



Government of
Saskatchewan

**Annual Report
1977-78**

**Saskatchewan
Health
Dental Plan**



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1977-78**

**Saskatchewan Health
Dental
Plan
Report
Fourth Year of Operation
September 1, 1977 to
August 31, 1978**

7742

Department of Health

Regina, March, 1979

To the Honourable C.I. McIntosh,
Lieutenant Governor of Saskatchewan.

May it please Your Honour:

I beg to present herewith for your consideration the
Report of the Dental Plan for the year ending
August 31, 1978.

Respectfully submitted,

E.L. Tchorzewski,
Minister of Health.

Department of Health

Regina, March, 1979

To the Honourable E.L. Tchorzewski,
Minister of Health.

Sir:

I have the honour to present herewith the Report of
the Dental Plan for the year ending August 31,
1978.

Respectfully submitted,

M.B. Derrick,
Deputy Minister.



Table of contents

	<i>Page</i>
Executive Director's remarks	6
Background	6
Organization and administration	7
Profile of Dental Plan personnel	10
Training of dental nurses in Saskatchewan	11
Organization of delivery	11
Dental clinics	12
Enrollment of eligible children	15
Dental health of enrolled children	16
Services to enrolled children	18
Referrals and emergency services	24
Expenditures	27
Appendix — dental clinics	31

List of tables

<i>Table number and title</i>	<i>Page</i>
1. Equipment in permanent and portable clinics	14
2. Enrollment of eligible children as of August 1978	15
3. Enrollment of eligible registered Indians as of August 1978	16
4. Dental health of enrolled children, September 1976 - August 1978	17
5. Services provided by clinical staff September 1977 - August 1978	19
6. Referrals and emergency services provided by private practitioners to children enrolled in the Dental Plan September 1976 - August 1978	25

List of figures

<i>Figure number and title</i>	<i>Page</i>
1. Dental Plan administrative organization	8
2. Dental Plan administrative regions	9
3. Amalgam restorations provided by program year	22
4. Parent contacts provided by program year	23

Executive Director's remarks

The Saskatchewan Dental Plan commenced in September, 1974 and has now completed four years of operation. The objective of the Plan is to improve the dental health of young people in Saskatchewan by providing comprehensive dental care to children. Initially this program was to cover children between the ages of 3 and 12 but in May, 1978 the Minister of Health announced an extension to cover children between the ages of 3 and 14. This care is provided by teams of dentists, dental nurses and dental assistants in clinics which have been set up in elementary schools and special clinics across the province.

After four years of operation the Dental Plan is providing dental care to children between the ages of 4 and 10. Approximately 82% of eligible children are enrolled in the Program. In September, 1977 the Dental Plan was providing care to children between the ages of 5 and 10, but by December of 1977 it became apparent that dental nurse teams would be able to complete the dental needs of their assigned children before the end of the school year. In February, 1978, therefore, the Minister of Health announced that four year old children would be eligible to enroll in the Dental Plan. Invitations were immediately sent to 14,440 parents with four year old children and 10,750 children had been enrolled by August, 1978.

The increased enrollment in the Dental Plan, combined with an improvement in the dental health of the children and the continuing efficiency of the Dental Plan staff, resulted in a reduction of the average cost per child from \$83.00 in the 1976-77 program year to \$74.00 in the 1977-78 program year.

The Dental Plan operates through school clinics and its activities are more closely related to the school year than to the Government fiscal year. In order that the activities of the Dental Plan can be more meaningfully presented and its costs and services more closely correlated, Dental Plan reports are based on the operational year September 1 to August 31.

M.H. Lewis, D.D.S., D.D.P.H.
Executive Director
Saskatchewan Dental Plan

Background

In 1968, the Saskatchewan Department of Health conducted surveys in Regina and Saskatoon which showed that the level of dental health of children in these cities was far from satisfactory. On the basis of the survey results, the Dental Division of

the Department of Health proposed that the federal government allocate funds for a dental pilot project in the province. The project was to provide dental health education, preventive services and treatment services to children through a dental team consisting of a dentist, two dental nurses, three dental assistants and one receptionist-recorder.

The dental nurses were formally trained to provide educational, preventive and treatment services to children, including deciduous tooth extractions and amalgam and composite restorations in deciduous and permanent teeth. The three dental assistants were formally trained to provide chairside assistance, simple prophylaxis and application of anticariogenic agents.

Services were made available to children from 3 to 12 years of age in the Oxbow area of Southeastern Saskatchewan. The dental team was housed in a mobile clinic equipped with four dental units, an X-ray machine, a laboratory and a reception room. The project lasted for three years. It demonstrated that high quality care could be provided by such a program and also that parents were prepared to enroll their children in a dental program in which care was provided by dental nurses. It was important to establish that a dental program making use of dental nurses could be successful because one of the main reasons for testing such a program was the chronic shortage of dentists in the province, especially in the rural areas.

On the basis of the successful Oxbow project, the Government of Saskatchewan announced in March 1972 that a province-wide dental program would be established to provide comprehensive dental care to children between the ages of three and twelve. The program commenced in September, 1974 and children have been enrolled as follows:

<i>Enrollment date</i>	<i>Date of birth</i>
September 1974	1968
September 1975	1969, 1970
September 1976	1967, 1971
September 1977	1972
February 1978	1973

In May, 1978 the Government of Saskatchewan announced that the Dental Plan would be expanded to provide dental care to children between the ages of three and fourteen. These additional age groups will be integrated into the program in subsequent years.

All children enrolled in the program are first examined by a fully qualified dentist who prescribes necessary treatment and decides how often a child should be examined. Dental nurses supported by dental assistants provide most of the dental services under the supervision of the dentist. Services provided by the program which are

beyond the scope of the dental nurse are provided by the dentist.

In 1976 a study was conducted to evaluate the quality of care provided by the Saskatchewan Dental Nurse. In February of that year three dentists from outside the province — one specialist in children's dentistry and two specialists in restorative dentistry — surveyed 410 children in grades Kindergarten to Grade Two. A total of 2,107 amalgam restorations and 97 stainless steel crowns were assessed. Later analysis of these fillings showed that 1,503 fillings were placed by the Saskatchewan Dental Nurses and 604 by dentists. Overall, the restorations were rated as follows:

	<i>Dentist</i>	<i>Dental nurse</i>
Unacceptable	21.1%	3.7%
Adequate	62.4%	48.6%
Superior	16.5%	47.7%

Quality assessment of stainless steel crowns showed that the Saskatchewan Dental Nurses and dentists performed to the same standard. In conclusion, the study stated that after two years it appeared that the Saskatchewan Dental Nurse was providing basic restorative treatment at a high level of coverage and quality.

With the co-operation of the Department of Education and local school boards, dental clinics have been located in schools to make access more convenient for children and parents. More clinics will be added as the program expands. In cases where space for clinics is not available in schools, portable dental equipment can be set up temporarily in the school or a mobile dental clinic can be used. Occasionally, children are transported from a school with no clinic to a nearby school that is equipped with a clinic.

Organization and administration

Legislative and regulatory authority

In 1973 *The Saskatchewan Dental Nurses Act* was passed. This act created a Saskatchewan Dental Nurses Board to establish and maintain rules for the licensing of dental nurses, to set standards of professional conduct for dental nurses, to advise the Minister of Health on matters referred to the Board and to ensure that the regulations and standards of professional conduct are met by all registrants. The first Board was appointed on September 25, 1973 and held three meetings during the year to develop regulations concerning the registration and licensing of dental nurses and to define the scope of dental nursing services. The Board now meets at the call of the Chairman to

approve the registration of dental nurses and to rule on standards and questions referred to the Board.

In the following year, *The Dental Care Act, 1974* was passed. This Act gives the Department of Health broad authority to operate a children's dental care program. The act authorizes the Minister of Health to enter into agreements with or to employ dentists, dental nurses and certified dental assistants and to do whatever else is necessary for the establishment and operation of the dental care program.

Administrative structure

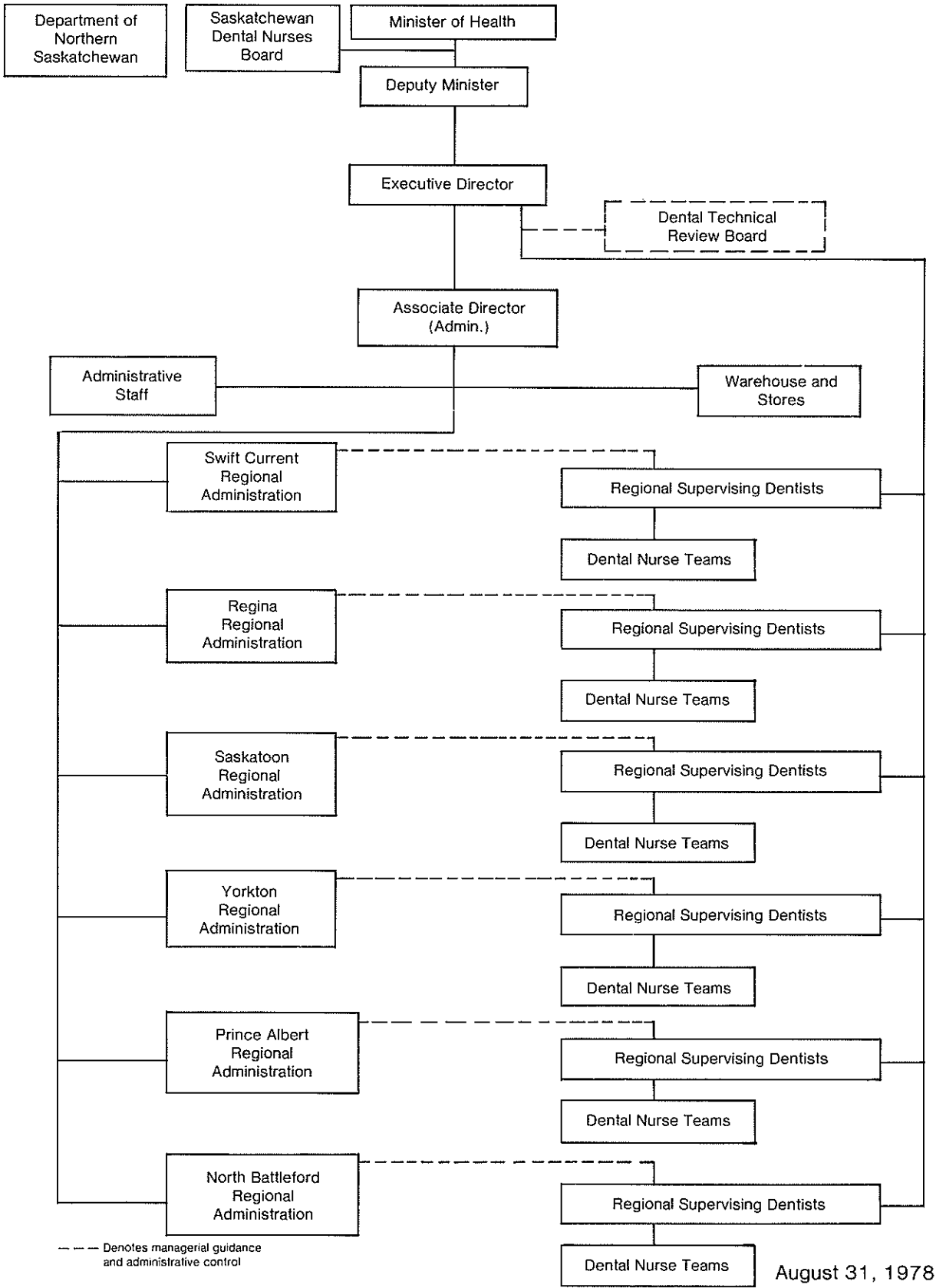
The administrative organization is outlined in the organizational chart on page 8. The Saskatchewan Dental Plan is administered through a central headquarters staff consisting of an Executive Director, an Associate Director, administrative staff and warehouse and stores personnel. The province is divided into six administrative regions. Regional Headquarters are located in Swift Current, Regina, Yorkton, Saskatoon, Prince Albert and North Battleford.¹ The Saskatchewan Dental Plan does not provide coverage to children in the northern part of the province. The Department of Northern Saskatchewan operates its own dental plan for children in this area, but receives consultation services and advice from the Saskatchewan Dental Plan.

Health Region No. 1 in Swift Current has had a Dental Program for almost 30 years. The program has been modified to avoid duplication of the Saskatchewan Dental Plan. The Swift Current Regional Health Board now provides services to those resident children up to the age of 15 who are either too old or too young for the Saskatchewan Dental Plan. The Regional Board has applied to the Minister of Health for permission to expand its program to cover children up to the age of 18.

1. The six Dental Plan administrative regions and headquarter locations are shown on the map on page 9.

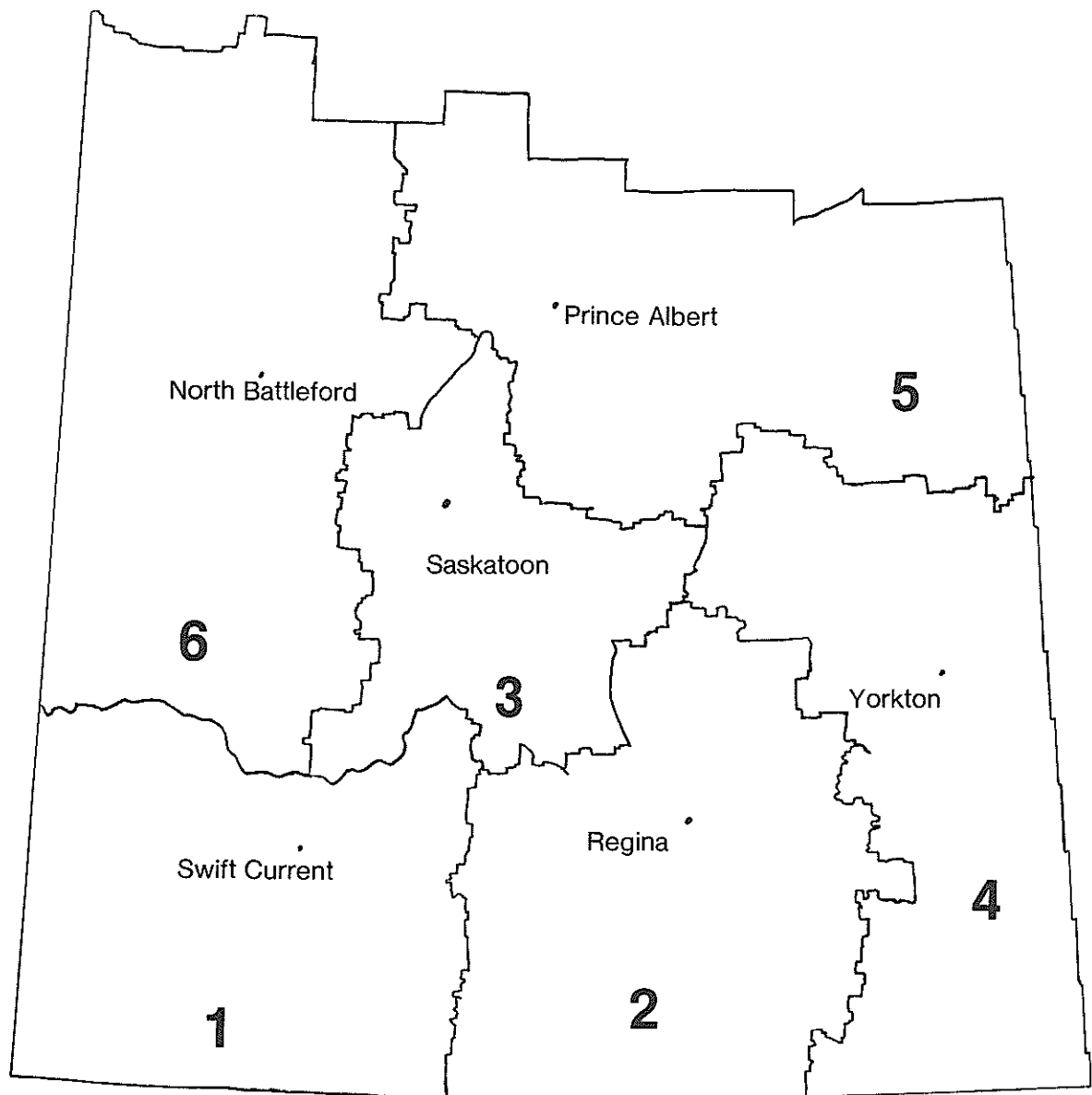
Dental Plan administrative organization

Figure 1



Dental Plan administrative regions

Figure 2



Key to administrative regions

No. 1 Swift Current
No. 2 Regina
No. 3 Saskatoon

No. 4 Yorkton
No. 5 Prince Albert
No. 6 North Battleford

August 31, 1978.

Profile of Dental Plan personnel

Clinical personnel

1. Supervising dentist

The supervising dentist performs a variety of duties in close co-operation with approximately 10 dental nursing teams assigned to each area. The dentist spends a great deal of time examining and formulating treatment plans for enrolled children and carries out services which are beyond the scope of the dental nurse. Lines of communication are always open between the team and the dentist in order to provide the team with immediate consultation or assistance when necessary. As supervisor, the dentist constantly monitors the quality and quantity of work being performed by the teams and sees that priorities and schedules are being arranged and met.

The dentist meets constantly with parents, superintendents, principals, teachers and local officials and thus plays a significant role in public relations. All field staff are essentially public relations officers but it is the supervising dentist (together with the regional administrator) who must assess and deal with the specific difficulties and judge public sentiment.

2. Dental nurse

The Saskatchewan Dental Nurse is a graduate of a two-year Dental Nursing Program and is trained to deal with children in both clinical and classroom situations.

The dental nurse provides diet and oral hygiene instruction to children and parents, cleans and polishes teeth, applies topical fluorides and takes radiographs. The dental nurse restores primary and permanent teeth with silver amalgam, composite resins and stainless steel crowns as well as performing pulpotomies and placing space maintainers. The dental nurse also extracts primary teeth.

3. Dental hygienist

The Dental Plan employed two dental hygienists during 1977-78. The hygienists provide a comprehensive and concentrated preventive dentistry program to children with especially serious oral hygiene problems. The hygienists also provide group oral hygiene instruction and perform a general public relations function by addressing home and school associations and similar groups. Each hygienist works throughout a dental region and occasionally moves from one region to another in the course of duties.

4. Certified dental assistant

The certified dental assistant, who is a graduate of a one-year course, plays a dual role within the dental

team. She performs many chairside duties for the nurse, such as instrument transfer, suctioning, retraction, preparation of restorative materials and sterilization; she also takes radiographs, cleans and polishes teeth, applies topical fluoride and provides oral hygiene instruction.

With the long-term benefits of preventive dentistry in mind, dental teams also provide classroom instruction to children in age groups not yet enrolled in the Saskatchewan Dental Plan. The educational sessions vary greatly, depending on the age of the children in the class. Puppet shows are often staged for the young children, while the older children receive classroom talks with question-and-answer periods. The instructional sessions stress the cause of dental disease, diet, professional preventive measures and, most important, daily home care. Sessions may be followed by active participation of children in a fluoride brush-in, followed by a fluoride rinse.

Non-clinical personnel

1. Regional administrator

The regional administrator maintains records on personnel, equipment, materials, supplies and services. He works in close co-operation with supervising dentists in assigning service areas for dental nurse teams.

He is responsible for identifying locations for dental clinics, monitoring program progress, identifying operational problems and initiating corrective action. He shares with the supervising dentists, responsibility for public relations in the area and deals with specific difficulties affecting parents, staff and members of the public.

2. Equipment technician

The equipment technician is a graduate of a one-year course in instrument technology. He installs dental equipment in new clinics including the X-ray machines. He repairs and maintains all dental equipment both in the clinic and in the repair shop.

Preventive maintenance is practiced by all staff under the supervision of the equipment technician. This maintenance eliminates a great deal of lost time because of malfunctioning dental equipment. The equipment technicians' regular visits to dental clinics involve them in considerable travel.

Staff employed

As of June 30, 1978 the Dental Plan employed the following staff. Figures for June 30, 1977 are given for comparison.

	1977	1978
Total	270	308
Dentists	13	14
Dental nurses	115	137
Dental assistants	133	148
Dental hygienists	2	2
Equipment technicians	7	7

Attrition among dental nurses from September 1, 1976 to August 31, 1978 was as follows:

Dental nurses

	<i>On Staff</i>	<i>Hired</i>	<i>Re- signed</i>	<i>Total</i>
September 1, 1976 to:				
August 31, 1977	79	83	19 ¹	143
September, 1977	143	6	4	145
October	145	—	—	145
November	145	—	1	144
December	144	—	—	144
January, 1978	144	1	—	145
February	145	—	—	145
March	145	—	1	144
April	144	2	4	142
May	142	—	2	140
June	140	—	3	137
July	137	—	3	134
August	134	45	—	179

1. Four dental nurses transferred to Wascana Institute of Applied Arts and Sciences in Regina as dental nurse instructors.

Training of dental nurses in Saskatchewan

In September, 1972, a two-year Dental Nursing Program was established at the Wascana Institute of Applied Arts and Sciences in Regina. The two-year program prepares the students to provide dental care to pre-school and school-age children through the Saskatchewan Dental Plan. Great emphasis is placed on prevention of dental disease, but in addition, the dental nurses are fully trained in basic clinical restorative dentistry for children and are able to provide most of their dental needs. The training program consists of co-ordinated classroom and clinical experience. Total scheduled time exceeds 2,300 hours in the two years of the program. In July, 1978 forty-nine students graduated from the training program.

Organization of delivery

The Dental Plan uses a team approach to provide dental services in the elementary school setting. Each team consists of a dental nurse and certified dental assistant. Associated with each dental nursing team is a supervising dentist who works in close conjunction with seven or eight teams.

A great deal of preliminary work in developing schedules within each dental region is undertaken to ensure that a timetable can be developed to provide dental care to all enrolled children with as little disruption to the school system as possible. School principals are contacted to discuss suitable times for the teams to visit their schools and to inform them of the number of children enrolled in their particular area. The dental nurse teams explain the operation of the Plan to the teachers involved and discuss the schedule within each particular school. A few days before the child's initial visit to the dental clinic parents are contacted by phone or letter.

On the first clinical visit the child's medical history is checked to see if there are any medical conditions that might affect the provision of dental care. A simple examination of the child's mouth is performed to determine if diagnostic X-rays are required. The required radiographs are taken and immediately processed to make certain that they are of good diagnostic quality.

On the second visit, the patient is given a full clinical examination by the examining dentist or dental nurse. Parents are encouraged to be present for this visit so that pertinent diagnostic findings and treatment planning can be discussed directly with them. At this time, diet and oral hygiene are also discussed with the parent and child. The prevention of dental disease is of great importance and the dental team stresses preventive measures with the parents and patient throughout the course of treatment. Treatment visits are scheduled according to the dental needs of each individual child.

Except for emergencies and urgent problems, the actual dental treatment usually commences at the third clinical session. A dental nurse and certified dental assistant carry out treatment in accordance with the treatment plan prescribed. As treatment progresses, any necessary modifications in the treatment plan are made in consultation with the examining dentist. Dental teams are encouraged to perform quadrant dentistry, so that all necessary treatment in any quarter of the mouth is performed during one visit. All restorative treatment is performed with the use of rubber dam, a technique which provides visibility and control of the operating field for the dental nurse and comfort and protection for the patient.

Dental regions hold staff meetings every six to eight weeks. These meetings last one full day and normally one or two hours of the day are put aside for a review of certain clinical procedures or to review aspects of oral diagnosis, radiographic techniques or techniques in the effective use of chairside dental assistants.

Summer activities

During the summer school holidays, clinics are operated throughout the province on a regular basis, though because of school vacations dental teams frequently find it difficult to organize full work schedules. During this period, staff are expected to take their vacation and also to participate in continuing education courses.

Continuing education

During the 1977-78 program year, continuing education courses were held at regional meetings. Courses were given on the following topics:

- X-ray techniques
- the restoration of fractured permanent incisor teeth
- management of the pre-school child
- the recognition and classification of malocclusion
- local anaesthesia review

In addition, selected dental nurses attended the College of Dental Surgeons Annual Convention, a seminar on children's dentistry sponsored by the Saskatchewan Chapter, Canadian Society of Dentistry for Children and a one-day course sponsored by the Saskatchewan Dental Nurses Association.

Dental health education

Dental Plan clinical staff are involved in community dental health education. Whenever possible, staff participate on television information shows, open-line radio shows and community and school association meetings to promote the importance of dental health and explain the methods of preventing the onset of dental disease.

Dental Plan staff are always prepared to present displays on preventive dentistry, new dental equipment and techniques, and careers in dentistry. During the year, numerous presentations were made in shopping malls, open house days in elementary schools, career days in high schools and the health fair at the University of Regina.

During July and August, a number of Dental Plan staff were involved in summer fairs. The mobile dental clinic was entered in a number of parades with staff later manning a booth to answer questions about the Saskatchewan Dental Plan and to promote home care of teeth.

Dental staff also promote, whenever possible, the importance of fluoridation of community water supplies as a practical and effective health measure for safely and economically reducing the incidence of dental decay.

Dental clinics

Permanent dental clinics

Most of the dental work provided by the dental teams is performed in permanent dental clinics. As of August 31, 1978, there were 417 such clinics located in elementary schools throughout Saskatchewan. Additional clinics will be established as other age groups are phased into the Plan. (The appendix lists the location of dental clinics alphabetically by dental region.)

Permanent clinics have been established in schools with the greatest number of children eligible for enrollment in the Saskatchewan Dental Plan. Because of declining school enrollment, most of these schools had an extra room or a vacant classroom in which a dental clinic could be established. Patients in schools adjacent to permanent clinics walk to the clinic if it is within one block or they are transported by car by the parent or dental team. Permanent clinics are frequently shared with the school public health nurse and may also be used as a rest area for children who become ill at school.

The permanent dental clinics, where possible, consist of a large, bright, well-painted room, often with adjoining waiting room and washroom. All the clinics have increased overhead fluorescent lighting, a ventilation fan and extra electrical plug-ins. Each clinic has a lockable cupboard with a stainless-steel sink and counter work area. Located in the school as close as possible to the clinic is a large fixed air compressor. A portable, self-contained dental unit is attached to the compressed air line by means of a quick-connect coupler in the clinic.

Each permanent clinic is furnished with a motorized dental chair and attached light, operator and assistant stools, mobile dental cabinet, autoclave, amalgamator, X-ray machine, wall bracket and lead shielding.

All instruments and supplies are carried from clinic to clinic by the dental teams and dentists. For this purpose a large metal instrument and supply case is furnished.

Temporary dental clinics

Portable equipment in temporary space is used to provide dental services in small village schools without clinics. Temporary clinics have also been established in those few larger schools in which permanent clinic space is not presently available.

A vacant classroom, a make-ready room or an infrequently used home economics room is the usual location for a temporary clinic. Using portable equipment, the dental team can provide high quality dental care for children in virtually any well-lit, clean school area. A temporary clinic consists of a portable dental chair, fibreoptic light, portable stools, dental unit, portable compressor and autoclave, all set up within an adequate room.

Clinic design rationale

The Dental Plan uses one-chair clinics as the principal type of permanent clinic. In the cities of Prince Albert, Regina and Saskatoon, multiple-chair clinics are in operation. These clinics are being used to test the feasibility of transporting patients to larger clinics as opposed to treating them in one or two-chair clinics in each school. Prince Albert has a ten-chair clinic to which all the city children are transported for treatment. Regina and Saskatoon each have a four-chair clinic to which children are transported as well as several one-chair permanent clinics.

During the first year of the program many children were transported from their school to one of the multi-chair clinics. As additional age groups have been phased into the program it has become apparent that the one-chair dental clinic situated in an elementary school has many advantages over a multi-chair clinic. A dental nurse working in an elementary school can arrange treatment times to coincide with school activities so that a minimum of disruption occurs. Children also stay in the familiar surroundings of their own school.

Equipment

The Dental Plan has several major items of equipment in service. The equipment has been centrally assigned to each region on an allotment basis determined by the number of clinics. Within each region every individual piece of major equipment is under a serial number control system. All equipment is located with the dental nursing team, in a permanent clinic or in the regional office.

Located in each permanent dental clinic is a fully motorized dental chair. For the purposes of the Dental Plan, the gear drive is the mechanism of choice for a dental chair. Hydraulic drives tend to be much heavier than gear drives and hydraulic oil tends to spill and eventually leak from worn hydraulic cylinders. In addition, hydraulic oil has a tendency to solidify when accidentally subjected to sub-zero temperatures during a power failure. Fixed to each motorized chair is an operating light with a fully articulated arm.

The dental nursing teams use a folding portable dental chair in the temporary dental clinics. This chair is fabricated from aluminum; its light weight (35 pounds) facilitates transport by Plan personnel.

Mounted laterally on the portable chair is an operating light which utilizes a large fibreoptic bundle to conduct an intense white light from the quartz iodide bulb to the oral cavity.

The Plan uses a dental X-ray machine modified to allow it to be separated into two easily portable components — controls and head. In each permanent clinic and most temporary clinics a metal bracket is attached to the wall to support the assembled X-ray machine. Patients are protected from scattered radiation by a full lead apron. In order to shield the operator and other personnel in a school clinic, screens are used. The exact location of each portable X-ray machine and precise placement of lead screens are sanctioned by the Radiation Safety Unit of the Saskatchewan Department of Labour. X-ray films are processed in each clinic by means of a portable semi-automatic processing machine that uses standard processing solutions.

Sterilization of instruments is accomplished by two means. An autoclave is used to sterilize all items except those fabricated from plastic. Plastic items are sterilized in a cold disinfectant solution. In an autoclave, sterilization is accomplished through a combination of heat and chemical vapour. All instruments or sets of instruments are sterilized in sealed bags and are opened only upon use. The autoclave is quite light in weight (35 pounds) and thus can be easily transported to a temporary clinic.

All clinics employ a completely mobile and portable self-contained dental unit. Located on the unit are five instruments used in the delivery of dental care. Two of the instruments are dynamic. One is an ultra high speed, low torque handpiece and the other is a handpiece of low speed, high torque design. A three-way syringe on the dental unit provides a stream of compressed air, pressurized water or a combination of both. Two forms of suction are provided on the unit. The first suction is a low volume, high vacuum type for purposes of saliva ejection and surgery. The other, a high volume suction, provides good suction for the rubber dam washed field technique used by all dental nurses. The unit also has its own distilled water supply and two separate waste traps for the low and high volume suction.

The dental unit is completely powered by compressed air conducted through one line at 90 PSI. The compressed air is supplied in a permanent clinic by a large, twin cylinder, verticle air compressor. When necessary, these compressors can quite adequately supply four dental units. In temporary clinics, the compressed air is supplied by small, portable, horizontally opposed, twin cylinder air compressors. The compressor is placed outside the clinic area and the air is conducted through plastic lines to the dental units.

Located in each permanent clinic is a mobile instrument cabinet. The cabinet has multiple

drawers for storage of instruments and supplies. The top of the mobile cabinet, when used in conjunction with the top of the dental unit, provides an adequate work surface for the dental assistant. In a temporary clinic small portable tables are used to provide the required chairside work surface.

All of the dental equipment is of the most modern design, and extensive testing to ensure its durability and suitability was undertaken before it was

selected for the Dental Plan. All of the dental materials and supplies used are approved by the American Dental Association Council on Materials and Devices.

The following table summarizes the equipment contained in each permanent and portable clinic. The total cost of equipment in a permanent clinic is \$4,897.97 and in a portable clinic \$3,679.49. This equipment was all purchased in 1974 and 1975.

Table 1.

Equipment in Permanent and Portable Clinics

Equipment Item	Number per clinic	Manufacturer (model)
<i>Permanent Clinic</i>		
Air compressor	1	Webster (402-3)
Amalgamator*	1	Toothmaster (300)
Dental chair (fixed)	1	Vacudent (P-60-AIBS)
Dental light (fixed)	1	Pelton & Crane (Light Fantastic)
Dental cabinet	1	Denco (7 drawer)
Dental unit*	1	Adec (Sask-Cart)
Autoclave (Chemoclave)*	1	Harvey (4000)
X-ray machine*	1	Siemens (Heliodent 60)
X-ray developer*	1	Procomat (II)
Dental stools (portable)*	2	Office Specialty (708M)
Dental X-ray viewer*	1	Illuminator (14 ¹ / ₈ × 5 ³ / ₈)
<i>Portable Clinic</i>		
Air compressor	1	Scripline (¾ hp. motor, 6 gal. tank)
Amalgamator*	1	Toothmaster (300)
Dental chair (portable)	1	Adec (c/w light post)
Dental light (portable)	1	Roland (Fibreoptic)
Dental unit*	1	Adec (Sask-Cart)
Autoclave (Chemoclave)*	1	Harvey (4000)
X-ray machine*	1	Siemens (Heliodent 60)
X-ray developer*	1	Procomat (II)
Dental stools (portable)*	2	Office Specialty (708M)
Dental X-ray viewer*	1	Illuminator (14 ¹ / ₈ × 5 ³ / ₈)

* These items are common to both permanent and portable clinics and need not be duplicated except in situations where they may be required in two different locations simultaneously.

Table 2
Enrollment of Eligible Children
(excluding Registered Indians)
as at August 31, 1978¹

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total ²	99,531 (70,462)	81,929 (58,789)	82.3 (83.4)	9,965 (4,726)	10.0 (6.7)	7,637 (6,947)	7.7 (9.9)
Born 1967	14,351 (14,127)	11,081 (10,633)	77.2 (75.3)	1,778 (1,221)	12.4 (8.6)	1,492 (2,273)	10.4 (16.1)
Born 1968	14,231 (13,779)	12,245 (12,274)	86.0 (89.0)	1,222 (638)	8.6 (4.6)	764 (867)	5.4 (6.3)
Born 1969	14,486 (14,083)	12,154 (12,026)	83.9 (85.4)	1,474 (979)	10.2 (7.0)	858 (1,078)	5.9 (7.7)
Born 1970	14,357 (13,900)	12,096 (11,957)	84.2 (86.0)	1,446 (877)	10.1 (6.3)	815 (1,066)	5.7 (7.7)
Born 1971	14,265 (13,996)	11,850 (11,322)	83.1 (81.0)	1,495 (1,011)	10.5 (7.2)	920 (1,663)	6.4 (11.9)
Born 1972	13,964	11,532	82.6	1,376	9.8	1,056	7.6
Born 1973 ³	13,456	10,599	78.8	1,125	8.4	1,732	12.8
Others ⁴	421 (577)	372 (577)	88.4 (100.0)	49 —	11.6 —	— —	— —

¹ Figures in parentheses are comparable figures for August 31, 1977.

² Enrollment figures for registered Indians are reported separately. Because of a number of circumstances peculiar to that group of children, their participation in the Dental Plan is markedly lower than that of other eligible children (see Table 3).

³ Children born in 1973 (preschoolers) were not eligible prior to February 1, 1978.

⁴ Previous year figures include children aged 10-12. Present year figures include children aged 11 and 12 only. Children aged 11 and 12 are only eligible for services if they were previously enrolled in the Oxbow Demonstration Project.

Table 3

Enrollment of Eligible Registered Indians as at August 31, 1978

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total ¹	7,132	2,123	29.8	215	3.0	4,794	67.2
Born 1967	967	275	28.4	26	2.7	666	68.9
Born 1968	1,074	365	34.0	32	3.0	677	63.0
Born 1969	962	335	34.8	34	3.5	593	61.7
Born 1970	1,048	378	36.1	45	4.3	625	59.6
Born 1971	1,015	332	32.7	33	3.3	650	64.0
Born 1972	1,031	243	23.6	20	1.9	768	74.5
Born 1973 ²	987	147	14.9	25	2.5	815	82.6
Others ³	48	48	100.0	—	—	—	—

¹ There were 1,442 Indian children enrolled at August 31, 1977, born during 1967-1971 inclusive.

² Children born in 1973 (preschool - age 4) were not eligible to enroll prior to February 1, 1978.

³ Children aged 11 and 12 eligible for services only if they were previously enrolled in the Oxbow Demonstration Project.

Dental health of enrolled children

Every child in the Dental Plan is examined once a year to determine the dental health of enrolled children. This is a thorough examination with a dental light, mirror, explorer and air to dry the teeth. Often X-rays are used to detect cavities between the teeth that cannot be seen otherwise.

Children in the province experience extensive tooth decay at a young age, even before their

fourth birthday. It can be seen in table 4 that the average four year old child had 3.33 decayed deciduous (baby) teeth and five year old children newly enrolled in the Dental Plan had 3.81 decayed deciduous teeth.

The children born in 1968 have the longest experience in the Dental Plan and continue to show a yearly reduction in decay. The 1976 - 1977 average of 1.05 decayed permanent teeth per child was reduced to .81 in 1977 - 1978, a 22.9% reduction.

Table 4

Dental Health of Enrolled Children **September, 1976 - August, 1977** **and** **September, 1977 - August, 1978**

Dental Health Indicators	Average Number or Percent Per Child					Average Number or Percent Per Child				
	September, 1976 - August, 1977					September, 1977 - August, 1978				
	1967 ¹	1968	1969	1970	1971	1967 ¹	1968 ¹	1969	1970	1971
Decayed, extracted, filled deciduous teeth (DEF) . . .	—	5.29	5.20	5.02	5.02	—	—	4.48	4.68	4.53
Decayed	—	0.93	1.34	1.84	3.94	—	—	0.98	1.27	1.72
Extracted	—	0.81	0.62	0.33	0.20	—	—	0.54	0.35	0.26
Filled	—	3.55	3.23	2.84	0.87	—	—	3.49	3.40	2.81
Decayed, missing filled permanent teeth (DMF) . .	3.10	2.71	1.81	0.72	0.18	3.68	3.21	2.54	1.52	0.67
Decayed	2.03	1.05	1.11	0.57	0.16	1.05	0.81	0.89	0.86	0.51
Extracted	0.04	0.01	0.01	0.00	0.00	0.08	0.02	0.01	0.00	0.00
Filled	1.01	1.63	0.69	0.14	0.02	2.54	2.37	1.63	0.65	0.16
Total DEF & DMF	—	8.01	7.02	5.74	5.21	—	—	7.56	6.56	5.47
Children with DMF of 0 . . .	15.22%	18.12%	35.80%	68.68%	90.71%	10.72%	12.89%	21.48%	43.15%	71.05%
Children with DEF of 0 . . .	—	—	—	—	—	—	—	11.08%	13.01%	17.07%
Children with DMF & DEF of 0	—	5.18%	8.98%	14.07%	20.14%	—	—	6.02%	9.90%	15.37%
Decayed deciduous and permanent teeth	—	1.99	2.45	2.42	4.10	—	—	1.88	2.14	2.23
Filled deciduous and permanent teeth	—	5.18	3.93	2.98	0.89	—	—	5.13	4.06	2.97
Ratio filled deciduous and permanent teeth to DMF & DEF	—	0.64	0.56	0.52	0.17	—	—	0.67	0.61	0.54
Ratio missing and extracted to filled teeth . .	0.43	0.16	0.16	0.11	0.23	0.13	0.10	0.10	0.08	0.08
Permanent teeth erupted and not decayed	10.66	8.76	6.95	3.87	1.05	13.27	10.38	8.87	7.03	3.95
Deciduous teeth filled and redeccayed	—	0.15	0.14	0.14	0.09	—	—	0.15	0.15	0.13
Permanent teeth filled and redeccayed	0.07	0.03	0.01	0.00	0.00	0.05	0.05	0.03	0.01	—

¹Dental Health indices on deciduous teeth for 10 year old children have not been reported since too high a proportion of deciduous teeth have already been shed.

Services to enrolled children

All services provided by Dental Plan staff are recorded, for statistical purposes, in a data information system in addition to the customary patient service record. The volume of services provided by dental plan staff during the 1977-78 program year is shown, by age of patient, in table 5. Comparisons with the volume of service provided in previous years may be made by referring to previous reports.

Children born in 1973 were not eligible to enroll in the program until February 1978. This may account for some of the services for this age group being lower than for other age groups of enrolled children.

The number of amalgam restorations provided to enrolled children has increased in each of the four years the program has been in operation. However, the increase has not been in proportion to the increase in enrollment. Amalgam restorations per 1,000 enrolled children has decreased consistently from 3,491 in the 1974-75 program year to 1,671 per 1,000 enrolled children in the 1977-78 program year as is shown in figure 3.

Parent contacts reflect the effort of Dental Plan staff to keep parents involved in the dental health of their children. The increase in this activity is demonstrated in figure 4. Parent contacts have increased from 1,516 per 1,000 enrolled children in 1974-75 to 3,283 per 1,000 enrolled children in 1977-78.

Table 5

Services Provided by Clinical Staff¹ September, 1977 - August, 1978

Services	Number									
	September, 1977 - August, 1978 (By year of birth)									
	1967	1968	1969	1970	1971	1972	1973	Other ²	Total	
Parent contacts										
In person	6,318	7,582	8,685	8,762	8,533	19,189	22,267	95	81,431	
By phone	8,305	9,388	10,129	10,157	9,294	15,878	12,046	222	75,419	
By letter	17,046	19,465	20,622	20,848	19,022	17,514	4,003	592	119,112	
Diagnostic services										
Initial oral examination	1,078	668	807	910	1,473	9,618	6,685	1	21,240	
Emergency oral examination	313	376	421	412	425	424	132	3	2,506	
Specific oral examination	2,052	4,725	4,776	4,476	1,395	511	445	8	18,388	
Recall examination	10,486	12,313	12,180	11,684	10,420	1,461	250	407	59,201	
Diagnostic models	281	404	498	398	171	94	36	12	1,894	
Radiographic services										
Periapical radiographs	1,980	2,306	2,247	1,944	1,369	1,019	428	103	11,396	
Bite-wing radiographs (single film)	6,725	9,772	10,483	10,090	8,509	15,678	7,580	196	69,033	
Panoramic radiographs	18	24	11	10	10	4	1	—	78	
Preventive services										
Dental prophylaxis	10,363	11,012	11,198	10,992	10,650	10,103	5,558	282	70,158	
Polish amalgam	5,812	6,485	7,206	7,191	6,186	6,011	2,028	213	41,132	
Topical fluoride	10,286	11,035	11,194	11,075	10,854	10,250	5,388	276	70,358	
Nutritional counsel (individual)	3,397	3,717	4,079	3,996	3,772	3,760	2,219	86	25,026	
Oral hygiene instruction (individual)	11,937	12,836	13,313	13,169	12,616	13,146	6,822	292	84,131	
Restorative services										
Total amalgam restorations (silver)	14,258	16,173	21,113	23,149	20,175	30,575	14,676	305	140,424	

Services Provided by Clinical Staff¹ (Cont.)

Services	Number								
	September, 1977 - August, 1978								
	(By year of birth)								
	1967	1968	1969	1970	1971	1972	1973	Other ²	Total
Amalgam primary									
one surface	747	1,243	2,082	2,841	4,077	8,546	5,012	9	24,557
two surface	1,836	4,070	6,547	8,390	8,852	18,159	8,355	33	56,242
three surface	313	668	848	806	789	2,383	1,126	4	6,937
four surface	20	43	45	83	51	204	104	—	550
five surface	1	2	5	4	3	7	1	—	23
Amalgam permanent									
one surface	7,618	6,679	8,126	8,171	4,772	941	55	174	36,536
two surface	3,186	3,075	3,064	2,669	1,532	308	22	73	13,929
three surface	458	334	325	160	91	23	1	9	1,401
four surface	67	49	67	21	8	4	—	3	219
five surface	12	10	4	4	—	—	—	—	30
Composite restorations									
(white)	1,606	1,050	706	293	219	407	392	70	4,743
Stainless steel crowns	525	1,158	2,229	2,919	3,164	7,735	3,138	12	20,870
Caries control									
Removal of decay and									
placement of sedative									
dressing	790	918	1,186	1,008	867	1,003	404	9	6,185
Pulp therapy services									
Direct pulp cap	90	61	70	37	24	37	16	—	335
Indirect pulp cap	114	74	82	80	92	220	132	1	795
Pulpotomy	341	657	1,196	1,679	2,194	6,071	2,599	7	14,744
Root canal therapy	45	20	11	2	—	—	—	7	85
Periodontal services	227	213	145	76	30	14	2	—	707
Surgical services									
Extraction of primary									
tooth	2,292	2,661	2,635	2,449	2,112	1,848	457	50	14,504
Removal of residual									
roots (soft tissue									
coverage)	104	37	60	65	69	67	12	1	415
Extraction of permanent									
tooth	311	186	98	30	13	6	—	18	662
Frenectomy	2	3	4	3	2	—	—	—	14

Table 5

Services Provided by Clinical Staff¹ (Cont.)

Services	Number								
	September, 1977 - August, 1978								
	(By year of birth)								
	1967	1968	1969	1970	1971	1972	1973	Other ²	Total
Space maintainers and minor orthodontic services									
Unilateral space maintainer	71	131	318	607	597	905	198	—	2,827
Bilateral space maintainer	51	91	125	131	93	68	13	—	572
Tooth movement and space regaining	133	222	254	197	53	22	6	8	895
Prevention of thumb sucking	9	19	31	16	7	2	1	—	85
Occlusal adjustment	15	35	45	58	31	10	3	—	197
Number of children with treatment plans completed	10,421	11,238	11,421	11,143	10,919	10,170	5,624	280	71,216
Percent of children with treatment completed	91.76	89.12	91.45	89.33	89.63	86.37	52.34	66.82	84.73

¹Includes services to enrolled registered Indians.

²Includes children aged 12 previously served by the Oxbow School Demonstration Project.



Figure 3
Amalgam Restorations Provided
by Program Year
(Rate per 1,000 Enrolled Children)

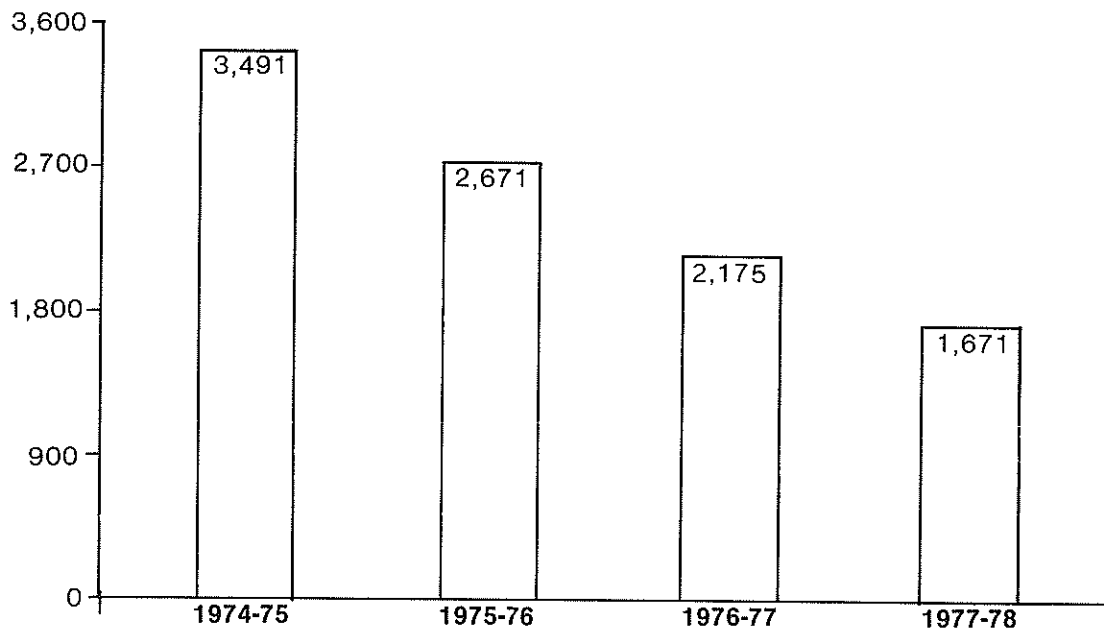
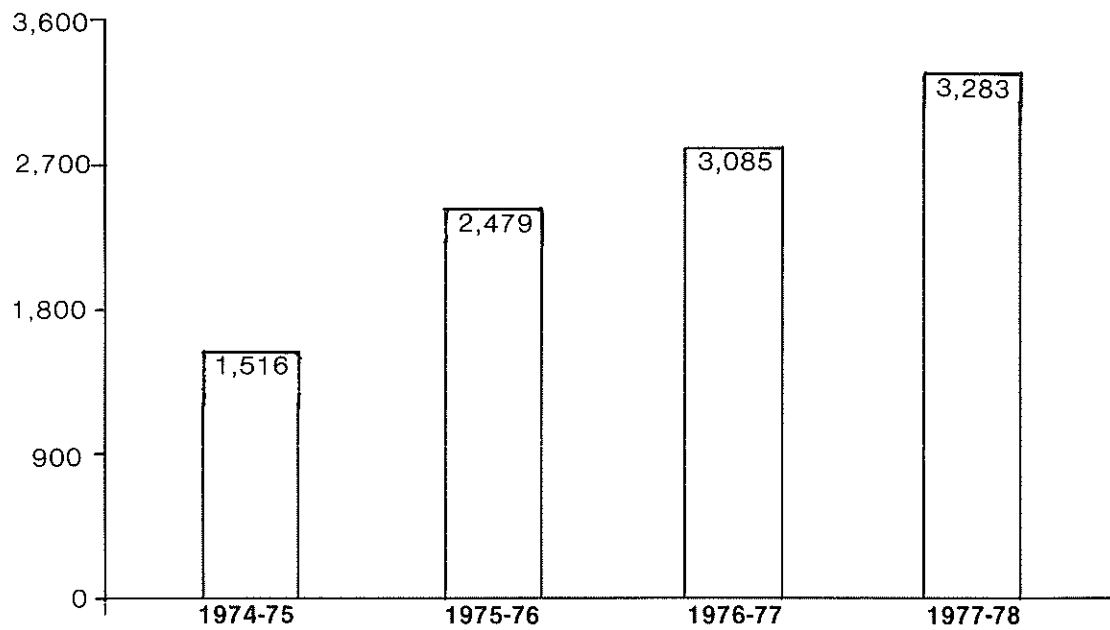




Figure 4
Parent Contacts Provided by
Program Year
(Rate per 1,000 Enrolled Children)



Referrals and emergency services

The costs of services provided by private practitioners to children enrolled in the Dental Plan are not covered by the Plan. There are two exceptions: referred services and emergency services.

Referrals to private practitioners are of two types. A permanent referral is given to a patient when the examining dentist feels that the management of the patient is beyond the capability of the dental nurse. Into the category of patient management fall individuals with such problems as mental or physical handicaps and medical or emotional problems. Dental Plan dentists are qualified to deal with such situations, but intensive treatment of special cases is not their primary role in the Plan. Rather, their role is to examine all enrolled children and to supervise treatment. It is therefore considered preferable to refer children requiring extensive management to a private practitioner, who can devote more time to them and provide more intensive care.

Enrolled children are also given specific referrals to private practitioners for specific dental problems beyond the capability of the dental nurse. Into this category fall such services as treatment of minor orthodontic problems and extensive surgical procedures.

Private practitioners also provide emergency services to enrolled children. Emergency services are defined as the relief of pain, treatment of infection, or control of haemorrhage. In emergency cases, the patient does not need to be referred by a Dental Plan dentist in order for service costs to be covered.

In addition, in 1977-78 five private practitioners provided dental care to enrolled children on a contract basis. This arrangement was made in certain rural areas of the province.

The following table outlines the types and costs of referred and emergency services provided by private practitioners to children enrolled in the Saskatchewan Dental Plan in 1976-77 and 1977-78.

Table 6

Referrals and Emergency Services Provided by Private Practitioners to Children Enrolled in the Dental Plan

**September, 1976 - August, 1977 and
September, 1977 - August, 1978**

Type of service	September, 1976 - August, 1977 ¹				September, 1977 - August, 1978 ²			
	Total		Referral		Emergency		Total	
	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)
TOTAL	4,035	68,067.11	3,243	60,596.26	792	7,470.85	5,940	107,057.79
Initial oral examination	310	2,603.25	310	2,603.25	—	—	590	5,354.60
Specific oral examination ..	181	1,574.65	181	1,574.65	—	—	287	2,538.30
Initial oral examination (Specialist)	29	371.50	29	371.50	—	—	—	—
Periapical X-rays	516	1,791.45	345	1,074.80	171	716.65	794	2,559.85
Occlusal X-rays	1	7.50	1	7.50	—	—	—	—
Bitewing X-rays	134	553.30	122	502.90	12	50.40	185	759.35
Panoramic X-rays	66	891.00	65	877.50	1	13.50	80	1,069.90
Diagnostic models	39	343.50	39	343.50	—	—	44	403.20
Topical fluoride and dental prophylaxis	128	1,337.10	128	1,337.10	—	—	206	2,223.90
Oral hygiene instruction ..	16	103.70	16	103.70	—	—	55	392.40
Fissure sealants	14	94.50	14	94.50	—	—	16	108.35
Caries control	—	—	—	—	—	—	—	—
Removal of decay Place sedative dressing ..	7	62.65	3	30.65	4	32.00	51	465.10
Amalgam restorations	649	7,792.60	573	6,869.35	76	923.25	1,012	12,996.50
Composite restorations ...	108	2,010.35	80	1,415.90	28	594.45	166	3,456.50
Stainless steel crowns ...	213	4,447.60	195	4,097.00	18	350.60	274	5,811.10
Crowns - porcelain, plastic, cast metal	27	2,307.00	27	2,307.00	—	—	11	1,337.25
Pulpotomy	79	698.35	79	698.35	—	—	206	1,981.56
Root canal therapy	48	1,786.35	48	1,786.35	—	—	41	3,493.31
Partial denture maxillary ..	4	253.15	4	253.15	—	—	5	325.75
Removal of erupted teeth ..	961	9,375.60	480	4,615.30	481	4,760.30	933	9,585.45
							575	5,846.80
							358	3,738.65

Table 6.

Referrals and Emergency Services Provided (Cont.)

Type of service	September, 1976 - August, 1977 ¹						September, 1977 - August, 1978 ²					
	Total			Referral			Emergency			Total		
	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)	No.	Cost(\$)
Surgical removal of tooth (Specialist)	133	3,509.00	132	3,479.30	1	29.70	2	144.50	2	144.50	—	—
Tooth movement and/or space regaining	105	5,757.28	105	5,757.28	—	—	155	10,629.00	155	10,629.00	—	—
Bilateral space maintainer	85	5,112.21	85	5,112.21	—	—	88	5,560.20	88	5,560.20	—	—
Unilateral space maintainer	63	2,054.90	63	2,054.90	—	—	67	2,341.95	66	2,307.30	1	34.65
Prevention of thumb sucking	6	478.50	6	478.50	—	—	8	666.20	8	666.20	—	—
Observation orthodontics ..	113	714.10	113	714.10	—	—	256	1,686.55	254	1,672.90	2	13.65
Other miscellaneous services	—	—	—	—	—	—	408	11,986.67	293	10,666.70	115	1,319.97
Other services unidentified	—	12,036.02	—	—	—	—	—	19,180.35	—	—	—	—

¹ An additional \$17,426.94 was paid to 5 dentists in private practice working on a contract basis providing examination services and writing treatment plans for the children examined. The total amount paid to private practitioners was \$85,494.05 (see Statement 1).

² An additional \$11,263.69 was paid to 5 dentists in private practice working on a contract basis providing examination services and writing treatment plans for the children examined. The total amount paid to private practitioners was \$118,321.48 (see Statement 1).

Expenditures

In a review of the following financial statements certain points should be noted:

1. During the first year of the Dental Plan, administrative and other costs associated with implementing a new program represented an average per child expenditure of \$25.99. The total administrative costs have increased in each of the three following years; however, increase in the enrollment has resulted in a decrease in the administrative cost per child to \$5.57 despite high inflation rates during the same period.

2. The decision to phase in the program by age group across the province rather than by all age groups region by region results in equality of service. It also lowered productivity and created higher staff travel and sustenance costs, initially. Travel and sustenance costs for program delivery have decreased each year from an average of \$14.95 per child in the first year of operation to \$6.47 per child during the 1977-78 program year.

3. The financial statements include only those expenditures incurred directly by the Saskatchewan Dental Plan, including the provision of secretariat services to the Saskatchewan Dental Nurses Board. Costs related to the Saskatchewan Dental Plan which were incurred by other agencies have been excluded.

4. Expenditure statements do not include approximately \$170,000 in start up costs incurred between November 1, 1973 and August 31, 1974. Such costs should be capitalized over the life of the program in which case the average cost per child per year would be very small.

5. Revenue from the activities of the Saskatchewan Dental Plan has not been applied to offset expenditures. The \$128,412.64 revenue realized during the year included \$3,835.00 from registration and licensing of dental nurses by the Saskatchewan Dental Nurses Board and \$120,436.50 in reimbursement from the Department of National Health and Welfare in respect of dental care provided to 1,442 enrolled Indian children during the period September 1, 1976 to August 31, 1977.

Statement 1.**Statement of Payments - Operating Expenses****September 1, 1976 to August 31, 1977****September 1, 1977 to August 31, 1978**

	September 1, 1976 to August 31, 1977	September 1, 1977 to August 31, 1978
Administration (Regina Central Office)		
Salaries and honoraria	\$ 295,657.94	\$ 294,027.85
Travel	15,552.07	14,333.99
Public information and advertising	36,818.05	32,737.21
Professional dues and staff training	1,319.89	1,384.03
Office expenses	17,823.88	17,533.85
Other expenses	72,323.65	108,329.30
Sub Total	\$ 439,495.48	\$ 468,346.23
Program expenses		
Salaries	\$ 3,511,425.82	\$ 4,411,455.93
Travel	482,292.64	543,597.18
Public information and advertising	1,544.24	3,612.38
Professional dues and staff training	9,119.28	13,311.63
Office expenses	83,618.07	99,745.99
Private practitioner services	85,494.05	118,321.48
Laboratory supplies and services	25,624.11	39,355.45
Dental supplies	308,490.97	322,409.93
Repairs	18,609.97	33,217.03
Taxes and licences	13,235.42	12,716.64
Grants and contributions	33,892.41	20,854.17
Other expenses	41,536.45	43,650.13
Sub Total	\$ 4,614,883.43	\$ 5,662,247.94
Total operating expenditure	5,054,378.91	6,130,594.17 ¹
Capital equipment purchases	14,320.89	68,073.01
Total Expenditure	\$ 5,068,699.80	\$ 6,198,667.18 ²

¹See Statement 3.²See Statement 2.

Statement 2.

Expenditure Statement Reconciliation to Public Accounts¹

	Public Accounts	Program Year
Expenditure September 1/75 - March 31/76	Not applicable ²	\$ 2,604,396.46
Expenditure April 1/76 - August 31/76	\$ 1,550,635.62	1,550,635.62
Total expenditure 1975-76 program year		4,155,032.08
Expenditure September 1/76 - March 31/77	2,965,057.57	2,965,057.57
Public accounts (page F148) 1976-77	4,515,693.19	
Expenditure April 1/77 - August 31/77	2,103,642.23	2,103,642.23
Total expenditure 1976-77 program year (see statement 1)		5,068,699.80
Expenditure September 1/77 - March 31/78	3,628,987.39	3,628,987.39
Public accounts 1977-78	5,732,629.62	
Expenditure April 1/78 - August 31/78	2,569,679.79	2,569,679.79 ³
Total expenditure 1977-78 program year (see statement 1)		6,198,667.18

¹ This reconciliation is included because the Saskatchewan Dental Plan operates on the school year (begins September 1) rather than on the government fiscal year (begins April 1).

² The figures for this period apply to the fiscal year 1975-76 and were reported in previous reports. The figure is not reported here to avoid confusion.

³ These figures, obtained from Department of Finance monthly expenditure statements relating to the Saskatchewan Dental Plan, will be included in Public Accounts for the fiscal year 1978-79.

Statement 3.

Adjustment to Cash Expenditure Statements Shown in Statement 1 to Determine Actual Cost of Services Rendered to Enrolled Children

September 1, 1976 to August 31, 1977 and
September 1, 1977 to August 31, 1978

Program Year September 1/76 - August 31/77	Program Year September 1/77 - August 31/78
---	---

Total operating expenditure

(from statement 1)	\$5,054,378.91	\$6,130,594.17
Add dental supplies opening inventory	\$171,843.98	\$295,732.91
Less dental supplies closing inventory	(295,732.91)	(310,146.88)
Add repair parts opening inventory	19,387.73	36,529.61
Less repair parts closing inventory	(36,529.61)	(32,043.36)
Add equipment losses	676.79	1,183.19 ¹
Less grant to Swift Current Health Region for preventive dental health services to children not enrolled in S.D.P. @ \$6.00 each ...	(14,082.00)	— ²
Less preventive dental services provided by S.D.P. to children not enrolled in S.D.P. @ \$6.00 each	(21,000.00)	(10,560.00) ³
Sub Total	4,878,942.89	6,111,288.64
Add depreciation	151,578.44	138,875.15 ⁴
Actual cost of services	5,030,521.33	6,250,163.79
Number of enrolled children	60,231	84,052
Average cost per enrolled child	83.52	74.36 ⁵

¹ Losses are the result of a fire in St. Walburg school in October, 1977 which completely destroyed the school and the equipped dental clinic.

² Grant was discontinued effective June 30, 1976.

³ Services provided to 88 classrooms of grade 7 and 8 students at an estimated average enrollment of 20 students per classroom.

⁴ Opening inventory of depreciated fixed assets (\$1,010,522.95 - \$151,578.44)

\$ 858,944.51

Add purchases during year

68,073.01

Less losses during the year

(1,183.19)

Undepreciated fixed assets

925,834.33

Depreciation calculated @ 15% of undepreciated value of fixed assets ...

138,875.15

⁵ Calculated by dividing the total cost of services by the number of children enrolled.

Note: The Department of Education covered the cost of establishing dental clinics in elementary schools. \$1,387,652.04 was spent prior to August 31/77 and a further \$125,504.43 was spent during September 1/77 - August 31/78. These expenditures are capital in nature and should be amortized over the life of the facility. Based on a depreciation rate of 5% the depreciation would be approximately \$75,658. This would represent an average cost per enrolled child of:

$$\frac{\$75,658}{84,052} = \$0.90$$

Appendix

Established Dental Clinics

by Dental Region and Location

Swift Current Dental Region

Location	School
Cabri	Cabri Elementary
Central Butte	Central Butte Elementary
Chaplin	Chaplin Elementary
Eastend	Eastend School
Fox Valley	Fox Valley Elementary
Gravelbourg	Gravelbourg Elementary
Gull Lake	Gull Lake Elementary
Herbert	Herbert Elementary
Hodgeville	Hodgeville Elementary
Lancer	Lancer Elementary
Leader	Leader Elementary
Maple Creek	Sidney Street Elementary
Morse	Morse Elementary
Ponteix	Ponteix Elementary
Richmond	Richmond School
Shaunavon	Shaunavon Public
Swift Current	Ashley Park Elementary
	Central Elementary
	Dickson Elementary
	Fairview Elementary
	James O. Begg Elementary
	Kinsmen/Oman Elementary
Wymark	Wymark Elementary
Total Clinics for 1977 - 1978	23

Regina Dental Region

Location	School
Arm River Colony	Arm River Hutterite Elementary
Assiniboia	Assiniboia Jr. High
Avonlea	Avonlea Elementary
Balcarres	Balcarres School
Balldon Colony	Camlachie Hutterite Elementary
Balgonie	Balgonie Elementary
Bengough	Bengough School
Bethune	Bethune School
Briercrest	Briercrest School
Brownlee	Brownlee School
Caronport	Caronport Elementary
Ceylon	Ceylon Elementary
Coderre	Coderre School
Coronach	Coronach School
Crane Valley	Crane Valley School
Creelman	Creelman Elementary
Cupar	Cupar Elementary
Duval	Duval Elementary
Dysart	Dysart School
Edenwold	Edenwold Elementary
Fillmore	Fillmore School
Fort Qu'Appelle	Fort Qu'Appelle Elementary
Francis	Francis Elementary
Glenavon	Glenavon School

Regina Dental Region (cont.)

Location	School
Goodwater	Goodwater Elementary
Grand Coulee	Grand Coulee School
Gray	Gray Elementary
Indian Head	Indian Head Elementary
Kelliher	Kelliher School
Kronau	Saar Elementary
Lake Alma	Lake Alma Elementary
Lipton	Lipton Elementary
Leross	Leross Elementary
Lestock	Lestock Elementary
Limerick	Limerick Elementary
Lumsden	Lumsden Elementary
Marquis	St. Mark Separate Elementary
Midale	Midale School
Milestone	Milestone Elementary
Minton	Minton Elementary
Montmartre	Montmartre Separate Elementary
Moose Jaw	Bushell Park School
	Empire Elementary
	Lindale School
	Palliser Heights Elementary
	Prince Arthur Elementary
	Ross Elementary
	Westmount Elementary
	William Grayson Elementary
	Sacred Heart Elementary
	St. Agnes Elementary
	St. Michael Elementary
	Moose Jaw District Office
Mortlach	Mortlach School
Mossbank	Mossbank Health Clinic
Ogema	Ogema School
Pangman	Pangman Elementary
Parry	Parry Elementary
Pense	Pense Elementary
Pilot Butte	Pilot Butte Elementary
Punnichy	Punnichy Elementary
Qu'Appelle	Qu'Appelle Elementary
Quinton	Quinton Elementary
Radville	St. Olivers Elementary
Raymore	Raymore School
Riceton	Riceton Elementary
Regina	Argyle Elementary
	Athabasca Elementary
	Benson Elementary
	Birchwood Elementary
	Dr. A.E. Perry Elementary
	Dr. Hanna Elementary
	Elsie Dorsey Elementary
	Ethel Milliken Elementary
	George Lee Elementary
	Grant Road Elementary
	Kitchener Elementary
	Marion McVeety Elementary
	Massey Elementary
	McNab Elementary

Regina Dental Region (cont.)

Location

School

	R.J. Davidson Elementary
	Regent Park Elementary
	Rosemont Elementary
	Transcona Elementary
	Wascana Elementary
	W.C. Howe Elementary
	Walker Elementary
	Wilfred Hunt Elementary
	Deshaye Separate Elementary
	St. Augustine Separate Elementary
	St. Bernadette Separate Elementary
	St. Francis Separate Elementary
	St. Gregory Separate Elementary
	St. James Separate Elementary
	St. Joan of Arc Separate Elementary
	St. John Separate Elementary
	St. Leo Separate Elementary
	St. Luke Separate Elementary
	St. Mary Separate Elementary
	St. Matthew's Separate Elementary
	St. Patrick Separate Elementary
	St. Peter Separate Elementary
	St. Philip Separate Elementary
	St. Timothy Separate Elementary
Rockglen	Rockglen Elementary
Rouleau	Rouleau Elementary
Semans	Semans Elementary
Southey	Southey Elementary
Strasbourg	Strasbourg Elementary
Vibank	Vibank Elementary
Weyburn	Haig Elementary
Willowbunch	Willowbunch School
Windthorst	Windthorst School
Wolseley	Wolseley Elementary
Wood Mountain	Wood Mountain School
Yellow Grass	Yellow Grass Elementary
Total Clinics for 1977 - 1978	116

Saskatoon Dental Region

Location

School

Aberdeen	Aberdeen Elementary
Allan	Allan School
Asquith	Asquith School
Beechy	Beechy School
Borden	Borden School
Clavet	Clavet School
Colonsay	Colonsay School
Conquest	Conquest School
Craik	Craik School
Dalmeny	Dalmeny School
Davidson	Davidson School
Delisle	Delisle Elementary
Duck Lake	Stobart Elementary
Elbow	Elbow Elementary
Hague	Prince Philip Elementary

Saskatoon Dental Region (cont.)

Location	School
Hanley	Hanley School
Hepburn	Hepburn School
Holdfast	Holdfast School
Imperial	Imperial School
Kenaston	Kenaston School
Langham	Langham Elementary
Lanigan	Lanigan Elementary
Leroy	Leroy Elementary
Lucky Lake	Lucky Lake School
Martensville	Martensville Elementary
Nokomis	Nokomis School
Osler	R.J. Davidson Elementary
Outlook	Outlook Elementary
Perdue	Perdue School
Radisson	Radisson School
Rosthern	Rosthern Elementary
Saskatoon	Alvin Buckwold Elementary
	Bishop Klein Elementary
	Bishop Pocock Elementary
	Bishop Roborecki Elementary
	Boughton Elementary
	Brevoort Park Elementary
	Buena Vista Elementary
	Cardinal Leger Elementary
	Caroline Robins Elementary
	Caswell Elementary
	Churchill Elementary
	College Park Elementary
	Confederation Park Elementary
	Estey Elementary
	Father Vachon Elementary
	French School
	George Vanier Elementary
	Greystone Heights Elementary
	Grosvenor Park Elementary
	Haultain Elementary
	Henry Kelsey Elementary
	Holliston Elementary
	Holy Family Elementary
	Howard Coad Elementary
	Hugh Cairns Elementary
	John Lake Elementary
	King Edward Elementary
	King George Elementary
	Lester B. Pearson Elementary
	Lorne Haselton Elementary
	McNab Park Elementary
	Mayfair Elementary
	Montgomery Elementary
	North Park Elementary
	Pleasant Hill Elementary
	Prince Philip Elementary
	Princess Alexandra Elementary
	Queen Elizabeth Elementary
	Richmond Heights Elementary
	River Heights Elementary
	Roland Michener Elementary

Saskatoon Dental Region (cont.)

Location

School

	St. Anne Elementary
	St. Augustine Elementary
	St. Charles Elementary
	St. Edward Elementary
	St. Frances Elementary
	St. Gerard Elementary
	St. Goretti Elementary
	St. James Elementary
	St. John's Elementary
	St. Mark's Elementary
	St. Mary's Elementary
	St. Matthew Elementary
	St. Michael Elementary
	St. Patrick Elementary
	St. Paul's Elementary
	St. Philip Elementary
	St. Thomas Elementary
	Sutherland Elementary
	Thornton Elementary
	Victoria Elementary
	Vincent Massey Elementary
	Westmount Elementary
	Wilson Elementary
Viscount	Viscount Elementary
Waldheim	Waldheim School
Warman	Warman Elementary
Watrous	Watrous Elementary
Young	McClellan School
Total Clinics for 1977 - 1978	100

Yorkton Dental Region

Location

School

Alida	Alida School
Archerwill	Archerwill School
Arran	Arran School
Bredenbury	Bredenbury School
Broadview	M.B. Cope Elementary
Buchanan	Buchanan School
Canora	Canora Junior Elementary
	Canora Senior Elementary
Carnduff	Carnduff Elementary
Carlyle	Carlyle School
Churchbridge	Churchbridge Elementary
Esterhazy	P.J. Gillan School
Estevan	Sacred Heart School
	Scotsburn School
	St. Mary's School
	Westview School
Foam Lake	Foam Lake Elementary
Grenfell	Grenfell Elementary
Invermay	Invermay Elementary
Ituna	Ituna School
Kamsack	Victoria Elementary
Kelvington	Robert Melrose Elementary

Yorkton Dental Region (cont.)

Location	School
Kipling	Kipling School
Lampman	Lampman School
Langenburg	Parkside Elementary
Lemberg	Lemberg School
Lintlaw	Lintlaw Okla School
MacNutt	MacNutt School
Maryfield	Maryfield School
Margo	Margo School
Melville	Melville Comprehensive Miller Elementary
Moosomin	Churchill School
Neudorf	Neudorf Elementary
Norquay	Norquay Elementary
Oxbow	Mobile Home
Preeceville	Preeceville School
Quill Lake	Quill Lake Elementary
Rama	Rama School
Redvers	Redvers School
Rocanville	Rocanville School
Rose Valley	Rose Valley School
Saltcoats	Saltcoats Elementary
Sheho	Sheho School
Stoughton	Stoughton School
Sturgis	Sturgis Elementary
Theodore	Theodore School
Wadena	Wadena Elementary
Wapella	Wapella School
Wawota	Wawota School
Whitewood	Whitewood School
Willowbrook	Willowbrook Elementary
Wishart	Wishart School
Wynyard	Wynyard Elementary
Yorkton	Angus Spice Elementary Columbia Elementary Dr. Brass Elementary Simpson Elementary St. Paul's Elementary
Total Clinics for 1977 - 1978	59

Prince Albert Dental Region

Location	School
Albertville	Albertville Elementary
Annaheim	Annaheim School
Arborfield	Arborfield School
Big River	Big River Elementary
Birch Hills	Birch Hills Elementary
Bjorkdale	Bjorkdale School
Bruno	Bruno School
Canwood	Canwood Elementary
Carrot River	Carrot River Elementary
Cecil S.D. No. 130	Prince Albert East Central
Christopher Lake	Christopher Lake School
Crystal Springs	Dixon Lake School
Cudworth	Cudworth School
Davis	Osborne Elementary

Prince Albert Dental Region (cont.)

Location	School
Debden	Debden School
Domremy	Domremy School
Englefeld	Englefeld School
Garrick	Garrick Elementary
Gronlid	Gronlid School
Hudson Bay	Blake Beattie Elementary
Humboldt	Humboldt Elementary
	St. Augustine Elementary
Kinistino	Kinistino Elementary
Lake Lenore	Lake Lenore School
Meath Park	Meath Park Elementary
Melfort	Reynolds Central Elementary
Middle Lake	Middle Lake School
Mont Nebo	Mont Nebo Elementary
Muenster	Muenster School
Naicam	Naicam School
Nipawin	Alex Wright Elementary
Paddockwood	Paddockwood Elementary
Pleasantdale	Pleasantdale School
Porcupine Plain	Porcupine Plain Elementary
Prairie River	Prairie River Elementary
Prince Albert	Boucher Junior High
Prud'Homme	Prud'Homme School
Red Wing	Red Wing Elementary
Ridgedale	Ridgedale School
Sage Hill	Dana Elementary
Shellbrook	Shellbrook Elementary
Shell Lake	Shell Lake Elementary
Smeaton	Smeaton School
Spalding	Spalding School
Spruce Home	Spruce Home Central Elementary
Star City	Star City School
St. Brieux	St. Brieux School
St. Louis	St. Louis School
Tisdale	Tisdale Elementary
Wakaw	Wakaw School
Watson	Watson Elementary
Weekes	Weekes High School
Weldon	Weldon School
White Fox	White Fox School
Wild Rose	Wild Rose Central Elementary
Yellow Creek	Yellow Creek School
Zenon Park	Zenon Park School
Total Clinics for 1977 - 1978	57

North Battleford Dental Region

Location	School
Alsask	DND School
Battleford	Battleford Central School
Biggar	Nova Wood Elementary
Blaine Lake	Blaine Lake School
Cando	Cando School
Cochin	Cochin Elementary
Coleville	Rossville Elementary
Cut Knife	Cut Knife Elementary

North Battleford Dental Region (cont.)

Location	School
Denzil	Denzil Elementary
Dinsmore	Dinsmore Elementary
Doddsland	Doddsland Elementary
Dorintosh	Dorintosh Elementary
Edam	H. Hardcastle School
Elrose	Elrose School
Eston	Eston Elementary
Glaslyn	Glaslyn School
Goodsoil	Goodsoil Central School
Hafford	Hafford School
Harris	Harris-Tessier School
Hillmond	Hillmond Central School
Kerrobert	Mary Rodney Elementary
Kindersley	Kindersley School Unit Office
Kyle	Kyle School
Landis	Landis School
Lashburn	J.H. Moore Elementary
Leask	Leask School
Leipzig	Leipzig School
Leoville	Leoville School
Livelong	Livelong Elementary
Lloydminster	Neville Goss Elementary
Loon Lake	Father Gorman Elementary
Luseland	Ernie Studer School
Macklin	Luseland Elementary
Maidstone	Macklin School
Major	Ratushniak Elementary
Makwa	Major School
Marcelin	Makwa School
Marengo	Marcelin School
Marsden	Westcliffe School
Mayfair	Marsden Elementary
Maymont	Mayfair School
Meadow Lake	Maymont Central School
Medstead	Lakeview Elementary
Milden	Medstead Elementary
Milden	Milden Central School
North Battleford	McKitrick Elementary
Neilburg	Notre Dame Elementary
Paradise Hill	Neilburg Composite School
Paynton	Paradise Hill Elementary
Pierceland	Paynton School
Plenty	Pierceland Elementary
Rabbit Lake	Plenty Elementary
Rosetown	Rabbit Lake Elementary
Sonningdale	Walter Aseltine Elementary
Spiritwood	Sonningdale School
Tramping Lake	Spiritwood Elementary
Turtleford	Tramping Lake School
Unity	Turtleford School
Vawn	St. Peter's Elementary
Wilkie	Unity Elementary
Wilkie	Vawn Elementary
Wilkie	St. George Separate School
Total Clinics for 1977 - 1978	62

Total Number of Clinics — All Regions 417