



TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 January 16

ORAL HEALTH REPORT 2013

Recommendation

It is recommended that Report No. 006-14 re Oral Health Report 2013 be received for information.

Key Points

- During the 2012-2013 school year, the Health Unit screened 15,751 students through the school-based dental screening program.
- The percentage of students screened in Junior Kindergarten who were caries-free, (i.e. have never had tooth decay or the removal or filling of a tooth because of caries) was 81%. The percentage of caries-free students in Grade 2 decreased to 60%.
- Six hundred and fifteen (615) students were found to have urgent dental needs which make them clinically eligible to receive Children in Need of Treatment (CINOT) funding for their dental care.

Purpose

The purpose of this Board of Health Report is to inform the Board of the Health Unit's oral health surveillance findings from the school-based dental screening program during the 2012-2013 school year. This information provides an overview of the oral health status of elementary schools students in Middlesex-London. These findings are outlined in the "Annual Oral Health Report" found in [Appendix A](#) with some key points summarized below. The findings will be shared with local dental and healthcare providers, partner agencies, and the general public.

Background on Oral Health Screening

One hundred and twenty-nine (129) elementary schools participated in the school-based oral health screening program in the 2012-2013 school year. Students in Junior Kindergarten, Senior Kindergarten, and Grade 2 at elementary schools were screened in accordance with the Oral Health Assessment and Surveillance Protocol of the Ontario Public Health Standards. This screening involves a Registered Dental Hygienist looking in each child's mouth to assess their past history of dental caries and if any teeth need urgent attention. The need for and urgency of dental care is recorded and the parents advised of the required follow-up. Based on the screening results of the Grade 2 students at each school, the school is categorized into the following levels of screening intensity: "Low", "Medium", or "High", as per the Protocol. Increased screening intensity level requires that additional grades be screened.

Results of the 2012-2013 School Year Screening

Participation: Of the 19,423 students who were offered dental screening at the schools that participated in the school-based dental screening program, 15,751 or 81% were screened. For the 2012-2013 school year, the Health Unit did not have parental consent to screen 2,389 (12%) students and 1,283 (7%) were absent on the day(s) that staff were screening at their schools.

Screening Intensity: Among the 126 elementary schools with Grade 2 in the Health Unit's jurisdiction, 103 were categorized as "Low" intensity, 10 as "Medium" intensity, and 13 as "High" intensity as per the Oral Health Assessment and Surveillance Protocol.

Dental Caries: The percentages of Junior Kindergarten, Senior Kindergarten, and Grade 2 students screened who were caries-free, (i.e. have never had tooth decay or the removal or filling of a tooth because of caries) were 81%, 72%, and 60%, respectively. Almost 5% of Grade 2 students screened had two or more teeth with tooth decay. The geographic distribution of school caries-free rates is summarized in Appendix A.

Urgent Dental Needs: Six hundred and fifteen (615) students or 4% of screened students have "Urgent" dental needs which make them clinically eligible to receive Children in Need of Treatment (CINOT) funding for their dental care. This percentage is lower than the recently estimated provincial average of 5-7%. However, comparisons with other jurisdictions and the provincial average should be made with caution as this figure is not routinely reported by Boards of Health or the Ministry of Health and Long-Term Care. The geographic distribution of school "Urgent" rates is summarized in the report in Appendix A.

CONCLUSION

Efforts and strategies have been developed to improve the percentage of eligible students screened. These include developing new resources that clearly explain the benefits of dental screening to parents and educators, and initiating discussions with school administrators and parent groups to investigate ways to improve consent rates. Additionally, staff members will now seek out children who were absent on the day their class was screened, and screen them on a subsequent day if staff is still scheduled to attend that school.

A pilot project to prevent the increase in caries rate as students move from Junior Kindergarten to Grade 2 is under development for two "High" screening intensity schools. Additionally, follow-up initiatives to the 2013 Oral Health Month Activities are in the planning stages to support parents seeking dental care for their young children prior to school entry. These are outlined in Board of Health Report No. [083-13](#). Early dental care helps to prevent caries by promoting healthy oral behaviours and delivering preventive services such as cleanings and application of fluoride varnish. This work is being done in consultation with local dental providers.

This report was prepared by Dr. Maria van Harten, Dental Consultant; Chimere Okoronkwo, Manager, Oral Health Team; and Hilary Caldarelli, Contract Epidemiologist, Oral Health, Communicable Disease and Sexual Health Services.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

This report addresses the requirements of the Child Health, Ontario Public Health Standards.