SASKATCHEWAN ORAL HEALTH COALITION

SOHC Newsletter October 2017

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.

Save the date for **SOHC Meeting, Tuesday, October 24**, 2017 **Regina**
Please see page 11 for more information

In This Issue:

The Saskatchewan Oral Heath Coalition Is Officially Incorporated!

We are pleased to announce that we just received the certificate for the Saskatchewan Oral Heath Coalition Inc. Please stay tuned for more information!

Certificate of Incorporation

I certify that:

SASKATCHEWAN ORAL HEALTH COALITION INC.

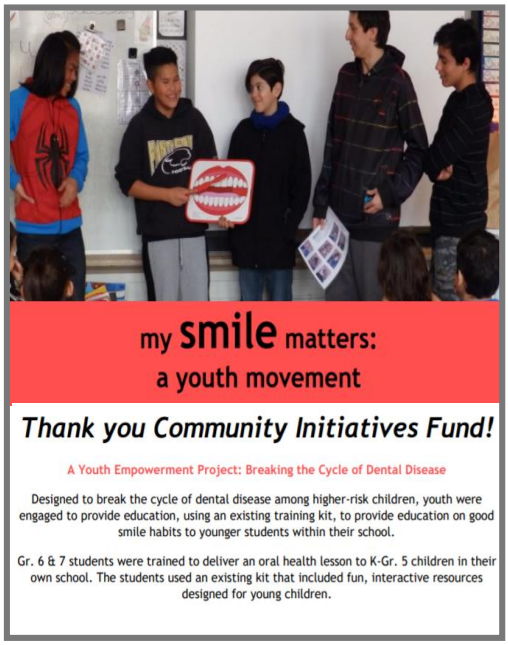
102032778

was incorporated as a Saskatchewan Non-profit - Charitable under
The Non-profit Corporations Act,1995
on September 26, 2017.

Saskatchewan
Director of Corporations

Director of Corporations
September 27, 2017

Project: My Smile Matters: A Youth Movement



The project –supported by Community Initiatives Fund- was delivered in elementary schools in the Saskatoon Health Region in Spring 2017. The goal was to empower youth to change the smiles of children in their community. The project was delivered in elementary schools where children are at higher risk of dental disease. The project was delivered in 31 elementary schools in Saskatoon and surrounding area. 138 Grade 6/7 students were trained in targeted schools to deliver an oral health lesson to 3,170 younger students (Kindergarten-Grade 5) in the school. Each of these students also received a bag containing free oral health supplies to take home.
The evaluation indicated successful achievement of the following outcomes:

- Increased oral health literacy to improve health behaviors among children.
- Elevated interest in oral health/improved oral health behaviors among children.
- Increased number of children with oral disease risk factors being identified.
- Student volunteers experienced a satisfying volunteer opportunity.

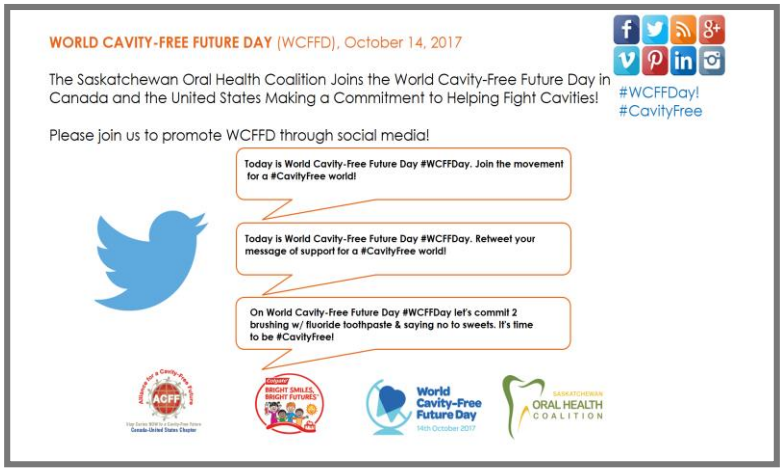
We are proud to announce that we received a second Dakota Dunes grant being implemented Sep - Dec 2017: 25 more schools will receive ToothFairy kits and have Grade 6/7 students trained as peer leaders to deliver.
Read More Here

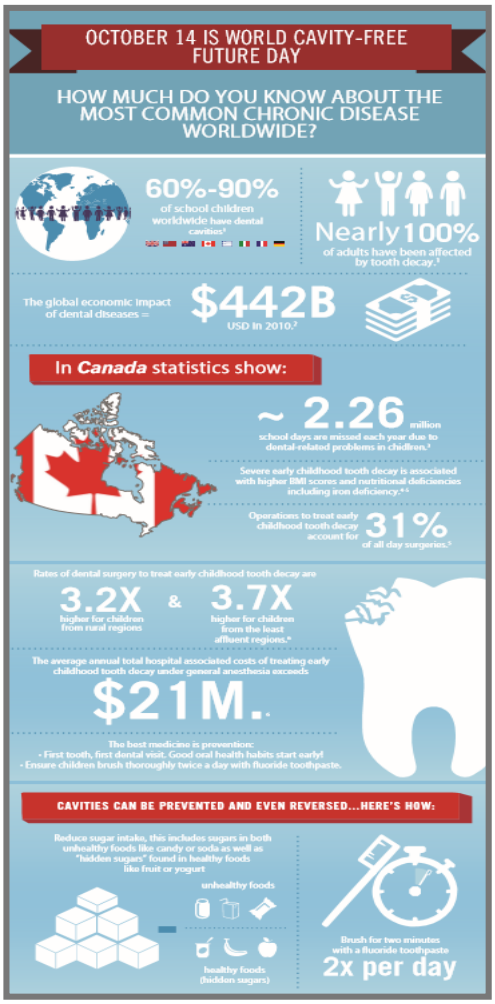
World Cavity Free Future Day- October 14

In 2016, the Alliance for a Cavity Free Future (ACFF)- a global organization launched a World Cavity Free Future Day (WCFFD)! The initiative designed to raise awareness of dental caries, and encourage people to think about their dental health.

This year, in addition to the activities planned through the Global team, including the launch of a targeted website and social media drivers (#WCFFDay! #CavityFree), an informatic developed that can be shared via traditional and social media. Additional assets that may be of interest can be downloaded here.

The World Cavity-Free Future Day, will be celebrated on Saturday 14th October around the world. The Saskatchewan Oral Health Coalition joins the World Cavity-Free Future Day in Canada and the US making a commitment to helping fight cavities! You can see the Saskatchewan Oral Health Coalition Press Release for World Cavity-Free Future Day here!





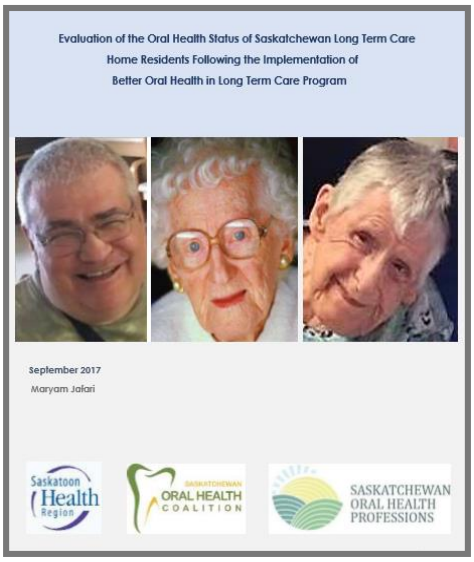
Report: Evaluation of the Oral Health Status of Saskatchewan Long Term Care Home Residents Following the Implementation of Better Oral Health in Long Term Care Program

We are pleased to announce that the evaluation report on the Better Oral Health in Long Term Care Program (BOH in LTC) has been completed. The findings were presented as a poster at the Canadian Association of Public Health Dentistry conference in Toronto, September 22-23, 2017.

The report provides a literature review on oral health in LTC home residents, an overview of the BOH in LTC Program, evaluation of the oral health status of residents of two LTC homes in the Saskatoon Health Region.

BOH in LTC Program was fully implemented by a Long Term Care Oral Health Coordinator (LTC-OHC) at two LTC homes (SherBrooke Community Centre and SunnySide Adventist Centre) in the Saskatoon Health Region in 2016-2017.

The oral health status of 177 LTC residents, was evaluated over six months. Residents who received care under BOH in LTC Program showed a significant improvement in their oral health status. The result also signifies the role of LTC-OHC, who works collaboratively with the LTC team, in improving the oral health care.

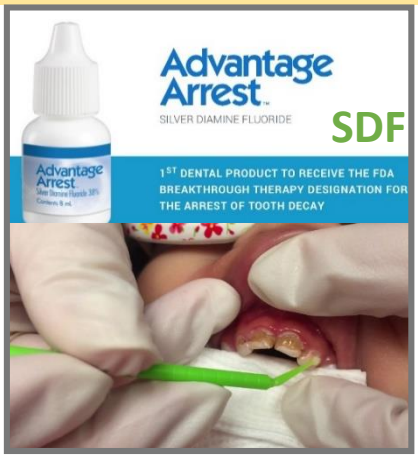


Note: When the report is released, we will announce it and place it on the SOHC website.

Opinion : New Liquid Treatment Stops Tooth Decay Painlessly

Silver Diamine Fluoride (SDF) has been used for years in Japan, Australia and Argentina. Recently, it has been approved in Canada, under the product name Advantage Arrest. SDF can prevent, fight and protect against cavities.

Dr. Katherine Roche, the Edmonton dentist, has tried it on about a dozen patients so far. "You just paint it on like a little bit of varnish … no freezing and drilling," said Roche. She believes it "really revolutionizes the care" for children, seniors and other patients who don't tolerate dental procedures well. SDF reduces the risk of developing new cavities throughout the mouth due to what's called the "zombie effect," she explained. "What happens is bacteria will take up the silver ions and they will go visit their other bacteria friends



and they spread that silver ion around … and kill those bacteria as well." Additionally, it is less costly than traditional fillings. At her clinic, a SDF treatment is billed per unit of time. She can treat an entire mouth within 15 minutes, which would not cost above $100 compared to a filling that cost almost $200. A second treatment is recommended six months following the first. However, the main drawback of SDF is that it stains the tooth a dark brown/black. In addition, it isn't the best option for advanced decay, Roche says. Still, Roche says SDF offers a better option for young children – who often can't tolerate extensive dental work – than giving them a general anesthetic for traditional fillings. Moreover, any staining that occurs in their baby teeth will not affect their adult teeth.

SDF "is the easiest, simplest way to stop dental decay that has already started," said Benoit Soucy, the Director of clinical and scientific affairs at the Canadian Dental Association. But, he added SDF is not for everyone – especially "anybody who is concerned about the appearance of their smile…It will definitely not replace fillings" Soucy said. "This is an additional tool that helps to treat certain, very specific situations that had no good options until now."

Read More Here

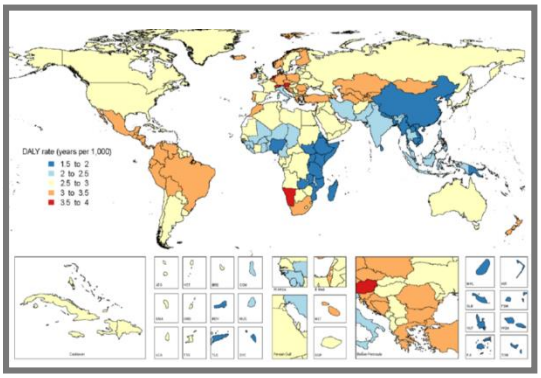
Article: **Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors**

The Global Burden of Disease(GBD) 2015 study, analyzed all available data of oral conditions in 195 countries to measure prevalence, incidence, and disability-adjusted life year (DALY) estimates of oral conditions for the period of 1990 to 2015. **Prevalence** defines as The total number of cases of disease at a given time, whereas **incidence** is the number of new cases diagnosed in a given period of time, often a year. One **DALY** is a year of "healthy life" lost due to either premature death or disability. As death as a direct result of oral diseases is rare, therefore DALY estimates were just based on years lived with disability.

Globally oral health has not improved in the last 25 years, and oral conditions still has remained a major public health challenge in 2015.

Although the age-standardized prevalence of oral conditions remained almost stable over this period, population growth and aging have resulted in a dramatic increase in the burden of untreated oral conditions worldwide.

Globally, the number of people with untreated oral conditions increased from 2.5 billion in 1990 to 3.5 billion in 2015; DALYs due to oral conditions showed a 64% increase. The number of people with untreated oral conditions and the DALY



estimates are relevant measures to identify the overall population with unmet normative demand for dental care. The number of people with untreated oral conditions reached 3.5 billion in 2015, accounted for 16.9 million DALY, i.e. 16.9 million years of healthy lives lost to disability due to untreated oral conditions.

Worldwide, untreated caries in permanent teeth was the most prevalent condition (age-standardized prevalence: 34%), affected 2.5 billion people). Untreated permanent caries peaked in the 15 -19 year old group, decreasing gradually with increasing age.

The most prevalent condition worldwide

Total tooth loss remained the leading cause of DALYs due to oral conditions, accounting for 7.6 million. The prevalence of total tooth loss was highest at age 75 to 79. The highest prevalence and incidence of total tooth loss was observed in Tropical Latin America.

Globally, the incidence of caries (new cases of caries) in deciduous teeth was 126 million. Untreated deciduous caries was highest in the 1 - 4 year old age group.

- The direct treatment costs associated to oral conditions accounted for an average of **4.6%** of global health expenditure.
- Indirect costs due to oral conditions corresponded to economic losses within the range of the 10 most common global causes of death.
- The total (direct and indirect) global economic impact of oral conditions may account for above **US$442 billion**. It is estimated that the total cost and DALYs will keep increasing.

While there are some methodological issues with the GBD study, the value of this study is in identifying which populations and countries have the highest population with unmet normative demand for dental care.

In summary, oral diseases are highly prevalent in the globe, posing a very serious public health challenge to policy makers. Overall, oral health has not improved during the last 25 year, which suggests that greater efforts and maybe a different strategy are needed if this goal is to be achieved by 2020. A primary focus on prevention of oral diseases (including implementation of population-level interventions that tackle the social determinants of oral health over the life course), along with targeted treatment-focused interventions may reduce the high prevalence of oral diseases.

Read More Here

Infographic: Dental Care Is Safe and Important During Pregnancy

The Children's Dental Health Project, in the USA, released a new infographic that encourages health professionals to coach women about the importance of oral health during pregnancy. The informatic is available in two versions: using on your website or printing high quality color copies that can be displayed by health providers.

Acidity level in the mouth rises during pregnancy, putting them at greater risk for tooth decay. Additionally, hormonal changes during pregnancy can cause gums to swell and bleed more easily than usual. Mother's oral health can affect her child's oral health during pregnancy and postpartum. Research indicates woman's oral health during pregnancy is a good predictor of her newborn's risk for tooth decay. Mothers can unintentionally pass cavity-causing bacteria to their infants through the transfer of saliva(e.g. sharing utensils and kissing).

Read More Here and Here

Article: Social Determinants of Pediatric Oral Health

This article highlights the critical impact of social determinants of health on children's oral health and "social determinant of health approach" to improve oral health. World Health Organization (WHO) defines social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."

Chronic diseases occur as a result of exposure to damaging experiences in critical periods of life or accumulated over time. Therefore, important developmental processes (as early as fetus growth) may be affected during critical periods, causing short-term /long-term effects, including on oral health. For example, good chewing ability at age of 50 has been associated with regular dental care in childhood. Also, childhood patterns of dental visit affect later dental care patterns, and as a result provide a cumulative impact on oral health throughout the course of life.

There are significant oral health inequalities among children which are affected by socioeconomic status, family structure, social environment, and culture (social determinant of health). "Biologic approach" to oral health intervention neglects the role of the socioeconomic environment on oral health outcomes. Therefore, interventions to improve oral health must address the interaction between multiple levels of risk factors in the socioecological and life course frameworks.

Read More Here

Fact Sheet: Food Security and Social Assistance

PROOF is an interdisciplinary research program working to identify effective policy interventions to reduce household food insecurity in Canada. PROOF has recently published the latest in their series of fact sheets on food insecurity in Canada. This fact sheet is on the extreme vulnerability of social assistance recipients to food insecurity.

Food insecurity - the inadequate/ insecure access to food because of financial constraints - is a serious public health problem in Canada. It negatively impacts physical, mental, and social health as well as healthcare system. **Over 4 million Canadians are now affected by food insecurity**.

The rates of food insecurity among households reliant on social assistance is extremely higher than the rate nationally. About **one third** of households reliant on social assistance as their main source of income are **severely food insecure**, meaning serious levels of food deprivation. The percentage of social assistance recipients experiencing severe food security is **11 times higher** than other Canadians (29.4% vs. 2.6%). These findings suggest that these support programs are failing to enable recipients to meet their basic needs.

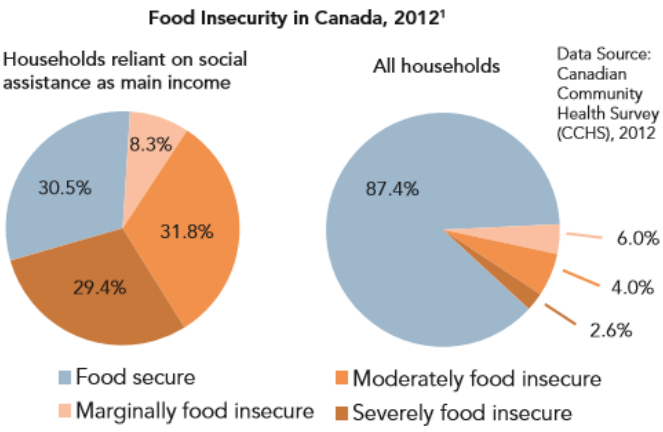
Food insecurity rates among social assistance recipients vary within jurisdictions. The rate of food insecurity among social assistance recipients in **Newfoundland and Labrador** is significantly lower than national rate. This is linked to the impact of policy reforms introduced as part of their poverty reduction strategy in 2006. Another evidence in **British Columbia** showed that following a one-time increase in income support among social assistance recipients, the rates temporarily decreased.

In conclusion, given the evidence that policy interventions can reduce food insecurity among individuals on social assistance, provincial/territorial governments need to change current programs to ensure that recipients can meet their basic needs.

Read More Here

Read Other Fact Sheets Here

PROOF
FOOD INSECURITY
POLICY RESEARCH



Position Statement:
Filling the Gap in Oral Health Care

The Canadian Dental Hygienists Association (CDHA) recently commissioned research to identify options for reintroducing dental therapy training into postsecondary education programs, recognizing that the closure of Canada's last dental therapy program in 2011 has led to significant oral health human resource shortages. Filling the Gap in Oral Health Care, a CDHA position statement, presents the results of this research.

While various educational models have been investigated, a " 4-year entry-to-practice dually qualified model ", integrating the 3-year dental hygiene diploma and the former 2-year dental therapy diploma, is considered the most cost-effective and realistic approach to re-establishing dental therapy abilities in Canadian postsecondary education. This model aligns with international trends to combine dental therapy abilities with dental hygiene skills. The needs of provinces and institutions differ; therefore, the model might vary across jurisdictions.

CDHA is committed to finding solutions to Canada's access to care issues. The capacity of the oral health workforce can be improved to ensure that the right oral health professional provides the right services in the right place at the right time!

Read More Here

Article: The Perceptions of First Nation Participants in a Community Oral Health Initiative

The Children's Oral Health Initiative (COHI) is a federally funded community-based preventive dental program for children and their caregivers living in remote Canadian Aboriginal communities. The program was initiated and funded by Health Canada in 2004. Almost half of all 636 First Nations and Inuit (FN/I) communities across Canada have opted to implement the initiative since 2005.

The program is delivered by COHI aides, who are lay community oral health workers living in the communities. They collaborate with dental therapists/ hygienists to screen 0–7 year old children for dental caries, provide preventive oral health information, apply fluoride varnish and refer children to the dental therapist/hygienist for sealants and atraumatic restorative treatment (ART) or to a dentist for further comprehensive treatment, as needed.

The objective of this investigation which was conducted in Manitoba was to explore the experiences and opinions of First Nations families whose children had enrolled in the COHI. Semi-structure interviews were conducted with caregivers of enrolled children. Six open-ended questions guided the interview process. 141 interviews were completed in 13 communities.

The results demonstrates that the local, community-based nature of COHI was viewed as essential to its success and perceived as beneficial by First Nations community members.

The finding showed that participants defined good oral health as the absence of dental cavities, which reflects a Western model of disease.

Definition of Health

- Health is a holistic balance of mental, physical, spiritual and emotional well-being, not simply free from disease. (traditional holistic model)
- Health is seen as "free from disease" (western model)

In conclusion, oral health preventive messages need to be integrated into traditional holistic models of wellness and should target the underlying reasons for dental caries, especially access to a healthy diet and issues of food insecurity. Although primary oral healthcare can be effective, the high prevalence and severity of dental disease in FN/I children will continue until the underlying **social determinants of health (such as food insecurity)** are effectively addressed.

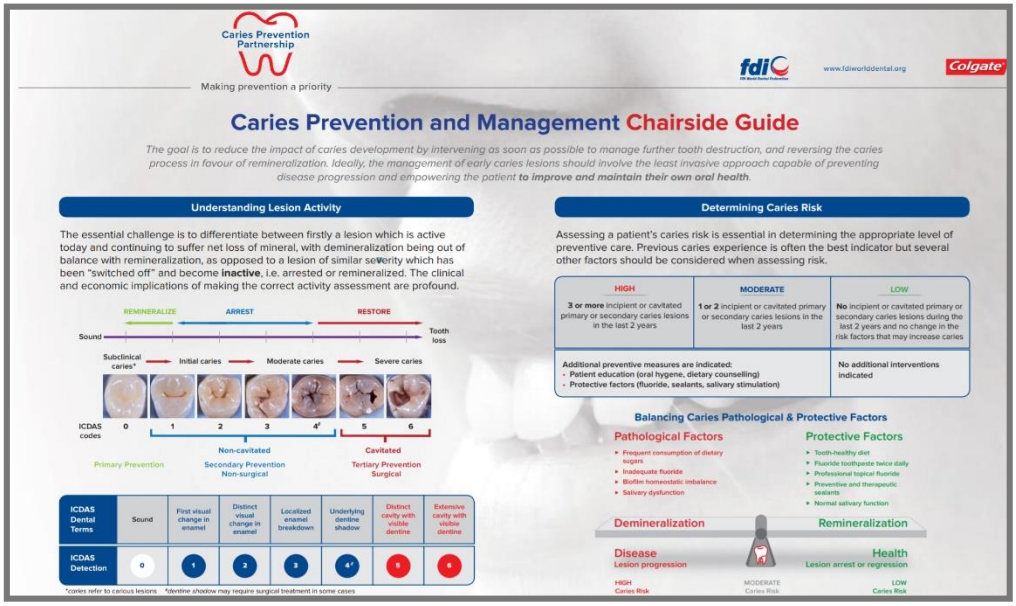
Traditional, community-based oral care is especially important in rural areas, where access to primary healthcare facilities is difficult. Programs such as COHI should be sustained and expanded.

Read More **Here**

Educational Resource: Caries Prevention and Management Chairside Guide

FDI has launched a chairside guide with a focus on caries prevention. The goal is to reduce the impact of caries development by intervening as soon as possible to manage further tooth destruction, and promote tooth remineralization.

The tool provides age-specific information on caries risk assessment, professional maintenance, and patient/education maintenance.



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Website: Oral Health
https://oralhealth.acl.gov

The U.S. Department of Health and Human Services (HHS), Administration for Community Living (ACL), and Office on Women's Health (OWH) have launched their first website focused on helping communities to promote the oral health of older adults. This is a First-of-its-kind searchable database of low-cost programs and comprehensive "how to" guide for communities.

The website include: Searchable Database of Community Programs and Oral Health Guide

The **Searchable Database** can help users to search through approximately 200 community-based oral health programs, across the USA, in 11 searchable categories.

11 Searchable Categories:
- Age (0-17, 18-60, 60+)
- Specific Populations (with disability, etc.)
- Geography (rural, urban)
- Service Delivery Setting (long term care, etc.)
- Service Delivery Model (telehealth, etc.)
- Staffing (dental assistant, etc.)
- Payment for Care (free, insurance, etc.)
- Program Funding (public funding , etc.)
- Oral Care Services (emergency, basic, etc.)
- Other Program Services (education, etc.)
- Integration with Services (transportation, etc.)

The **Oral Health Guide** can further assist communities in launching or enhancing their own program. This section contains key tips, templates, case studies, worksheets, interactive resources related to target population selection and other sources of support. For communities that already have an oral health program in place for older adults, the Oral Health Guide can assist with expansion or enhancement.

Article: Fluoride Exposure and Indicators of Thyroid Functioning in the Canadian Population: Implications for Community Water Fluoridation

Concerns exist that community water fluoridation (CWF) could compromise thyroid functioning. Peckham, et al in a recent population level study from England showed a positive association between the fluoride concentration in drinking water and hypothyroidism prevalence. Therefore, it is important to investigate whether this observed association is consistent among different populations and settings.

The present Canadian study examined the association between fluoride exposure and (1) diagnosis of a thyroid condition and (2) indicators of thyroid functioning among a national population-based sample.

Nationally representative survey data from Cycle 2 (2009–2011) and Cycle 3 (2012–2013) of the Canadian Health Measures Survey (CHMS) were analyzed. Specifically, the environmental urine subsample (n=2563) for Cycle 2 and the urine fluoride subsample (n=2671) for Cycle 3 were utilized. Logistic regression was used to assess associations between fluoride from urine and tap water samples and the diagnosis of a thyroid condition. Multinomial logistic regression was used to examine the relationship between fluoride exposure and thyroid-stimulating hormone level (low, normal, high).

There was **no relationship** between individual-level fluoride exposure (from urine and tap water) and impaired thyroid functioning, as measured by self-reported diagnosis of a thyroid condition or abnormal thyroid-stimulating hormone level. These findings contradict the conclusions of the only other population-level study by Peckham et al. These opposing findings could reflect: (1) differences in country-specific recommendations for optimal concentration of artificial fluoride added to drinking water (1 ppm in England vs. 0.7 ppm in Canada), (2) differences in the methods used (ie, individual-level measures used here vs. ecological measures used by Peckham et al and/or (3) differences in factors related to hypothyroidism within the underlying populations of both studies.

Read More Here

Article : School-Based Dental Sealant Delivery Programs to Improve Oral Health - a Report by the Community Preventive Services Task Force

Tooth decay is one of the most common chronic conditions among children in the United States. Almost 20% of children 5 - 11 years of age have at least one untreated tooth decay. The percentage of children/ adolescents with untreated tooth decay is twice as high for those from low-income families compared with children from higher-income households (25% vs. 11%).

Community Preventive Services Task Force (CPSTF) in the USA conducted a review evaluating the efficacy of sealants in school-aged kids. The finding is based on four studies of sealant delivery programs in which sealants were applied within the school setting, and one high quality systematic review (with 34 clinical trials). Based on this updated review, the previous Task Force finding of strong evidence of effectiveness for this intervention remains the same.

Major findings of CPSTF:

- Implementing a sealant delivery program resulted a 26 % increase in the number of students who received sealants. Greater increases were seen among students from low-income families.
- Dental sealants reduced dental caries by a median of 81% at two year follow-up.
- Students who received dental sealants had a median of 50% fewer tooth decay up to four years later compared with kids who did not receive sealants.
- The economic benefits of school sealant programs are greater than their costs when implemented in schools that have a large number of students at high risk for caries.

CPSTF recommends school based programs to deliver dental sealants among school-aged children (5 -16 years old).

Dental sealants are plastic materials applied to the chewing surfaces of the back teeth to prevent cavities.

Read More Here

Opinion: Canadians Can Be Smug About Our Health Care System When Public Coverage Extends to Dental Care - CBC News

It's very easy to be smug about the Canadian health care system. As politicians in the USA try to figure out whether to classify quality health care as a right or a privilege, Canadians enjoy a universal health care system and view Canada's health care system synonymous with national pride.

The truth is that Canada's health care system suffers from major flaws in design as well as execution. The Canada Health Act (CHA) of 1984 was designed to fund coverage of all "medically necessary" services, however, the reality is, it doesn't. Currently, the CHA only mandates coverage for surgical-dental interventions, ignoring common issues such as cavities. This narrow funding model considers that oral health and physical health are separate and distinct.

"Health doesn't start at the tonsils" but Medicare in Canada seems to operate on the assumption it does, says Michael Conroy/The Associated Press.

The question is that why dental services are excluded from public health coverage. The answer can be found in a combination of "political parsimony, lobbying and government short-sightedness" during the establishment of modern Medicare through the Medical Care Act of 1966. In the 1961-1964, Royal Commission on Health Services recommended that universal coverage should be restricted to groups with "lessened capacity" such as children, pregnant women and individuals on public assistance. Besides, dental care was considered an "individual responsibility." This just represents an ongoing problem: instead of actually dealing with the public health consequences of dental diseases, the burden is shifted to those affected. This is puzzling, since many other medical issues, such as sexually transmitted infections, can also be considered as individual responsibility.

Since 1980s, growth of public dental care programs has reversed due to economic issues. The burden, then, has fallen on provinces to provide dental care – at the very least, for the vulnerable populations. But the implementation has been chaotic. Some provinces, such as **Quebec**, offer universal public dental coverage for children while others, like **British Columbia** , only cover low-income children. This has resulted in having "the highest absolute number of children with visible dental decay among **middle-income kids**."

Read More Here

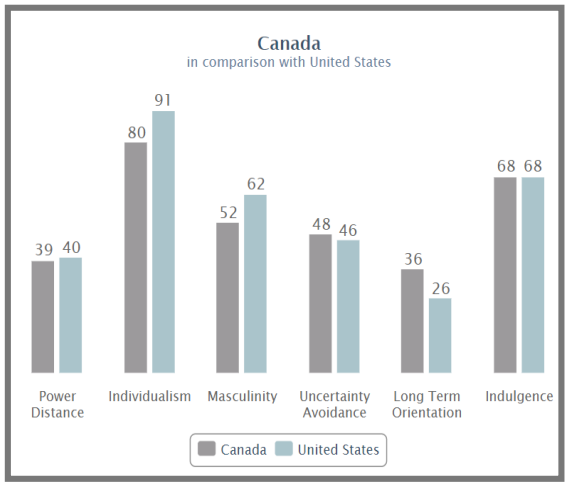
Tool: Six Dimensions of National Culture for Comparisons of Countries

Professor Geert Hofstede, a Dutch social psychologist, is recognised internationally for having developed the first empirical model of "dimensions" of national culture. The model takes account of cultural elements in international communication and cooperation. The 6-D model allows international comparison between cultures.

1-Power Distance refers to the degree of inequality that exists – and is accepted – between people with/without power. Canada has a low power distance score (39), which means that power is shared and is widely dispersed, and that society members do not accept situations where power is distributed unequally.

2-Individualism is the strength of the ties that people have to others within their community. Canada scores 80 on this dimension (its highest dimension score) and can be considered an Individualist culture (i.e. they look after themselves and their direct family only as opposed to collectivist countries where people belong to 'in groups' that take care of them in exchange for loyalty.)

3-Masculinity refers to the distribution of roles between men and women. A high score (=Masculine) means that dominant values in society are competition, achievement and success with success being defined by the "winner" or "best-in-the-field." A low score (=Feminine) indicates that caring for others and quality of life is the sign of success and standing out from the crowd is not admirable. Canada with score 52 can be characterized as a moderately "Masculine" society.



4-Uncertainty Avoidance describes how well people can cope with uncertain situations. Canada with score 48 is more "uncertainty accepting." This is indicative of the easy acceptance of new ideas, opinions and innovative products.

5-Long Term Orientation describes how each society has to maintain some links with its own past while dealing with the challenges of the present /future. Canada has a low long term orientation score, i.e. people show great respect for traditions and focus on achieving short term gains and quick results.

6-Indulgence refers to the extent to which people try to control their desires and impulses. Canadian culture with a high score of 68 is classified as indulgent: they have a tendency towards optimism and place a higher degree of importance on leisure time.

Read More **Here**

SOHC Meeting Live Streaming

In May 29th, 2017 there were 62 views for live streaming.

The majority of views in Canada were from Saskatoon (32%), Regina (25%), and Calgary (9%). There were also viewers from Toronto, Prince Albert, Moose Jaw, and Yorkton.

Interestingly, we also had some viewers from India and the USA!

You can watch the recorded video of Meeting, May 29, 2017 in Saskatoon **here**.

Save the Date!

Saskatchewan Oral Health Coalition Meeting

Tuesday, October 24, 2017- Regina

Cumberland Room, Travelodge Hotel
4177 Albert Street, Regina

8:30 a.m. – 4:30 p.m.

The meeting will be live-streamed!

Source: Virtual Gurus

Future Meeting Dates:
Monday, May 14, 2018 – Saskatoon
Monday, October 22, 2018 - 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)

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

Download the Application Form Here

SOHC Leadership Team Members

- Susan Anholt
- Kaithlyn Fieger
- 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

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

Contact Info:
sohcadmin@saskohc.ca

Our Website:
www.saskohc.ca

Some of Our Members:

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