Newcomers to Canada and Oral Health

Presented by:

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Overview

* Background
* Oral Health Issues for Children in Newcomer Families
* Dental Health Benefits for Newcomers
* How to Prepare for Newcomer Clients
* HSHC Resources

Immigration Levels

In 2014, immigration to Manitoba increased by 23.8 per cent from 2013, totalling 16,222 permanent residents. The increase was largely due to Citizenship and Immigration Canada (CIC) processing the backlog of applications that resulted from a work stoppage at CIC visa offices.

MANITOBA PERMANENT RESIDENTS BY CATEGORY (SUMMARY)

IMMIGRATION CATEGORY	2012		2013		2014	
	Number	*Percentage*	Number	*Percentage*	Number	*Percentage*
Family	1,739	13.1	1,962	15.0	1,831	11.3
Federal Skilled Workers	663	5.0	618	4.7	389	2.4
Other Federal Economic**	143	1.1	130	1.0	273	1.7
Refugee	1,140	8.6	1,460	11.1	1,495	9.2
Provincial Nominee	9,531	71.6	8,854	67.6	12,187	75.1
Other	96	0.7	79	0.6	47	0.3
TOTAL	**13,312**	**5.2*%**	**13,103**	**5.1*%**	**16,222**	**6.2*%**
Difference from previous year	-2,650	-16.6%	-209	-1.6%	3,119	23.8%

*Manitoba's share of Canada's immigration.

CANADA PERMANENT RESIDENTS BY CATEGORY (SUMMARY)

IMMIGRATION CATEGORY	2012		2013		2014	
	Number	Percentage	Number	Percentage	Number	Percentage
Family	65,012	25.2	81,847	31.6	66,672	25.6
Skilled Workers	91,434	35.5	83,108	32.1	67,477	25.9
Other Federal Economic**	28,449	11.0	25,127	9.7	49,965	19.2
Refugee	23,079	8.9	23,831	9.2	23,281	8.9
Provincial Nominee	40,910	15.9	39,918	15.4	47,618	18.3
Other	9,019	3.5	5,190	2.0	5,338	2.1
TOTAL	**257,903**	**100%**	**259,021**	**100%**	**260,351**	**100%**
Difference from previous year	9,155	3.7%	1,118	0.4%	1,331	0.5%

*Provincial Nominees are a subcategory of the Economic Class.
**Other Federal Economic includes Live-in Caregivers, Canadian Experience, and Business class.

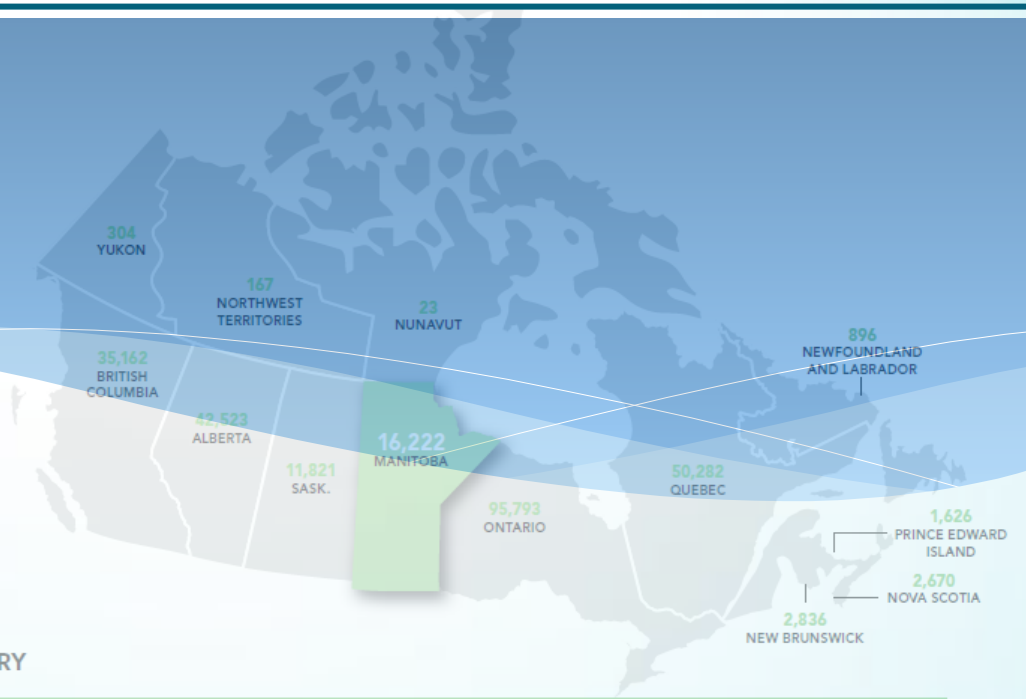
TOP 10 COUNTRIES
Canada: 2014

IMMIGRANTS

1. Philippines
2. India
3. China
4. Nigeria
5. Eritrea
6. Republic of Korea
7. Israel
8. Somalia
9. Ukraine
10. Russia

Immigration by Province or Territory

In 2014, the top destinations for new permanent residents were Ontario, Quebec and Alberta, followed by British Columbia and Manitoba. Manitoba saw the third largest increase in immigration (23.8%) of all provinces after PEI (62.9%) and New Brunswick (40.5%).



PERMANENT RESIDENTS BY PROVINCE/TERRITORY

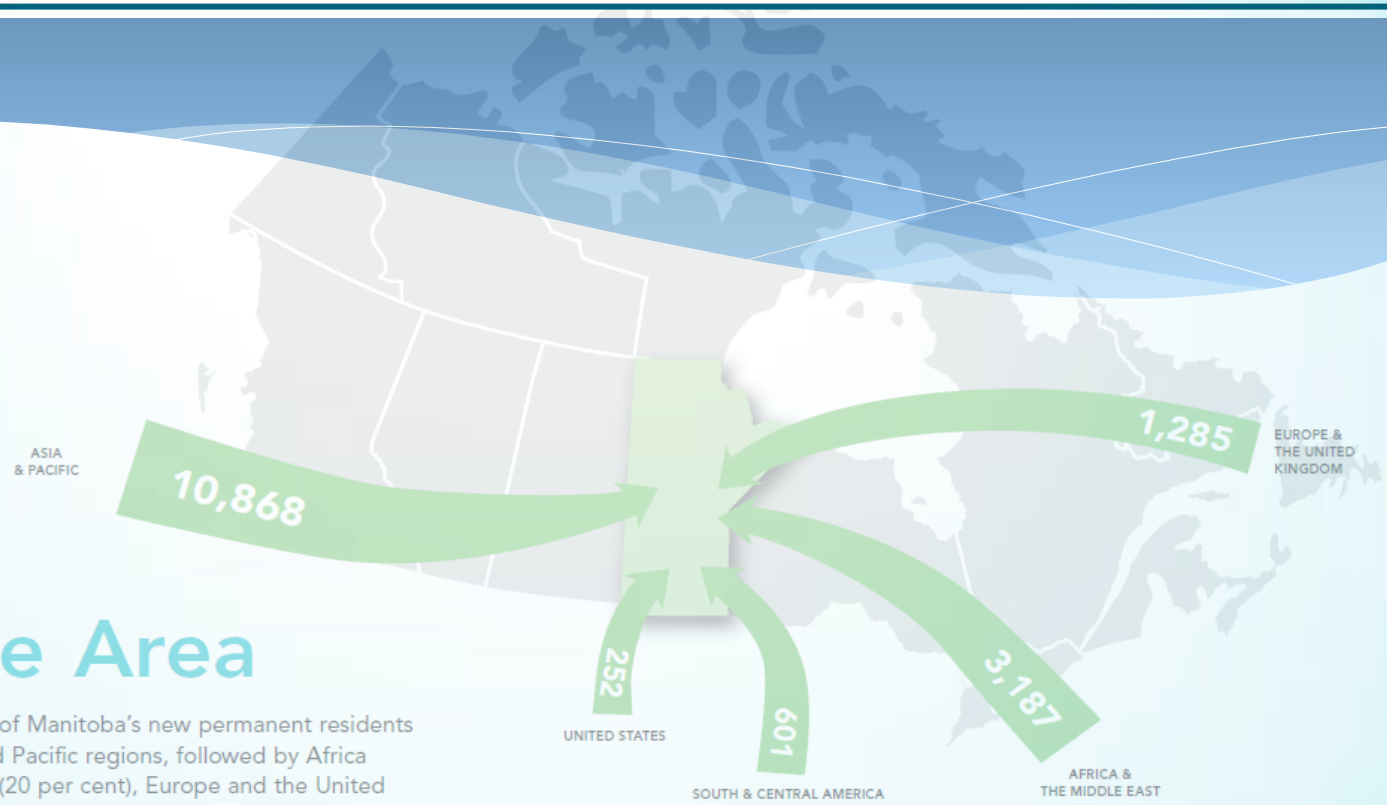
	2012		2013		2014	
PROVINCE	Number	Percentage	Number	Percentage	Number	Percentage
Ontario	99,153	38.4	103,552	40.0	95,793	36.8
Quebec	55,065	21.4	51,986	20.1	50,282	19.3
Alberta	36,096	14.0	36,637	14.1	42,523	16.3
British Columbia	36,242	14.1	36,212	14.0	35,162	13.5
Manitoba	**13,312**	**5.2**	**13,103**	**5.1**	**16,222**	**6.2**
Saskatchewan	11,179	4.3	10,680	4.1	11,821	4.5
New Brunswick	2,211	0.9	2,019	0.8	2,836	1.1
Nova Scotia	2,342	0.9	2,529	1.0	2,670	1.0
Prince Edward Island	1,088	0.4	998	0.4	1,626	0.6
Newfoundland and Labrador	731	0.3	825	0.3	896	0.3
Yukon	279	0.1	316	0.1	304	0.1
Northwest Territories	166	0.1	150	0.1	167	0.1
Nunavut	20	0.0	11	0.0	23	0.0
Unknown	19	0.0	3	0.0	26	0.0
TOTAL	**257,903**	**100%**	**259,021**	**100%**	**260,351**	**100%**

Immigration by City

In 2014, Toronto, Montreal, Vancouver, Calgary, Edmonton and Winnipeg were top destinations, attracting about 75 per cent of new permanent residents. Among the top 10 immigration destinations since 2003, Winnipeg ranked sixth most popular in 2014.

PERMANENT RESIDENTS BY CENSUS METROPOLITAN AREA (TOP TEN)

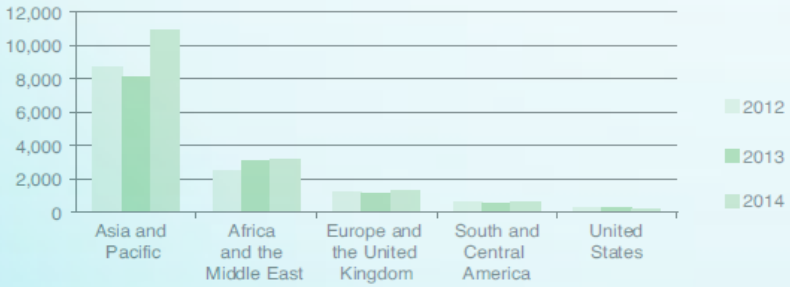
	2012			2013			2014		
CMA	Number	Percentage	Rank	Number	Percentage	Rank	Number	Percentage	Rank
Toronto	77,398	30.0	1	81,702	31.5	1	75,807	29.1	1
Montreal	46,797	18.1	2	43,947	17.0	2	42,887	16.5	2
Vancouver	29,492	11.4	3	29,509	11.4	3	28,400	10.9	3
Calgary	16,816	6.5	4	17,603	6.8	4	19,516	7.5	4
Edmonton	11,987	4.6	5	12,859	5.0	5	15,462	5.9	5
Winnipeg	**11,076**	**4.3**	**6**	**11,117**	**4.3**	**6**	**13,850**	**5.3**	**6**
Ottawa-Gatineau	6,085	2.4	7	6,015	2.3	7	5,237	2.0	7
Saskatoon	4,457	1.7	8	3,739	1.4	8	4,460	1.7	8
Regina	3,932	1.5	10	3,655	1.4	9	3,757	1.4	9
Hamilton	4,077	1.6	9	3,214	1.2	10	3,124	1.2	10
TOTAL TOP TEN	212,117	82.2		213,360	82.4		212,500	81.6	
OTHER	45,786	17.8		45,661	17.6		47,851	18.4	
TOTAL	**257,903**	**100%**		**259,021**	**100%**		**260,351**	**100%**	



Source Area

In 2014, 67 per cent of Manitoba's new permanent residents arrived from Asia and Pacific regions, followed by Africa and the Middle East (20 per cent), Europe and the United Kingdom (eight per cent), South and Central America (four per cent) and the United States (two per cent).

MANITOBA PERMANENT RESIDENTS BY SOURCE AREA 2012 – 2014



Oral Health Issues for Children in Newcomer Families

In January 2012, the Winnipeg Free Press published a special edition devoted to African newcomers to Winnipeg. The cover of this edition included a picture of two young preschool children (as shown below in Figure 1) who emigrated from Congo, both of whom show signs of **severe ECC**. Interestingly, the intent of the picture was not to address the apparent dental disease but to show the children enjoying a Winnipeg winter day.

http://www.winnipegfreepress.com/special/ourcityourworld/africa

Health of Immigrants and Refugees in Winnipeg

* There is an urgent need to consider the oral health of young children who are newcomers to Winnipeg
* Newcomers to Winnipeg have identified that oral health is one of their significant health concerns
* They have identified that barriers to care impacting their oral health include not only the cost but a lack of knowledge
* Also noted was the importance for immigrants and refugees to be knowledgeable of oral health practices for children

- WRHA Research and Evaluation Unit. Part One: Setting the context. Health of immigrants and refugees in the Winnipeg health region: a community health assessment resource for health services planning. Winnipeg: Winnipeg Regional Health Authority, 2010:1-56.
- WRHA Research and Evaluation Unit. Part Two: Developing an evidence-informed response. Understanding the health and health issues of immigrant and refugee populations in Winnipeg, Manitoba and Canada. Winnipeg: Winnipeg Regional Health Authority, 2010:1-54.
- Magoon J, Edwards J, Macdonald S. The health of refugees in Winnipeg. Winnipeg: Winnipeg Regional Health Authority, 2005:1-78.

Newcomer Considerations in Manitoba

* Reaching newcomer groups with oral health information and care presents many challenges such as cultural differences, language barriers, and health literacy

* Upon arriving in Canada a number of factors impact oral health including changes in diet and lifestyle, difficulty navigating the healthcare system and accessing oral care and limited family finances

* Manitoba has the highest rate of immigration in Canada with the majority of newcomers being females in their childbearing years followed by young children, including those under the age of five

Qualitative Study including Newcomers

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International Journal of Dentistry
Volume 2014, Article ID 175084, 10 pages
http://dx.doi.org/10.1155/2014/175084

Hindawi

Research Article

Diversity Considerations for Promoting Early Childhood Oral Health: A Pilot Study

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Objectives. Several groups in Manitoba, Canada, experience early childhood caries (ECC), including Aboriginal, immigrant, and refugee children and those from select rural regions. The purpose of this pilot study was to explore the views of parents and caregivers from four cultural groups on early childhood oral health and ECC. *Methods.* A qualitative descriptive study design using focus groups recruited parents and caregivers from four cultural groups. Discussions were documented, audio-recorded, transcribed, and then analyzed for content based on themes. *Results.* Parents and caregivers identified several potential barriers to good oral health practice, including child's temperament, finances, and inability to control sugar intake. Both religion and genetics were found to influence perceptions of oral health. Misconceptions regarding breastfeeding and bottle use were present. One-on-one discussions, parental networks, and using laypeople from similar backgrounds were suggested methods to promote oral health. The immigrant and refugee participants placed emphasis on the use of visuals for those with language barriers while Hutterite participants suggested a health-education approach. *Conclusions.* These pilot study findings provide initial insight into the oral health-related knowledge and beliefs of these groups. This will help to inform planning of ECC prevention and research strategies, which can be tailored to specific populations.

1. Introduction

Oral health plays an important role in overall health. This is particularly true during early childhood as oral health can influence overall health and well-being [1]. Keeping primary teeth healthy is essential as those who suffer from caries in their preschool years are more likely to experience caries throughout childhood and adolescence [2, 3].

Early childhood caries (ECC) is decay affecting the primary dentition of children <72 months of age [4, 5]. Several groups have been found to be at a high risk for ECC including First Nations and Aboriginal children, refugees and newcomers, and those experiencing poverty [6–9]. Prevalence rates for ECC in several distinct Canadian pediatric populations have been reported with most groups exhibiting rates above 40%. For instance, urban and on-reserve First Nations and Aboriginal children are reported to have high rates, sometimes reaching 80–90% of the population with many meeting the definition of severe early childhood caries (S-ECC), a more rampant form of ECC [8–10]. Meanwhile nearly 40% of rural Hutterite children have been reported to have S-ECC [11]. Other groups in Canada such as Vietnamese children,

* Some refugees may feel that children do not need to go to the dentist unless they experience dental problems
* Difficulty controlling their children's intake of sweets at school, making it hard to care for their children's teeth.
* Belief that genetics play a role in decay: "*bad teeth*" in their family
* Use of a twig (sewak) to clean teeth
* People from their own cultural community could be trained to pass on oral health information: might prefer "*someone who is like them*" or who knows their language

Oral Health Issues for Children in Newcomer Families

* Newcomer children to Canada have **higher rates of caries** and **lower rates of dental visits** than Canadian born children

* Newcomer children to Canada are considered a **moderately high-risk** group for developing early childhood caries (ECC)

Oral Health Issues for Children in Newcomer Families

* Rates of ECC are between 50% and 98%
* Many develop **severe early childhood caries (S-ECC)**
* Despite this increased risk for caries, they have lower rates of dental visits

The Oral Health of Preschool Children from Newcomer Families to Manitoba

Variable	Count (%)
Sex of Child	
Male	92 (53.5)
Female	80 (46.5)
Child's Age	
Mean age (months)	39.1 ± 16.7
Region of Origin (WHO regions)	
Africa	79 (45.9)
Americas	2 (1.2)
Eastern Mediterranean	52 (30.2)
Europe	4 (2.3)
South East Asia	21 (12.2)
Western Pacific	14 (8.1)
Recent Newcomer (≤ 24 months)	
Yes	88 (51.2)
No	84 (48.8)
Child Born in Canada	
Yes	67 (39)
No	105 (61.1)
Government Sponsored Refugee	
Yes	23 (13.4)
No	149 (86.6)
Dental Insurance	
Yes	85 (49.4)
No/Unsure	87 (50.6)
Type of Dental Insurance	
Interim Federal Health	23 (13.4)
Employment & Income Assistance	26 (15.2)
Work Sponsored	36 (20.9)

Table 1. Characteristics of Participants

The Oral Health of Preschool Children from Newcomer Families to Manitoba

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Participating sites: Healthy Start for Mom and Me, Hospitality House, IRCOM, Mosaic Bethel, Welcome Place, Access Downtown and Mount Carmel Clinic.

Funding Support:

Manitoba Health, Healthy Living and Seniors

University of Manitoba Undergraduate Research Award

Children's Hospital Research Institute of Manitoba Summer Studentship

Team members: Daniella DeMaré, Jena Froese, Katie Guenther, Jesse Marques, Alyssa Malenki, Betty-Anne Mittermuller, Stephanie Ndayisenga, Shelley Tang, and David Truong.

Results

* **Of the 172 participants…**
  * 45.4% (N=78) had ECC
  * 29.7% (N=51) had S-ECC
  * 12.3% (N=21) needed urgent dental treatment
  * 31.0% (N=53) needed some dental treatment
  * 56.7% (N=97) needed prevention only or no treatment

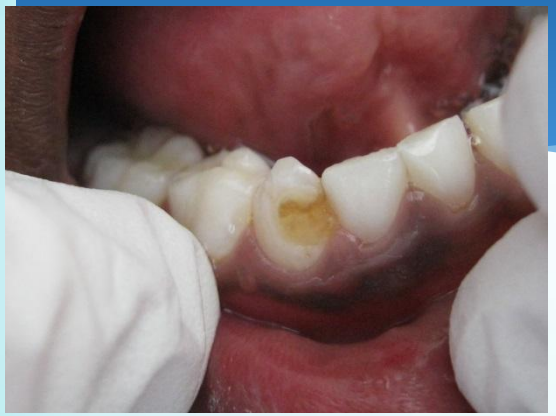
Oral Health Issues for Children in Newcomer Families

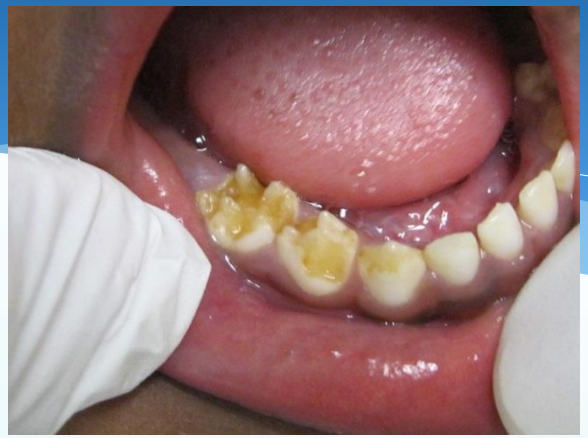
Variable	Caries Free N (%)	ECC N (%)	P-value
Sex			
Male	50 (53.2)	42 (53.8)	0.93
Female	44 (46.8)	36 (46.2)	
Child's Age			
Mean age (months)	34.5 ± 16.2	44.7 ± 15.6	< 0.0001
WHO Regions			
Africa	50 (53.2)	29 (37.2)	0.10
Americas	2 (2.1)	0 (0)	
Eastern Mediterranean	23 (24.5)	29 (37.2)	
Europe	3 (3.2)	1 (1.3)	
South East Asia	10 (10.6)	11 (14.1)	
Western Pacific	6 (6.4)	8 (10.3)	
Recent Newcomer (<24 months)			
Yes	44 (46.8)	44 (59.5)	0.20
No	50 (53.2)	34 (40.5)	
Government Sponsored Refugee			
Yes	11 (11.7)	12 (15.4)	0.47
No	83 (88.3)	66 (84.6)	
Child Ever Been to the Dentist in Winnipeg			
Yes	15 (16.0)	31 (39.7)	< 0.001
No	79 (84.0)	47 (60.3)	
Dental Insurance			
Yes	45 (47.9)	40 (51.3)	0.66
No	49 (52.1)	38 (48.7)	
Enamel Hypoplasia			
Yes	0 (0)	8 (10.8)	0.002
No	85 (100)	66 (89.2)	
Oral Assessment:			
Debris Score	0.6 ± 0.9	0.9 ± 0.7	0.008

Table 2. Factors Associated with ECC

- **Factors that were found to be associated with ECC included:**
  - Older age
  - Never having visited the dentist
  - Presence of enamel hypoplasia
  - Higher debris (plaque) scores

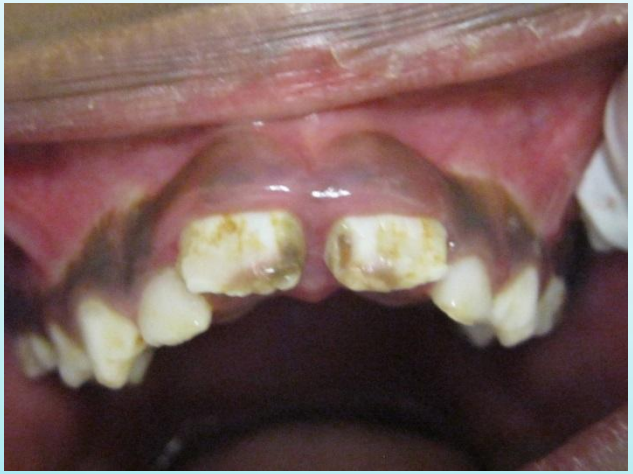
Other Oral Health Issues

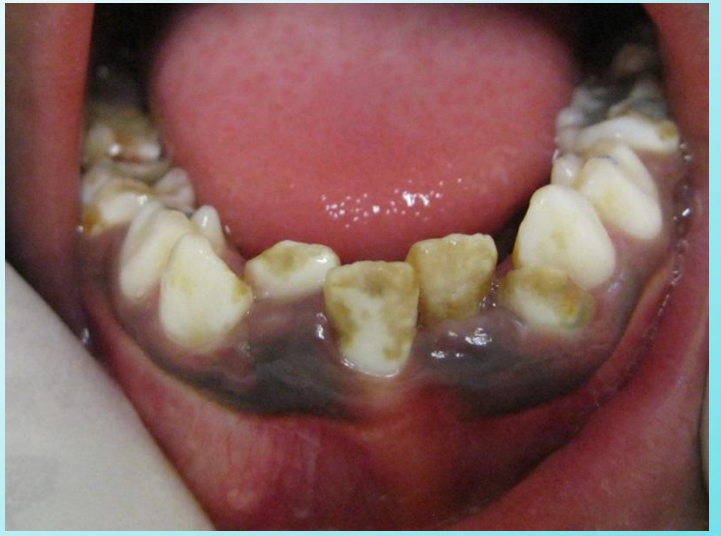




* Developmental defects of Enamel

* Fluorosis





Other Oral Health Issues

* **Dental Enucleation (dental mutilation)** is a common practice in parts of Africa that involves the removal of dental germs
  * The purpose of this is to treat diseases and symptoms such as fever, vomiting, diarrhea, and convulsions
  * Unsterilized regular knives, bicycle spokes, and fingernails are often used to remove dental germs
  * Pain medication is not used
  * It is done on children under 1 year of age, on both males and females

Other Oral Health Issues

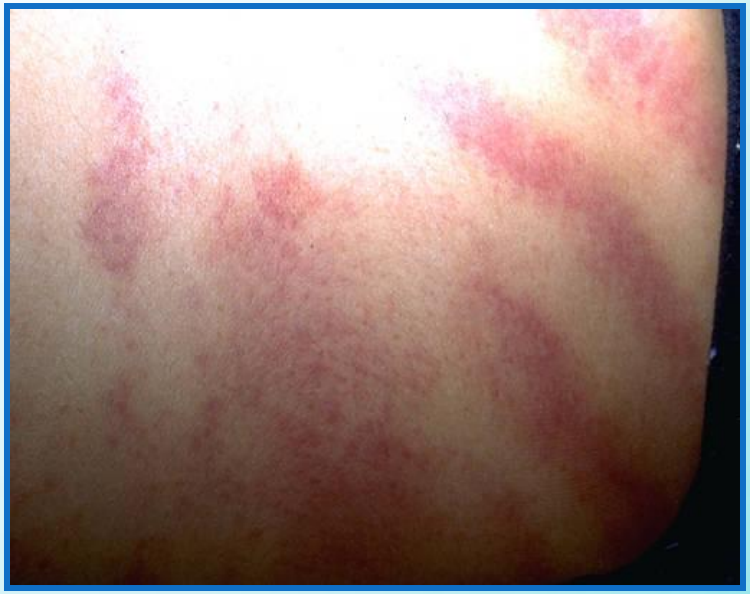
* **Dental Enucleation**
  * Prevalence of enucleation:
    * Ethiopia 38-70%
    * Kenya 37-87%
    * Tanzania 31-37%
    * Sudan 70-100%
    * Uganda 2-30%
  * Known to happen in Somalia
  * In a study conducted in Sweden by Jir Barzangi et al. the findings showed that one fifth of their East African patients had at least one missing primary canine

Different cultures may place different values on ECOH

* **India, New Guinea, SE Asia** - chew betel nut quid; believe it strengthens teeth; stains a sign of maturity and aging
* **Poland** – use yarrow tea to treat 'pyorrhea'
* **Italy** – eating fruit at end of meal cleans teeth
* **Ireland** – table salt & ivory soap to brush teeth
* **Central America** – lemon juice to treat toothache
* **Africa & Asia** – chewing sticks
* **India** – 'pan' tooth cleaning powder contains tobacco that is chewed/sucked/left in overnight

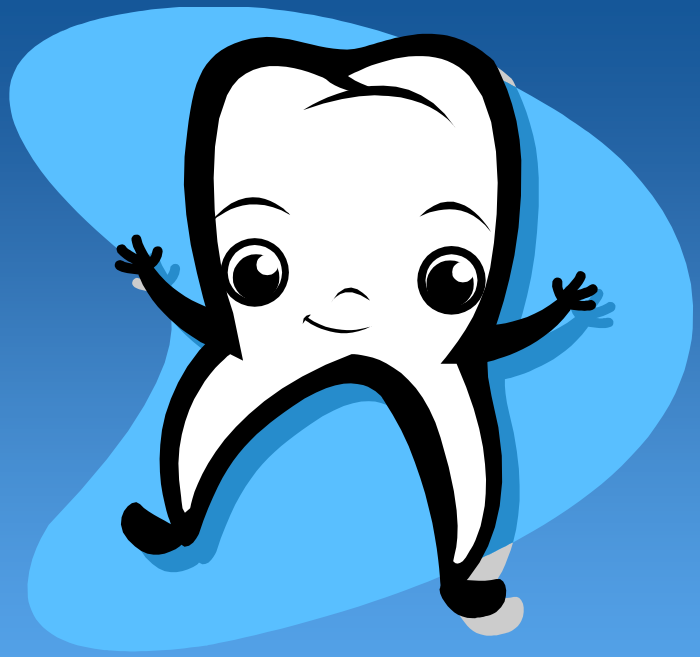
Coining Technique

* The lesions seen in coining are produced by rubbing a warm oil or Tiger Balm on the skin and firmly abrading the skin with a coin or special instrument as illustrated in this photo
* The lesions of coining should not be confused with child abuse
* Patients report variable degrees of comfort with coining
* Some describe it as soothing like a massage and others as painful



Non-verbal has an impact…

* Touching a person's head is considered offensive in some Asian & Middle Eastern cultures – the head houses the soul
* The OK sign can mean $ (Japan), nothing (France, Zimbabwe), or body orifice (E. Europe)
* Pointing is rude in China & India; the whole hand is used
* Middle Eastern & African cultures – left hand is unclean only used for personal hygiene, never shaking hands, presenting gifts
* Muslim cultures – women prefer to be seen by a female health care provider – modesty
* Some cultures may respond more positively to a more formal professional dress & demeanor



Questions?

Dental Health Benefits for Newcomers

Dental Health Benefits for Newcomers

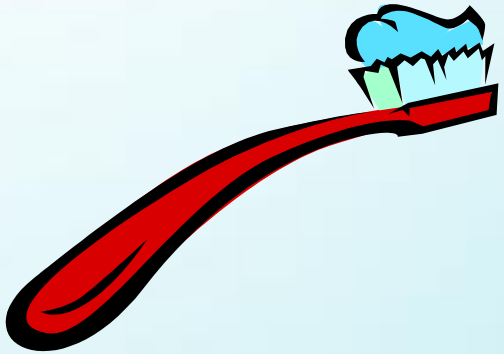
* All refugees, whether they are government sponsored or not, are covered by the **Interim Federal Health Program (IFHP)**

* The IFHP provides temporary health insurance for refugees and refugee claimants who are not yet covered by provincial/territorial health insurance

* IFHP is paid for by Citizenship and Immigration Canada (CIC)

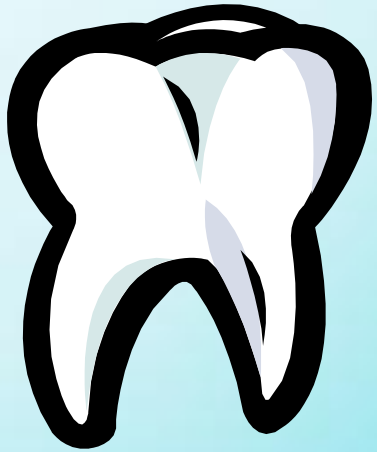
Dental Health Benefits for Newcomers

* **What is covered by the IFHP?**
  * **Basic Coverage**
    * Medical services
    * Hospital services
  * **Supplemental Coverage**
    * Dental care
    * Vision care
    * Other services (i.e. nursing visits, ambulance, medical supplies)
  * **Prescription Drug Coverage**



Dental Health Benefits for Newcomers

* **Dental care covered by the IFHP includes:**
  * Emergency dental examinations
  * Dental x-rays
  * Extractions



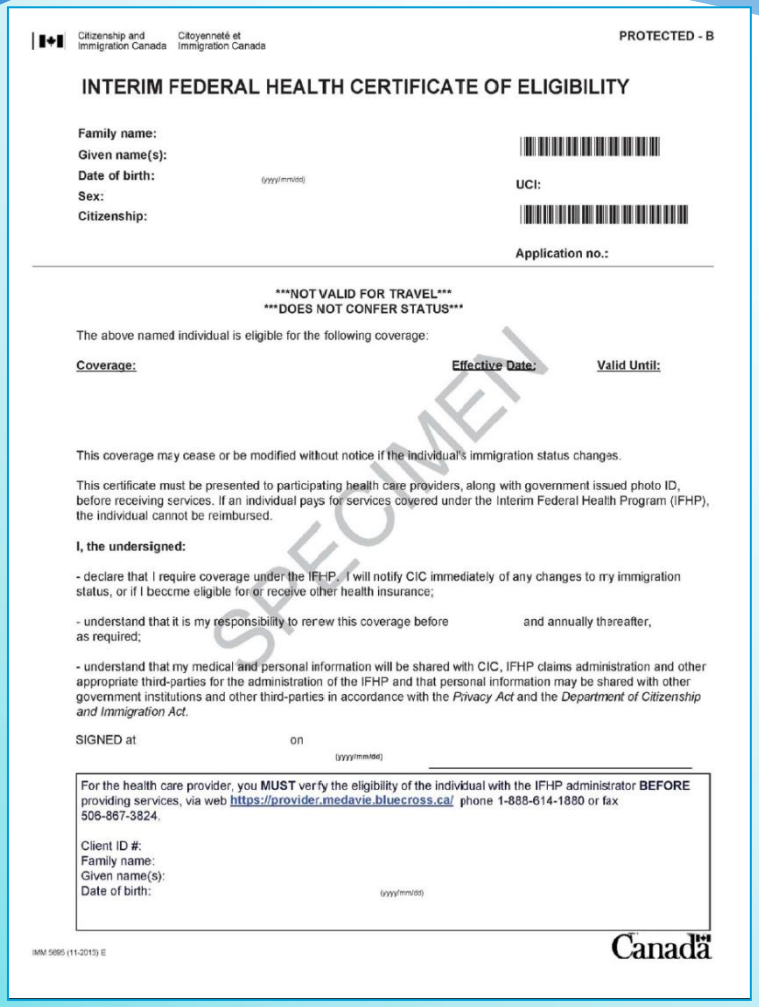
Dental Health Benefits for Newcomers

* Refugees covered under the IFHP do not pay for services that are covered
* Health care providers will be payed for their services through Medavie Blue Cross
* After one year, the IFHP will stop providing basic coverage but will still provide supplemental coverage, which includes dental care

Questions?

How to Prepare for Newcomer Clients

How to Prepare for Newcomer Clients



Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: (yyyy/mm/dd)
Sex:
Citizenship:

UCI:

Application no.:

NOT VALID FOR TRAVEL
DOES NOT CONFER STATUS

The above named individual is eligible for the following coverage:

Coverage: **Effective Date:** **Valid Until:**

SPECIMEN

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered under the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;

- understand that it is my responsibility to renew this coverage before and annually thereafter, as required;

- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

SIGNED at on (yyyy/mm/dd)

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web https://provider.medavie.bluecross.ca/ phone 1-888-614-1880 or fax 506-867-3824.

Client ID #:
Family name:
Given name(s):
Date of birth: (yyyy/mm/dd)

IMM 5695 (11-2013) E

Canada

* All refugees are covered under the Interim Federal Health Program (IFHP)
* Patients need to provide an **Interim Federal Health Program Certificate** as proof of coverage
* This certificate must be shown at each visit

How to Prepare for Newcomer Clients

* Dentists must confirm coverage with Medavie Blue Cross **before** providing dental care at each dental visit

* **To verify a patient's IFHP coverage:**

  * Call Medavie Blue Cross at 1-888-614-1880 during the hours of 8:30 – 16:30 in each Canadian time zone; *or*

  * Log into the secure section of the provider web portal: https://provider.medavie.bluecross.ca/

How to Prepare for Newcomer Clients

* After providing treatment, ask patients to sign a claim form
* Bills are to be sent directly to IFHP through Medavie Blue Cross
* Medavie Blue Cross will repay the dental clinic for their services

How to Prepare for Newcomer Clients

* **Claims can be submitted via:**
  * Mail:
    * Interim Federal Health Program
      Medavie Blue Cross
      644 Main St. PO Box 6000
      Moncton, NB E1C 0P9

  * Provider web portal:
    * https://provider.medavie.bluecross.ca/; or
  * Fax:
    * 506-867-3841

How to Prepare for Newcomer Clients

* For patients who do not speak English, WRHA has interpreters that can go along with patients to some clinics in Winnipeg

* These clinics include:
  * Access Downtown
  * Deer Lodge Centre
  * Mount Carmel
  * SMILE plus

How to Prepare for Newcomer Clients

* **The most common languages requested for 2014/2015 were:**
  * Somali
  * Nepali
  * Tigrinya
  * Arabic

L-E-A-R-N

* ***Listen*** carefully to the client's perceptions of the problem, including its cause/expectations/traditional approaches
* ***Explain*** your perceptions of the problem
* ***Acknowledge*** and discuss the differences and similarities
* ***Recommend*** treatment
* ***Negotiate*** agreement

R-E-S-P-E-C-T

* **Rapport**
  * Connect on a social level, see patient's point of view, don't assume or judge
* **Empathy**
  * Seek out patient's rationale for behaviors/illness; legitimize
* **Support**
  * Ask about barriers; help patient overcome them, involve family if appropriate
* **Partnership**
  * Be flexible, negotiate
* **Explanations**
  * Check for understanding; clarify
* **Cultural Competence**
  * Respect the patient's culture & beliefs; be aware of our own biases
* **Trust**
  * Recognize self-disclosure may be an issue; take time to build trust

Some communication tips

* Speak simply, slowly, carefully & directly
* Carefully choose interpreters – accuracy & disclosure issues
* Use clear, precise language; avoid slang/idioms
* Use visuals (pictures, flash cards), gestures
* Talking louder doesn't help!
* "Yes" answers may not indicate comprehension or actual willingness to comply
* Don't make any assumptions or stereotype regarding their circumstances, dental knowledge or history
* For groups you see regularly – learn key phrases, translate the medical history, dictionaries on hand, pre-record some patient education in their language
* *"In Canada, we …"*

Questions?

HSHC Resources

HSHC Newcomer Resource

* In 2015, Healthy Smile Happy Child developed a resource called ***"Caring for Children's Teeth"***
* This resource is designed to teach newcomer families how to maintain good oral health for their children
* It is great for newcomers with limited English because it has very simple wording and includes a lot of pictures

Tooth images courtesy of Alberta Health Services

http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php

Healthy teeth.
Go to a dentist.

Look for white spots.
Cavities starting.
Go to a dentist.

Look for brown spots.
Cavities getting bigger.
Go to a dentist.

Broken teeth
from cavities.
Go to a dentist.

Look in child's mouth

http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php

Brush your child's teeth 2 times every day

Morning and bed time
with toothpaste
for 2 minutes.

Healthy Smile Happy Child

✓ Good for teeth

X Not good for teeth

http://www.wrha.mb.ca/healthinfo/preventtill/oral_child.php

Eat food that is good for your teeth

Go to a Dentist

Start to take your child when they are 1 year old.

http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php

HSHC Newcomer Resource

* The resource has been used by many different facilities including settlement agencies, dental clinics, medical clinics, and community and public health offices

* It has been used in classrooms, discussion groups, one-on-one sessions with clients, clinic waiting areas, and family resource centres

HSHC Resources

* Another resource that is great for newcomers is *"Think About Your Baby's Teeth,"* which provides tips on preventing ECC and is available in 9 languages:
  * *English*
  * *French*
  * *Cree*
  * *Arabic*
  * *German*
  * *Punjabi*
  * *Chinese*
  * *Spanish*
  * *Tagalog*

Questions?

Thank you!

All resources are available on the HSHC website:
http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php

Healthy Smile Happy Child Coordinator:
Daniella DeMaré
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Email: ddemare@chrim.ca

Healthy Smile Happy Child

Upcoming Telehealth Session

* **Date/Time: … 11am – 12pm**
* **Location: Your MBTelehealth Site**
* **Topic: …**
* **Presenters: …**