



# SOHC Inc. Newsletter November 2021

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

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

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## COVID-19

Saskatchewan Health Authority updates click [here](#)  
Government of Saskatchewan updates click [here](#)

SOHC Inc. Stakeholders Update was held via Zoom on May 17, 2021- watch it [here](#)



## Mask Mouth

During the COVID-19 pandemic, it is important to protect yourself and others by [wearing a mask or face covering](#) when:

- you are in public and you might come into close contact with others; or
- you are in shared indoor spaces with others from outside your immediate household.

A common side effect from extended mask wearing is known as "mask mouth" or simply, [bad breath](#).

## Causes of "Mask Mouth"

If you are experiencing "mask mouth" or bad breath under your mask, there is likely an imbalance of bacteria in your mouth.

Mask wearing, combined with factors such as not drinking enough water; consuming too much sugar; and/or drinking too many acidic beverages such as coffee, can feed the bacteria (plaque and tartar) in your mouth. A build-up of plaque and tartar can increase your risk of developing [cavities](#), [gum disease](#) and/or tooth decay.

[Read the full article from the Canadian Dental Association](#)



## Multi-Lateral Partnership Makes Mobile Dental and Mental Health Services a Reality

written by: Dr. Parviz Yazdani

In August of 2021, the STC Health Bus project was officially launched with much fanfare and hope.

The Health Bus, a project over 3 years in the making, came together through a partnership between BLOK Dental Studio in Saskatoon and Saskatoon Tribal Council (STC). The modern state of the art mobile clinic is built inside a former tour bus, and includes a single-chair fully equipped operatory, complete with air exchanges and ventilation, and enclosures, to account for COVID and other future precautions. There are bathrooms, hand-washing stations, and patient waiting lounge areas as well. The bus is digitally connected to satellite television and internet access, allowing for easy and seamless communication with other dental professionals and insurance companies.



The funding for the project came together through a generous and visionary partnership between provincial and federal governments, as well as through fundraising activities of the Synergy8 Group. Currently the initial funding is in place for 5 years, with the intention to make the bus completely self-sufficient after year 2. There are potentially more buses planned in the impending future.

The bus will serve the First Nations clients in the seven communities of the STC, but will also be active in Saskatoon at inner city schools, the Friendship Inn, and the Correctional facilities. It is with great pleasure to be able to staff this first bus with an all-Indigenous team. We anticipate this will go a long way in establishing immediate trust and to help erase some of the negative experiences of the elders within the communities.



We are very proud to be a part of this initiative, since we envision this to be a prototype and a model for future health care provision in the rural communities of Canada.



## Environmental Scan of Dental Services in Saskatchewan

[Read the full report](#)

One of the major barriers to dental care is accessibility, especially for individuals living in rural/remote communities where they have to travel long distances to get access to care, as opposed to someone who lives in an urban community and is able to access dental care with ease due to the ease of transportation, availability of various health professionals, access to jobs, and other supports within the community. Other barriers to dental care include income, employment, environment, and food insecurity, which are all social determinants of health.

The aim of this report is to identify where the province of Saskatchewan has a saturation of dental disciplines, and which areas lack dental services, especially for Indigenous communities. In order to determine the locations of dental disciplines across Saskatchewan, we collected postal codes from registered dentists, dental assistants, dental hygienist, dental therapists, and denturists located in the province. These postal codes were then used to map out the location of dental services across

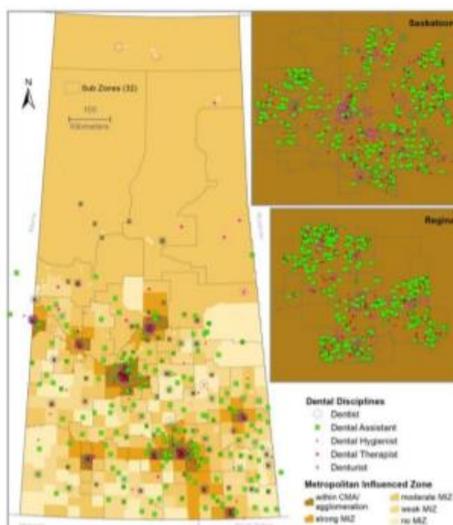


Figure 1 illustrates the geographical mapping of Saskatchewan's dental services to population ratio per 10,000 people. There are 32 SHA sub-zones, and the dental disciplines are mapped across the five MIZ categories based on a standard deviation classification method. These five categories are, "within CMA/allgomeration", "strong MIZ", "moderate MIZ", "weak MIZ", and "no MIZ".

Saskatchewan and in accordance with the census population from 2016. The dental discipline to population ratio was established per 10,000 people in the population. By analyzing the data that was presented geographically and numerically, we were able to establish that dental disciplines were scarce in Northern parts of the province, with some communities having no access to a dentist, but were able to access a dental assistant, hygienist, or therapist. Furthermore, some communities did not have access to a dentist or dental therapist, but could access a dental assistant or hygienist for dental care support. Denturists were even more scarce across the province, with a majority of them found in urban communities such as Saskatoon and Regina. Many communities did not have access to a denturist at all.



## Nutrition and Healthy Eating

### Culture and Food Traditions

can influence how, what, and when we eat. They impact where we get our food from and how it is prepared. Food traditions are passed down through generations and may have historic meanings and can also help to develop self-identity.

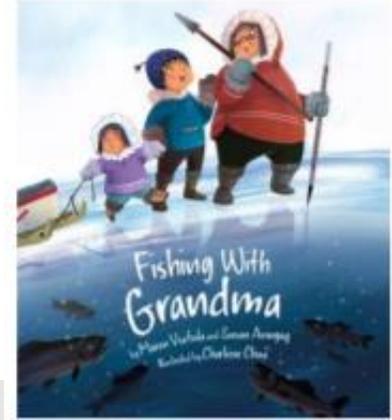


Photo by [Christina @wocintechchat.com](#) on [Unsplash](#)



### Love Your Body

Body image and self esteem are linked to how we treat ourselves. It is easier to take care of ourselves when we feel good about our bodies. Children learn how to care for their bodies from adults they love and respect. Help children and teens develop healthy habits and a positive body image.

Photo by [CDC](#) on [Unsplash](#)



### Eating Well at Home

Healthy eating can improve mental, physical & emotional health. Here are some tips to help make the healthy choice, the easy choice.

**Eat Well**  
SASKATCHEWAN

**FREE NUTRITION ADVICE**

from a qualified professional

Speak to a registered dietitian about your nutrition-related questions.

Call 1-833-966-5541 or email [eatwell@usask.ca](mailto:eatwell@usask.ca)  
Monday to Friday 10 am – 4 pm

[f](#) [t](#) @eatwellsaskatchewan

Indigenous Services Canada / Services aux Autochtones Canada | Member of the Saskatchewan College of Pharmacy and Nutrition

**A NEWSLETTER FOR PROFESSIONALS  
by Registered Nutritionists  
[SHA Nutrition Update Newsletter](#)**



## Left Behind: The State of Oral Health in Waterloo Region

Across Canada, one in three people lack coverage for dental care, while low income Canadians are four times more likely to avoid seeing a dentist because of cost and two times more likely to have poor dental outcomes. Access to dental care is often overlooked and underfunded, and is deeply intertwined with complex social issues, from the rise of precarious employment to increasing food insecurity.

One thing is clear – for many of the most vulnerable people in our communities, the current system has left them behind and without support. How did we get here, and what can be done?



Read full report [here](#)



# Caring for Your Oral Health During the COVID-19 Pandemic

The COVID-19 pandemic has created enormous stress and disrupted many of our daily habits and routines for health and wellness.

Are you eating more frequently? Drinking more sugary beverages? Craving unhealthy foods? Eating more carbs?

These changes to your diet can have a huge impact on your oral health. Did you know that carbohydrates, when combined with the bacteria in your mouth, produce acid? This acid attacks your teeth for at least 20 minutes each time you eat or drink, increasing your risk for cavities. You can defend against these attacks in two important ways.

First, avoid grazing on carbohydrates and include proteins like nuts, meat, and cheese in your meals and snacks to help neutralize the acidity of your saliva. Second, maintain a good daily home oral hygiene routine. Because regular visits to your dental hygienist are not possible right now, keeping your teeth and gums healthy at home is key.



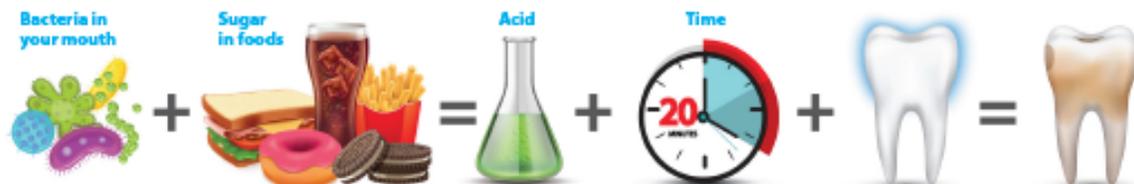
Have your daily oral hygiene habits changed because you are self-isolating or working from home?

## 7 Ways to Reduce Acid Attacks

1. Don't linger over your food and drinks
2. Eat no more than 3 meals and 2 snacks daily
3. Make water your beverage of choice
4. Include protein or fats each time you eat
5. Choose healthy snacks like apples, crunchy vegetables, nuts, and plain yogurt
6. Limit unhealthy snacks like granola bars, chips, and crackers
7. Eat sweets *only* with meals

## 5 Steps to Good Oral Health

1. Brush your teeth twice a day for two minutes with a fluoridated toothpaste
2. Clean between your teeth (floss, proxa brush, soft picks) daily
3. Use an antibacterial mouthwash daily
4. Use xylitol gum or mints to neutralize the acid produced after eating
5. Rinse your mouth with water after eating



Your oral health is important. When you take care of your oral health, you take care of your overall health. Your dental hygienist looks forward to seeing you at your next appointment.



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



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

## [Request for Proposal White Paper: National Oral Health Care Plan for Canadians](#)

CDHA is seeking proposals for the development of a white paper entitled: A National Oral Health Care Plan for Canadians. The white paper is intended to inform and support public policy discussions on the essential aspects of a universal, public oral health care program in Canada. The paper will examine the relevant evidence to support the development of a national oral health care plan, address the accessibility challenges faced by vulnerable populations, and look to prevention-based imperatives for investing in a national, publicly funded system of oral health care coverage for all residents of Canada. Particular emphasis should be placed on strategies to improve access to oral care for seniors and the working poor.

[Read full white paper](#)



CANADIAN DOCTORS | MÉDECINS CANADIENS  
FOR MEDICARE | POUR LE RÉGIME PUBLIC

## [Denticare in Canada: An Unfinished Piece of Medicare](#)

Oral health is an important part of an individual's overall health; however, dental care is not included in the Canadian public health care system. The share of public dental care spending in Canada has been decreasing steadily since the 1980s. This has resulted in many Canadians struggling to access dental care: six million Canadians avoid seeing the dentist each year due to cost. The most vulnerable groups include children from low-income families, low-income adults, seniors, indigenous communities, and those with disabilities. Canadian Doctors for Medicare supports the creation of a single-payer, publicly-funded dental care system in Canada. In addition to public financing, CDM supports the expansion of public delivery of dental care to ensure equitable, efficient, and sustainable dental care is available to every person in Canada.

Read the full position statement [here](#)



## In Health Care, More Money Is Being Spent On Patients' Social Needs. Is It Working?

Read the full article [here](#)



Since moving into her own place, Rita Stewart says, she feels healthier, supported and hasn't returned to the emergency room. "This is a chance for me to take care of myself better."



Temple University Health System helped Rita Stewart get a one-bedroom apartment in Philadelphia's Squirrel Hill neighborhood. Stewart and other patients in Temple's housing assistance program have since stabilized their lives and avoided unnecessary ER visits.



## [The National Coalition of Dentists for Health Equity \(NCDHE\) Position Statement for Social and Racial Justice in Oral Health](#)

The [National Coalition of Dentists for Health Equity](#) was founded by dentists from across the country with extensive backgrounds in private practice, public health, dental education, administration and research. Our purpose is to unite dentists who support evidence-based practices in the United States as a means to advance the goal of health equity with a specific interest in oral health equity for all. We believe that every resident of the United States has a right to reasonable access to comprehensive, evidence-based health care services, including oral health services, regardless of race, gender, age, sexual orientation, nationality or other categories to which they are perceived to belong. We believe that many professional organizations representing dentistry do not have a clear policy or action plan to address such inequities.

The Coalition recently adopted a Position Statement for Social and Racial Justice in Oral Health (Approved February 26, 2021) which states the following:

Read the position statement [here](#)



CareQuest Institute for Oral Health website

Click on photo to view publication

**CareQuest**  
Institute for Oral Health.

### More than Meets the Eye: Oral Health, Eye Health, and Overall Health

A growing body of evidence shows important connections between oral health and ocular health.

- Vision loss is among the top ten disabilities for American adults over 18.<sup>1</sup>**  
Vision loss encompasses all ocular diseases — such as blindness and visual impairments — that impede the ability to read, drive, and attend to personal affairs. Over the next 30 years, the increasing prevalence of diabetes and other systemic conditions, combined with an aging population, is projected to double the number of adults living with visual impairments and age-related eye diseases.<sup>2</sup>
- Visual impairments are linked to diminished oral health.<sup>3</sup>**  
Systemic causes of visual impairment, such as diabetes and heart diseases, are established factors that are also associated with poor oral health outcomes<sup>4</sup> in addition to compromising overall health. It is estimated that 12 million Americans over age 40 live with some type of visual impairment.<sup>5</sup>
- Studies are uncovering direct links between the health of the eye and the health of the mouth:**
  - An increased presence of oral bacteria and a decreased number of natural teeth<sup>6</sup> have been associated with increased glaucoma risk.<sup>7</sup>
  - Periodontal disease is associated with increased risk of developing glaucoma.<sup>8</sup>
  - Patients with diabetes have a significantly increased risk of developing glaucoma.<sup>9</sup>
  - Disabled and aging populations are more predisposed to oral issues and ocular diseases.<sup>10</sup>
  - Gum disease is associated with raised blood sugar in people with and without diabetes.<sup>11</sup> Uncontrolled blood sugar contributes to diabetes. Unmanaged diabetes can lead to the development of diabetic retinopathy, a serious condition that causes vision loss in both eyes.<sup>12</sup> Diabetes is the leading cause of severe visual impairment in working-age Americans.<sup>13</sup> Moreover, 90% of blindness caused by diabetes is preventable.<sup>14</sup>

**CareQuest**  
Institute for Oral Health.

## Oral Disease Is Common. Access to Care Is Not.

### State of Oral Health Equity in America 2021

The State of Oral Health Equity in America 2021, a survey designed and commissioned by CareQuest Institute for Oral Health, demonstrates that symptoms of oral disease are common. People of color and low-income populations bear more of the burden of these diseases. These diseases often go untreated or lead to costly Emergency Department (ED) visits due to a lack of access to regular dental care. Oral health care is important because it is directly linked to overall health. When oral health deteriorates it can have far-reaching consequences and health impacts that go beyond the mouth, including higher risk for diabetes, cardiovascular disease and stroke, complications in pregnancy and childbirth, and adverse mental health outcomes.

## Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

### High Blood Pressure

- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.<sup>1</sup>
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.<sup>2</sup>

### Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.<sup>3</sup>
- Diabetes raises the risk of developing gum disease by 86%.<sup>4</sup>

### Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.<sup>5</sup>
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity<sup>6</sup> and tooth decay among children<sup>7</sup> and adults.<sup>8</sup>

### Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.<sup>9</sup>
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.<sup>10</sup>

### Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.<sup>11</sup>
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.<sup>12</sup>
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.<sup>13</sup>

### Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.<sup>14</sup>

**CareQuest**  
Institute for Oral Health.

**CareQuest**  
Institute for Oral Health.

## Inequities Remain Pervasive in Oral Health

### State of Oral Health Equity in America 2021

A nationally representative survey reveals that oral health disparities are pervasive. People of color and lower-income populations bear most of the burden of these long-standing and well-documented disparities. At the same time, people from all backgrounds, but particularly those with the least access to care, agree that:

- Oral health is important to overall health.
- Payment should be aligned with outcomes, not procedures.
- Medical and dental care should be integrated.

**State of Oral Health Equity in America 2021, a survey designed and commissioned by CareQuest Institute for Oral Health,** revealed that COVID-19 has exacerbated social, economic, and health care inequities and further limited access to dental care and other necessary health services. Many of the communities that faced barriers to dental care and experienced correspondingly poor oral health prior to the pandemic are now those hardest hit by it. The findings demonstrate public recognition that oral health is important to overall health, and dental care and coverage should look different than the status quo.

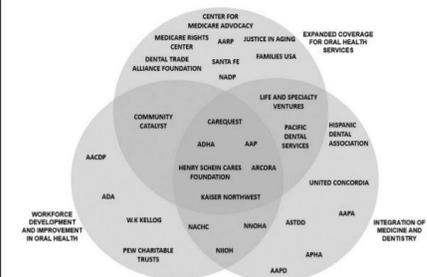


## Oral Health Stakeholders: A Time for Alignment and Action

- Since the Surgeon General's report in 2000, multiple stakeholder groups have engaged in advocacy to expand access to oral health coverage, integrate medicine and dentistry, and to improve the dental workforce.
- Using a stakeholder map across these three policy priorities, we describe how stakeholder groups are shaping the oral health policy landscape in this century. While the stakeholders are numerous, policy has changed little despite invested efforts and resources.
- To achieve change, multiple movements must coalesce around common goals and messages and a champion must emerge to lead the way. The ongoing COVID-19 pandemic and political changes due to the 2020 elections can open a window of opportunity to unite stakeholders to achieve comprehensive policy change

[Read the full article](#)

Figure 1. Organizations Categorized by 3 Topic Areas in National Oral Health Reform



Abbreviations: ADHA, American Dental Hygienists Association; AAP, American Academy of Pediatrics; AACDP, American Association of Community Dental Programs; ADA, American Dental Association; NADP, National Association of Dental Plans; NACHC, National Association of Community Health Centers; NNOHA, National Network of Oral Health Access; NIIOH, National Interprofessional Initiative on Oral Health; ASTDD, Association of State and Territorial Dental Directors; AAPA, American Academy of Physician Assistants; APHA, American Public Health Association; AAPD, American Academy of Pediatric Dentistry.



# nature

## Science Opens Wide for Oral Health



Diseases of the teeth and gums, which are linked to many other illnesses, are finally getting the research attention that they deserve.

We begin life experiencing the world through our mouths — it is one of the only body parts that an infant has even a semblance of control over, and it is the fount of nourishment, comfort and communication. Our lips, tongue, gums and (after a few months) teeth remain a

focal point — it is through our mouths that we taste, talk, laugh and kiss. The mouth is also home to some of the most common maladies known to humankind: tooth decay and gum disease, which in combination lead to great discomfort and impose major constraints on what we can eat later in life — not to mention the stigma of rotten and missing teeth as a marker of age-related decline.

[Read the full article](#)



WHO [website](#)

Health topics – [Oral Health](#)

iris.

Publications click [here](#)

[Browse the WHO library](#)

## [World Health Assembly Resolution Paves the Way for Better Oral Health Care](#)

More than 3.5 billion people suffer from oral diseases. Untreated dental caries (tooth decay) in permanent teeth is the most common. Severe periodontal (gum) disease affects almost 10% of the global population and more than 530 million children suffer from dental caries of primary teeth. Oral diseases disproportionately affect the poor and socially-disadvantaged populations. Most oral diseases have been linked with other noncommunicable diseases such as cardiovascular diseases, diabetes, cancers, pneumonia, obesity and premature birth.

Most oral health conditions are largely preventable and can be treated in their early stages but treatment is often not affordable as usually not part of universal health coverage packages. The use of fluoride, which can substantially reduce the risk of dental caries, remains inaccessible in many parts of the world.

The World Health Assembly approved today a historic Resolution on oral health.

[Read the full news release](#)





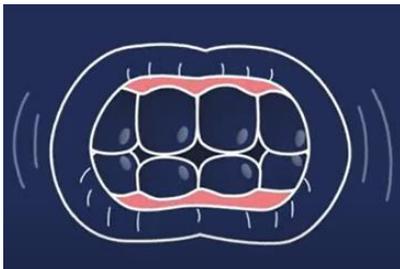
## [International Dental Journal: read the October issue](#)

### Article Links:

#### [Launching new educational resources to help improve standards of care for children with clefts](#)

Watch it on [YouTube](#)

- Cleft lip can affect as many as 1 in 500 births, yet many children never receive the reconstructive surgery they need.
- Even children who undergo cleft surgery are often at an increased risk for caries, periodontal disease, and other oral health issues as they grow and develop. These children require regular dental care to ensure adequate monitoring, education, support, and treatment to prevent oral disease and ensure the highest possible quality of life.



#### [Launching Be Proud of Your Mouth for your happiness and well-being](#)

Watch it on [YouTube](#)

- Be Proud of Your Mouth is not about having a perfect mouth; it is about having a healthy one.

#### [FDI and 65 organizations join forces to respond to WHO's draft strategy on oral health](#)

- In response to the [public consultation](#) for the World Health Organization's (WHO) [draft Global strategy on tackling oral diseases](#), FDI World Dental Federation (FDI) joined forces with 65 organizations to submit a [joint response](#).

#### [Don't wait until it hurts. Helping dentists adopt the right working postures in celebration of National Ergonomics Month](#)

- Dentistry is seen as a relatively safe profession. However, oral health professionals have been identified as having an **occupation that adversely affects health**. Ergonomics and good postural practices are essential to achieve accurate treatments while preventing health issues, such as musculoskeletal problems, in the dental team.



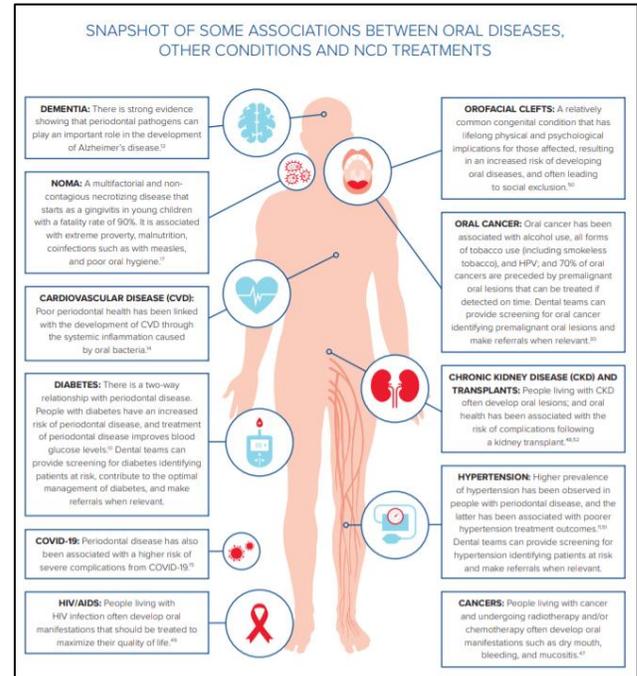


## Five Key Messages to Help Policymakers Integrate Oral Health into Health System Responses

In the context of WHO's recent resolution on Oral health ([WHA74.5](#)) and the upcoming 2022 Global strategy on tackling oral diseases, FDI and the [NCD Alliance](#) joined forces to develop a briefing note for policymakers.

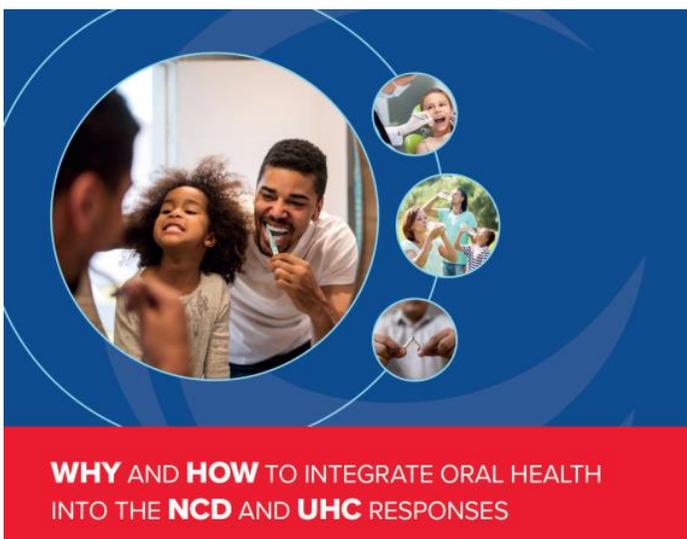
The document calls for the integration of oral health promotion and oral healthcare into noncommunicable disease (NCD) strategies and universal health coverage (UHC) benefit packages. And it makes the case for oral health to be considered an essential element of general health and well-being.

The briefing note, which is entitled [WHY and HOW to integrate oral health into the NCD and UHC responses](#), provides five key evidence-based messages on the associations between oral health and NCDs and the role of oral healthcare within health systems. It also provides solutions on how to implement such strategies by outlining calls to actions for each key message.



### Five key messages to motivate action

- Oral health is a key indicator of general health, well-being, and quality of life, which is why oral diseases should be prioritized as part of the NCD and UHC responses. This can be supported by strong oral health information systems.
- Oral diseases and other NCDs share modifiable risk factors, and joint prevention is possible through a multisectoral response and existing cost-effective solutions.
- Poor oral health is a risk factor for NCDs, and thus health systems can be optimized and strengthened by integrating oral health promotion and oral healthcare services for all.
- Good oral health can positively impact NCD treatment outcomes so there is a need to invest in more multidisciplinary research and interprofessional collaboration across care teams.
- Engaging people living with oral diseases, communities, and health professionals is crucial to successfully integrate oral health into the NCD and UHC responses.



**Access the briefing note**



## [Evaluation of a Community Dental Clinic Providing Care to People Experiencing Homelessness: A Mixed Methods Approach](#)



People who experience homelessness have higher dental treatment needs compared to the general population. However, their utilization of dental services and levels of treatment completion are low. Peninsula Dental Social Enterprise, a not-for-profit organization in the United Kingdom, established a community dental clinic to improve access to dental care for this population.

[Read research paper](#)

## THE LANCET

### [Oral Health for Healthy Ageing](#)

Oral health is an intrinsic constituent of general health and wellbeing; however, oral health is largely overlooked on the global health agenda. Oral conditions are mostly preventable or treatable, yet older people often do not receive the necessary routine care to maintain a good standard of oral health. The neglect of oral health constitutes a failure of global health policy and a failure to deliver the basic human rights of older people. The aim of this Personal View is to encourage a refreshed vision of oral health, enabling policy makers to recognize the implications of poor oral health in older adults.



[Read full article](#)



### [Word of Mouth Monthly Magazine](#)

A brand new issue of Word of Mouth – the Oral Health Foundation’s digital magazine. This edition is dedicated to all things National Smile Month as it celebrates its 42nd birthday.





**Resources of Interest – click on the links for information, resources and videos**

### Oral Health: A Window to Your Overall Health

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>

### Oral Health Care During the COVID-19 Pandemic

[http://www.cda-adc.ca/en/about/covid-19/oral\\_health\\_pandemic/](http://www.cda-adc.ca/en/about/covid-19/oral_health_pandemic/)

### Canada's Intervention on Oral Health:

Note Canada's intervention during WHA74, regarding oral health.

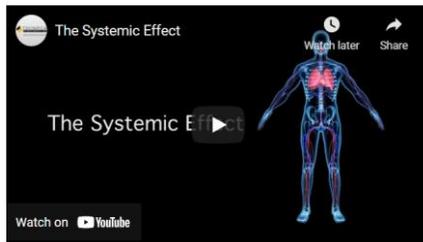
In the sidebar click on "Committee A", then on "First Meeting of Committee A", then go to 1:10:41

<https://www.who.int/about/governance/world-health-assembly/seventy-fourth-world-health-assembly>

### Disparities in Oral Health

[https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)

### The Systemic Effect- [watch on YouTube](#)



**Take Care of Your Teeth-**  
Children's Oral Health  
Activity Book download  
[here](#)



### 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

#### Saskatchewan Oral Health Coalition

#### Contact Info:

Lena Ens  
Administrative Coordinator

#### Email:

[sohcadmin@saskohc.ca](mailto:sohcadmin@saskohc.ca)

#### Our Website:

[www.saskohc.ca](http://www.saskohc.ca)

### SOHC Inc. Directors

Leslie Topola  
Susan Anholt (Treasurer)  
Jerod Orb  
Kellie Glass (Chairperson)  
Meagan Kachur  
Dr. Parviz Yazdani  
Shelby Hamm

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