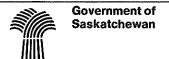


### Annual Report 1980-81

### Saskatchewan Health Dental Plan



### Annual Report 1980-81

Saskatchewan Health

Dental

Plan

Report

**Seventh Year of Operation** 

September 1, 1980 to

August 31, 1981



### **Department of Health**

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, 1981.

Respectfully submitted,

H. H. Rolfes, Minister of Health.

### **Department of Health**

To the Honourable H. H. Rolfes, Minister of Health.

Sir:

I have the honour to present herewith the Report of the Dental Plan for the year ending August 31, 1981.

Respectfully submitted,

K. J. Fyke, Deputy Minister.

### **Table of Contents**

	Page
Background	{
Organization and Administration	
Profile of Dental Plan Personnel	9
Organization of delivery of dental services	10
Enrollment of eligible children	14
Dental health of enrolled children	15
Total services to enrolled children	18
Referrals and emergency services	20
Expenditures	22
Appendix — Established dental clinics by den region and location	ital 25
List of tables	
Table number and Title	Page
Enrollment of eligible children as at August 3 <sup>-1</sup> 1981	1, 14
Enrollment of eligible registered Indians as at August 31, 1981	
Dental health of enrolled children	15
4. Clinical services provided September, 1980 - August, 1981	18
<ol> <li>Referred and emergency services provided be private dentists to children enrolled in the Dental Plan September 1980 -</li> </ol>	-
August 1981	21
List of figures	
Figure number and title	Page
Dental Plan administrative organization	7
2. Dental Plan administrative regions	8
Total number of enrolled children by year of operation of Dental Plan	16
Percentage of restorative services vs.     percentage of preventive services per enrolled child per year	
5. Total D.M.F. plus D.E.F. for a six year old child by year of program	οу
Amalgam restorations provided by program	17

### 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 therapists (formerly called dental nurses), three dental assistants and one receptionist recorder.

The dental therapists were formally trained to provide educational, preventive and treatment services to children, including deciduous (baby) tooth extractions and amalgam and composite restorations (silver and tooth-colored fillings) in deciduous and permanent teeth. The three dental assistants were formerly trained to provide chairside assistance, simple prophylaxis (cleaning) and topical fluoride.

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 therapists. It was important to establish that a dental program making use of dental therapists 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, school-based 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. With the cooperation 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. Children have been enrolled as follows:

Date of Birth
1968
1969, 1970
1967, 1971
1972
1973
1974, 1966
1975
1976

In May 1978 the Government of Saskatchewan announced that the Dental Plan would be expanded to provide dental care to children up to and including the age of fourteen.

In 1976 a study was conducted to evaluate the quality of care provided by the Saskatchewan Dental Therapist. 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 Therapists and 604 by dentists. Overall, the restorations were rated as follows:

		Dental
	Dentist	Therapist
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 Therapists and dentists performed to the same standard. In conclusion, the study stated that after two years it appeared that the Saskatchewan Dental Therapist was providing basic restorative treatment at a high level of coverage and quality.

In order to assess direct satisfaction with the Saskatchewan Dental Plan, an attitudinal survey was conducted by telephone interviews in March 1978 with a randomly selected sample of 600 families having children enrolled in the Dental Plan.

The survey's major finding was that there is widespread support for the Dental Plan in all parts of the province. Approximately 90% of the enrolled families are generally satisfied with the Dental Plan. The survey also found that 80% of the enrolled families want the Saskatchewan Dental Plan extended to children up to age 18.

### 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.

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.

On July 1, 1981 *The Saskatchewan Dental Nurses Act* was rescinded and was replaced by *The Dental Therapists Act*.

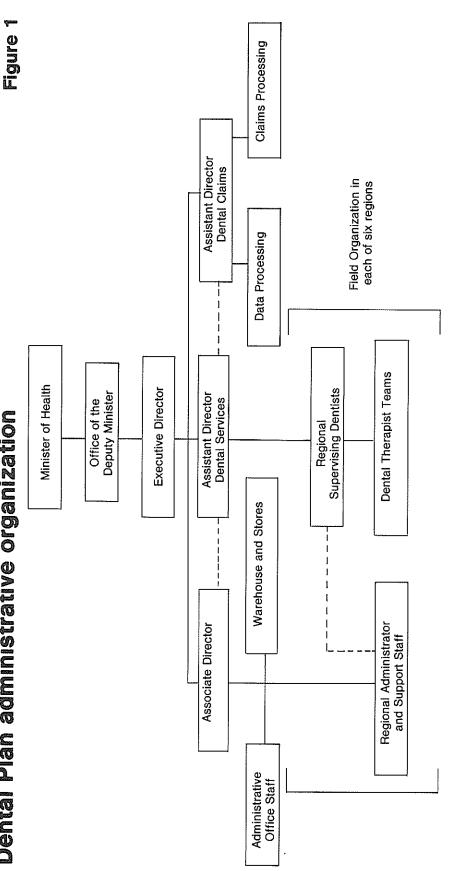
This Act establishes The Saskatchewan Dental Therapists Association, changes the name Dental Nurse to Dental Therapist, and replaces the Saskatchewan Dental Nurses Board with the Saskatchewan Dental Therapists Council.

The Saskatchewan Dental Therapists Council assumes all of the functions previously performed by the Dental Nurses Board.

### Administrative structure

The administrative organization is outlined in the organizational chart on page seven. The Saskatchewan Dental Plan is administered through a central headquarters staff, 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. 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.

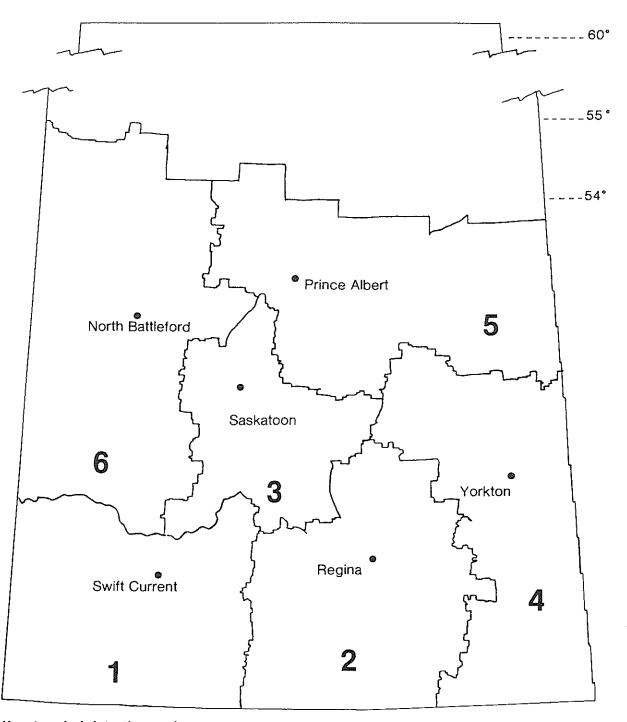
The six Dental Plan administrative regions and headquarter locations are shown on the map on page eight.



- Denotes Communication in Management Team

### **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

### Clinical staff employed

As of June 30, 1981 the Dental Plan employed the following number of clinical staff in permanent positions. Figures for June 30, 1980 are given for comparison.

	1980	1981
Total	364	364
Dentist	19	18
Dental Nurses	159	159
Dental Assistants	178	180
Dental Hygienists	1	0
Equipment Technicians	7	7

Attrition among permanent dental therapist positions from September 1, 1980 to August 31, 1981 was as follows:

#### **Dental Therapists**

	On		Re-	
	Staff	Hired	signed	Total
September 1/79				
to				
August 31/80	159	24	27	156
September/80	156	10	4	162
October	162	4	2	164
November	164	3	2	165
December	165	0	1	164
January/81	164	0	2	162
February	162	1	1	162
March	162	0	3	159
April	159	4	2	161
May	161	2	1	162
June	162	0	3	159
July	159	0	2	157
August	157	0	1	156

Twenty-four dental therapists resigned from the Dental Plans between September 1, 1980 and August 31, 1981. This is an attrition rate of 13.6 percent.

### Profile of dental plan personnel

### Clinical personnel

### 1. Supervising dentists

The supervising dentist performs a variety of duties in close cooperation with approximately 10 dental therapist 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 therapist. 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 monitors the quality and quantity of work being performed by the teams. To achieve this,

selected patients from each team are examined annually using established criteria. The dentist also sees that priorities and schedules are being arranged and met.

Meeting frequently with parents, superintendents, principals, teachers and local officials, the dentist 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 therapist

The Saskatchewan Dental Therapist is a graduate of a two-year training course. Students in this course learn to diagnose tooth decay and to restore permanent and baby teeth with silver amalgam and composite resin filling materials. Dental therapists are trained to place stainless steel crowns and space maintainers and to perform pulpotomies (nerve treatments) and extractions on baby teeth. Considerable emphasis in their training is placed on the prevention of dental disease.

Most practising dental therapists in Saskatchewan are employed by the Saskatchean Dental Plan. Other employers include various provincial and federal government agencies. Legislation now allows dental therapists to be employed by private-practice dentists, under direct supervision.

In the Dental Plan the dental therapist, with the aid of an assistant, provides the majority of preventive and restorative treatment required by Dental Plan patients.

### 3. Certified dental assistant

Certified dental assistants, who are graduates of a oneyear course, play a dual role within the dental team. They perform many chairside duties for the therapist, such as instrument transfer, suctioning, retraction, preparation of restorative materials and sterilization; they also take radiographs, clean and polish teeth, apply topical fluoride and provide oral hygiene instruction.

### Non-clinical personnel

### 1. Regional administrator

Regional administrators maintain records on personnel, equipment, materials, supplies and services. They work in close cooperation with supervising dentists in assigning service areas for dental therapist teams.

Regional administrators are responsible for identifying locations for dental clinics, monitoring program progress, identifying operational problems and initiating corrective action. They share with the supervising dentists, responsibility for public relations in the area and deal 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 practised by all staff under the guidance of the equipment technician. This maintenance eliminates a great deal of lost time because of malfunctioning dental equipment. The equipment technicians regularly visit the dental clinics and are therefore involved in considerable travel.

The supervising equipment technician provides technical guidance and on-the-job training to technicians and also undertakes some of the more complex repairs requiring specialized shop instruments and tools.

### Organization of delivery of dental services

### **Dental facilities**

The Dental Plan uses a team approach to provide dental services in the elementary school setting. Most of the work provided by the dental teams is performed in one-chair permanent dental clinics. The dental clinics situated in elementary schools have many advantages over clinics located outside the school setting. Some of the advantages are better coordination with school activities, keeping children within the familiar surroundings of their own school, minimal class disruption, and a minimum of working time lost by dental teams because of missed appointments or having to transport patients.

As of August 31, 1981 there were 505 permanent clinics located in elementary schools throughout Saskatchewan (the Appendix lists dental clinics alphabetically by region). Permanent dental clinics, where possible, consist of a bright well-painted room of approximately 23 square metres, often with an adjoining waiting room and washroom. Most have overhead fluorescent lighting, a ventilation fan and an adequate number of electrical utility outlets. 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 permanent dental clinic is furnished with a motorized dental chair with an attached light, operator and assistant stools, mobile dental cabinet, mobile dental cart, autoclave, amalgamator, brackets to accommodate a portable X-ray machine and portable lead shielding. All hand instruments are carried from clinic to clinic by the dental teams. For this purpose, a large metal instrument and supply case is furnished.

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.

### Patient care

The majority of patient care in the Dental Plan is provided in elementary schools using a team approach. Referrals to private practitionerrs are written for specific dental treatment. Private practitioners may also provide emergency services to enrolled children.

Each team consists of a dental therapist and a certified dental assistant. Associated with each dental therapist team is a supervising dentist who works in close conjunction with about ten teams. In each region there are regional support staff including a regional administrator, an equipment technician, and clerical workers. A great deal of preliminary work within each dental region in developing schedules 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 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 therapist team explains the operation of the plan to the school staff involved and discusses the schedule within each particular school. To promote continuity, dental teams attempt to schedule their work in a school at the same time each year. A few days before the child's initial visit to the dental clinic, parents

are contacted by phone or letter. On the first clinic visit, the child's medical history is checked to see if there are any medical conditions which 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. Any required radiographs are taken and processed.

During the second visit, the dentist or dental therapist gives the child a full clinical examination. A treatment plan is written to suit the individual preventive and restorative needs of the child. Parents are encouraged to be present for this visit so that the 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 teams stress preventive measures with the parents and children throughout the course of treatment.

Except for emergencies and urgent problems, the actual dental treatment usually commences at the third clinical session. A dental therapist and certified dental assistant carry out treatment in accordance with the treatment plan. As treatment progresses, any necessary modifications in the treatment plan are made in consultation with the supervising 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. Most restorative treatment is performed with the use of rubber dam, a technique which provides improved visibility and control of the operating field for the dental therapist and comfort and protection of the patient.

### Program expansion

A change in the method of providing care for young people born in 1966 and 1967 has been developed.

The Dental Plan has arranged for dental care to be provided for children in grades 9 and 10 in a cooperative venture by both private dental practitioners in their offices and Dental Plan staff in clinics in schools. Beginning September 1, 1981 approximately 50% of grade 9 and 10 children who are enrolled in the Saskatchewan Dental Plan will be treated by dentists in private practice. The majority of these children will be located in rural areas of the province. The Dental Plan will pay a fixed amount per Dental Plan patient treated by private dentists to the College of Dental Surgeons of Saskatchewan, who will in turn pay the dentist for services provided.

Health Region No. 1 in Swift Current had a Dental Program for almost 30 years. The program had been modified to avoid duplication of the Saskatchewan Dental Plan. The Swift Current Regional Health Board provided services to those resident children up to and including 18 years of age who were either too young or too old for enrollment in the Saskatchewan Dental Plan.

With only four age groups remaining it was not economical for this program to continue. Negotiations to absorb the Swift Current Health Region Dental Program were completed and resulted in young people who were Swift Current Health Region residents and born in the years 1963 to 1965 and 1978 becoming eligible for enrollment in the Saskatchewan Dental Plan.

### **Dental health promotion**

Saskatchewan Dental Plan staff are actively involved in community dental health education. Classroom visits and individual sessions are the main methods used to educate and motivate children.

When possible, Dental Plan staff participate in community and school association meetings, career days, open-house activities in elementary schools and health fairs. Many shopping mall displays were staffed this year by Dental Plan teams. The displays were designed to make current dental health information available to the general population.

Fluorides are used in various ways by the Dental Plan to combat tooth decay. Dental Plan staff stress 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. Classroom fluoride mouthrinse programs provide another effective way of reducing tooth decay. Selected schools in each region of the province have students rinse with a dilute fluoride solution under the supervision of parents or teachers once every two weeks. Many children have fluoride applied directly to their teeth in the school dental clinics during their yearly visit.

Sealants are a type of plastic which can be used to seal the grooves in the chewing surface of the tooth and often prevent the necessity of putting a filling in that part of the tooth. Scientific studies have indicated this may be a valuable means of preventing dental decay. A field test of this procedure is currently underway.

### **Continuing education**

Continuing education is encouraged at all levels in the Dental Plan. Supervising dentists spend time working with individual dental teams and groups of dental teams, presenting and reviewing dental techniques. Dental regions also hold staff meetings three to four times a year. Normally a portion of each meeting is set aside for continuing education, including oral diagnosis, radiographic techniques or techniques in the effective use of chairside dental assistants. This year Dental Plan staff from each region completed a course in Cardio Pulmonary Resuscitation (CPR). This course was presented by dental therapists and assistants who had been supported by the Dental Plan to complete the CPR instructors course offered by the Saskatchewan Heart Foundation.

### School Based Fluoride Mouthrinse Programs





Mix

Distribute











Rinse

Clean Up





An Effective Way
To Prevent Tooth Decay

A three-day conference focusing on the promotion of good dental health was attended by 40 people representing the six dental regions. A two day continuing education course presented by the Dental Division of Wascana Institute at the request of the Dental Plan was attended by sixty dental assistants and sixty dental therapists. Dental assistants reviewed radiographic procedures and techniques for finishing amalgams. Dental therapists concentrated their review on complex amalgam and composite restorations.

Many staff members received some support to attend courses and meetings held by other organizationss in the province, such as the Dental Nurses Association, the College of Dental Surgeons of Saskatchewan and the University of Saskatchewan.

### Performance of the Saskatchewan Dental Health Plan 1974-1980 report prepared by Dr. D. W. Lewis

In April 1980 the Department of Health decided that an independent review of the Saskatchewan Dental Plan should be undertaken. Arrangements were made for Dr. D. W. Lewis, Professor and Head of Community Dentistry, University of Toronto, to conduct a thorough statistical evaluation of the first six years of operation of the Saskatchewan Dental Plan.

The major findings of this evaluation were:

- The proportion of children in Saskatchewan receiving annual dental services is approximately 90%.
   On the basis of available data, this utilization rate is probably higher than in any other province or state in North America.
- 2. The program is achieving its objectives of reducing the incidence of dental disease. One quarter of all services rendered annually are preventive in nature, with extractions, pulp treatments, fillings and X-rays per enrollee showing a decline each year.
- Overall enrollment in the Plan has been high, averaging 83% of eligible children after the initial start up year.
- 4. Annual cost per enrolled child have dropped dramatically from \$163.05 in 1974-75 to \$68.00 in 1980-81. These economies have been attained without sacrificing quality, service or utilization.\*
- 5. A sample survey of 600 parents indicated overwhelming support for the Plan.
- \* These costs differ slightly from the Saskatchewan Dental Plan's calculated costs of \$158.29 and \$69.02 for the same program years because of the inclusion of the Department of Education costs incurred in establishing clinics.

The report indicated that although the ultimate test of the Saskatchewan Dental Plan will be how it improves the oral health status of the people of Saskatchewan in the long run, the performance to date gives early indications of the likely achievement of this long term goal.

Copies of this report may be obtained from the Saskatchewan Dental Plan 3475 Albert Street Regina, Saskatchewan S4S 6X6

Table 1

## **Enrollment of Eligible Children** (excluding Registered Indians)

### as at August 31, 1981

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total <sup>1</sup>	155,357	129,669	83.5	15,648	10.1	10,040	6.4
Born 1966	15,066	10,910	72.4	2,593	17.2	1,563	10.4
Born 1967	14,313	11,262	78.7	2,063	14.4	988	6.9
Born 1968	14,059	12,104	86.1	1,393	9.9	562	4.0
Born 1969	14,273	12,110	84.9	1,544	10.8	619	4.3
Born 1970	14,025	12,073	86.1	1,370	9.8	582	4.1
Born 1971	14,037	12,026	85.7	1,400	10.0	611	4.3
Born 1972	13,848	12,034	86.9	1,257	9.1	557	4.0
Born 1973	13,569	11,767	86.8	1,143	8.4	659	4.8
Born 1974	13,807	11,936	86.4	1,091	7.9	780	5.7
Born 1975	14,030	12,055	85.9	1,017	7.3	958	6.8
Born 1976	14,330	11,392	79.5	777	5.4	2,161	15.1

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 2).

Table 2

### **Enrollment of Eligible Registered Indians**

### as at August 31, 1981

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total	10,811	5,004	46.3	326	3.0	5,481	50.7
Born 1966	963	356	37.0	37	3.8	570	59.2
Born 1967	915	430	47.0	30	3.3	455	49.7
Born 1968	1,023	545	53.3	40	3.9	438	42.8
Born 1969	958	520	54.3	25	2.6	413	43.1
Born 1970	999	550	55. <b>1</b>	45	4.5	404	40.4
Born 1971	986	556	56.4	31	3.1	399	40.5
Born 1972	1,022	548	53.6	27	2.7	447	43.7
Born 1973	985	505	51.3	27	2.7	453	46.0
Born 1974	984	453	46.0	20	2.1	511	51.9
Born 1975	963	334	34.7	24	2.5	605	62.8
Born 1976	1,013	207	20.4	20	2.0	786	77.6

### 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. X-rays may be 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 3 that the average four year old child had 2.32 decayed deciduous (baby) teeth.

Figure 4 shows the percentage of restorative and preventive services per enrolled child per year and their shift during the seven years of operation of the Dental Plan.

Figure 5 reflects the improvement of dental health of six year old children during the seven years the Dental Plan has been in operation.

The total number of decayed, missing and filled permanent and baby teeth for six year old children, as shown in Figure 5, has declined from 6.5 in 1974-75 to 4.4 in 1980-81. It should be noted that in addition to an overall reduction in the total there has been a significant change from the major category being decayed teeth for six year olds in 1974-75 to the major category being filled teeth for six year old children in 1980-81.

The number of amalgam restorations provided to enrolled children has increased in each of the six 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 have decreased consistently from 3,491 in the 1974–75 program year to 1,111 per 1,000 enrolled children in the 1980-81 program year, as shown in Figure 6.

Table 3
Dental Health of Enrolled Children September, 1980 — August, 1981

Average Number or Percent Per Child By Year of Birth											
*****	1966¹	1967¹	1968 <sup>1</sup>	1969¹	1970¹	1971¹	1972	1973	1974	1975	1976
Decayed, extracted, filled											
deciduous teeth (DEF)	_	_	_	_	_		4.31	4.27	4.03	3.34	2.66
Decayed		_	-	_		_	.64	.90	1.27	1.58	2.32
Extracted	_	_	_	_		_	.31	.22	.14	.08	.04
Filled			_	_		_	3.35	3.14	2.61	1.67	.28
Decayed, missing, filled											
permanent teeth (DMF)	7.32	6.25	4.96	3.94	3.07	2.47	1.80	1.17	.38	.07	_
Decayed	1.35	1.19	.94	.72	.57	.57	.65	.67	.29	.04	
Missing	.40	.29	.16	.10	.04	.01	.00	.00	.00	.00	
Filled	5.56	4.76	3.85	3.11	2.45	1.88	1.14	.49	.09	.02	
Total DEF and DMF		_		_		_	6.12	5.45	4.41	3.41	
Children with DMF of 0	5.32%	4.97%	6.02%	9.14%	14.72%	21.89%	34.62%	52.01%	81.29%	96.82%	_
Children with DEF											
of 0		_	_	_	_	_	15.26%	17.87%	23.39%	33.43%	44.92%
Children with DMF and DEF of											
0	_	_	_	_			9.68%	13.85%	21.91%	33.03%	
Decayed deciduous and											
permanent teeth	_			_	_	_	1.30	1.58	1.56	1.63	2.33
Filled deciduous and											
permanent teeth		_					4.49	3.63	2.70	1.69	.32
Ratio filled deciduous and											
permanent teeth to DMF and											
DEF	_		_	_		_	.73	.66	.61	.49	.11
Ratio missing and extracted to											
filled teeth	.07	.06	.05	.05	.05	.06	.07	.06	.05	.05	.15
Permanent teeth erupted and											
not decayed	20.07	20.24	19.39	16.79	13.32	10.89	9.43	7.27	3.90	.88	
Deciduous teeth fillled and											
redecayed		_			_	_	.13	.13	.11	.06	.01
Permanent teeth filled and											
redecayed	.08	.07	.05	.04	.02	.02	.01	.01	.00	.00	

Dental health indices on deciduous teeth for these children have not been reported since too high a proportion of deciduous teeth have already been shed.

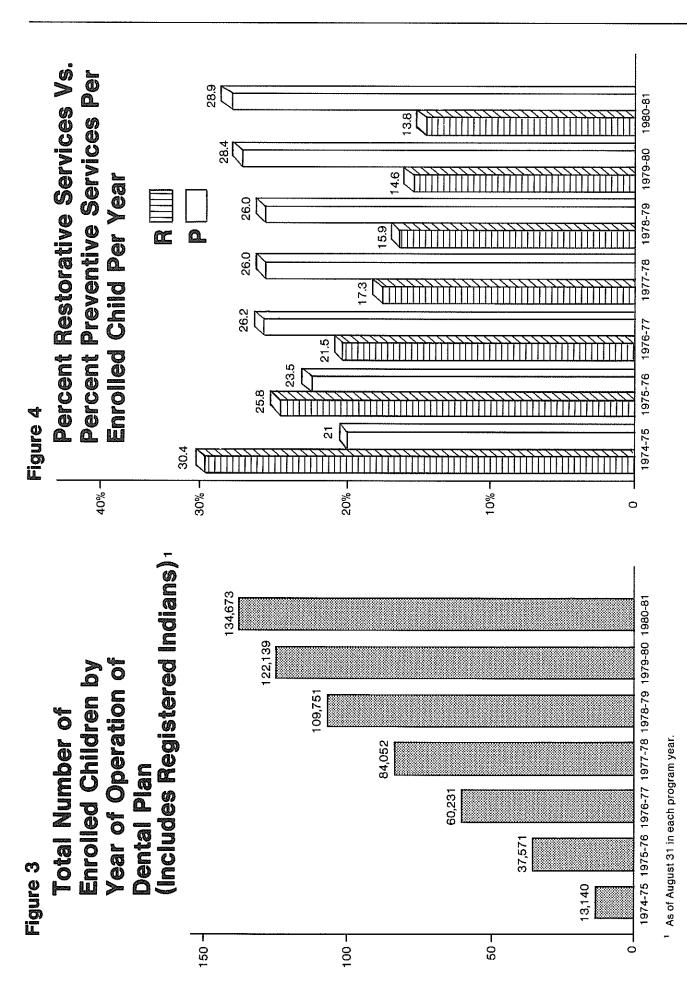


Figure 5

# Year Old Child by Year of Program Total D.M.F. and D.E.F. for a Six

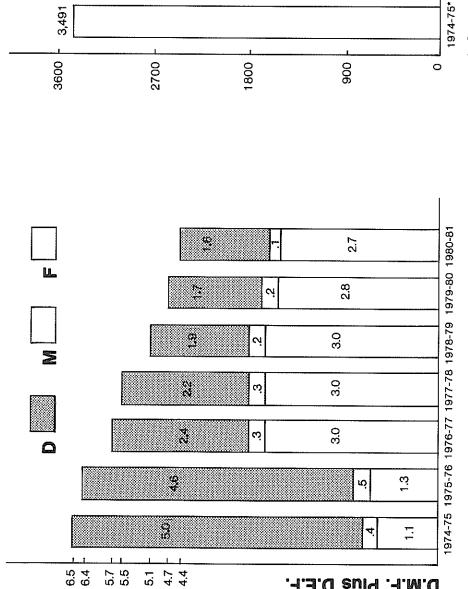
Figure 6

# Provided by Program Year Amalgam Restorations

(Rate per 1,000 Enrolled Children)

Multi-Surface

One Surface



1974-75\* 1975-76 1976-77 1977-78 1978-79 1979-80 1980-81 Detailed records by number of surfaces per filling were not available during the first year of operation.

1,11

1,191

1,456

1,671

2,175

2,671

<sup>2</sup> Decayed, Extracted, Filled (Deciduous teeth) <sup>1</sup> Decayed, Missing, Filled (Permanent teeth)

Year of Program

.7.3.0 eula .7.M.0

### Total services provided 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 and private dental practitioners during the 1980-81 program year is shown, by age of patient, in table 4. Comparisons with the volume of service provided in previous years may be made by referring to previous reports.

Table 4

### Clinical Services Provided<sup>1</sup> September, 1980 — August, 1981

Services	Number (By Year of Birth)											
	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	Total
Parent contacts												
In person	2,229	2,341	3,012	3,780	4,020	4,863	5,358	5,898	5,528	7,516	30,599	75,144
By phone	7,622	5,419	5,369	5,603	5,660	6,146	6,753	6,579	6,582	6,976	14,477	77,186
By letter	15,824	17,200	18,902	17,740	18,707	18,786	20,857	19,868	20,228	15,323	5,919	189,354
Diagnostic services												
Initial oral examination	526	544	564	556	617	667	703	799	1,136	1,971	9,618	17,701
Emergency oral												
examination	256	243	289	474	571	636	669	607	655	617	846	5,863
Specific oral												
examination	5,350	5,316	6,777	4,534	6,211	5,930	6,458	5,123	7,049	1,022	214	53,984
Recall examination	11,434	12,186	12,896	13,066	12,899	13,162	13,016	12,635	12,432	10,652	987	125,365
Diagnostic models	31	53	59	73	99	110	129	132	32	14	10	742
Radiographic services												
Periapical radiographs	1,300	1,213	1,479	1,728	1,732	1,588	1,578	1,483	993	445	393	13,932
Bitewing radiographs	·	,	,	,	,	,	,	•				•
(single film)	6,351	5.987	5,334	4,353	4.486	5.060	4.985	5.917	5.420	3,752	7.048	58,693
Panoramic radiographs	11	7	8	10	10	17	10	9	10	7	5	104
Occlusal single	23	23	21	29	34	49	98	119	105	40	26	567
Preventive services												
Dental prophylaxis	8.982	9.633	10.382	10.694	10,501	10.569	10.642	10,212	10.221	9.793	8.679	110,308
Polish amalgam	4,793	5.235	5.245	4,802	4,638	5,409	5,770	5.618	5.027	3,980	-,	52,687
Topical fluoride	9,283	10.052		11,421		11.279	11,284		11.048	10,589		117,173
Fluoride varnish	219	238	278	263	181	160	192	261	160	67	46	2,065
Nutritional counsel										٠.		_,
(individual)	2,056	2,438	2.818	2,736	2,667	2,722	2,574	2.506	2.451	2.322	2.214	27,504
Oral hygiene instruction	_,,	_,	-,0.0	_,. • •	-,	_,	_,	_,	,	_,	,	,
(individual)	9,468	10.469	11,415	11468	11,406	11 468	11.422	10,938	10,905	10.481	9.827	119,267
Fissure sealant	35	19	8	29	20	16	43	27	13	1	3	214
Restorative services	•		·					_,	. •	·	•	
Total amalgam												
restorations (silver)	14 241	13 265	11519	9,607	9.469	12.441	15.811	17.651	15.215	14.074	16,730	150.023
Amalgam primary	,	, 0,200	11,010	0,007	0,.00	,	. 0,0	,	, 0,2.0	. 1,01	. 0,, 00	,
One surface	29	39	42	128	367	821	1,327	1,970	3,201	4.686	7.117	19,727
Two surface	58	76	164	577	1.739	3.583	5,188	6.294	7.451	8,020		41,583
Three surface	7	15	41	93	296	448	518	557	604	662	986	4.227
Four surface	2	2	4	3	18	23	29	30	35	46	54	246
Five surface	_	_		_	2	1	_	1	1	1	2	- 8
Amalgam permanent			_		2	•		•	'	'	-	Ŭ
One surface	8.673	8.553	7.472	5,911	4.791	5.297	6.682	6,335	3.068	463	69	57.314
Two surface	4,198	3,685	3.141	2,418	1.974	1,984	1,882	2,123	777	185	56	22,423
Three surface	1,107	777	568	391	246	244	168	288	70	10	12	3.881
Four surface	142	103	78	74	33	30	15	44	8	10	1	529
Five surface	25	15	9	12	3	10	2	9	_			85
tive sullave	20	10	9	14	3	10		9				55

<sup>&</sup>lt;sup>1</sup> Includes services to enrolled registered Indians.

Table 4
Clinical Services Provided (Continued)
September, 1980 — August, 1981

Services	Numba	er (By Ye	ar of Riv	rth)							***************************************	
Oct vices	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	Total
Composite restorations	1900	1307	1900	1303	1970	1971	1312	1970	1314	1310	1910	Total
(white)	2,319	1,833	1,540	1,314	1,043	857	499	308	206	279	524	10,722
Retentive pins	62	48	21	53	29	26	22	28	200	2/3	3	294
Stainless steel crowns	33	48	48	146	444	1,020	1,783	2,255	2,771	2,769		14,618
Crowns		70	70	170	777	1,020	1,700	۳,۲۰۰	-1111	2,700	0,001	17,010
Porcelain, plastic, cast,												
metal	58	28	22	28	13	13	4	2		******		168
Caries control		-		-								
Removal of decay and												
placement of sedative												
dressing	236	202	214	286	387	389	317	365	321	329	470	3,516
Discing or slicing	84	68	68	132	180	359	679	633	381	109	56	2,749
Pulp therapy services										_	_	
Direct pulp cap	50	52	49	39	27	36	29	32	7	7	7	335
Indirect pulp cap	136	101	82	54	51	46	49	66	39	13	38	675
Root canal therapy	91	80	44	50	31	23	12	3	1,799	1.004	0.000	334
Pulpotomy Periodontal services	42 37	53 26	54 11	128 10	421 11	797 7	1,196 6	1,453 3	1,799	1,964 1	2,666	10,573 113
Surgical services	31	20	11	10	11	'	0	3	i	1	_	113
Extraction of primary												
teeth	410	674	1,388	1,922	2,232	2,036	1,841	1,704	1,700	1,035	565	15.507
Extraction of permanent	-1.0	0, 1	1,000	1,022	<u> </u>	۵,000	1,071	.,,	1,700	1,000	000	10,007
teeth	89	66	73	103	57	43	16	40	3	2	_	492
Extraction of primary		-					. •		-	•		
teeth for ortho-												
dontic purposes	89	260	414	790	914	1,207	983	980	691	285	36	6,649
Extraction of permanent												
teeth for ortho-												
dontic purposes	90	149	175	260	186	76	41	18	4			999
Removal of residual roots												
(soft tissue coverage)	21	18	24	17	36	36	33	50	33	34	17	319
Open and drainage of	4.0		40	40			٥	00	00	00	00	440
tooth	12	11	10	19	17	58	35	66	63	60	62	413
Surgical exposure of unerupted tooth	_	3	3	2	4	4	3	1		_		20
Removal of tooth	_	3	3	_	**	4	3			_		20
(specialist)	11	25	39	86	75	45	42	14	19	2	4	362
Other surgical services					, 0			• •	. •	-	•	JUL
(specialist)	28	35	27	61	62	31	42	20	10	2	1	319
Space maintainers and												
minor orthodonic												
services												
Unilateral space												
maintainer	1	2	_	2	21	73	193	289	378	229	218	1,406
Bilateral space	_	_								_	_	404
maintainer	3	7	12	13	29	26	30	40	20	6	5	191
Tooth movement and	00	0.5	40	00	70	100	110	100	4.4	-	_	504
space regaining	26	35	48	68	72	102	113	106	14	5	2	591
Observation/adjustment of of active appliance	123	155	213	231	276	357	346	220	33	18	1	1,973
Removal/re-cement of	120	133	210	201	210	307	540	220	30	10	1	1,373
fixed appliance	4	12	25	35	57	46	63	23	7	2	1	275
Prevention of thumb	•				0,	•••	•		•	-	•	
sucking	_	_	1	_	_			_		_	_	1
Occlusal adjustment	4	4	4	6	8	15	14	17	5	6	4	87
Number of Children with				·	_			- '	_			_ '
Treatment Plans												
Completed	10,790	11,396	12,181	12,393	12,290	12,312	12,340	11,964	11,965	11,680	9,681	128,992
Percent of Children with												
Treatment Completed	95.77	97.47	96.30	98.12	97.36	97.85	98.08	97.49	96.58	94.28	83.46	95.78

Includes services to enrolled registered Indians.

### 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 general referral is given to a patient when the examining dentist feels that the management of the patient is beyong the capability of the dental therapist. 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 therapist. 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 1980-81 one private practitioner provided dental care to enrolled children on a contract basis. This arrangement was made in a rural area 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 1980-81.

Table 5

# Referred and Emergency Services Provided By Private Dentists to Children Enrolled In The Dental Plan

September 1980 - August 1981'

	Total		Referral			
Type of Service	No.	Cost (\$)	No.	Cost (\$)	Emergency No.	Cost (\$)
Total	16,299	331,407.36	15,435	276,409,76	864	13,715.23
Initial oral examination	1,592	16.648.94	1,591	16.637.49	1	11.45
Specific oral examination	385	3.827.40	381	3,787.80	4	39.60
Periapical X-rays	1,801	9.661.85	1,598	8.347.30	203	1,314.55
Bitewing X-rays	379	1,820.65	371	1,778.40	8	42.25
Panoramic X-rays	104	1,795.00	103	1.789.00	1	6.00
Diagnostic models	91	1,125,10	91	1,125.10	-	
Topical fluoride and dental prophylaxis	1.006	11,211.40	1,006	11,211.40	******	
Oral hygiene instruction	253	2.241.50	253	2,241.50	_	<del></del>
Caries control —				_,		
Removal of decay, place sedative dressing	115	632.40	97	533.40	18	99.00
Amalgam restorations	2,739	46,030.53	2,664	44,759.83	75	1,270.70
Composite restorations	533	12,699.95	468	10,590.50	65	2,109.45
Stainless steel crowns	693	18,770.78	672	18,301.23	21	469.55
Crowns — porcelain, plastic cast metal	166	14,598.76	160	14,019.76	6	579.00
Pulpotomy	510	8,808.15	465	8,002.20	45	805.95
Root canal therapy	237	27,790.15	223	26.137.85	14	1,652.30
Partial denture maxillary	22	1,742.00	22	1,742.00	_	· <u>-</u>
Removal of erupted teeth	2,714	37,623.88	2,445	33,877.68	269	3,746.20
Surgical removal of tooth (specialist)	351	6,120.60	351	6,120.60	-	· —
Other surgical services	315	17,649.15	315	17,649.15		
Tooth movement and/or space regaining	220	19,408.04	219	19,310.04	1	98.00
Bilateral space maintainer	50	3,948.60	50	3,948.60		_
Unilateral space maintainer	52	2,296.60	52	2,296.60		
Observation orthodontics	439	3,347.45	438	3,339.90	1	7.55
Other miscellaneous services	1,532	20,326.11	1,400	18,862.43	132	1,463.68
Other services unidentified		41,282.37		_		-

An additional \$16,485.52 was paid to one dentist 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 \$347,892.88 (See Statement 1)

### **Expenditures**

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

- 1. The financial statements include only those expenditures incurred directly by the Saskatchewan Dental Plan. These include the provision of secretariat services to the Saskatchewan Dental Nurses Board to June 30, 1981. Costs related to the Saskatchewan Dental Plan which were incurred by other agencies have been excluded.
- 2. Revenue from the activities of the Saskatchewan Dental Plan has not been applied to offset expenditures. The \$296,571.44 total revenue realized during the year included \$285,377.24 reimbursement from the Department of National Health and Welfare for dental care provided to 4,135 enrolled Indian children during the period September 1, 1979 to August 31, 1980; and \$2,875.00 from registration and licensing of dental nurses by the Saskatchewan Dental Nurses Board during the period September 1, 1980 to June 30, 1981.
- 3. The Dental Therapists Act, proclaimed July 1, 1981, repealed The Saskatchewan Dental Nurses Act. The Saskatchewan Dental Plan was relieved from providing secretariat services to the Dental Nurses Board and no longer receives revenue from the registration and licensing of Dental Therapists (formerly Dental Nurses).
- 4. Certain expenditures were incurred with respect to expanding dental care to adolescents effective September 1, 1981. Major expenditures were purchases of dental equipment and the rewrite of the data processing system. These expenditures will apply to several years of operation and will be amortized to more accurately reflect the cost of providing dental care.

### Statement 1

### Statement of Payments — Operating Expenses

September 1, 1979 — August 31, 1980 September 1, 1980 — August 31, 1981 Administration (Regina Central Office)	September 1, 1979 to August 31, 1980	September 1, 1980 to August 31, 1981
Salaries and honoraria Travel Public Information and Advertising Professional dues and staff training Office expenses Other Expenses	\$ 436,083.22 14,432.70 33,821.59 1,152.90 29,269.42 148,975.63	\$ 599,941.23 27,985.87 36,108.89 2,233.05 30,579.83 349,436.02
Sub Total	\$ 663,735.46	\$ 1,046,284.89
Program Expenses		
Salaries Travel Public information and advertising Professional dues and staff training Office expenses Private practitioner services Laboratory supplies and services Dental supplies Repairs Taxes and licences Grants and contributions Other expenses	\$6,121,084.61 596,678.28 1,544.84 11,760.25 141,024.37 238,006.25 48,229.97 406,610.02 24,418.96 15,103.29 33,933.35 56,138.12	\$ 7,341,441.80 765,831.17 484.96 13,998.55 149,844.18 347,892.88 22,162.12 616,910.67 37,071.21 17,015.93 184,940.00 129,135.04
Sub Total	\$7,694,532.31	\$ 9,626,728.51
Total operating expenditure	\$8,358,267.77 158,811.75	\$10,673,013.40 263,337.88
Total expenditure	\$8,517,079.52	\$10,936,351.28

### Statement 2

### **Expenditure Statement Reconciliation to Public Accounts'**

Expenditure Sept. 1/78 — March 31/79  Expenditure April 1/79 — August 31/79	Public Accounts not applicable <sup>2</sup> 2,957,072.90	Program Year 4,826,846.42 2,957,072.90
Total expenditure 1978-79 program year		7,783,919.32
Expenditure Sept. 1/79 — March 31/80	4,579,932.20	4,579,932.20
Public Accounts 1979-80	7,537,005.10	
Expenditure April 1/80 — August 31/80	3,937,147.32	3,937,147.32
Total expenditure 1979-80 program year		8,517,079.52
Expenditure Sept. 1/80 — March 31/81	6,394,676.58	6,394.676.58
Public Accounts 1980-81	10,331,823.90	
Expenditure April 1/81 — August 31/81		4,541,674.70 <sup>3</sup>
Total expenditure 1980-81 program year		10,936,351.28

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

The figures for this period apply to the fiscal year 1978-79 and have been reported in previous reports. The figure is not reported here to avoid confusion.

These figures, obtained from the Department of Finance monthly expenditure statements relating to the Saskatchewan Dental Plan, will be included in the Public Accounts for the 1981-82 fiscal year.

### Statement 3

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

September 1, 1979 to August 31, 1980 September 1, 1980 to August 31, 1981

Total Operating Expenditure	Program Year September 1/79 —	August 31/80	Program Year September 1/80	- August 31/81
(from statement 1)		\$8,358,267.77		\$10,673,013.40
inventoryLess dental supplies closing	\$397,458.72		\$438,878.18	
inventory	(438,878.18)		(523,578.32)	
Add repair parts opening inventory	44,065.18		46,728.71	
Less repair parts closing inventory	(46,728.71)		(42,484.89)	
Add equipment losses  Less grant paid to the College of Dental  Surgeons of Saskatchewan for the				
Summer Dental Externship Program <sup>1</sup> Less stipend paid to student dentists for the	(13,700.00)		(13,800.00)	
Dental Options Program <sup>2</sup> Less grant paid to the Swift Current	(1,300.00)		(1,140.00)	
Health Region No. 1 <sup>3</sup>	_		(170,000.00)	
processing system <sup>4</sup>			(137,118.20)	
Sub Total		\$8,299,184.78		\$10,270,498.88
Add depreciation		130,244.74		126,386.05 <sup>5</sup> 27,423.64 <sup>6</sup>
Actual cost of services	Y.	\$8,429,429.52		\$10,424,308.57
Number of enrolled children		122,139 69.02		134,673 77.40

<sup>1</sup> Grant for students in the College of Dentistry, U of S, serving a dental externship with private practise dentists in rural Saskatchewan.

A complete rewrite of the data processing system was required to accommodate dental care to adolescents. Phase 1 of the system rewrite was undertaken during 1980-81. This new system will be in use for several years; therefore the costs are being amortized during the phase-in period of dental care to adolescents.

5	Opening inventory of depreciated fixed assets (\$709,480.53 — \$130,244.74) Add purchases during year	\$579,235.79 263,337.88
	Undepreciated fixed assets	\$842,573.67
6	Depreciation calculated at 15% of undepreciated value of fixed assets  Costs incurred for rewrite of the data processing system	\$126,386.05 \$137,118.20
7	Amortization calculated at 20% of unamortized value of system  Calculated by dividing the actual cost of services by the number of children excelled	\$ 27,423.64

Note: The Department of Education covers the cost of establishing dental clinics in schools. \$2,137,791.80 was spent prior to August 31, 1980. An additional \$798,066.00 was spent during September 1/80 — August 31/81 (includes \$432,802.00 spent on clinics in highschools). 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 \$146,792.89. This would represent an average cost per enrolled child of: \$146,792.89

<del>134,673</del> =\$1.09

Final year students in the College of Dentistry, U of S, may opt to study S.D.P. as an approved public program. They are paid a stipend to help defray travel costs.

Grant to assist in defraying the cost of the approved dental program for the period January 1/81 — August 31/81 for persons born in the years 1962 to 1965, and 1977 (details on page 22 of this report).

### Appendix

### **Established Dental Clinics**

### by Dental Region and Location

### **Swift Current Dental Region**

Location	School
Burstall	. Burstall School
Cabri	. Cabri Elementary
Central Butte	. Central Butte Elementary
Chaplin	. Chaplin Elementary
Climax	
Consul	. Consul School
Eastend	
Fox Valley	
Frontier	
Gravelbourg	. Gravelbourg Elementary
Gull Lake	. Gull Lake Elementary
Herbert	
Hodgeville	
Kincaid	. Kincaid School
Lancer	
Leader	
Mankota	
Maple Creek	
Mana	Sidney Street Elementary
Morse	
Ponteix	
Richmound	
Shaunavon	
Swift Current	Shaunavon Public School
Swift Current	
	Central Elementary
	Dickson Elementary
	Fairview Elementary
	James O. Begg Elementary Kinsman/Oman Elementary
Val Marie	Val Maria School
Vanguard	Vanguard Flementany
Wymark	Wymark Flementary
Total Clinics for 1980-81	33
	00

### **Regina Dental Region**

Location	School
Abernethy Assiniboia Avonlea Balcarres Balgonie Bengough Bethune Briercrest Brownlee	. Assinibola Jr. High . Avonlea Elementary . Balcarres School . Balgonie Elementary . Bengough School . Bethune School . Briercrest School
Caronport	

### Regina Dental Region (continued)

Location	School
Ceylon	. Ceylon Elementary
Coderre	. Coderre School
Coronach	. Coronach School
Crane Valley	. Crane Valley School
Creelman	
Cupar	
Dysart	
Fillmore	
Fort Qu'Appelle	Fort Qu'Appelle Elementary
	Francis School
Glenavon	. Gladmar High
	Glenavon School
Goodwater	. Goodwater Elementary
Govan	. Govan Elementary
Grand Coulee	
Indian Head	
Kelliher	
Lake Alma	. Lake Alma Elementary
Lang	. Lang Elementary
Lipton	
Lestock	
	Lestock High
Limerick	Limerick Elementary
Lumsden	
McLean	. McLean School
Marquis	
Midale	
Milestone	Milestone Elementary
Minton	. Minton Elementary
Montmartre	
Moose Jaw	
	Bushell Park School
	Empire Elementary
	Kind Edward Elementary
	King George 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	
Mossbank	Mossbank Health Clinic
Ogema	
Pangman	
Pilot Butte	
Punnichy	
	Punnichy High
Quinton	
Radville	
	St. Olivers Elementary
Raymore	Raymore School

### Regina Dental Region (continued)

Location	School
Regina	. Al Picard School
Thogata	Argyle Elementary
	Athabasca Elementary
	Benson Elementary
	Birchwood Elementary
	Campbell Collegiate
	Coronation Park Elementary
	Dieppe Elementary
	Dover Elementary
	Dr. A. E. Perry Elementary
	Dr. Hanna Elementary
	Elsie Dorsey Elementary
	Ethel Milliken Elementary
	George Lee Elementary
	Grant Road Elementary
	Henry Janzen Elementary
	Judge Bryant Elementary
	Kitchener Elementary
	M. J. Coldwell Elementary
	Marion McVeety Elementary Maranatha Christian Centre
	McLurg Elementary
	McNabb Elementary
	R. J. Davidson Elementary
	Regent Park Elementary
	Rosemont Elementary
	Ruth Pawson Elementary
	Sherwood Elementary
	Transcona Elementary
	Wascana Elementary
	Wascana Hospital
	W. C. Howe Elementary
	W. H. Ford
	Walker Elementary
	Wilfred Hunt Elementary
	Deshaye Separate Elementary
	St. Anne Elementary St. Augustine Separate Elementary
	St. Bernadette Separate Elementary
	St. Dominic Savio Elementary
	St. Francis Separate Elementary
	St. Jerome Separate Elementary
	St. Gregory Separate Elementary
	St. James Separate Elementary
	St. Joan of Arc Separate Elementary
	St. John Separate Elementary
	St. Josephat 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. Plus X Separate Elementary
	St. Timothy Separate Elementary
	Wascana Institute
Rockglen	
Rouleau	
Sedley	. Sedley Elementary

### Regina Dental Region (continued)

Location	School
Semans Sintaluta Southey Spring Valley Strasbourg Vibank Weyburn	Sintaluta Elementary     Southey Elementary     Artesian School     Strasbourg Elementary     Vibank Elementary
Willow Bunch Windthorst Wolseley Wood Mountain Yellow Grass Total Clinics for 1980 - 1981	Willowbunch Elementary Windthorst School Dr. Isman Elementary Wood Mountain School Yellow Grass Elementary

### Saskatoon Dental Region

Location	School
Aberdeen Allan Asquith Beechy Borden Clavet Colonsay Conquest Craik Dalmeny Davidson Delisle Duck Lake Dundurn Elbow Hague Hanley Hepburn Holdfast Imperial Kenaston Langham Lanigan Leroy Lucky Lake Martensville Nokomis Osler Outlook	. Aberdeen Elementary . Allan School . Asquith School . Beechy School . Beechy School . Borden School . Clavet School . Colonsay School . Conquest School . Craik School . Dalmeny School . Dalmeny School . Davidson School . Delisle Elementary . Stobart Elementary . Stobart Elementary . Prince Philip Elementary . Prince Philip Elementary . Hanley School . Hepburn School . Holdfast School . Holdfast School . Langham Elementary . Lanigan Elementary . Lanigan Elementary . Leroy Medical Health Centre . Lucky Lake School . Martensville Elementary . Nokomis School . R. J. Davidson Elementary . Outlook Elementary
Perdue	. Perdue School . Radisson School
	······································

### **Saskatoon Dental Region (continued)**

Location School

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** Fairhaven 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 Cains Elementary** John Lake Elementary King George Elementary Lakeview Elementary Lawson Heights 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** Silverwood Elementary St. Anne Elementary St. Augustine Elementary St. Bernard Elementary St. Charles Elementary St. Edward Elementary St. Frances Elementary St. George 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

### Saskatoon Dental Region (continued)

Location	School
Strongfield	St. Paul's Elementary St. Philip Elementary St. Thomas Elementary Sister O'Brien Elementary South Corman Park Elementary Sutherland Elementary Thornton Elementary University Victoria Elementary Vincent Massey Elementary Westmount Elementary Wildwood Elementary Wilson Elementary W. P. Bates
Vanscoy	. Vanscoy Elementary
Viscount	. Viscount Elementary
Vonda	
Warman	. Warman Elementary
Watrous	
Young	
1001 1000 1001 1001	

### **Yorkton Dental Region**

Location	School
Alida Archerwill Arcola Arran Bienfait Bredenbury Broadview Buchanan Canora  Carnduff Carlyle Churchbridge Esterhazy Estevan	. Archerwill School . Arcola School . Arran School . Bienfait School . Bredenbury School . M. B. Cope Elementary . Buchanan School . Canora Junior Elementary Canora Senior Elementary . Carlyle School . Churchbridge Elementary . P. J. Gillian School . Pleasantdale Elementary Sacred Heart School Scotsburn School
Endeavour Foam Lake Grayson Grenfell Invermay Ituna Kamsack Kelvington Killaly Kipling	Foam Lake Elementary Grayson School Grenfell Elementary Invermay Elementary Ituna School Victoria Elementary Robert Melrose Elementary Killaly School

### **Yorkton Dental Region (continued)**

Location	School
Lampman	. Lampman School
Langenburg	
Lemberg	
Lintlaw	. Lintlaw Okla School
MacNutt	. MacNutt School
Manor	. Manor School
Maryfield	. Maryfield School
Margo	
Melville	
	Miller Elementary
Moosomin	
Neudorf	
Norquay	
Oxbow	
Preeceville	
Quill Lake	
Rama	
Redvers	
Rocanville	
Rose Valley	
Saltcoats	
Sheho	
Storthoaks	
Stoughton	
Sturgis	
Theodore	
Wadena	
Wapella	
Wawota	
Whitewood	
Willowbrook	
Wishart	
Wynyard	
Waldan	Wynyard Elementary
Yorkton	
	Columbia Elementary
	Dr. Brass Elementary
	Simpson Elementary
	St. Mary's Elementary
Total Olimina 1000 1001	St. Paul's Elementary
Total Clinics 1980 - 1981	. 09

### **Prince Albert Dental Region**

### Prince Albert Dental Region (continued)

Location	Cabaal
	School
Control Springs	. Codette Elementary
Crystal Springs Cudworth	. Dixon Lake School
Davis	Ochorno Flomentoni
Debden	. Debden School
Domremy	. Domremy School
Englefeld	. Englefeld School
Garrick	. Garrick Elementary
Gronlid	. Gronlid Elementary
Hudson Bay	
Humboldt	Stewart Hawke
	St. Augustine Elementary
	St. Dominic Flementary
Kinistino	Kinistino Elementary
Lake Lenore	Lake Lenore School
MacDowall	MacDowell Elementary
Meath Park	Meath Park Elementary
Middle Lake	Middle Lake School
Mistatim	Mistatim School
Mont Nebo	Mont Nebo Elementary
Muenster	Muenster School
Naicam	Naicam School
Nipawin	
Paddockwood	Wagner Elementary
Pleasantdaie	Pleasantdale School
Porcupine Plain	Porcupine Plain School
Prairie River	Prairie River Elementary
Prince Albert	
	Berezowsky Elementary
	King George Elementary
	St. Marks Elementary Vickers School
	Westmore Jr. High
Prince Albert Rural	West Central School
Prud'Homme	Prud'Homme School
Red Wing	Red Wing Elementary
Ridgedale	Page Flomenton
Shellbrook	Shellbrook Flementary
Shell Lake	Shell Lake Elementary
Smeaton	Smeaton School
Spalding	Spalding School
Spruce Home	Spruce Home Central Elementary
Star City	Star City School
St. Louis	St. Louis School
Tisdale	Tisdale Elementary
Wakaw	Wakaw School
Watson	Watson Elementary
Weirdale	Weekes High School
Weirdale	weirdale Elementary 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 1980 - 1981	71

### North Battleford Dental Region

Location	School
Alsask	DND School
Battleford	
Biggar	
Blaine Lake	
Cando	
Cochin	. Cochin Elementary
Coleville	
Cut Knife	
D'arcy	
Denzil	. Denzil Elementary
Dinsmore	
Dodsland	
Dorintosh	
Eatonia	
Edam	
Eirose	
Eston	
Glaslyn	
Goodsoil	
Hafford	
Harris	
Herschel	. Herschel Elementary
Kerrobert	Mary Podney Flomentary
Kindersley	Kindersley School Unit Office
Kyle	Kyle School
Landis	
Lashburn	
Leask	
Leipzig	. Leipzig School
Leoville	
Livelong	
Lloydminster	
	Father Gorman Elementary
	Neville Goss Elementary
Loon Lake	Winston Churchill Elementary
Loon Lake	
Macklin	
Maidstone	
Major	
Makwa	
Marcelin	
Marengo	. Westcliffe School
Marsden	. Marsden Elementary
Mayfair	
Maymont	
Meadow Lake	_
	Lakeview Elementary
Medstead	. Medstead Elementary
Milden	
North Battleford	
Neilburg	Notre Dame Elementary
Paradise Hill	
Paynton	
Pierceland	
Plenty	
Primate	. Primate School
Rabbit Lake	

### North Battleford Dental Region (continued)

Location	School
Rosetown	
Sonningdale	. Sonningdale School
Scott	
Smiley	
Speers	
Spruce Lake	
Tramping Lake	. Tramping Lake School
Turtleford	
Unity	
Vawn	Unity Elementary
Wilkie	
	St. George Separate School
Wiseton	
Total Clinics for 1980 - 1981	. 75
Total Number of Clinics — All Regions	. 505