

Oral Health Status of Saskatchewan School
Children (Grade 1 & Grade 7)
2008-2009 Report

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No financial relationships of commercial interests to
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Overview

- ✧ Introduction
- ✧ Purpose and Objectives
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- ✧ Comparisons
- ✧ Canadian Oral Health Strategy Guidelines (2010)
- ✧ Limitations of the study
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Introduction

- ✧ The surveillance and the provision of comprehensive dental health programs in Saskatchewan have a long history.
- ✧ From 1974 to 1993: The Saskatchewan Health Dental Plan
 - School based dental clinics
 - Saskatchewan Dental Therapists (SDT)
- ✧ From 1993 to present: Oral Health Screening
 - To be repeated at 5-year intervals

Purpose and Objectives

- ❖ Purpose: a. To monitor oral health status
b. To identify trends
- ❖ Objectives: a. To assess oral health needs
b. To identify children with unmet dental needs
c. To refer those in obvious need of dental treatment.

Methodology

- ❖ Study :Cross sectional study.
- ❖ The number of decayed, missing/extracted and filled teeth were recorded for 17914. (Grade 1= 9079 & Grade 7=8835)
- ❖ SPSS 17.0 statistical software was used to compare the dental health indicators or measures between urban/rural and hutterite/non-hutterite schools; by community water fluoridation status; and by socioeconomic status in the cities of Regina and Saskatoon.

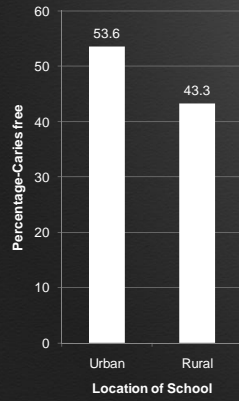
Key Findings

- ❖ Early Childhood Caries among Grade 1 : 6.6%
- ❖ Caries-free among Grade 1: 41.5%
- ❖ Caries-free among Grade 7: 57.1%
- ❖ Prevalence of caries in primary dentition among Grade 1: 57.9%
- ❖ Prevalence of caries in permanent dentition among Grade 7: 33.8%

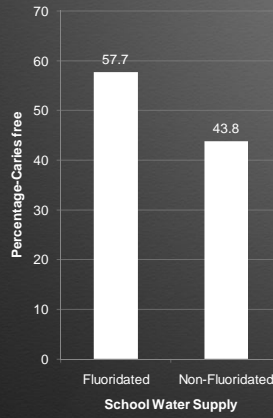
Results

- ❖ Comparisons based on the percentage of caries-free children
- ❖ Canadian Oral Health Strategy Guidelines(2010)
- ❖ Comparisons based on Average ‘deft/DMFT’ index

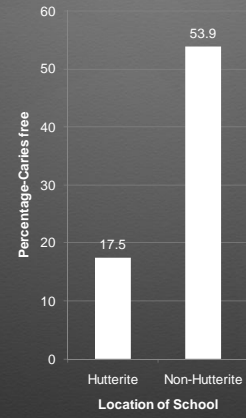
Graph: Percentage caries-free school children, Urban Vs Rural school location



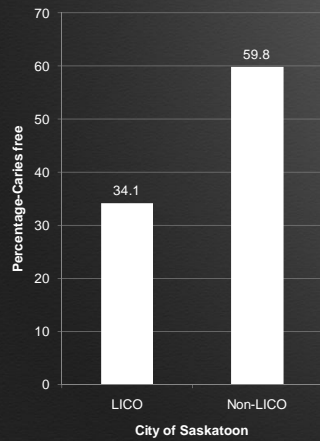
Graph: Percentage caries-free school children, based on school water supply



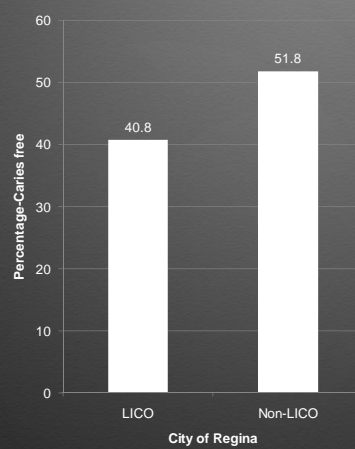
Graph: Percentage caries-free school children, Hutterite Vs Non-Hutterite school location



Graph: Percentage caries-free school children, LICO Vs Non-LICO neighbourhoods, City of Saskatoon



Graph: Percentage caries-free school children LICO Vs Non-LICO neighbourhoods, City of Regina



LICO: Low Income Cut-off

Canadian Oral Health Strategy (COHS) Guidelines for 2010: Goal 2 (Grade 1/Age 6), Saskatchewan, 2008-09

- ❖ At age 6/Grade 1, only 41.5% of school children were caries-free. (The ideal goal: 50% or above)
- ❖ At age 6/Grade 1, 27.1% of school children have unmet dental needs. (The ideal goal: 20% or less)
- ❖ Both the above findings, for age 6/Grade 1 school children, do not meet the goals set by the COHS pertaining to dental decay.

Canadian Oral Health Strategy (COHS) Guidelines for 2010: Goal 2 (Grade 7/Age 12), Saskatchewan, 2008-09

- ❖ At age 12/Grade 7, only 66.2% of school children did not experience any decay in their permanent dentition. (The ideal goal: 75% or above)
- ❖ At age 12/Grade 7, 11.4% of school children have unmet dental needs. (The ideal goal: 10% or less)
- ❖ At age 12/Grade 7, average 'DMFT' was 0.8. (The ideal goal: 1 or less)
- ❖ At age 12/Grade 7, 'Significant Caries Index', 'DMFT' was 3. (The ideal goal : 3 or less)
- ❖ Based on the above findings, age 12/Grade 7 school children partially meet the goals set by the COHS pertaining to dental decay.

Table: Grade 1 and 7-Average deft/DMFT

	Average deft/DMFT-Grade 1	Average deft/DMFT-Grade 7
Cypress HR	2.80	1.06
Five Hills HR	2.34	0.78
Heartland HR	3.45	1.35
Kelsey Trial HR	3.54	1.42
Keewatin Yatthe HR	6.31	2.51
Mamawetan Churchill River HR	5.95	5.71
Prince Albert Parkland HR	NR	NR
Prairie North HR	3.20	1.3
Regina Qu'Appelle HR	3.34	1.37
Sun Country HR	2.74	1.06
Saskatoon HR	2.36	0.85
Sunrise HR	3.84	1.39
Saskatchewan	3.14	1.24

Average 'deft/DMFT': Average 'deft' + Average 'DMFT'

Limitations of the study

- ✧ Hidden Morbidity
- ✧ Misclassification Bias

Conclusion

- ✧ Based on the results, school children with the highest dental caries risk status and suffering the greatest oral health disparities lived in rural, hutterite colonies, low-income neighbourhoods, northern and non-fluoridated communities

Recommendations

- ✧ Provincial preventive and treatment strategies should be focused on targeting and eliminating access to care barriers in these priority communities to reduce the number of children with unmet oral health needs.

Introduction-Revisited

- ❖ Is it time to revive and reintroduce
‘Saskatchewan Health School Dental Plan’?

Questions??