP in the last year of the Conservative administration to 14.4% in 2016–2017, and stabilizing at 14.5% of GDP thereafter.

To conclude, the first Justin Trudeau budget represents a step in the right direction, but this first step needs to be followed up with a sustained commitment to address the pervasive (and unfair) social inequalities that are the root cause of persistent health inequities in Canada.

Read More at:

<http://journal.cpha.ca/index.php/cjph/article/viewFile/5662/3406>

Report : Saskatchewan Seniors' Oral Health and Long Term Care Strategy – Better Oral Health in Long Term Care: Best Practice Standards for Saskatchewan



We are pleased to announce that the Saskatchewan Oral Health Coalition (SOHC) and Saskatchewan Oral Health Professions (SOHP) have released a provincial report for the improvement of oral health in Long Term Care (LTC) residents.

The report provides an overview of aging population, the current

oral health status and the consequences of poor oral hygiene in LTC residents. It also discusses the best practice standards for better oral health in LTC homes in Saskatchewan and provides comprehensive portfolios for educators, professionals, and staff.

The SOHC and SOHP presented the report -through slides and video-to the Saskatchewan Ministry of Health on September 6, 2016. The Ministry of Health did state that they were very impressed with the presentation and level of information. The Ministry of Health was motivated and interested in keeping the momentum going on this work. They will be looking for opportunities to share the strategy/training with other Directors of Care in all health regions.

Read More at our Website:

<http://www.saskohc.ca/resources.php>
And click '

Article: Dental Public Health Capacity Worldwide: Results of A Global Survey

The World Federation of Public Health Associations' Oral Health Working Group (WPHA OHWG) conducted a survey to

establish the extent of dental public health (DPH) capacity worldwide. Senior stakeholders in DPH completed 124 surveys, covering 73 countries and all World Health Organization regions. The survey evaluated DPH workforce within the country, education, funding, current services, and integration between public health and DPH in countries. In 62 % of countries, DPH is only partially integrated in the public health system, whereas in 25 % of countries it has not yet been formally integrated. DPH programs at Masters level are available in 44 % of countries. More than half of countries have 0 to 10 trained DPH professionals.

Since both poor oral and general health share several common risk factors, DPH must be integrated into national health systems and budgets. The emphasis must be on having trained DPH specialists available in every country to collaborate in healthcare policy and provision.

Read More at:

<http://link.springer.com/article/10.1057/s41271-016-0029-9>

Article: Treating Early Childhood Caries Under General Anesthesia: A National Review of Canadian Data

By definition, children under 6 years of age are considered to have Early Childhood Caries (ECC) if they have experienced any past or current decay involving the primary teeth. The complexity of treatment required to rehabilitate the dentition of those with severe ECC, along with their young age, often warrants the use of

general anesthesia. Dental surgery rates can serve as an important population health indicator

Day surgery abstracts for children with ECC were extracted for 4 years, 2010/11 to 2013/14. All provinces and territories participated except Quebec. Rates were calculated for the pooled 4-year cohort.

The overall rate of dental surgery to treat ECC was 12.1 per 1000 children 1-4 years of age, accounting for 31.0% of all day surgeries performed on this

age group in Canada.

Dental surgery for ECC occurred more often among children from the least-affluent households, rural regions and communities with a high proportion of Aboriginal people.

Total hospital-associated costs of treating ECC under general anesthesia averaged \$21,184, 545 annually. This translates into an average hospital cost of \$1564 per child.

Read More at:

<http://www.jcda.ca/g20>

Report: Alberta Oral Health Action Plan 2016:

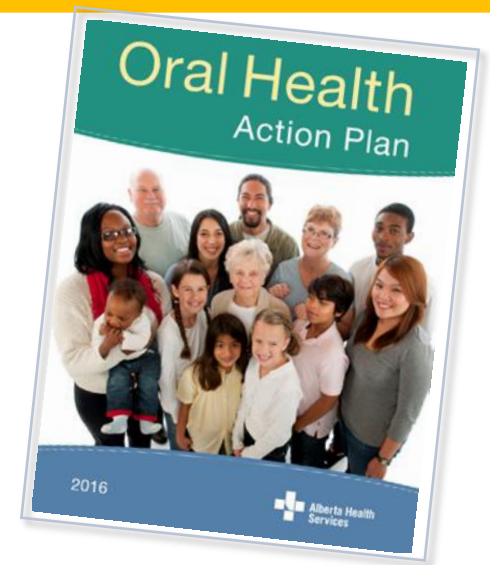
Addressing the oral health needs of Albertans has become more provincially focused with the appointment of the Provincial Dental Public Health Officer and Provincial Oral Health Manager for Alberta Health Services (AHS) in 2009. The establishment of these provincial leadership roles led to the Provincial Oral Health Action Plan (OHAP) 2010 framework. OHAP 2010 recommends standardized, evidence based prevention and treatment services for children, seniors, and low income individuals across the province to address oral health inequities. In alignment with the plan, AHS Zones implement services within existing public oral health resources to achieve the OHAP 2010 objectives.

The present document, OHAP 2016, updates initiatives and objectives to meet population

needs and ensures sustainability. In addition, the updated plan moves forward with a comprehensive population health approach and expansion of the initiatives.

The Provincial Oral Health Office (POHO) is responsible to lead and facilitate initiatives to improve the oral health status of Albertans, with special attention to those groups of the population that are more vulnerable. POHO organizes the oral health initiatives established by OHAP 2016 into four domains to reflect the scope of initiatives for public oral health in Alberta. The domains are identified as follows: health promotion; prevention services; treatment services; and research and surveillance. Each domain is correlated to specific initiatives, objectives, and indicators for OHAP 2016.

Through leadership, POHO collaborates with government leaders, policy makers,



organizations, AHS Zones and communities to successfully oversee the delivery of the oral health initiatives proposed by OHAP 2016 and consistently utilizes scientific evidence-based dentistry in its decision making.

Read More at Our Website:

<http://www.saskohc.ca/resources.php>
And click 'Reports'

Article: Community-Based Population-Level Interventions for Promoting Child Oral Health (Review)

Tooth decay and gum disease are commonly occurring, preventable chronic conditions that can develop early in childhood and have lifelong impact on health and quality of life. Although much is known about how to treat oral disease clinically, we do not know which community-based population-level interventions are most effective and equitable in preventing poor oral health.

This review included findings from 38 studies (total n = 119,789 children) and examined the evidence base

from January 1996 until April 2014 on effective community-based oral health promotion interventions for preventing caries and gum disease among children from 0 to 18 years of age. Interventions included in this review were diverse and were delivered in a range of childhood settings, including education, community, healthcare and home environments.

The review provides evidence of low certainty suggesting that community-based oral health promotion interventions that combine oral health education with supervised tooth brushing or professional preventive oral care can reduce dental caries in children. Other interventions,

such as those that aim to promote access to fluoride, improve children's diets or provide oral health education alone, show only limited impact.

The authors found no clear indication of when is the most effective time to intervene during childhood. More rigorous measurement and reporting of study findings would improve the quality of available evidence.

Source:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009837.pub2/abstract>

Article : Higher Body Mass Index Associated with Severe Early Childhood Caries.

Severe Early Childhood Caries (S-ECC) is an aggressive form of tooth decay in preschool children affecting quality of life and nutritional status. At-risk populations for S-ECC include those from socioeconomically deprived communities, Indigenous children, and recent newcomers to Canada.

Recently, there has been considerable interest in the relationship between childhood caries and childhood growth. Body mass index (BMI),

expressed in kg/m², is a measure of "body fatness". BMI is classified into four categories; underweight, healthy, overweight and obese. Some studies have found significant associations between ECC and overweight, drawing conclusions that the connection may be based upon shared risk factors of the two outcomes. To date, there is no published Canadian data on BMI and severe caries in young children.

The purpose of this study was to evaluate whether a significant association between BMI and S-ECC exists in Canadian preschool children. 235 children

were included (141 with S-ECC and 94 caries-free). The mean age was 43.3 ± 12.8 months and 50.2 % were male.

Overall, 34.4 % of participants were overweight or obese. Children with S-ECC were significantly more likely to be overweight and obese compared to caries-free children. Children with S-ECC had significantly higher BMI z-scores and percentiles than caries-free peers.

Read More at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4992304/>

Pocket Guide: Bright Futures in Practice: Oral Health- Pocket Guide (3rd ed.)

Recognizing oral health as a vital component of health, Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB) sponsored the development of *Bright Futures: Oral Health*.

The pocket guide is designed to be a useful tool for a wide array of health professionals (dentists, dental hygienists, physicians, physician assistants, nurse practitioners, nurses, dietitians) to address the oral health needs of pregnant and postpartum women, infants, children, and adolescents.

It offers health professionals an overview of preventive oral health supervision and is designed to help them implement specific oral health guidelines. The guide includes information about family preparation, risk assessment, interview questions, screening, examination, preventive procedures, anticipatory guidance, measurable outcomes, and referrals. The information presented in the pocket guide is intended as an overview rather than as a comprehensive description of oral health. The information does not prescribe a specific regimen of care but builds upon existing guidelines and treatment protocols such as those



recommended by the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of Pediatric Dentistry, the American Academy of Pediatrics, and the American Dental Association.

The pocket guide is available in an online and a PDF version.

Read More at:

<http://mchoralhealth.org/pocket/index.html>

<http://mchoralhealth.org/PDFs/BFOHPocketGuide.pdf>

Meeting: The Politics of Health Inequity: Getting to the Roots

In January 2016, the Committee on Community Based Solutions to Promote Health Equity in the United States held its first meeting. Richard Hofrichter the Senior Director, Health Equity, National Association of County

and City discussed the role of public health in social transformation to address health inequity.

The history of public health has shown that the greatest advances in life expectancy in the USA—in the late 19th and early 20th century- didn't happen

because of medical advances or economic growth. This happened due to major social changes and the organization of people within public health and social reformers. Some examples included the sanitation movement, and the abolition of child labor.

Hofrichter discussed that public health departments should not only look at health outcomes, but also the institutions that are creating the health inequity. Public health has to speak out about the inequity not just repair the damage. They need to use health equity impact assessment and analysis of potential impacts of public/private policy associated

with land use, education, wages, labor markets; publicize the levels of segregation and their health effects; document the proportion of city budgets, the investment and disinvestment; and collaborate to end the discriminatory displacement and dispossession.

In conclusion, eliminating health inequity depends upon the

public health becoming more liberated, the set priorities with their communities and rethinking the bureaucratic model of command and control in working more closely with their communities.

Watch the Video at:

<http://www.nationalacademies.org/hmd/Activities/PublicHealth/Culture-of-Health/2016-JAN-06/Videos/Panel%20%20Videos/9-Hofrichter-Video.aspx>

Toolkit: Improving Oral Health: Community Water Fluoridation Toolkit For Local Authorities



The toolkit was developed by Public Health England to help local authorities make informed decisions on whether to implement, vary or terminate a

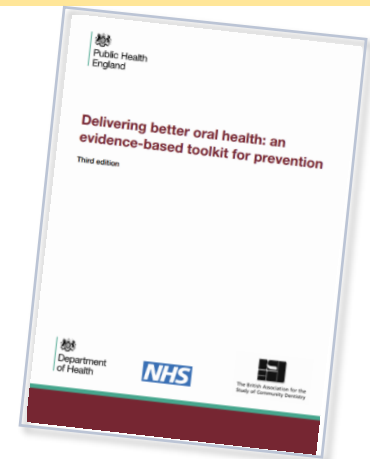
water fluoridation scheme. Decisions on water fluoridation are the responsibility of local authorities and this toolkit will support their public health teams with advice and information. The toolkit will be of particular interest to directors of public health and their staff, and to chairs and members of health and wellbeing boards and of health overview and scrutiny committees.

Read More at:

<https://www.gov.uk/government/publications/improving-oral-health-community-water-fluoridation-toolkit>

Toolkit: Delivering Better Oral Health: An Evidence-Based Toolkit for Prevention

This toolkit is an evidence based toolkit developed by Public



Health England to support dental teams in improving their patient's oral and general health. It is intended for use throughout primary dental care.

Read More at:

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Online Tool: Project Implicit

Project Implicit is an educational resource/research site for investigations in implicit social cognition. It includes online tests for implicit preferences for racial groups and age groups. This website presents a method called the Implicit Association Test (IAT) that investigates thoughts and feelings that exist outside of conscious awareness or conscious control.

Read More at:

<https://implicit.harvard.edu/implicit/index.jsp>



Online Tool: Compare Your Income

Compare Your Income is an Organisation for Economic Co-operation and Development's (OECD) tool that allows you to see whether your perception of income distribution is in line with reality.

Read More at:

<http://www.compareyourincome.org/>

Save the Date!

Dental Day

Saturday, April 8, 2017 – Saskatoon, SK

College of Dentistry, University of Saskatchewan
8:00 a.m. – 4:00 p.m.

An opportunity to provide FREE dental care to families in need in Saskatoon.

Receive 1 CE credit/hour of volunteer activity

For More Information Contact:

Dr. Danielle Briere: dab505@mail.usask.ca
Dr. Alyssa Hayes: alyssa.hayes@usask.ca

Save the Date!

Saskatchewan Oral Health Coalition Meeting

Monday, October 24, 2016- Regina

Travelodge Hotel 4177 Albert Street
8:30 a.m. – 4:30 p.m.

We are honored to announce that will be hosting speakers from the USA and across Canada!

The meeting will be live-streamed!



Future Meeting Dates:

Monday, May 29, 2017- Saskatoon
Tuesday, October 24, 2017- Regina

Consider Becoming a Member of SOHC

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:

- \$100 – Business/For Profit Organization
- \$75 – Non-Profit Organization
- \$25 – Individual
- Free- Students (full-time)

Website:

www.saskohc.ca/becomeMember.php

SOHC Leadership Team Members

- Susan Anholt
- Maryam Jafari (Admin Support)
- Jerod Orb (Treasurer)
- Leslie Topola
- Kellie Watson (Chairperson)
- Dianne Whelan

If you are interested in becoming involved with the leadership team, please contact the SOHC Administrative Support

Contact Info:

sohcadmin@saskohc.ca

Contact Us

Maryam Jafari
Administrative Support
Saskatchewan Oral Health Coalition

Oral Health Program
Population and Public Health -
Saskatoon Health Region
101 - 310 Idylwyld Drive North
Saskatoon, SK S7K 0Z2

Contact Info:

sohcadmin@saskohc.ca

Our Website:

www.saskohc.ca

Some of Our Members:

- 1- Autism Services of Saskatoon
- 2- Battle River Treaty 6 Health Centre
- 3- Canada's Tooth Fairy – National Children's Oral Health Foundation of Canada
- 4- College of Dental Surgeons of Saskatchewan (CDSS)
- 5- Cypress Health Region
- 6- Denturists Society of Saskatchewan
- 7- Dieticians of Canada
- 8- Five Hills Health Region (FHHR)
- 9- Greater Saskatoon Catholic Schools
- 10- Health Canada
- 11- Health Canada-Children's Oral Health Initiative (COHI)
- 12- Heartland Health Region
- 13- Horizon School Division
- 14- Keewatin Yatthe Regional Health Authority (KYRHA)
- 15- Trail Health Region (KTHR)
- 16- Kids First
- 17- Lac La Ronge Indian Band (LLRIB)
- 18- Lac La Ronge Indian Band Health Services (LLRIBHS)
- 19- Maggie's Childcare Centre
- 20- Mamawetan Churchill River Regional Health Authority (MCRRA)
- 21- Meadow Lake Tribal Council (MLTC)
- 22- Northern Oral Health Working Group
- 23- Prairie North Health Region
- 24- Prince Albert Grand Council
- 25- Prince Albert Parkland Health Region (PAPHR)
- 26- Regina Qu'Appelle Health Region (RQHR)
- 27- Saskatchewan Arthritis Society
- 28- Saskatchewan Association for Community Living's
- 29- Saskatchewan Coalition for Tobacco Reduction
- 30- Saskatchewan Dental Assistants' Association (SDAA)
- 31- Saskatchewan Dental Hygienists' Association (SDHA)
- 32- Saskatchewan Dental Therapists' Association (SDTA)
- 33- Saskatchewan Dietitians Association
- 34- Saskatchewan Ministry of Education
- 35- Saskatchewan Ministry of Health
- 36- Saskatchewan Prevention Institute
- 37- Saskatoon Council on Aging (SCOA)
- 38- Saskatoon Health Region (SHR)- Healthy and Home
- 39- Saskatoon Open Door Society
- 40- Saskatchewan Polytechnic
- 41- Saskatoon Public School Division
- 42- Sherbrooke Community Centre – Saskatoon Health Region
- 43- SHR-Food for Thought
- 44- SHR-Healthy Mother, Healthy Baby
- 45- SHR-Population and Public Health
- 46- SHR-Primary Health
- 47- SHR-Seniors' Health and Continuing Care
- 48- SHR-Speech Language Pathologists
- 49- Sunrise Health Region
- 50- University of Saskatchewan-College of Dentistry
- 51- University of Saskatchewan-College of Nursing
- 52- White Buffalo Youth Lodge
- 53- Willow Cree Health