

November 7, 2022

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.



VISION

Healthy People, Healthy Saskatchewan

MISSION

We work together to improve health and well-being. Every day. For everyone.

VALUES

SAFETY: *Be aware.* Commit to physical, psychological, social, cultural and environmental safety. Every day. For everyone.

ACCOUNTABILITY: *Be responsible.* Own each action and decision. Be transparent and have courage to speak up.

RESPECT: Be kind. Honour diversity with dignity and empathy. Value each person as an individual.

COLLABORATION: *Be better together.* Include and acknowledge the contributions of employees, physicians, patients, families and partners.

COMPASSION: *Be caring.* Practice empathy. Listen actively to understand each other's experiences.

PHILOSOPHY OF CARE: Our commitment to a philosophy of Patient and Family Centred Care is at the heart of everything we do and provides the foundation of our values.



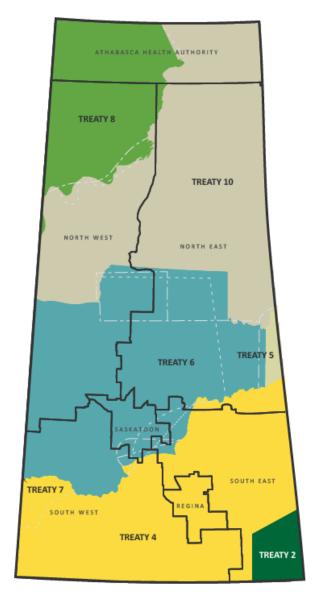


SHA Treaty Land Acknowledgement

We would like to acknowledge that we are gathering on Treaty 2, 4, 5, 6, 8, and 10 territory and the Homeland of the Métis.

Recognizing this history is important to our future and our efforts to close the gap in health outcomes between Indigenous and non-Indigenous peoples.

I pay my respects to the traditional caretakers of this land.





BACKGROUND

Dental Health Screening
 Program started in 1993-1994,
 following the end of the
 Children's Dental Plan (1987-1993), and the Saskatchewan
 Health Dental Plan (1974-1987).



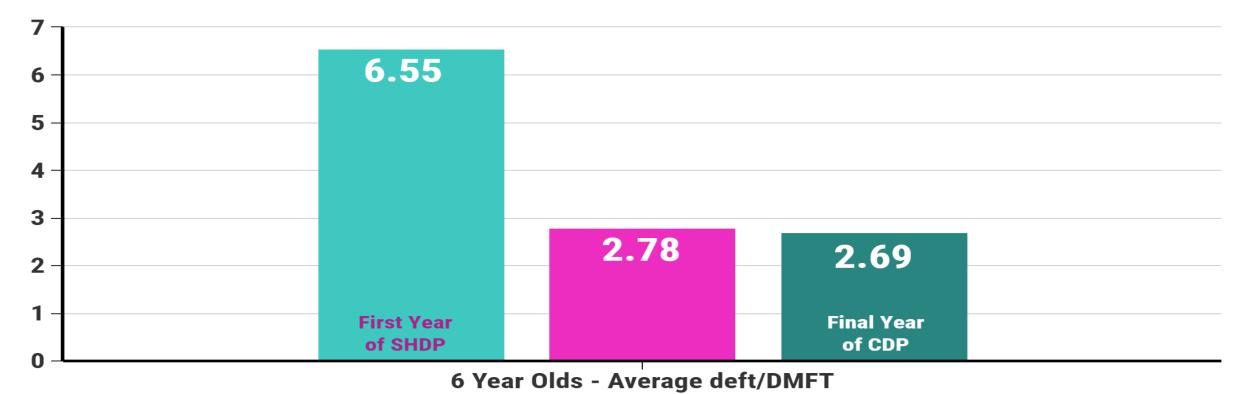
BACKGROUND

- The purpose was to:
 - maintain population health surveillance
 - monitor the oral health status of Saskatchewan children
 - identify unmet needs
 - refer children for treatment.
- Population health surveillance oral screening occurs every five years in all SHA areas.



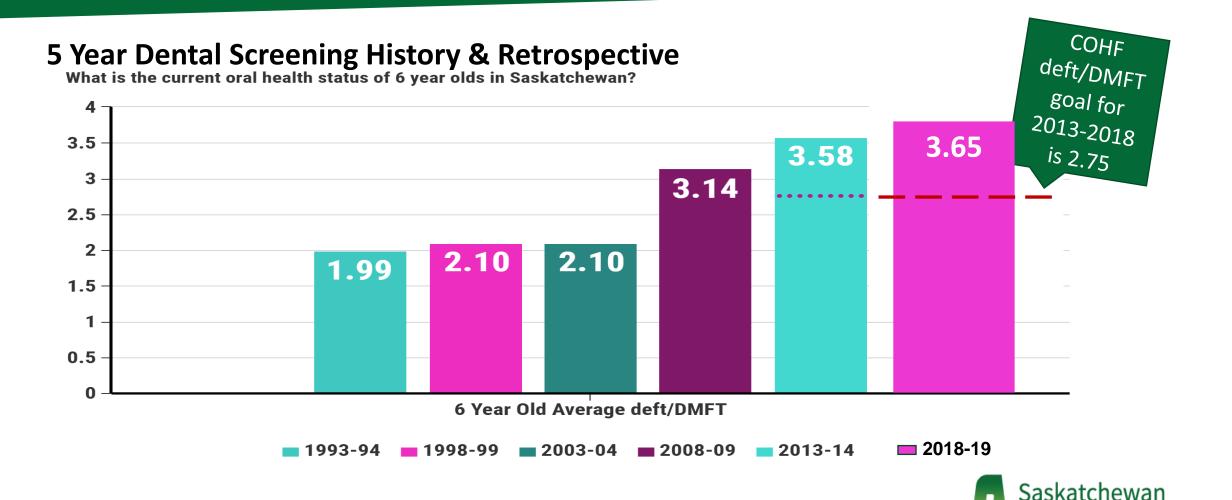
BACKGROUND: 5 YEAR DENTAL SCREENING HISTORY & RETROSPECTIVE

What was the oral health status of children in the SHDP and CDP?



1974-75 - 1986-87 - 1992-93

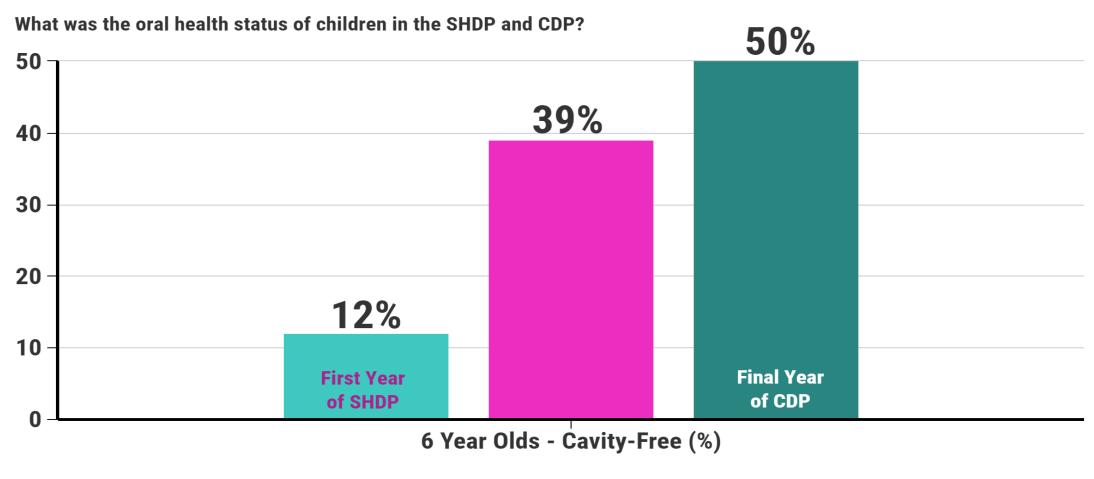
CHILDREN'S ORAL HEALTH IN SASKATCHEWAN 2018-2019 BACKGROUND: 5 YEAR DENTAL SCREENING HISTORY & RETROSPECTIVE



Health Authority

1974-75

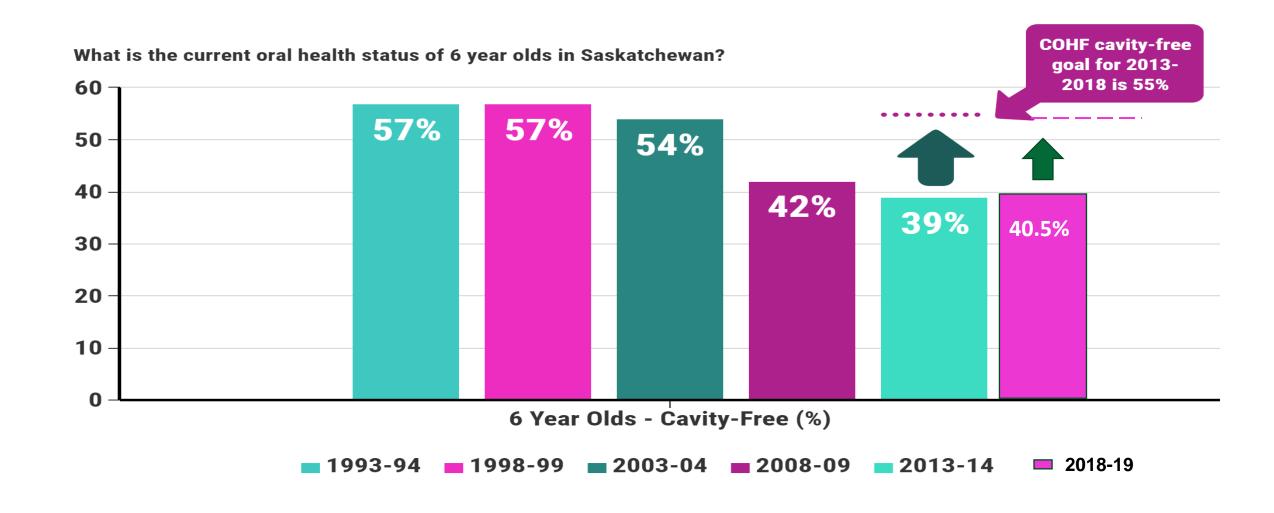
BACKGROUND: 5 YEAR DENTAL SCREENING HISTORY & RETROSPECTIVE



1986-87

1992-93

CHILDREN'S ORAL HEALTH IN SASKATCHEWAN 2018-2019 BACKGROUND: 5 YEAR DENTAL SCREENING – HISTORY & RETROSPECTIVE



BACKGROUND

- Selected populations and ages are determined, based on Canadian standards:
 - Reducing Dental Disease: A Canadian Oral Health Framework (COHF)
 2013-2018 Goals for Age 6 & 12

https://caphd.ca/programs-resources/canadian-oral-health-reports/



BACKGROUND

- Performed by dental therapists and dental health educators.
- Visual screening using LED flashlight and mouth mirror.



METHODS

- Dear Parent letter sent to parents.
- Schools also informed parents via electronic school newsletters.
- Data entered into Microsoft Excel and SPSS 22.0 for analysis.
- Screening conducted from Sept 1, 2018 to August 31, 2019.







(day)

Address:

(month)

Dental Screening Program Grade 1 and 7 Students

Dear Parent or Guardian, A licensed oral health professional will provide a dental screening for your child on ______. The dental screening will include the use of a small flashlight and tongue depressor or a sterilized mouth mirror. After the dental screening has been done, a letter will be sent home with your child. This screening does not replace regular checkups at your dental office. The information collected from the screening will be used to plan and develop preventive program services based on the needs of your community. Your child's Personal Health Services number is required for statistical purposes. Complete the bottom portion of this letter and return to the school by: Dental Screening Program Saskatchewan Health Services Enter your child's Personal Health Services Number here Health Region: Child's Name: (Last) (First) Male: Female: Birthdate:

Town/City

Home Phone: _____ Email: _____

Postal Code



Answer the following questions (optional):							
1.	Does your child have a family dentist that they see regularly?	□Yes	□No	□ Not sure			
2.	Has your child been to the dentist in the past year?	□Yes	□No	☐ Not sure			
3.	Does your child have dental insurance/coverage?	□Yes	□No	☐ Not sure			
	If Yes to question 3, what type of insurance does your child have?			11/11/15/11/15			
	☐ First Nations Inuit Branch (Non-insured Health Benefits Program)						
☐ Family Health Benefits/Supplementary Health							
	☐ Private Insurance (example: insurance through work plan)						
4.	Has your child immigrated to Canada in the past 2 years? If yes to question 4, from what country?	□Yes	□No	☐ Not sure			

August 2013



Dental Health



Dental Screening Results

Date: Dear Parent/Guardian:							
Deal	raientyGuarulan.						
Today, your child was seen by a licensed oral health professional, who looked at your child's teeth. If you have any questions about the dental screening, contact: at							
Dental Findings:		Re	Recommendations:				
	Pain		Your child has dental concerns that require				
	Possible infection (abscessed tooth)		treatment by a dentist. See a dentist soon.				
	Demineralized teeth		Your child would benefit from topical fluoride				
	Cavities suspected		treatments to help prevent cavities. Check with				
	Cavities present		your local public health office for a fluoride varnish clinic near you.				
	One or more cavities seen on your child's front baby teeth. These teeth will fall out around age 6. If there is pain or infection, see a dentist.		Your child would benefit from dental sealants (thin plastic coating on the chewing surfaces of				
	Broken or last filling, or missing/worn crown		the back teeth/molars) to prevent cavities				
	Red swollen gums/tartar on teeth						
	Over-retained baby tooth/teeth		Beating householders and Alexaders to manufact Manufacture				
	Crooked/crowded teeth or poor bite		Better brushing and flossing is needed. Your child would benefit from help with brushing				
	See a dentist regarding space maintainer, appliance or retainer		and flossing. See instructions on back of page.				
	No visible concerns. If a dentist takes x-rays, hidden cavities between the teeth may be seen.		Your child would benefit from a professional cleaning at a dental office.				
Comments:							



If your child needs dental treatment you can:

- Visit a family dentist, at your own expense.
 If you do not have a family dentist, call the College of Dental Surgeons of Saskatchewan at 305-244-5072 for more information about dentists in your area, or check the website at www.saskdentists.com under find a dentist.
- Contact the Population and Public Health Oral
 Health Program to find out if your child is eligible for dental treatment at their dental clinics.

Oral Health Program Tel: 306-655-4462

Email: oralhealthprogram@saskhealthauthority.ca

Dental students at the following locations can provide treatment at reduced rates:
 Saskatoon West Dental-Community Clinic
 University of Saskatchewan

College of Dentistry

1528 20th Street West, Saskatoon

Tel: 306-384-6363

College of Dentistry Dental Clinic, Saskatoon Tel: 306-966-5056

Saskatchewan Polytechnic, Regina Campus

4500 Wascana Parkway - 5th floor, Regina

Tel: 306-775-7531

Dental Coverage

- Supplementary Health Program: Children who receive Supplementary Health benefits have full dental coverage. Adults should call first to check on their coverage, as coverage is dependent on the program they are in. For more information call 1-800-266-0695.
- Family Health Benefits Program: Dental coverage is provided for children 0-17. The program is available to families that receive the Saskatchewan Child Benefit, Employment Supplement, Provincial Training Allowance, or Social Services Allowance. For more information call 1-800-266-0695.
- Non-Insured Health Benefits Program: Health Canada provides eligible First Nations and Inuit people with a range of dental care when they are not covered through private insurance plans or provincial/territorial health programs. For more information call 1-855-618-6291.
- Private Insurance: You may have dental coverage through your employment benefit plan. Call your employer for more information.
- Personal Insurance: You can purchase dental insurance.
 Ask your dental office for information.

Brush twice a day – in the morning and at bedtime. Children need help brushing until about the age of 8.



Outside



Inside



Chewing surfaces

Angle brush; place half on teeth, half on gums, vibrate side to side Brush the inside of the front and the back teeth

Vibrate back and forth

Floss once a day.
Children younger than 9 will need a parent's help.



Wrap floss around middle fingers. (about half an arm's length)



Gently guide between teeth

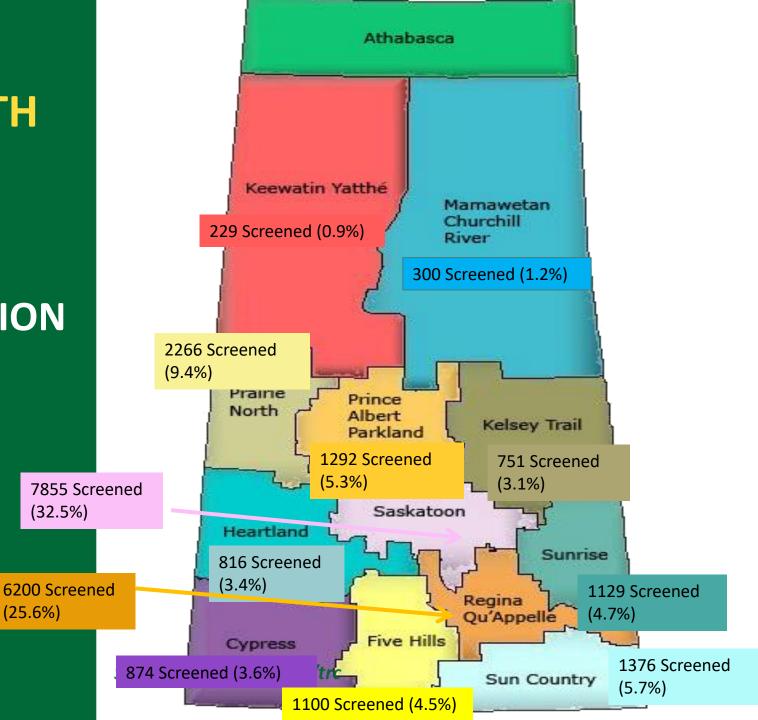


Move floss up and down, sliding under gumline, on both adjacent teeth



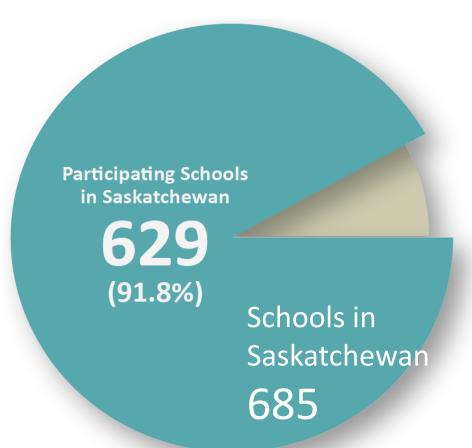
BACKGROUND - PARTICIPATION

(25.6%)



BACKGROUND – PARTICIPATION*





In 2018-2019 there was a 25.4% increase in number of children screened (24,188 vs. 19,279)



BACKGROUND - MEAN AGE

Table 3: Mean Age of Students by Grade, 2018-2019





HIGH RISK SCHOOLS - BASED ON CANADIAN ORAL HEALTH STRATEGY

FRAMEWORK

685
Schools

Schools in SK: 685

High-risk Schools in SK: 317

% of Schools that are High-risk: 46%

317
High-risk
Schools



DEFINITIONS

Early Childhood Tooth Decay (ECTD)

The presence of one or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger (American Academy of Pediatric Dentistry, 2008). The Dental Screening Database has formulae set to calculate this automatically.



DEFINITIONS

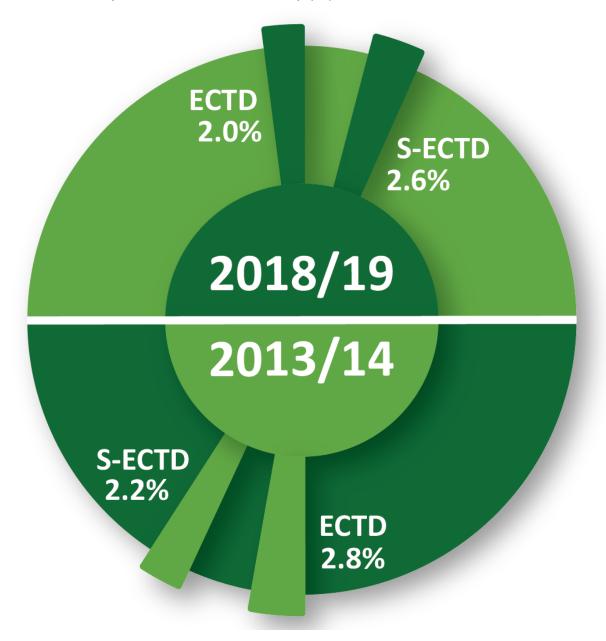
Severe Early Childhood Tooth Decay (S-ECTD)

Any sign of smooth surface caries in children younger than 3 years of age. From ages 3 through 5 years, one or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of \geq 4 (age 3), \geq 5 (age 4), or \geq 6 (age 5) surfaces constitutes S-ECTD (American Academy of Pediatric Dentistry, 2008). The Dental Screening Database has formulae set to calculate this automatically.



RESULTS: EARLY CHILDHOOD
TOOTH DECAY (ECTD) AND
SEVERE EARLY CHILDHOOD
TOOTH DECAY (S-ECTD)

Table 5: Early Childhood Tooth Decay (%) Grade One, 2013-2014/2018-19



RESULTS: PRIORITY SCORES – GRADE 1 AND GRADE 7

Table 11: Priority Scores by Grade, 2013-2014/2018-19

Priority 1:

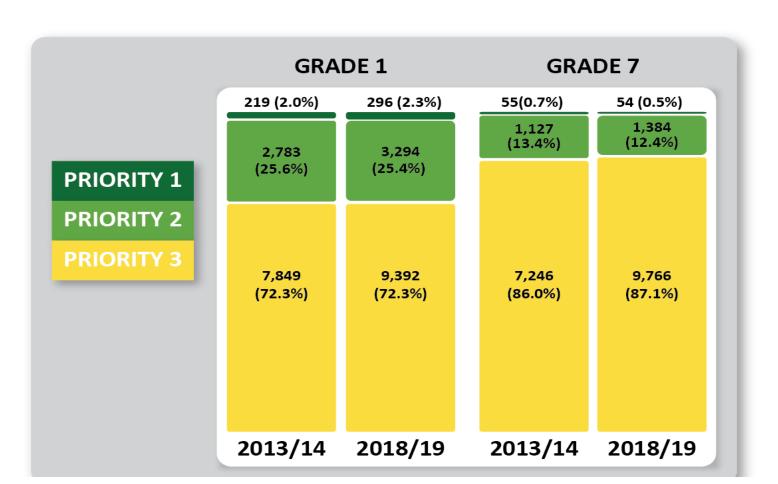
- Pain and/or infection present
- Urgent, required immediate attention

Priority 2:

- ECC or S-ECC
- Visible decay in 1-4 quadrants
- Treatment required as soon as possible

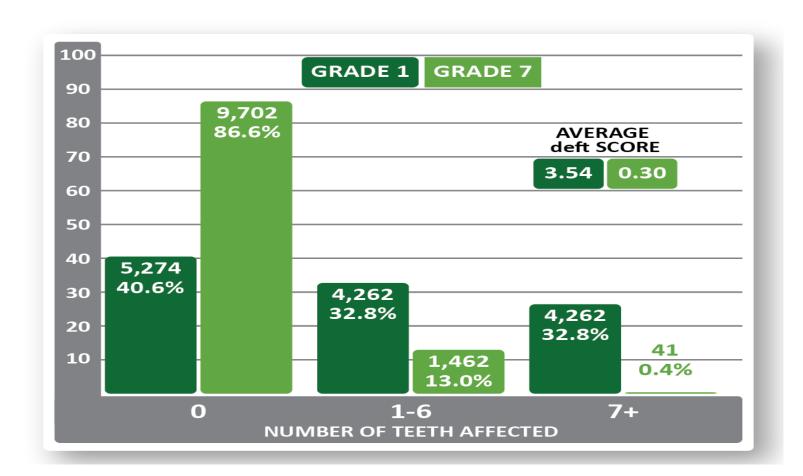
Priority 3:

No visible decay



RESULTS: NUMBER OF DECIDUOUS TEETH AFFECTED

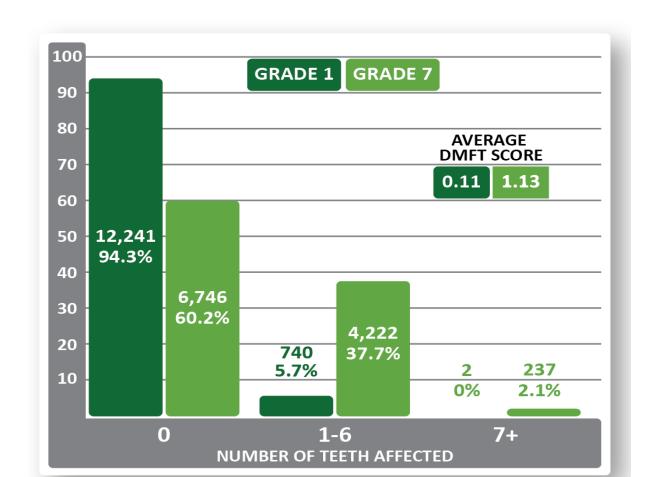
Table 8: 'deft' Scores by Grade, 2018-2019





RESULTS: NUMBER OF PERMANENT TEETH AFFECTED

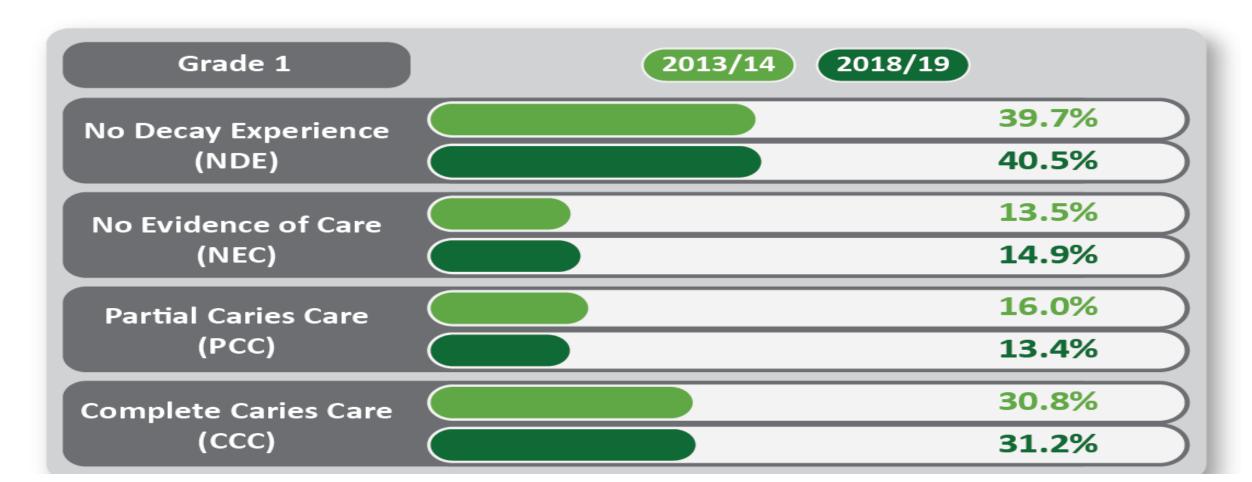
Table 9: 'DMFT' Scores by Grade, 2018-2019





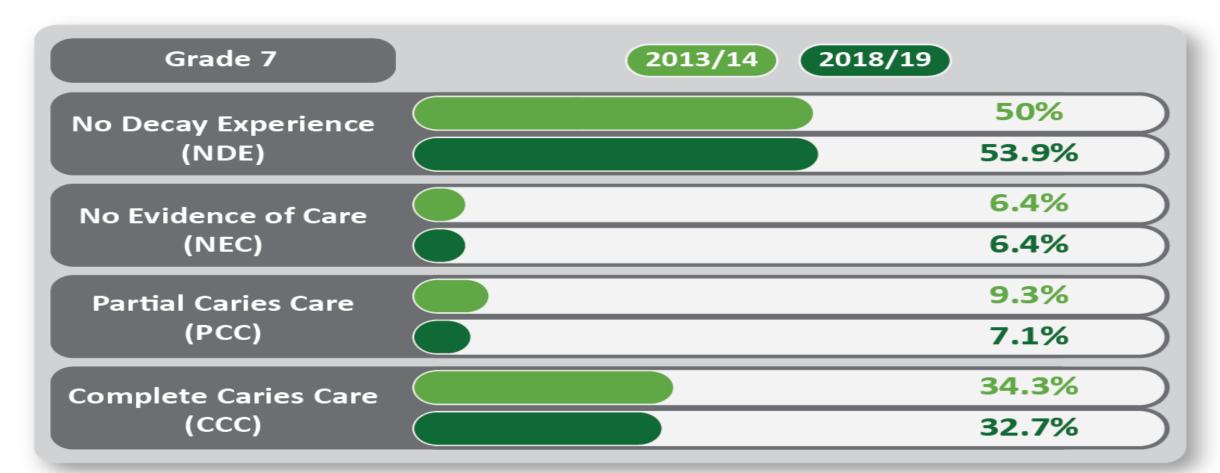
RESULTS: DENTAL HEALTH STATUS – GRADE 1

Table 10: Dental Health Status by Grade, 2013-2014/2018-19



RESULTS: DENTAL HEALTH STATUS - GRADE 7

Table 10: Dental health Status by Grade, 2013-2014/2018-2019



Reducing Dental Disease: A Canadian Oral Health Framework 2013-2018

- The 2nd National oral health framework, produced by Federal, Provincial & Territorial dental directors, and dental consultants.
- Saskatchewan oral health status data was analyzed under two of the oral health status goals:
 - 1. Improve the oral health of children and youth.
 - 2. Access to Care-Improve the oral health access for Aboriginal people.



Reducing Dental Disease: A Canadian Oral Health Framework 2013-2018

- Framework identified challenges in seven categories
 - Improve Oral Health
 - 2. Access to Care
 - Oral Health Policy
 - 4. Surveillance
 - 5. Health Protection
 - 6. Oral Health Promotion and Disease Prevention
 - 7. Leadership & Workforce



Improve Oral Health

- Age 6
 - deft & DMFT < 2.5 for 6 year olds
 - 55% of 6 year olds are cavity-free
 - < 15% of 6 year olds have deft & DMFT greater than 0



Improve Oral Health:

- Age 12
 - DMFT of < 1 for 12 year olds
 - > 70% of 12 year olds have a DMFT = 0 (cavity free in permanent teeth)



Improve Oral Health Access for Aboriginal People:

- 50% of First Nations/Inuit schools provide school-based preventive services
- 15% of First Nations/Inuit children who are 6 years old are cavity-free
- 20% of First Nations/Inuit children who are 12 years old have DMFT = 0 (cavity free in permanent teeth)

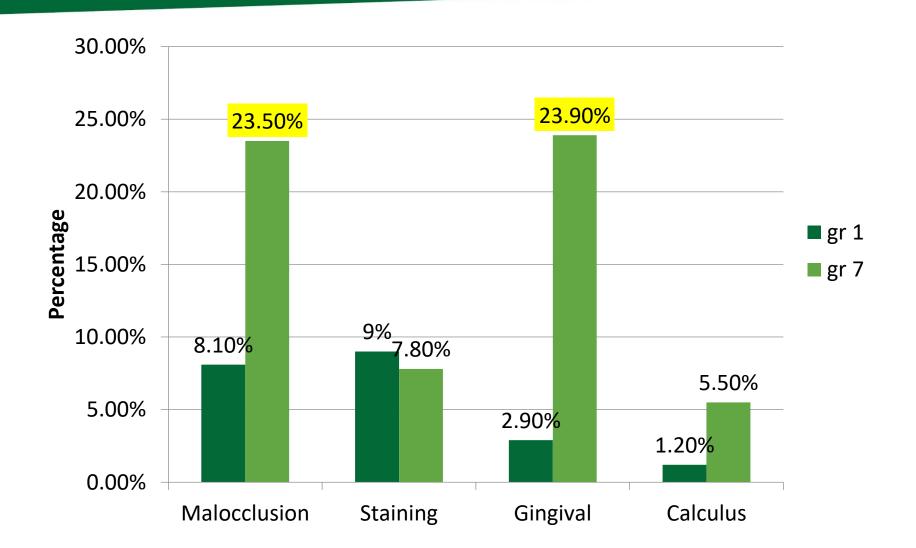


Leadership & Workforce

- Each province has a full time health director with formal training or possessing special skills in dental public health.
- Each government (Federal/Provincial/Territorial) establishes a formal oral health plan that identifies problems, establishes goals, and determines strategies to achieve goals and monitor outcomes.



RESULTS: DENTAL HEALTH NEEDS – GRADE 1 VS GRADE 7





RESULTS: FIRST NATIONS & INUIT SCHOOLS

Table 18: First Nation School Based Preventive Services, 2013-14/2018-19

No.	Objective	Indicator	Saskatchewan 2013-14	Saskatchewan 2018-19
2.B	50% of First Nations and Inuit Schools provide school-based preventive dental services	% of First Nations and Inuit schools provide school-based preventive dental services	89.6%	Nearly All

RESULTS: FIRST NATIONS & INUIT SCHOOLS

Table 19: COHF, Aboriginal Six year old Outcomes, 2013-14/2018-19

No.	Objective	Baseline	Indicator	2013-14	2018-19
2.C	Improve the oral health status of 6 year old Aboriginal children entering school	13.9%	15% of 6 year old Aboriginal have deft+DMFT=0	17.5%	12.6%
					Saskatchewan Health Authority

RESULTS: FIRST NATIONS & INUIT SCHOOLS

Table 20: COHF, Aboriginal 12 year old Outcomes, 2013-14/2018-19

No.	Objective	Baseline	Indicator	2013-14	2018-19
2.D	Improve the oral health status of 12 year old Aboriginal children	17.8% of 12 year old Aboriginal; 38.7% of 12 year old Canadians	15% of 12 year old Aboriginal have DMFT=0	31.65%	30.4%
					Saskatchewan Health Authorit

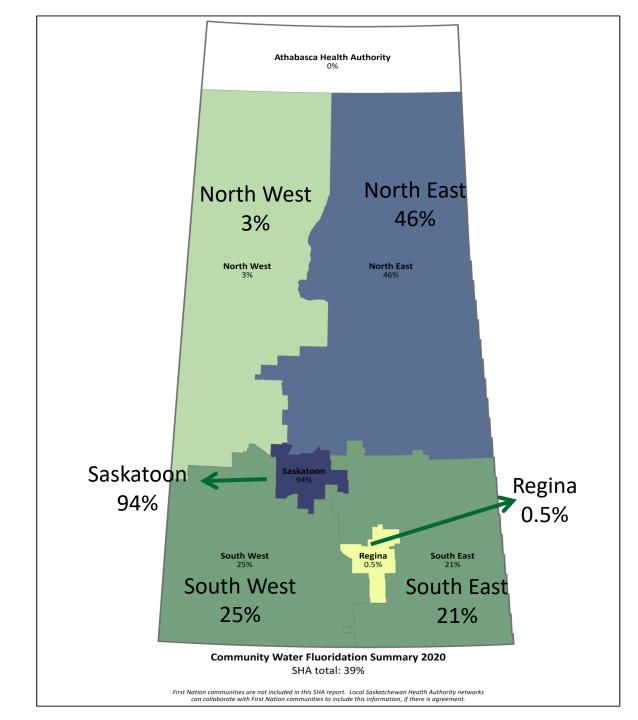
RESULTS: FLUORIDATED VS. NON-FLUORIDATED COMMUNITIES

Table 22: Fluoridated and Non-Fluoridated outcomes, Grades One and Seven combined, 2018-19

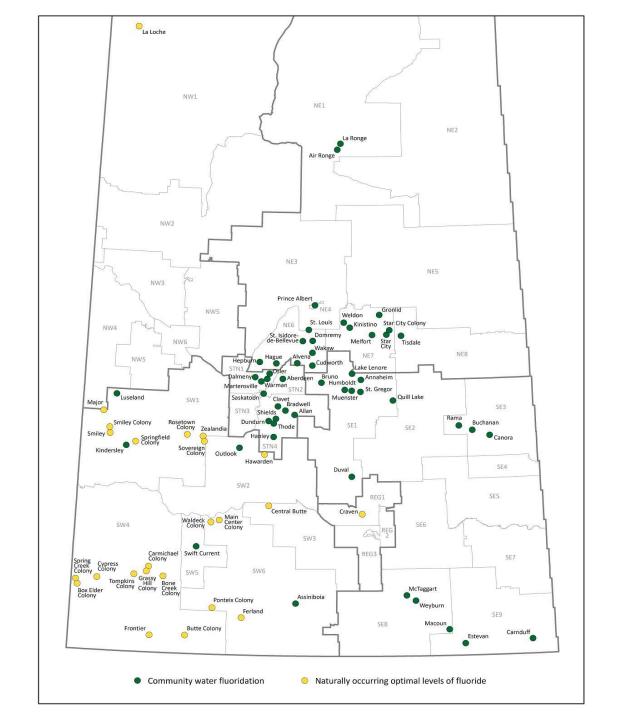
	Fluoridated	Non-Fluoridated
DMFT Score	0.5	0.64
deft Score	1.96	2.10
Caries Free Permanent Dentition		
Caries Free PrimaryDentition		



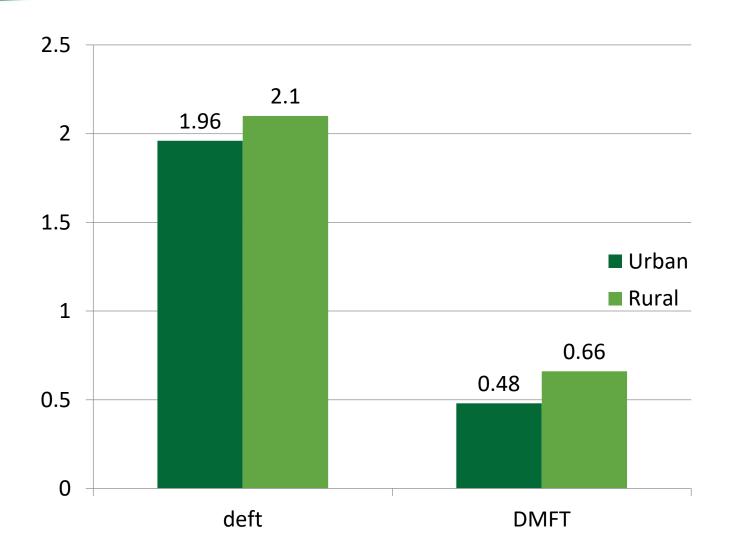
SASKATCHEWAN
COMMUNITY FLUORIDE DATA
(2020)



SASKATCHEWAN
COMMUNITY FLUORIDE DATA
(2020)

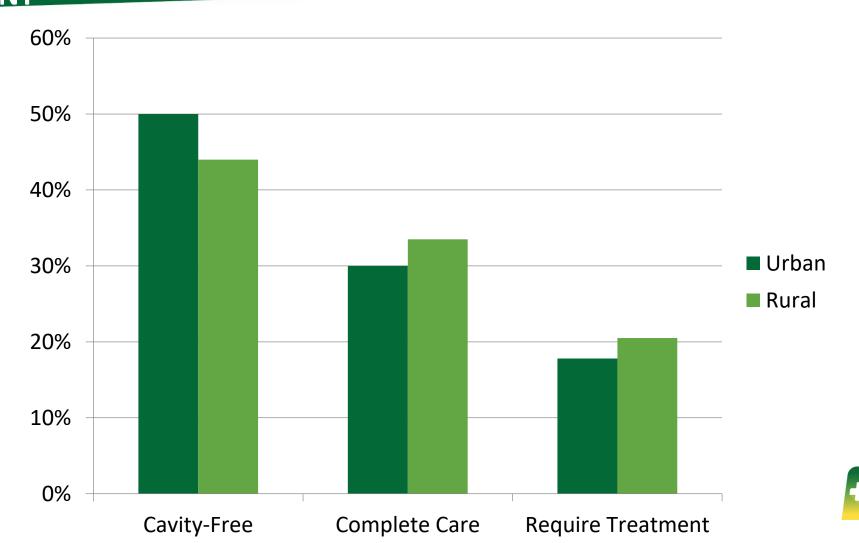


COMPARISONS – URBAN AND RURAL – DEFT/DMFT





COMPARISONS: URBAN AND RURAL – CAVITY-FREE, COMPLETE CARE, REQUIRE TREATMENT



Saskatchewan

Health Authority

RESULTS: HAVE A REGULAR DENTIST

Table 24: Family Dentist Yes vs No outcomes, Grades One and Seven combined, 2018-19

		Regular Dentist		
		Yes	No	
Childhood Tooth	ECTD	1.8%	3.0%	
Decay (Grade 1 only)	S-ECTD	1.9%	3.5%	
	NDE	49.7%	43.6%	
Oral Health Status	ССС	34.4%	18.3%	
	NEC	5.5%	27.2%	
	1	0.6%	3.8%	
Priority Scores	2	13.1%	33.3%	
	3	86.4%	62.8%	
Pain	Yes	0.8%	4.9%	



RESULTS: NORTH EAST

	6 Years Old			12 Years Old	
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0
North East	3.37	43.0	27.1	1.04	63.0
North East 1 (85)	3.65	42.4	24.7	1.07	62.5
North East 2 (38)	2.89	52.6	21.1	0.94	69.4
North East 3 (106)	2.59	51.9	27.4	0.87	67.5
North East 4 (378)	3.16	43.4	27.8	1.02	62.1
North East 5 (119)	3.59	42.9	26.9	1.08	67.0
North East 6 (156)	3.88	39.1	29.5	1.06	60.5
North East 7 (109)	3.90	34.9	31.2	0.94	62.9
North East 8 (94)	3.30	44.7	20.2	1.52	57.1

RESULTS: NORTH WEST

	6 Years Old			12 Years Old		
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0	
North West	3.59	41.3	28.0	1.01	62.1	
North West 1 (74)	3.46	39.2	29.7	0.95	65.1	
North West 2 (116)	3.83	40.5	24.1	1.07	62.5	
North West 3 (91)	3.34	40.7	28.6	0.95	65.6	
North West 4 (200)	3.29	41.5	27.5	0.99	60.9	
North West 5 (132)	4.21	36.4	32.6	0.92	67.0	
North West 6 (245)	3.53	44.9	26.9	1.10	57.2	

RESULTS: REGINA

	6 Years Old			12 Years Old	
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0
Regina	3.59	40.7	27.7	1.06	62.0
Regina 1 (North) (964)	3.57	41.6	28.3	1.10	62.0
Regina 2 (East) (678)	3.61	40.3	26.7	0.99	62.8
Regina 3 (South) (534)	3.67	40.2	26.4	1.14	60.5
Regina 4 (Central) (242)	3.49	39.3	30.6	0.94	63.0

RESULTS: SASKATOON

		6 Years Old			12 Years Old		
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0		
Saskatoon	3.69	39.9	28.8	1.06	61.5		
Saskatoon 1 (North) (548)	3.59	40.0	28.1	1.09	61.1		
Saskatoon 2 (East) (649)	3.55	38.7	31.1	1.07	61.3		
Saskatoon 3 (West) (611)	3.88	40.3	28.8	1.07	61.9		
Saskatoon 4 (South) (782)	3.73	40.8	27.7	0.93	64.6		
Saskatoon 5 (Core) (327)	3.69	39.8	27.8	1.32	54.2		

RESULTS: SOUTH EAST

		6 Years Old			12 Years Old	
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0	
South East	3.70	41.0	28.1	1.09	60.4	
South East 1 (214)	3.86	38.3	25.7	1.09	61.4	
South East 2 (107)	3.83	36.4	22.4	1.10	65.9	
South East 3 (110)	3.27	49.1	27.3	1.01	58.0	
South East 4 (215)	3.64	44.2	28.8	1.61	48.8	
South East 5 (156)	3.57	39.7	26.9	0.77	69.1	
South East 6 (198)	4.36	37.4	33.8	1.00	58.6	
South East 7 (93)	3.86	40.9	24.7	1.16	60.4	
South East 8 (215)	3.28	43.7	28.8	0.97	63.2	
South East 9 (312)	3.60	40.7	30.2	1.04	60.5	

RESULTS: SOUTH WEST

	6 Years Old			12 Years Old		
	Avg deft +DMFT <2.5	At least 55% have deft +DMFT=0 (%)	<15% have d+D>0	DMFT of <1.0	>70% have DMFT of =0	
South West	3.46	40.4	27.7	1.14	58.5	
South West 1 (215)	3.01	44.2	30.2	1.23	59.2	
South West 2 (85)	3.72	36.5	24.7	1.20	43.6	
South West 3 (415)	3.46	40.2	24.1	1.16	58.0	
South West 4 (145)	4.02	39.3	33.8	0.94	64.8	
South West 5 (124)	3.60	39.5	29.8	1.19	56.8	
South West 6 (148)	3.31	39.2	28.4	1.03	61.5	

Canadian Oral Health Framework Indicators, 6 year olds, 2013-14/2018-19

Average deft/DMFT score <2.5 By former RHA, 2018-19



2.16 - 2.35



3.12 - 3.13



3.62 - 4.49



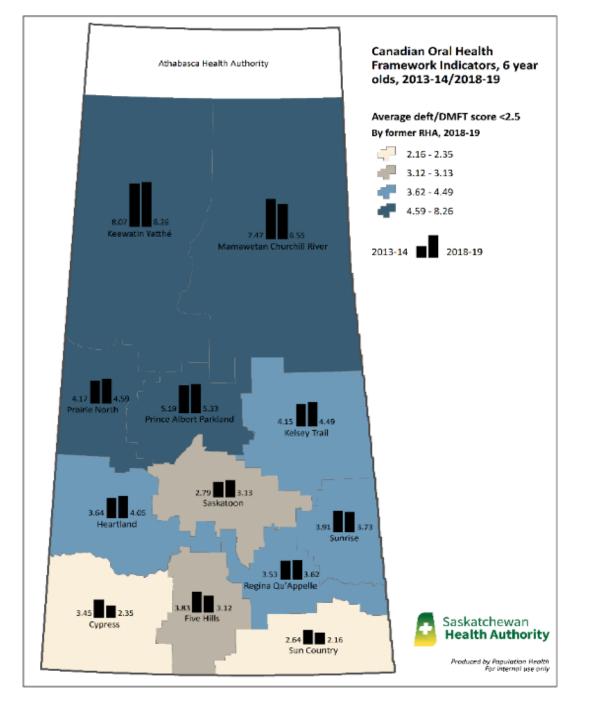
4.59 - 8.26

2013-14



2018-19

Average deft/DMFT score of greater than 2.5 for six year olds by Former Health Regions, 2013-14 and 2018-19



Canadian Oral Health Framework Indicators, 12 year olds, 2013-14/2018-19

DMFT of less than 1.0 By former RHA, 2018-19



0.50



0.76 - 0.99



1.01 - 1.42



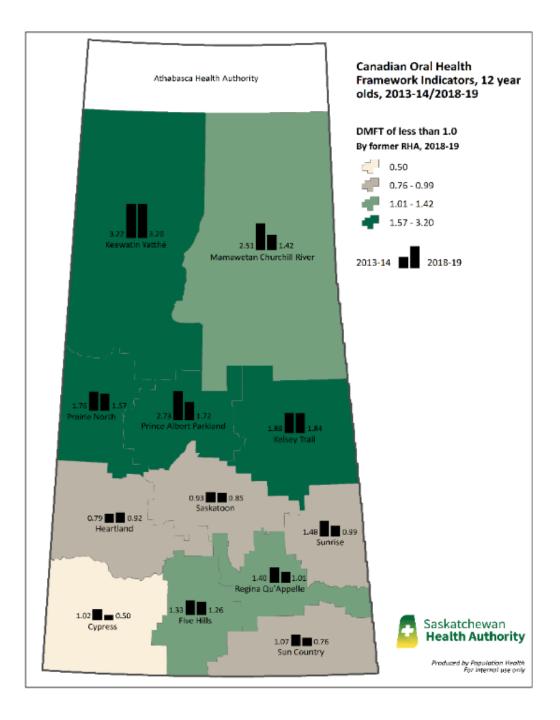
1.57 - 3.20

2013-14



2018-19

DMFT score of less than 1.0 for twelve year olds by Former Health Regions, 2013-14 and 2018-19



Dental Health of Students, 2018-19

Percent with pain By former RHA



0.2 - 1.0%



1.6 - 2.0%

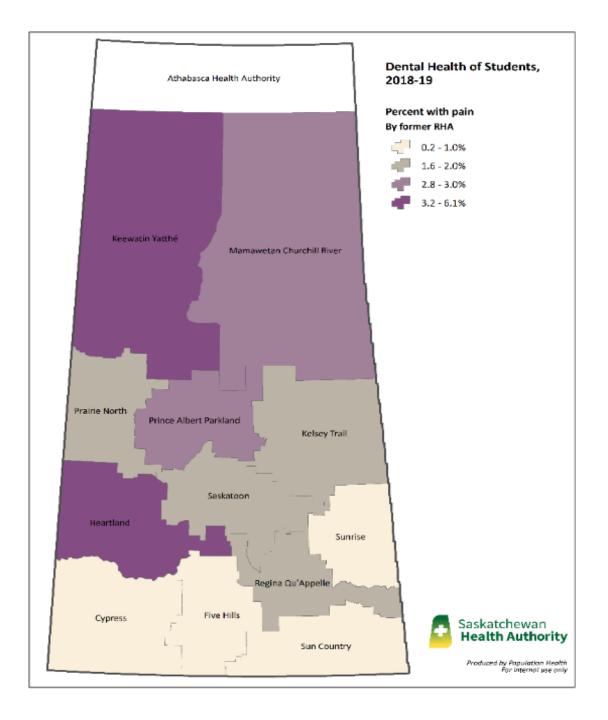


2.8 - 3.0%



3.2 - 6.1%

Dental Health of Students, percent with pain, by Former Health Region, 2018-19



Dental Health of Students, 2018-19

Percent with no evidence of dental care

By former RHA



7.3 - 9.9%



10.4 - 12.6%

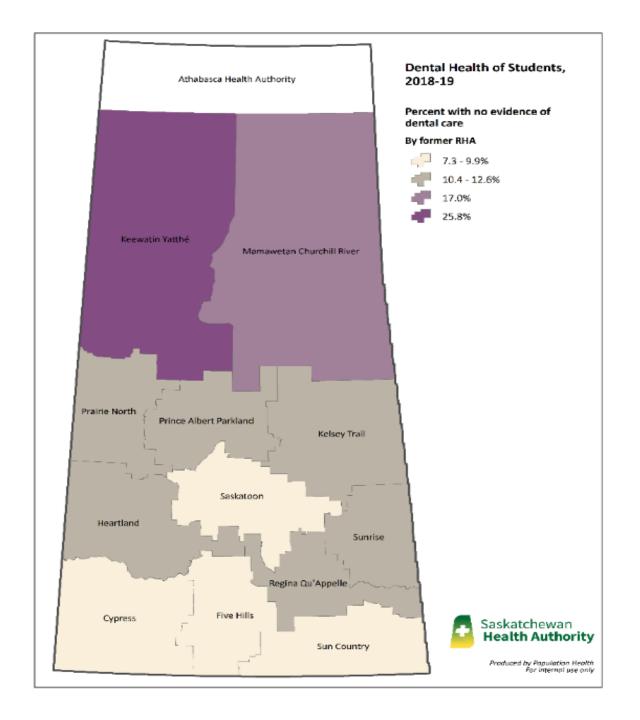


17.0%



25.8%

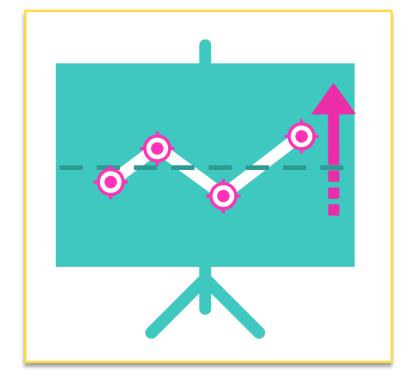
Dental Health of Students, percent with no evidence of dental care, by Former Health Region, 2018-19



RECOMMENDATIONS – ORAL HEALTH SURVEILLANCE

Continue ongoing oral health surveillance for selected populations as

required.





RECOMMENDATIONS – OPTIMAL FLUORIDATION

 Healthy Public Policy at provincial and regional levels to support consistent, optimal fluoridation at 0.7mg/L.





RECOMMENDATIONS – TARGETED SCHOOLS

 Continue Oral Health Standards of Care for fluoride varnish, dental sealants and dental sealant retention checks, to prevent and reduce dental decay for children in grades 1 & 2, targeted to schools not meeting Canadian Oral Health Framework 2013-2018 Indicators.



RECOMMENDATIONS – HIGH RISK COMMUNITIES

 Continue Oral Health Standards of Care for children age 0-6 through fluoride varnish and dental surveillance at high risk daycares, preschools, pre-kindergartens and schools in core city areas and in communities with children at high risk of dental disease.





RECOMMENDATIONS – FLUORIDE VARNISH TRAINING

 Explore training other health professionals to apply fluoride varnish (public health nurses, nurse practitioners).



RECOMMENDATIONS – EARLY CHILD ORAL HEALTH

- Provide free consultation*/check-up for children age 1 to support Canadian Dental Association policy for the first dental visit at age 1.
- Public Health Nurses in all health regions provide dental assessments at Child Health Clinics – at ages 6, 12, 18 months and 4 years.



RECOMMENDATIONS – HIGH RISK POPULATIONS

• Explore opportunities for pre-natal women to have a free consultations, dental screening, and dental treatment.



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 Provide oral health education for high risk populations, with emphasis on pregnant women and their families.

RECOMMENDATIONS – VULNERABLE FAMILIES

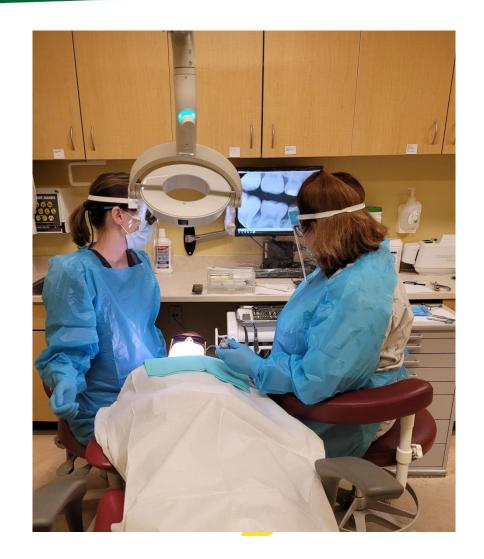
• Extend insurance/coverage policies for vulnerable children/families including preventive and treatment services targeted to those with low income, but who are not eligible for Supplementary Health or Family Health Benefits coverage.





RECOMMENDATIONS – DENTAL PUBLIC HEALTH CLINICS

 Expansion of dental public health clinics in Saskatchewan Health Authority, to serve vulnerable populations with no access to dental care.



For the full report, go to xxxxxx and enter "Oral Health Status of Saskatchewan Children 2018-2019" in the search box.

Children's Oral Health in Saskatchewan

2018-19

Saskatchewan Health Authority Oral Health Program

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Questions?
Thank you!

