



TO: Chair and Members of the Finance and Facilities Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer
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IMPACT OF CONSENT PROCESS ON DENTAL SCREENING OUTCOMES

Recommendation

It is recommended that the Finance and Facilities Committee receive report no. 010-17FFC comparing screening practices between school boards within the jurisdiction of the Health Unit and Ontario for information.

Key Points

- The Thames Valley District School Board (TVDSB) uses a process of active consent for its dental screening whereas the London District Catholic School Board (LDCSB) use a passive consent process.
- This difference in processes leads to significant difference in dental screening outcomes.

Background

The Board of Health (BOH) is mandated by the Ontario Public Health Standards (OPHS) to conduct dental screening of children in schools within its jurisdiction. In the 2015/2016 school year, the Health Unit worked with four (4) public school boards (Thames Valley District School Board “TVDSB”; London District Catholic School Board “LDCSB”; Conseil scolaire catholique Providence; Conseil scolaire Viamonde “CSV”), three (3) private schools, and two (2) First Nations schools to implement the program in 131 elementary schools. The dental screening program is implemented with parental consent. The process of getting parental consent is outlined in the parental notifications sent out by the school boards and schools prior to the dental screening. There are currently two different processes for obtaining consent for the dental screening program.

The first process uses active consent which means that children will not be screened unless parents directly communicate their consent to the school to have their children screened. The second process uses passive consent which means that the children will be screened unless the school receives a note which indicates that the parents do not wish to have their children screened. The active consent process is used exclusively by the TVDSB while all of the other school boards and schools use the passive consent process. It is suggested that these different consent processes lead to two different screening outcomes.

In order to determine whether the consent process leads to different screening outcomes, an analysis was conducted to compare and contrast the differences between the school boards that use different consent processes and the rest of Ontario. This analysis involved the review of screening data for the past five school years (2011/2012 to 2015/2016). The two largest school boards (TVDSB and LDCSB) which are within the jurisdiction of the Middlesex-London Health Unit were selected for the comparison as they use different consent processes. The TVDSB uses the active consent process while the LDCSB uses the passive consent process. These school boards were then compared with the rest of Ontario.

Comparison Between the two Boards and the Rest of Ontario

The purpose was to compare and contrast differences between school boards and the rest of Ontario and to determine whether difference exist between groups. As shown in [Appendix A](#), the results of the analysis demonstrate that:

- LDCSB and TVDSB have statistically different distributions of proportions of screened/absent/excluded students in all school years (2011-12 to 2015-16)
 - This difference is largely driven by the significantly higher proportion of “excluded” students seen in TVDSB (compared to Ontario) and the significantly smaller proportion of “excluded” students seen in LCDSB
- LDCSB has significantly smaller proportions of students classified as “Child in need of Urgent Care” (CUC) when compared to the TVDSB (except in 2014-15 school year)
- LDCSB and TVDSB both have significantly smaller proportions of students classified as “Child in need of Urgent Care” (CUC) when compared to the rest of Ontario

Based on the results, the difference in proportions of students screened is largely driven by the significantly higher proportion of “excluded” students seen in the TVDSB and the significantly smaller proportion of “excluded” students seen in the LDCSB.

Conclusion

As exclusion from the dental screening program is a direct result of the parental consent, the higher proportions of “excluded” students seen in the TVDSB can be attributed to the active consent process. These different consent processes lead to different screening outcomes.

This report was prepared by the Oral Health Team, Healthy Living Division and the Foundational Standards Division.



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