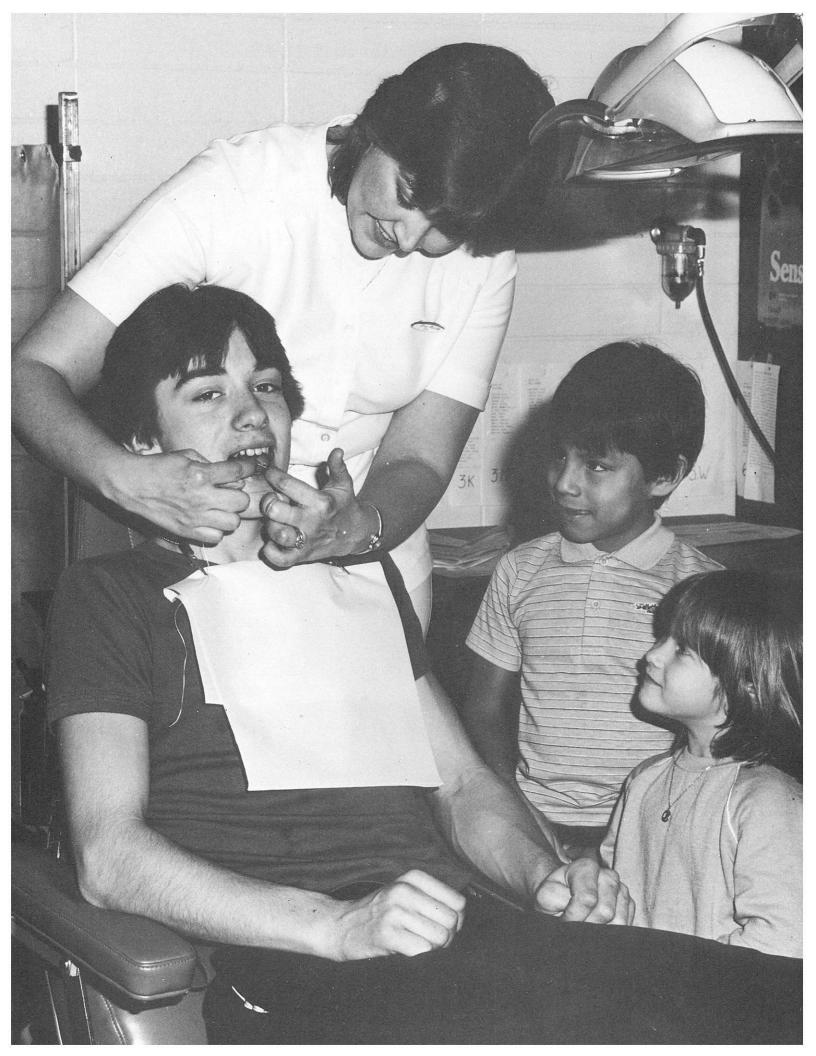


# Annual Report 1981-82



Saskatchewan Health **Dental Plan** 





# **Annual Report** 1981-82

Saskatchewan Health

**Dental** 

Plan

Report

**Eighth Year of Operation** 

September 1, 1981 to

August 31, 1982

# **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, 1982.

Respectfully submitted,

Graham Taylor, Minister of Health.

# **Department of Health**

To the Honourable Graham Taylor, Minister of Health.

Sir:

I have the honour to present herewith the Report of the Dental Plan for the year ending August 31, 1982.

Respectfully submitted,

K. J. Fyke, Deputy Minister.

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# **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 formally trained to provide chairside assistance, simple prophylaxis (cleaning) and topical fluoride.

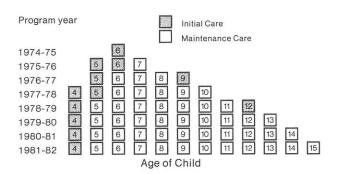
Services were made available to children from 3 to 12 years of age in the Oxbow area of Southeastern Saskatchewan. The dental team was housed in a mobile clinic equipped with four dental units, an X-ray machine, a laboratory and a reception room. The project lasted for three years. It demonstrated that 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.

Children have been enrolled as follows:

<b>Enrollment Date</b>	Year of Birth
September 1974	1968
September 1975	1969, 1970
September 1976	1967, 1971
September 1977	1972
February 1978	1973
September 1978	1974, 1966
September 1979	1975
September 1980	1976
September 1981	1977

Phase in Schedule



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.

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:

- 1. 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.
- 3. 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 has 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. Parental satisfaction with the Dental Plan is indicated by the results of the 1978 survey of Dental Plan Users and by the continued high enrollment of eligible children by their parents.

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.

<sup>\*</sup> 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.

# **Organization and administration**

Legislative and Regulatory Authority

The Dental Care Act gives the Department of Health authority to operate a dental care program. The act authorizes the Minister to enter into agreements with or to employ dentists, dental therapists and certified dental assistants and do such other things as are necessary for the establishment and operation of the dental care program.

The Saskatchewan Dental Nurses Act, (1973) created a Saskatchewan Dental Nurses Board to estabish and maintain rules for the registration and 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 the regulations and standards of professional conduct were met by all registrants. The first Board was appointed on September 25, 1973.

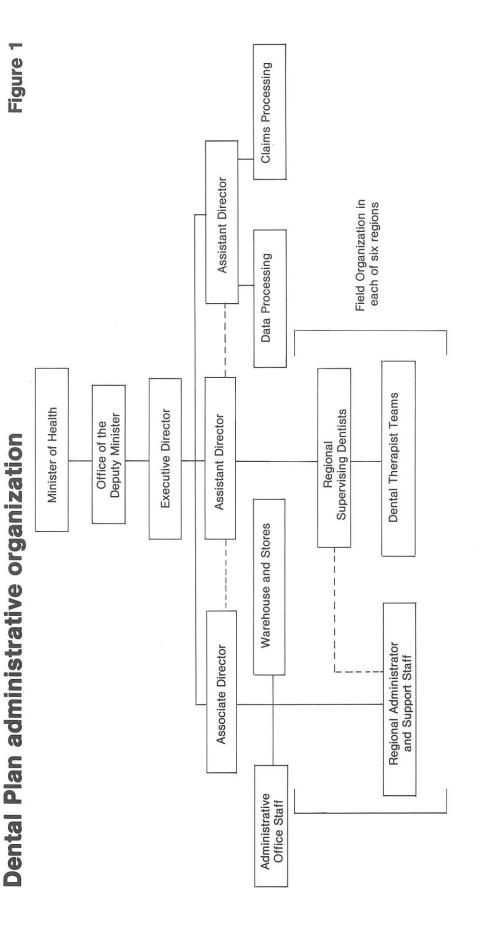
The Saskatchewan Dental Nurses Act was rescinded and was replaced by The Dental Therapists Act in 1981. This Act established The Saskatchewan Dental Therapists Association, changed the name "dental nurse" to "dental therapist" and replaced the Saskatchewan Dental Nurses Board with the Saskatchewan Dental Therapists Council.

The Saskatchewan Dental Therapists Council establishes and maintains rules governing the registration and licensing of dental therapists and sets standards of professional conduct. The council also ensures that the regulations and standards of professional conduct are met by all registered dental therapists.

# **Administrative structure**

The administrative organization is outlined in the organizational chart on page 7. 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.

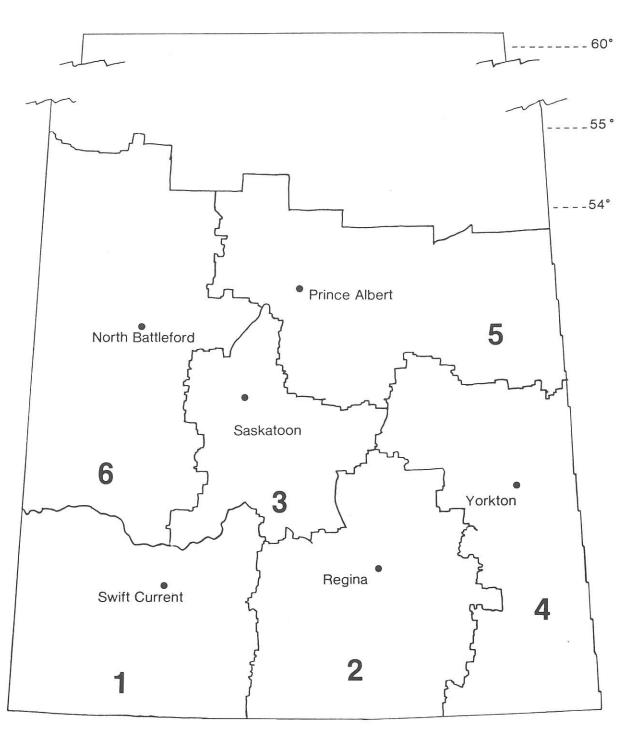
<sup>&</sup>lt;sup>1</sup> The six Dental Plan administrative regions and headquarter locations are shown on the map on page 8.



- - - - Denotes Communication in Management Team

# **Dental Plan administrative regions**

Figure 2



# Key to administrative regions

No. 1 Swift Current

No. 4 Yorkton

No. 2 Regina No. 3 Saskatoon

No. 5 Prince Albert No. 6 North Battleford

August 31, 1982

# Profile of dental plan personnel

# Clinical personnel

# 1. Supervising dentists

The supervising dentist performs a variety of duties in close cooperation with approximately eight dental therapist teams. Each team consists of one dental therapist and one certified dental assistant. 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 do this, the dentist examines selected patients from each team 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 Saskatchewan Dental Plan. Other employers include various provincial and federal government agencies, and dentists in private practice.

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 one-year 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 region and deal with specific difficulties affecting parents, staff and members of the public.

# 2. Equipment technician

The equipment technician is experienced in instrument technology and repair of dental equipment. He installs, repairs, and maintains all dental equipment within the region.

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, 1982 there were 526 permanent clinics located in 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 areas. 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.

# **Patient care**

## 1. Children's Dental Care

The majority of patient care in the Dental Plan is provided in schools, using a team approach.

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 eight 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.

Referrals to private practitioners are written for specific dental treatment. Private practitioners may also provide emergency services to enrolled children.

## 2. Adolescent Dental Care

Children enrolled in the Saskatchewan Dental Plan have been receiving dental care primarily in school dental clinics. Upon leaving school they will be responsible for their own dental health and will need to seek care from a dentist in general practice. A bridging program has been developed in cooperation with the College of Dental Surgeons of Saskatchewan to encourage young people to make this transition. The program provides for a number of children 14 years and over who are enrolled in the Dental Plan to receive care in private dental offices.

In the school year 1981-82 the Dental Plan arranged for 43% of enrolled children born in 1966 and 1967 to transfer to private dental offices. The Department of Health agreed to make a capitation payment of \$103.00 to the College of Dental Surgeons for each young person making one or more dental visits to a participating dentist. All covered services were to be provided at no charge to the parents.

In turn, in an agreement between the College of Dental Surgeons of Saskatchewan and participating dental practitioners, dentists were paid on a fee-for-service basis in accordance with a payment schedule established by the College for this program.

The agreement between the College and the Department of Health also specified that dentists would make every effort to ensure the participation of patients assigned to them and that a Quality Assurance Committee would be established to assess and make recommendations about the quality of care provided to young people both in dental clinics and in dental offices.

Accordingly, a Quality Assurance Committee was established consisting of a dentist from private practice, a dentist from the College of Dentistry, University of Saskatchewan and a dentist from the Saskatchewan Dental Plan, to review dental treatment provided to adolescents enrolled in the program. The committee met and established criteria for the evaluation of dental treatment. Members of the committee visited several schools in the province and examined young people in the program who had been randomly selected. The committee will report the findings to the College of Dental Surgeons of Saskatchewan and the Department of Health.

In order to provide for dental services, schools with grades 9 and 10 were designated as either Dental Plan schools or general practice schools. In Dental Plan schools care was provided by Dental Plan staff in school clinics. In the 87 selected general practice schools, dental care was provided in the office of a participating dentist of the parent's choice. The majority of schools assigned to general practice were located outside the cities of Regina and Saskatoon but within fifty kilometres driving distance of a participating dentist.

Statistical highlights of the first year of operation of the adolescent program are presented in Tables 1A-1C.

Table 1A

# Dental health of enrolled adolescents — September 1981 - August, 1982

		1966		1967
	Assigned to Dental Plan	Assigned to General Practice	Assigned to Dental Plan	Assigned to General Practice
Decayed, Missing, Filled Permanent				
Teeth (DMF/child)	8.39	8.11	7.21	7.08
Decayed	1.28	1.68	1.22	1.63
Missing	.47	.43	.34	.32
Filled	6.62	5.99	5.64	5.12
Children with DMF of 0	3.84%	4.78%	3.88%	4.57%

Table 1B

Number of enrolled adolescents utilizing dental services

Year of Birth	Provider of	Number	Number Seen	Percent of Enrolled	Number	Percent of Enrolled
	Service	Enrolled	Once or More	Seen Once or More	Completed	Completed
1966	Dental Plan	6,693	6,337	94.68	6,079	90.83
	General Practice	5,152	4,224	81.99	4,104	81.24
	Sub total	11,845	10,561	89.16	10,183	85.97
1967	Dental Plan	7,827	7,688	98.22	7,410	94.67
	General Practice	4,287	3,273	76.35	3,181	74.20
	Sub total	12,114	10,961	90.48	10,591	87.43
Total	Dental Plan	14,520	14,025	96.59	13,489	92.90
	General Practice	9,439	7,497	79.43	7,285	77.18
	Total	23,959	21,522	89.83	20,774	86.71

Table 1C

Principal clinical services provided to adolescents born in 1966 and 1967

September, 1981 — August, 1982

Service	Assigned to General Practice	Assigned to General Practice per 1,000 adolescents seen one or more times	Assigned to Dental Plan	Assigned to Dental Plan per 1,000 adolescents seen one or more times
Comprehensive examination	7,492	999	13,277	947
Emergency oral examination	76	10	385	27
Specific oral examination	89	12	3,216	229
radiogram-single film Intra-oral periapical radiogram-two	556	74	963	69
filmsIntra-oral periapical	1,352	180	246	18
radiogram-three filmsIntra-oral periapical radiogram-four	102	14	50	4
filmsIntra-oral periapical radiogram-five	397	53	28	2
films	90	12	8	1
Intra-oral/occlusal-single film	11	1	33	2
Intra-oral/bitewing- one film	16	2	98	7
Intra-oral/bitewing- two films Dental prophylaxis, oral hygiene	4,968	663	4,966	354
instruction and topical fluoride Fillings	5,679	758	12,020	857
Permanent — one surface	6,573	877	8,807	628
Permanent — two surfaces	3,542	472	5,527	394
Permanent — three surfaces	869	116	1,485	106
Permanent — four surfaces	118	16	233	17
Permanent — five surfaces	30	4	44	3
Acrylic or composite Class I or V only	401	53	987	70
Class III	728	97	1,371	98
Class IV	127	17	204	15
Acrylic or composite, acid etch tech., double class IV (involving				
mesial & distal)	38	5	60	4
Plastic (acrylic) processed	43	6	30	2 7
Endodontics - one canal	61	8	102	7
Extraction - single tooth  Each additional tooth in the same	648	86	380	27
quadrant at the same appointment	32	4	28	2

# **Preventive Programs**

The Dental Plan strives to offer the most effective and practical measures available to reduce the incidence of dental disease. To help accomplish this objective, the position of Prevention and Research Coordinator has been established. This person is responsible for planning, implementing and evaluating prevention and research projects within the Dental Plan, training Dental Plan staff in prevention-related activities, developing and coordinating health education materials, and acting as a resource person for Dental Plan staff. In this way, prevention activities are coordinated centrally within the Dental Plan.

The school-based fluoride mouthrinse program and the tooth sealant program are two recently implemented preventive programs.

Selected schools in each region are participating in fluoride mouthrinse programs with the approval of the local school board and school personnel. The fluoride mouthrinse procedure is a safe and economical way to prevent tooth decay and requires little classroom time. Once a week or every other week, under supervision, the students rinse with a 0.2% neutral sodium fluoride solution for one minute, and then return the solution to a paper cup for proper disposal. Studies show that fluoride rinsing reduces tooth decay by about 35%. This procedure is entirely voluntary and without cost to parents.

Tooth sealants are now provided when needed by Dental Plan staff to their patients. Tooth decay commonly occurs on the chewing surfaces of teeth. Sealants have been shown to be both safe and effective in preventing decay on these surfaces. The application procedure is simple. The chewing surface of a permanent molar or pre-molar is cleaned and treated with a mild conditioning solution which allows the sealant to stick to the tooth. The plastic sealant material is then applied to the grooves of the tooth. An evaluation of this pilot project is currently underway.

An individual approach to prevention is used within the dental clinic. When indicated, children enrolled in the Dental Plan receive individual oral hygiene and nutritional instruction, as well as topical applications of fluoride. An attempt is made by the dental teams to identify and concentrate their efforts on those children with a high risk for dental disease.

# **Dental health promotion**

Dental Plan staff are continually involved in community dental health education and promotion activities. Staff frequently participate in community and school association meetings, prenatal class presentations, career days, school open house activities, shopping mall displays and health fairs. Many dental teams also provide dental health instruction in the classroom. These activities are intended to promote dental health and to make current dental health information available to the public. For example, the importance of community water fluoridation is stressed as a practical and effective health measure for safely and economically reducing the incidence of tooth decay.

# **Continuing education**

Continuing education is encouraged for all staff in the Dental Plan. Supervising dentists work with individual dental teams and groups of teams presenting and reviewing dental techniques. Each dental region meets several times a year. Normally a portion of each meeting is set aside for continuing education. Topics include reviews of clinical procedures, patient management, and communication skills.

The Dental Division of Wascana Institute at the request of the Dental Plan, instituted a two-day continuing education course for dental therapists and assistants. This course will be presented in future years to allow participation by all staff. In the spring of 1982, 60 dental therapists and 60 assistants attended the course. Dental assistants studied radiographic procedures, patient management, fissure sealant application and techniques for finishing amalgam restorations. Dental therapists reviewed complex amalgam and composite restorations. The course includes lectures and practical laboratory exercises.

Many staff members received partial support for attending courses and meetings presented by other organizations in the province such as the Dental Therapists Association, the College of Dental Surgeons of Saskatchewan, and the University of Saskatchewan.

An orthodontist from the University of Alberta presented a one-day course to Dental Plan dentists on orthodontics in the Dental Plan.

A number of dentists in the Dental Plan attended management courses sponsored by the Department of Health and the Public Service Commission.

The dental equipment technicians attended a course presented by factory representatives reviewing the repair and maintenance of selected dental equipment.

# Other responsibilities

In addition to the major responsibility of improving the level of dental health of children in the province, the Saskatchewan Dental Plan is involved in other dental activities.

The Dental Plan provides consultation on provincial dental matters to other agencies such as the Department of Northern Saskatchewan, Community Health Services Branch, Medical Care Insurance Commission, and the Federal Government.

On April 1, 1982 the Saskatchewan Dental Plan assumed responsibility on behalf of the Medical Services Division, for the administration of dental benefits to social assistance recipients. In this capacity the Dental Plan reviews requests for prior approvals, assesses standard dental claim forms, summarizes unusual claims for review by the Dental Advisory Board and processes approved claims for payment.

The Dental Plan, on behalf of the Departments of Health and Social Services, arranges for the provision of dental services in the Provincial Correctional Centres. Dentists enter into a contract and are paid on a sessional basis. Normally they make weekly visits to the centres, working in permanent clinics. Provision is also made for emergency dental care. The cost of providing these services are not included in the financial statements of the Dental Plan.

Table 2
Enrollment of Eligible Children
(excluding Registered Indians)
as at August 31, 1982

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total <sup>2</sup>	177,726	149,743	84.3	18,393	10.3	9,590	5.4
Born 1963 <sup>3</sup>	627	432	68.9	194	30.9	1	.2
Born 1964 <sup>3</sup>	1,061	585	55.1	174	16.4	302	28.5
Born 1965 <sup>3</sup>	889	555	62.4	142	16.0	192	21.6
Born 1966	15,322	11,455	74.8	2,574	16.8	1,293	8.4
Born 1967	14,600	11,666	79.9	2,134	14.6	800	5.5
Born 1968	14,647	12,417	84.8	1,720	11.7	510	3.5
Born 1969	14,659	12,444	84.9	1,693	11.5	522	3.6
Born 1970	14,418	12,421	86.1	1,479	10.3	518	3.6
Born 1971	14,397	12,466	86.6	1,482	10.3	449	3.1
Born 1972	14,304	12,503	87.4	1,357	9.5	444	3.1
Born 1973	13,984	12,297	87.9	1,219	8.7	468	3.4
Born 1974	14,157	12,469	88.1	1,141	8.0	547	3.9
Born 1975	14,375	12,692	88.3	1,077	7.5	606	4.2
Born 1976	14,597	12,623	86.5	992	6.8	982	6.7
Born 1977	14,900	12,108	81.3	956	6.4	1,836	12.3
Born 1978 <sup>3</sup>	789	610	77.3	59	7.5	120	15.2

<sup>&</sup>lt;sup>1</sup> Enrollment figures include those adolescents eligible for treatment by general practice dentists in the adolescent Dental Program.

Table 3
Enrollment of Eligible Registered Indians
as at August 31, 1982

Age Group	Number Eligible	Number Enrolled	Percent Enrolled	Number Refused	Percent Refused	Number No Response	Percent No Response
Total	11,815	5,738	48.6	421	3.5	5,656	47.9
Born 1963 <sup>2</sup>	9	0	0	0	0	9	100.0
Born 1964 <sup>2</sup>	6	0	0	0	0	6	100.0
Born 1965 <sup>2</sup>	6	0	0	0	0	6	100.0
Born 1966	965	390	40.4	46	4.8	529	54.8
Born 1967	912	448	49.1	35	3.9	429	47.0
Born 1968	1,004	541	53.9	54	5.4	409	40.7
Born 1969	959	532	55.5	33	3.4	394	41.1
Born 1970	984	555	56.4	54	5.5	375	38.1
Born 1971	977	578	59.2	36	3.7	363	37.1
Born 1972	1,014	567	55.9	31	3.1	416	41.0
Born 1973	982	540	55.0	35	3.6	407	41.4
Born 1974	996	520	52.2	27	2.7	449	45.1
Born 1975	969	453	46.7	29	3.0	487	50.3
Born 1976	1,012	364	36.0	27	2.7	621	61.3
Born 1977	1,018	248	24.3	14	1.4	756	74.3
Born 1978 <sup>2</sup>	2	2	100.0	0	.0	0	.0

<sup>&</sup>lt;sup>1</sup> Enrollment figures include those adolescents eligible for treatment by general practice dentists in the Adolescent Dental Program.

<sup>&</sup>lt;sup>2</sup> Enrollment figures for Registered Indians are reported separately. Because of a number of circumstances unique to that group of children, their participation in the Dental Plan is markedly lower than that of other eligible children (see Table 3).

<sup>&</sup>lt;sup>3</sup> Effective September 1, 1981 the Swift Current Health Region's Dental Program was absorbed. Young people resident in the region who were born in the years 1963, 1964, 1965 and 1978 became eligible to enroll in the Dental Plan.

<sup>&</sup>lt;sup>2</sup> Effective September 1, 1981 the Swift Current Health Region's Dental Program was absorbed. Young people resident in the region who were born in the years 1963, 1964, 1965 and 1978 became eligible to enroll in the Dental Plan.

# 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. It can be seen in Table 4 that the average four year old had 2.11 decayed deciduous (baby) teeth.

Figure 4 shows 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 1,072 per 1,000 enrolled children in the 1981-82 program year.

Figure 5 reflects the improvement of dental health of six year old children during the eight 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 4.0 in 1981-82. 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 1981-82.

Figure 6 shows the percentage of restorative, diagnostic, and preventive services based on relative value units.

# Table 4

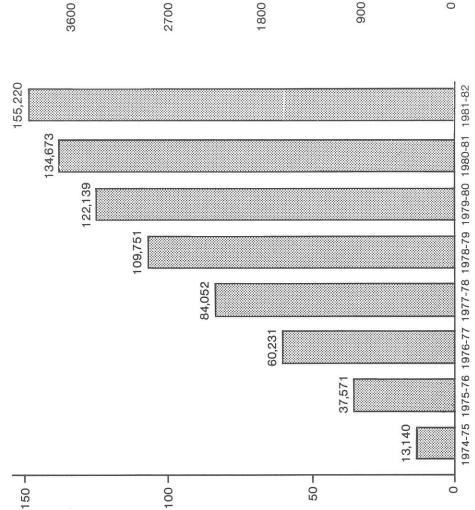
# Dental Health of Enrolled Children September, 1981 — August, 1982

	Average Adolesc 1963 <sup>1</sup> 1	ent By	Year o	of Birth	1	1968 <sup>1</sup> 1	969 <sup>1</sup> 1	Ele	erage ementa 971 <sup>1</sup> 1	ary Ch	ild By	Year o	f Birth		1977	1978
Decayed, extracted, filled																
deciduous teeth (DEF) .	. –	-	-	-	-	-	_	-	-	-	4.13	4.01	3.69	3.14	2.45	1.58
Decayed				_	_	-	_	_	_	_	.66	.87	1.22	1.54	2.11	1.47
Extracted	. –		-	2-3	-	-	-	777	-	-	.25	.18	.11	.07	.04	.00
Filled	. —	-	-	1	-	1990	_	_	_	_	3.22	2.94	2.35	1.51	.29	.09
Decayed, missing, filled																
permanent teeth (DMF)	. 11.23	11.25	9.94	8.27	7.17	5.86	4.71	3.63	2.96	2.30	1.79	.93	.32	.04	-	
Decayed	. 2.86	3.00	3.08	1.44	1.34	1.13	.93	.71	.61	.60	.70	.56	.26	.04	_	_
Missing	64	.53	.50	.46	.34	.23	.19	.09	.04	.01	.01	.00	.00	.00	-	-
Filled	. 7.73	7.72	6.35	6.36	5.48	4.49	3.57	2.82	2.29	1.67	1.08	.36	.06	.00	_	
Total DEF and DMF		-		_	_	-	-	-	-	-	5.93	4.94	4.02	3.19	_	-
Children with DMF of 0	84%	1.44%	3.18%	4.23%	4.09%	4.92%	7.28%	11.74%	16.61%	24.98%	34.75%	59.57%	83.07%	97.09%	-	-
Children with DEF of 0		_	-	_	-	_	-	_	-	_	15.99%	19.57%	26.78%	35.04%	47.37%	62.02%
Children with DMF and																
DEF of 0		7	200	_	_	_	_	200	_	_	10.10%	16.10%	25.34%	34.72%	-	-
Decayed deciduous and																
permanent teeth	. –	_		-	_	_	-		-	-	1.36	1.44	1.48	1.59	2.12	1.47
Filled deciduous and																
permanent teeth		-	-	-	_	_	-	_	_	:-:	4.30	3.31	2.41	1.52	.29	.09
Ratio filled deciduous and permanent teeth to DMF																
and DEF	. –			200		-	-		_	_	.72	.67	.60	.47	.11	.06
Ratio missing and extracted to				0.7			05	0.5	0.5	05	00	0.5		0.5	40	-00
filled teeth	08	.06	.08	.07	.06	.05	.05	.05	.05	.05	.06	.05	.04	.05	.16	.08
Permanent teeth erupted																
and not decayed		17.97	18.76	19.71	20.38	20.90	20.04	17.30	13.87	11.25	9.54	7.61	4.08	.91	_	
Deciduous teeth filled and											5.2	277	1.0			
redecayed		_	_	_		_	_	-	_	_	.15	.14	.11	.07	.01	.00
Permanent teeth filled and redecayed		.54	.46	.18	.14	.07	.06	.04	.03	.02	.02	.00	.00	.00	-	-

<sup>&</sup>lt;sup>1</sup> 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.

# Year of Operation of **Enrolled Children by Total Number of Dental Plan**





1 As of August 31 in each program year.

Figure 6

# Provided by Program Year **Amalgam Restorations**

(Rate per 1,000 Enrolled Children)

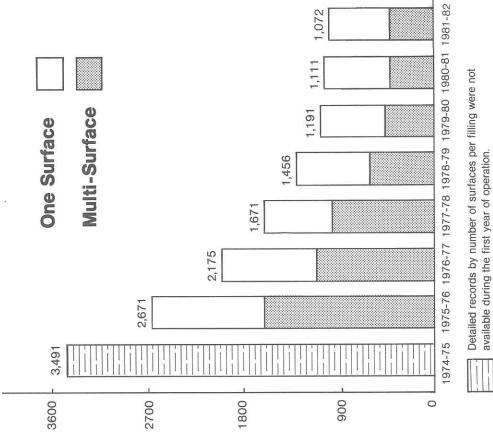
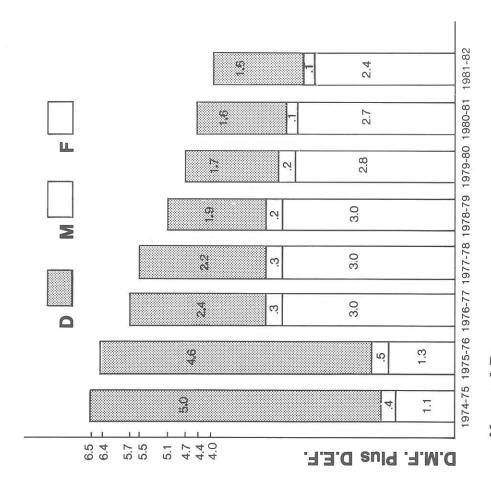


Figure 5

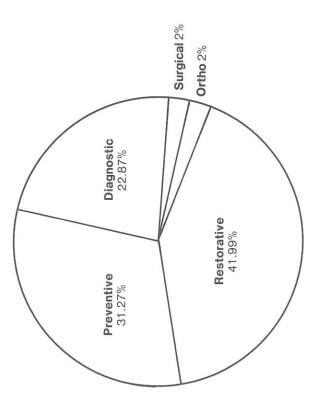
# Year Old Child by Year of Program Total D.M.F.'and D.E.F.' for a Six



# Figure 6

# **Total Services Provided for**

1982 Based on Relative Value September 1981 - August, Units1



<sup>1</sup> Relative Value Unit is a method of weighing the time, professional skill and responsibility associated with each dental procedure.

# Year of Program

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

# 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 1981-82 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.

# Table 5

# Clinical Services Provided<sup>1</sup> September 1981 — August, 1982

Services	Number (B	er (By	Year	y Year of Birth	th)												
	19632 1964	N	19652	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	19782	Total
Parent contacts																	
In person	29	65	75	978	1,349	2,615	2,935	3,591	4,351	4,871	5,812	5,703	2,697	8,477	30,964	1,191	78,733
By phone	102	165	222	3,219	3,465			4,533	5,209				5,630	6,747	13,473	621	69,830
By letter	28	170	139	8,314	10,063	17,367	17,219	16,861	8,098	8,120	18,841	20,286	18,180	14,911	4,076	54	182,727
Diagnostic services					1					1	i						1
Initial oral examination	264	439	450	4,609	3,627	200	499	532	645	299	714	891	1,233	2,602	10,590	476	28,708
Emergency oral examination	6	0	6	225	236	313	370	516	899	734	629	647	735	793	1,064	9	6,993
Specific oral examination	21	35	32	1,311	2,025	7,429	4,418	4,571	8,395		5,210	8,633	4,267	1,164	536	20	52,877
Recall examination	12	53	39	5,617	7,115	11,467	11,736	11,530	11,561		11,449	1,628	1,274	9,575	860	62	115,631
Diagnostic models	4	5	12	72	9	86	82	104	164	181	226	172	72	6	16	0	1,268
Radiographic services																	
Periapical radiographs	158	207	158	3,925	3,485	1,525	1,582	1,710	1,992	1,860	1,853	1,654	1,032	488	440	15	22,084
Bitewing radiographs (single film)	342	583	299	10,288	9,771	8,389	$\infty$	2,607	5,027	5,308	5,542	2,997	5,549	4,134	5,708	40	79,717
Panoramic radiographs	0	0	0	6	9	2	2	2	10	တ	2	-	က	-	က	0	62
Occlusal single	0	0	0	21	24	39	59	46	49	98	151	184	117	47	38	0	843
Preventive services																	
Dental prophylaxis	200	331	286	7,865	8,193	9,345	9,733	9,660	9,907	9,848		9,723	9,854	9,404	8,850	234	113,185
Polish amalgam	16	45	62	2,187	2,648	4,428	4,217	4,108		4,851	5,319	5,052	4,547	3,486	1,801	19	47,083
Topical fluoride	63	161	166	5,051	6,338	10,364	10,789	10,835		11,043			10,959	10,484	9,393	355	118,797
Fluoride varnish	0	0	0	27	30	48	16	21	34	25	35	43	34	42	130	0	485
Nutritional counsel (individual)	2	-	2	693	1,021	1,977		2,161				2,172	2,164	2,113	2,133		22,985
Oral hygiene instruction (individual)	74	167	172	5,273	6,747	10,746		10,902					11,142	10,670	10,338		122,535
Fissure sealant	80	15	82	3,059	3,926	5,974	5,911	4,661	3,275	3,159	4,290	5,957	4,365	819	65	0	45,569
Restorative services																	
Total amalgam restorations (silver)	591	866	1,032	13,482	13,846	14,370	11,723	9,597	10,175	13,012	16,613	17,386	15,875	14,821	16,184	383	170,088
Amalgam primary																	
One surface	-	-	-	20	14	25	69	180	438	806	1,396	2,157	3,239	4,622	6,617	230	19,816
Two surface	-	-	-	17	31	115	218	826	2,069	3,897	5,773	7,286	8,424	8,757	8,199	124	45,739
Three surface	0	5	0	2	12	33	24	151	307	268	585	621	671	826	1,177	21	5,033
Four surface	0	0	0	0	-	-	-	80	24	34	25	31	36	46	68	-	276
Five surface	0	-	0	0	0	0	0	_	-	0	2	_	က	4	တ	0	22
Amalgam permanent													(1) (1)	1	į	9	1
One surface	242	403	504	7,206	8,174	8,816	7,458	5,505	4,846	5,406	6,293	5,509	2,645	402	47	ဖ	63,462
Two surface	224	356	356	4,710	4,359	4,316	3,275	2,510	2,143	2,023	2,151	1,653	962	145	55	-	29,070
Three surface	88	180	128	1,298	1,056	914	551	358	296	236	316	112	54	18	14	0	5,620
Four surface		46	33	186	165	126	92	51	42	34	19	12	2	-	-	0	877
Five surface		8	6	40	34	24	21	7	6	8	S	4	2	0	0	0	173
Composite restorations																	
(white)	130	203	179	2,160	1,809	1,756	1,425	1,195	1,045	807	505	346	202	265	202	12	12,546
Retentive pins	7	Ξ	က	113	116	57	09	40	49	23	20	თ	0	2	9	0	549
Stainless steel crowns	0	2	-	21	15	20	47	146	322	749	1,459	1,985	2,152	2,423	2,929	65	12,369
Crowns	c	o	ч	76	0	00	C	ч	Q	o	c	C	C	C	C	C	010
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174	က	25	,	48	125	111	44	54		467			19		80	12	21	-	80	45		_	4	16	57	2	0	9		10,183	
80	0	2					5				10		0					0								0				416	
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7	0	S	-	-	0	80	_	_		47	10		0	59	0	N	_	0	18				0	0	0	0		0			64.35
Caries control Removal of decay and placement of sedative dressing Discing or slicing. Prosthetic services	Full dentures	Partial dentures	Pulp therapy services	Direct pulp cap	Indirect pulp cap	Root canal therapy	Pulpotomy	Periodontal services	Surgical services	Extraction of primary teeth	Extraction of permanent teeth	Extraction of primary teeth for orthodontic	purposes	Extraction of permanent teeth for orthodontic	burboses	Removal of residual roots (soft tissue coverage)	Open and drainage of tooth	Surgical exposure of unerupted tooth	Removal of tooth specialist	Other surgical services specialist	Space maintainers and minor orthodontic services	Unilateral space maintainer	Bilateral space maintainer	Tooth movement and space regaining	Observation/adjustment of active appliance	Removal/re-cement of fixed appliance	Prevention of thumb sucking	Occlusal adjustment	Number of Children with Treatment Plans	Completed	Percent of Unitarien With Treatment Completed

1 Includes services to enrolled registered Indians.

<sup>2</sup> Effective September 1, 1981 the Swift Current Health Region's Dental Program was absorbed. Young people resident in the region who were born in the years 1963, 1964, 1965 and 1978 became eligible to enroll in the Dental Plan.

Note: Clinical services provided to adolescents by general practice dentists are not included in Table 5.

# 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 three exceptions: referred services, emergency services and services provided in the Adolescent Dental Program.

Referrals to private practitioners in the Children's Dental Program are of two types. A general referral is given to a patient when the examining dentist feels that the management of the patient is beyond 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 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 infections, 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 1981-82 three private practitioners 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 1981-82.

# Table 6

# Referred and Emergency Services Provided By Private Dentists to Children Enrolled in the Dental Plan

# September 1981 - August 19821

	Total		Referral		Emergen	су
Type of Service	No.	Cost (\$)	No.	Cost (\$)	No.	Cost (\$)
Total	16,222	333,930.89	14,528	286,172.70	1,694	30,111.10
Initial oral examination	1,551	15,566.40	1,515	15,161.50	36	404.90
Specific oral examination	401	5,727.00	399	5,706.00	2	21.00
Diagnostic models	79	1,109.10	79	1,109.10	0	.00
Periapical X-rays	1,914	11,834.00	1,485	8,717.40	429	3,116.60
Bitewing X-rays	525	2,806.60	501	2,692.80	24	113.80
Panoramic X-rays	59	1,260.10	59	1,260.10	0	.00
Topical fluoride and dental prophylaxis	1,194	14,940.50	1,135	14,218.40	59	722.10
Oral hygiene instruction (individual)	225	1,958.90	221	1,919.90	4	39.00
Amalgam restorations	3,168	60,735.70	3,001	57,445.40	167	3,290.30
Composite restorations	550	15,904.90	418	10,929.70	132	4,975.20
Stainless steel crowns	676	21,529.80	660	20,998.80	16	531.00
Crowns — Porcelain, plastic, cast or preformed						
metal	89	9,107.40	84	8,872.00	5	235.40
Caries control —						
Removal of decay, place sedative dressing	63	386.00	34	206.70	29	179.30
Full or partial dentures	45	6,180.30	43	5,932.10	2	248.20
Root canal therapy	170	23,186.80	147	20,020.30	23	3,166.50
Pulpotomy	563	11,910.30	467	9,677.00	96	2,233.30
Removal of erupted teeth	2,187	35,428.20	1,812	29,071.70	375	6,356.50
Surgical removal of tooth (specialist)	335	6,633.20	335	6,633.20	0	.00
Other surgical services (specialist)	345	22,421.30	345	22,421.30	0	.00
Unilateral space maintainer	79	3,623.80	76	3,579.20	3	44.60
Bilateral space maintainer	83	6,682.40	82	6,586.50	1	95.90
Tooth movement and space regaining	104	9,394.10	104	9,394.10	0	.00
Observation orthodontics	256	2,192.00	256	2,192.00	0	.00
Other miscellaneous services	1,561	25,765.00	1,270	21,427.50	291	4,337.50
Other services unidentified	5 <del></del> 1	17,647.09	_	_	_	

<sup>&</sup>lt;sup>1</sup> In addition to the above expenditures, the following costs were incurred:

Therefore these expenditures amount to \$1,219,164.89. (See Statement 1)

Note: The cost for services provided to adolescents by general practice dentists is not included in Table 6.

<sup>(</sup>a) \$836,154.00 in capitation payments were made to the College of Dental Surgeons for services provided to 8,118 adolescents who received routine dental care from private practice dentists;

<sup>(</sup>b) \$49,080.00 was paid to three private practitioners working on a contract basis to provide dental care to enrolled children.

# **Expenditures**

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

- 1. The financial statements reflect all expenditures incurred directly by the Dental Plan. The statements include certain expenditures which apply to activities other than the provision of dental care to enrolled persons. However, costs related to the Dental Plan which were incurred by other agencies are excluded.
- 2. Revenue from the activities of the Saskatchwan Dental Plan has not been applied to offset expenditures. The \$395,575.64 total revenue realized during the year included \$387,332.58 reimbursement from the Department of National Health and Welfare for dental care provided to 5,004 enrolled Indian children during the period September 1, 1980 to August 31, 1981.

# Statement 1

# **Statement of Payments — Operating Expenses**

September 1, 1980 — August 31, 1981 September 1, 1981 — August 31, 1982

	September 1, 1980 to August 31, 1981	September 1, 1981 to August 31, 1982
Administration (Regina Central Office	e)	
Salaries and honoraria Travel Public Information and Advertising Professional dues and staff training. Office expenses Other Expenses Sub Total	\$ 599,941.23 27,985.87 36,108.89 2,233.05 30,579.83 349,436.02 \$ 1,046,284.89	\$ 864,034.75 24,485.20 63,078.52 1,823.75 66,112.58 475,652.76 \$ 1,495,187.56
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 Sub Total	\$ 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	\$ 8,932,723.37 752,600.75 683.95 13,818.20 207,563.41 1,219,164.89 45,998.46 630,462.24 44,099.57 31,438.17 (22,550.00) 155,639.36 \$12,011,642.37
Total operating expenditure	\$10,673,013.40	\$13,506,829.93
Capital equipment purchases	263,337.88	275,113.85
Total expenditure	\$10,936,351.28	\$13,781,943.78

# Statement 2

# **Expenditure Statement Reconciliation to Public Accounts**<sup>1</sup>

Expenditure Sept. 1/79 — March 31/80	Public Accounts not applicable <sup>2</sup> \$ 3,937,147.32	<b>Program Year</b> \$ 4,579,932.20
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	4,541,674.70
Total expenditure 1980-81 program year		\$10,936,351.28
Expenditure Sept 1/81 — March 31/82	7,896,199.69	\$ 7,896,199.69
Public Accounts 1981-82	\$12,437,874.39	
Expenditure April 1/82 — August 31/82		5,855,744.093
Total expenditure 1981-82 program year		\$13,781,943.78

<sup>&</sup>lt;sup>1</sup> 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).

<sup>&</sup>lt;sup>2</sup> The figures for this period apply to the fiscal year 1979-80 and have been reported in previous reports. The figure is not reported here to avoid confusion.

<sup>&</sup>lt;sup>3</sup> 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 1982-83 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, 1980 to August 31, 1981 September 1, 1981 to August 31, 1982

> Program Year September 1/80 — August 31/81

Program Year September 1/81 — August 31/82

# **Total Operating Expenditure**

(from statement 1)	\$438,878.18 (523,578.32) 46,728.71 (42,484.89)	\$10,673,013.40	\$523,578.32 (561,024.19) 42,484.89 (49,196.16)	\$13,506,829.93
Summer Dental Externship Program <sup>1</sup> Less stipend paid to student dentists for the	(13,800.00)		(18,000.00)	
Dental Options Program <sup>2</sup>	(1,140.00)		_	
Region No. 13	(170,000.00)		40,550.00	
system4	(137,118.20)		(54,214.80)	
Sub Total Add depreciation Add amortization		\$10,270,498.88 126,386.05 27,423.64		\$13,431,007.99 168,944.48 <sup>5</sup> 32,781.87 <sup>6</sup>
Actual cost of services		\$10,424,308.57		\$13,632,734.34
Number of enrolled children		\$ 134,673 \$ 77.40		155,481 \$ 87.68

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

<sup>&</sup>lt;sup>4</sup> 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. The second and final stage, costing \$54,214.80 was completed during 1981-82. This new system will be in use for several years, therefore the costs are being amortized.

$^5$ Opening inventory of depreciated fixed assets (\$1,001,391.42 $-$ \$150,208.71).	851,182.71
Add purchases during year	275,113.85
Undepreciated fixed assets	\$1,126,296.56
Depreciation calculated at 15% of undepreciated value of fixed assets	\$ 168,944.48
<sup>6</sup> Costs incurred for rewrite of the data processing system (\$137,118.20 — \$27,423.64)	109,694.56
Add costs incurred during year	54,214.80
Unamortized value of system	\$ 163,909.36
Amortization calculated at 20% of unamortized value of system	\$ 32,781.87

<sup>&</sup>lt;sup>7</sup> Calculated by dividing the actual cost of services by the number of children enrolled.

This would represent an average cost per enrolled child of:

<sup>&</sup>lt;sup>2</sup> 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.

<sup>&</sup>lt;sup>3</sup> The Swift Current Health Region was paid a grant of \$170,000.00 to assist in defraying the cost of operating their dental program between January 1 and August 31, 1981. Effective September 1, 1981 the program was absorbed by the Dental Plan. Following the close of operation, the Swift Current Health Region refunded the unspent portion of the grant.

Note: The Department of Education covers the cost of establishing dental clinics in schools. \$2,935,857.80 was spent prior to August 31, 1981. An additional \$644,513.00 was spent during September 1/81 — August 31/82. 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 \$179,018.54.

<sup>&</sup>lt;u>\$179,018.54</u> = \$1.15

<sup>115,481</sup> 

# **Appendix**

# **Established Dental Clinics**by Dental Region and Location

# **Swift Current Dental Region**

Location	School
Abbey	Abbey School
Burstall	Burstall School
Cabri	
Central Butte	Central Butte Elementary
Chaplin	
Climax	Climax Elementary
Consul	
Eastend	Eastend School
	Fox Valley Elementary
Frontier	Frontier School
Gravelbourg	Gravelbourg Elementary
Gull Lake	Gull Lake Elementary
Herbert	Herbert Elementary
Hodgeville	Hodgeville Elementary
Kincaid	Kincaid School
Lancer	Lancer Elementary
Leader	Leader Elementary

Location	School	
Mankota	Mankota School	
Maple Creek	Jasper Street Elementary	
	Sidney Street Elementary	
Morse	Morse School	
Ponteix		
Richmound		
	Christ the King School	
	Shaunayon Public School	
Swift Current	Ashley Park Elementary	
omic dan one ( )	Central Elementary	
	Dickson Elementary	
61	Fairview Elementary	
	James O. Begg Elementary	
	Kinsman/Oman Elementary	
Val Marie	그 것이 없어야 했다고 있었다고 나타겠다고 그 맛있는 이 가셨습니다. 이 사람들이 아니는	
Vanguard		
Wymark		
	·82	34
TOTAL CHILL'S TOLL 1901-	02	04

# **Regina Dental Region**

Location	School
Abernethy	Abernethy School
Arm River Colony	
Assiniboia	
Avonlea	
Balcarres	
Balgonie	. Balgonie Elementary
Bengough	. Bengough School
Bethune	
Briercrest	
Brownlee	
	. Caronport Elementary
Ceylon	. Ceylon Elementary
Coderre	
Coronach	
Crane Valley	. Crane Valley School
Creelman	. Creelman Elementary
Cupar	. Cupar Elementary
Dysart	. Dysart School
Fillmore	
	. Fort Qu'Appelle Elementary
Francis	
Gladmar	. Gladmar High
Glenavon	
	. Goodwater Elementary
Govan	
Grand Coulee	. Grand Coulee School
	. Indian Head Elementary
Kelliher	

School
Lake Alma Elementary
Lang Elementary
Lipton Elementary
Lestock Elementary
Lestock High
Limerick Elementary
Lumsden Elementary
McLean School
St. Mark Separate Elementary
Midale School
Milestone Elementary
Minton Elementary
Montmartre Separate
Elementary
Alexander Elementary
Bushell Park School
Empire Elementary
King Edward Elementary
King George Elementary
Lindale School
Palliser Heights Elementary
Prince Arthur Elementary
Ross Elementary
Sacred Heart Elementary
St. Agnes Elementary
St. Michael Elementary
Westmount Elementary
William Grayson Elementary
Moose Jaw District Office

# Regina Dental Region (continued)

		197 (79	
Location	School	Location	School
Mortlach	. Mortlach School		St. Joan of Arc Separate
Mossbank	. Mossbank Health Clinic		Elementary
Odessa	. Odessa School		St. John Separate Elementary
Ogema			St. Josephat Separate
Pangman	Pangman Elementary		Elementary
	Pilot Butte Elementary		St. Leo Separate Elementary
	Punnichy Elementary		St. Luke Separate Elementary
camillary	Punnichy High		St. Mary Separate Elementary
Quinton			St. Matthew's Separate
Radville			[10:16:16] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
nauville	St. Olivers Elementary		Elementary St. Patrick Separate
Daymara			
Raymore	Argula Flamentani		Elementary
Regina			St. Peter Separate Elementary
	Athabasca Elementary		St. Philip Separate Elementary
	Benson Elementary		St. Pius X Separate
	Birchwood Elementary		Elementary
	Judge Bryant Elementary		St. Timothy Separate
	M. J. Coldwell Elementary		Elementary
	Coronation Park Elementary		Sherwood Elementary
	R. J. Davidson Elementary		Transcona Elementary
	Deshaye Separate Elementary		Walker Elementary
	Dieppe Elementary		Wascana Elementary
	Elsie Dorsey Elementary		Wascana Institute
	Dover Elementary		Maranatha Christian Centre
	W. H. Ford		Campbell Collegiate
	Grant Road Elementary		Central Collegiate
	Dr. Hanna Elementary		Miller Comprehensive High
	W. C. Howe Elementary		School
	Wilfred Hunt Elementary		O'Neill High School
	Henry Janzen Elementary		Scott Collegiate
	Kitchener Elementary		Sheldon-Williams Collegiate
	George Lee Elementary		Sister McGuigan High School
	McLurg Elementary		Robert Usher Collegiate
			The state of the second contract of the state of the stat
	McNabb Elementary	D. J. J.	Wascana Hospital
	Marion McVeety Elementary	Rockgien	Rockglen Elementary
	Ethel Milliken Elementary	Rouleau	. Rouleau Elementary
	Ruth Pawson Elementary	Sedley	. Sedley Elementary
	Dr. A. E. Perry Elementary	Semans	
	Al Picard School	Sintaluta	. Sintaluta Elementary
	Regent Park Elementary	Southey	. Southey Elementary
	Rosemont Elementary	Spring Valley	
	St. Anne Elementary	Strasbourg	. Strasbourg Elementary
	St. Augustine Separate	Vibank	. Vibank Elementary
	Elementary	Weyburn	
	St. Bernadette Separate		Haig Elementary
	Elementary		Queen Elizabeth Elementary
	St. Dominic Savio Elementary		St. Dominic Savio Elementary
	St. Francis Separate		Souris School
	Elementary		Weyburn Jr. High
	St. Gregory Separate	Willow Bunch	. Willowbunch Elementary
	Elementary	Windthorst	
	St. James Separate		. Dr. Isman Elementary
	Elementary		. Wood Mountain School
	St. Jerome Separate		. Yellow Grass Elementary
	Elementary		-82 152
		. 5 (4) 5 (1) 100 101 100 1	

# **Saskatoon Dental Region**

Saskatoon Do	entai Region		
Location	School	Location	School
Aberdeen	. Aberdeen Elementary		King George Elementary
Allan			Lakeview Elementary
Asquith			Lawson Heights Elementary
Beechy			Lester B. Pearson Elementary
Borden			Lorne Haselton Elementary
Clavet			Mayfair Elementary
Colonsay	. Colonsay School		McNab Park Elementary
Conquest			Montgomery Elementary
Craik			North Park Elementary
Dalmeny	. Dalmeny School		Pleasant Hill Elementary
Davidson			Prince Philip Elementary
Delisle	. Delisle Elementary		Princess Alexandra
Duck Lake	. Stobart Elementary		Elementary
	. Dundurn Elementary		Queen Elizabeth Elementary
Elbow			River Heights Elementary
Hague	. Prince Philip Elementary		Roland Michener Elementary
Hanley			Silverwood Elementary
Hepburn			St. Anne Elementary
Holdfast			
			St. Augustine Elementary
Imperial			St. Bernard Elementary
Kenaston			St. Dominic Elementary
Langnam	. Langham Elementary		St. Edward Elementary
Lanigan	. Lanigan Elementary		St. Frances Elementary
	. Leroy Medical Health Centre		St. George Elementary
Lucky Lake			St. Gerard Elementary
Martensville	. Martensville Elementary		St. Goretti Elementary
	Martensville High School		St. James Elementary
Nokomis	. Nokomis School		St. John's Elementary
Osler	. R. J. Davidson Elementary		St. Mark's Elementary
Outlook	. Outlook Elementary		St. Mary's Elementary
Perdue			St. Matthew Elementary
Radisson			St. Michael Elementary
	. Rosthern Elementary		St. Paul's Elementary
	. Alvin Buckwold Elementary		St. Philip Elementary
	Bishop Klein Elementary		St. Thomas Elementary
	Bishop Pocock Elementary		Sister O'Brien Elementary
	Bishop Roborecki Elementary		South Corman Park
	Boughton Elementary		Elementary
	Brevoort Park Elementary		Sutherland Elementary
	Buena Vista Elementary		Thornton Elementary
	Cardinal Leger Elementary		Victoria Elementary
	Caroline Robins Elementary		Vincent Massey Elementary
	Caswell Elementary		Westmount Elementary
	Christian Academy Elementary		Wildwood Elementary
	Churchill Elementary		Wilson Elementary
	College Park Elementary		W. P. Bates Elementary
	Confederation Park		University
	Elementary		Aden Bowman Collegiate
	Estey Elementary		E. D. Feehan High School
	Fairhaven Elementary		Mount Royal Collegiate
	Father Vachon Elementary		Nutana Collegiate
	French School		Sion High School
	George Vanier Elementary	Strongfield	. Strongfield Elementary
	Greystone Heights Elementary	Vanscoy	
	Grosvenor Park Elementary	Viscount	
	Haultain Elementary	Vonda	
	Henry Kelsey Elementary	Waldheim	
	Holliston Elementary	Warman	
	Holy Family Elementary	waiman	
	Howard Coad Elementary	Watrous	Warman High
	Hugh Cairns Elementary	Watrous	
		Young	
	John Lake Elementary	Total Clinics for 1981	-82 120

# **Yorkton Dental Region**

TOTALON DENIL		as occur
Location	School	Location
Alida		Manor
Archerwill		Maryfie
Arcola		Margo
Arran		Melville
Bellegarde		
Bienfait		Moosoi
Bredenbury		Neudor
	M. B. Cope Elementary	Norqua
Buchanan		0 1
	Canora Junior Elementary	Oxbow
	Canora Senior Elementary	Preece
Carnduff		Quill La
Carlyle		Rama.
Churchbriage	Churchbridge Elementary	Redver
Esterhazy	P. J. Gillian School	Rocany
	Esterhazy Central	Rose V
Estevan		Saltcoa
	Hillside Elementary Pleasantdale Elementary	Sheho Stockh
	Sacred Heart School	Stortho
	St. Mary's School Scotsburn School	Stough
	Westview School	Sturgis
Endogueur	Endeavour Elementary	Theodo
	Foam Lake Elementary	Waden
	Foam Lake Composite High	wauen
Grayson	Graveon School	Wapell
Grayson	Granfall Elementery	Wawota
Invermay		Whitew
		Willow
Ituna	Viotorio Elementeni	Wishar
	Kamsack Jr. High	
	Robert Melrose Elementary	Wynya
		Yorktoi
Killaly		TOTRIO
Kipling Lampman	Lampman Sahaal	
Langenburg	Parkaida Flamentary	
Langenburg Lombora	Lomborg School	
Lemberg	Lintlaw Okla School	
MacNutt		Total C
iviacivutt	MacNutt School	TOTAL

Location	School
Manor	. Manor School
Maryfield	
Margo	. Margo School
Melville	. Melville Comprehensive
	Miller Elementary
Moosomin	[1] 아이는 아이는 이 그 그 그리고 그리고 아이는
Neudorf	
	. Norquay Elementary
o.quay	Norquay High
Oxbow	
Preeceville	
	. Quill Lake Elementary
Rama	HE NG 등 시장 시간 경기 열면
Redvers	
Rocanville	
Rose Valley	Rose Valley School
	. Saltcoats Elementary
Sheho	
Stockholm	Stockholm School
Storthoaks	
Stoughton	Stoughton School
Sturgis	
Theodore	Theodore School
Wadena	Wadena Flementary
Waadha	Wadena Composite High
Wapella	Wanella School
Wawota	Wawota School
Whitewood	
	. Willowbrook Elementary
Wishart	
	. Wynyard Elementary
wynyara	Wynyard Composite High
Yorkton	. Angus Spice Elementary
. Jimon	Columbia Elementary
	Dr. Brass Elementary
	St. Mary's Elementary
	St. Paul's Elementary
	Simpson Elementary
Total Clinics 1981-82	
10141 0111103 1001-02	

# **Prince Albert Dental Region**

AnnaheimArborfieldBig RiverBirch HillsBjorkdaleBrunoCanwood	Arborfield School T. D. Michel Elementary Birch Hills Elementary Bjorkdale School	Location Debden. Domremy Englefeld Garrick. Gronlid. Hudson B
Carrot River	Carrot River Elementary Prince Albert East Central Christopher Lake School Codette Elementary Dixon Lake School Cudworth School	Kinistino Lake Lend MacDowa Meath Pa Melfort Middle La

Location Debden	
Domremy	
Englefeld	Garrick Elementary
Gronlid	. Gronlid School
Hudson Bay	. Blake Beattie Elementary
	Stewart Hawke
—Humboldt	
	St. Augustine Elementary
	St. Dominic Elementary
Kinistino	. Kinistino Elementary
Lake Lenore	
	. MacDowell Elementary
	. Meath Park Elementary
	. Reynolds Central Elementary
Middle Lake	. Middle Lake School

# Prince Albert Dental Region (continued)

	Location	School		Location	School
	Mistatim	Mistatim School		St. Benedict	St. Benedict School
	Muenster	Muenster School		St. Brieux	St. Brieux School
	Naicam	Naicam School	-	St. Louis	St. Louis School
	Nipawin	Alex Wright Elementary		Shellbrook	Shellbrook Elementary
		Wagner Elementary		Shell Lake	Shell Lake Elementary
	Paddockwood	Paddockwood Elementary		Smeaton	Smeaton School
	Pleasantdale	Pleasantdale School		Spalding	Spalding School
	Porcupine Plain	Porcupine Plain School		Spruce Home	Spruce Home Central
	Prairie River	Prairie River School			Elementary
	Prince Albert	Boucher Junior Elementary		Star City	Star City School
		Berezowsky Elementary		Tisdale	Tisdale Elementary
		King George Elementary		-Wakaw	Wakaw School
		St. Marks Elementary	enen	_Watson	Watson Elementary
		Vickers School		Weekes	Weekes High School
		Wesmore Jr. High		Weldon	Weldon School
	Prince Albert Rural	West Central School		White Fox	White Fox School
_	Prud'Homme	Prud'Homme School		Wild Rose	Wild Rose Central Elementary
	Red Wing	Red Wing Elementary		Yellow Creek	Yellow Creek School
	Ridgedale	Ridgedale School		Zenon Park	Zenon Park School
	Sage Hill	Dana Elementary		Total Clinics for 1981-	82 70

North Battleford Dental Region							
Location School Location School							
Alsask DND School Maidstone Ratushniak Elementary							
Battleford Battleford Central School Major Major School							
St. Vital Elementary Makwa							
Biggar Nova Wood Elementary Marcelin Marcelin School							
Blaine Lake Blaine Lake School Marengo Westcliffe School							
Cando							
Cochin							
Coleville Rossville Elementary Mayfair Mayfair School							
Cut Knife Cut Knife Elementary Maymont Maymont Central School							
Denzil Jubilee Elementary Meadow Lake Jubilee Elementary							
Dinsmore Dinsmore Elementary Lakeview Elementary							
Dodsland Dodsland Elementary Medstead Medstead Elementary							
Dorintosh Dorintosh Elementary Milden Milden Central School							
Eatonia Eatonia School North Battleford Bready Elementary							
Edam H. Hardcastle School Lawrence Elementary							
Elrose Elrose School McKitrick Elementary							
Eston Eston Elementary Notre Dame Elementary							
Glaslyn	ol						
Goodsoil Goodsoil Central School Paradise Hill Paradise Hill Elementary							
Hafford							
Harris Harris-Tessier School Pierceland Pierceland Elementary Hillmond Hillmond Central School Plenty Plenty Elementary							
, and the same of							
Kerrobert Mary Rodney Elementary Rabbit Lake Rabbit Lake Elementary Kindersley							
Kindersley Kindersley School Unit Office Rosetown Walter Aseltine Elementa Kyle	ry						
Landis Landis School Sonningdale Sonningdale School							
Lashburn J. H. Moore Elementary Spiritwood Spiritwood Elementary							
LeaskLeask School Tramping LakeTramping Lake School							
Leoville Leoville School Turtleford Turtleford School							
Livelong Livelong Elementary Unity St. Peter's Elementary							
Lloydminster E. S. Laird School Unity Elementary							
Father Gorman Elementary Wilkie Norman Carter Elementa	CV.						
Neville Goss Elementary St. George Separate Sch							
Winston Churchill Elementary Wiseton Wiseton Elementary	,01						
Loon Lake Ernie Studer School Total Clinics for 1981-82	71						
Luseland Luseland Elementary Total Number of Clinics — All Regions							
Macklin Macklin Elementary							