

Oral Health Status in Wellington-Dufferin-Guelph

Oral health is an essential component to overall health and quality of life.¹ However, in Canada over half of children and the majority of adults have experienced oral diseases.² Practicing good oral health behaviours consists of routine oral hygiene, a nutritious diet and receiving professional dental care.³ By following these practices oral health diseases are largely preventable, yet the rate of tooth decay remains high. In Wellington-Dufferin-Guelph (WDG) alone, approximately half of children (49%) will have experienced tooth decay by Grade 2.⁴

Poor oral health can lead to serious forms of oral disease, such as dental caries (known as tooth decay) and periodontal disease (known as gum disease).⁵ If untreated, they can increase the risk of severe health problems, including heart disease, diabetes and other chronic conditions.⁶

Why do individuals suffer from oral diseases? Accessing professional dental services remains a challenge for many WDG residents. The most common barriers include cost, a lack of dental insurance and insufficient dental benefits.

Key Messages from the 2015 Oral Health Status Report

- **There is a high rate of urgent and non-urgent oral health needs among WDG children**
49% of WDG children have experienced tooth decay by Grade 2⁴
- **Routine oral hygiene practices are at concerning levels in WDG**
Approximately 20% of WDG residents do not brush their teeth twice a day⁷
- **Providing oral health services and education at a young age is crucial**
- **Cost is a significant barrier to receiving routine dental care and treatment**
Among WDG residents who reported not having seen a dentist within the last three years, 28% reported cost as a barrier⁷
- **Access to dental insurance is not equitable across income levels and age groups**
Less than a third of WDG seniors have dental insurance⁷
- **Cost remains a barrier even with employer-provided dental insurance**
44% of low-income Guelph residents who have employer-provided benefits cannot afford routine dental care⁸
- **Many WDG residents seek care for untreated oral needs from emergency services**
In 2012, a total of 1,640 ER visits by WDG residents for oral health needs occurred⁹
- **Poor oral health causes many negative social impacts**
Among low-income Guelph residents, over a quarter said their poor oral health impacts their social relationships and 16% said it affects their ability to get a job⁸



ORAL HEALTH IS A FUNDAMENTAL COMPONENT TO HEALTH AND WELL-BEING^{1,10}

HOWEVER...

 **20%** of WDG residents do not brush their teeth twice a day

 Only **70.9%** of WDG residents have seen a dentist in the last 3 years⁷

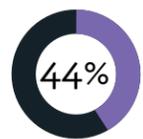
WHAT ARE THE BARRIERS?

COST



of low-income Guelph residents reported cost as a barrier to routine dental care

INSUFFICIENT BENEFITS



of low-income Guelph residents with employer provided benefits cannot afford routine dental care

NO DENTAL BENEFITS



of employed low-income Guelph residents said they have no dental benefits⁸



of WDG residents 65 years and older do not have dental insurance⁷

WHAT ARE THE HEALTH IMPACTS?

 **49%** of WDG children in Grade 2 have experienced tooth decay⁴

In 2012, a total of **1,640 ER** visits by WDG residents for oral health needs occurred⁹



Among low-income Guelph residents...

58% of respondents said their poor oral health **affects their eating**

50% of respondents said it **affects how they feel about themselves**

27% of respondents said it **impacts depression**⁸



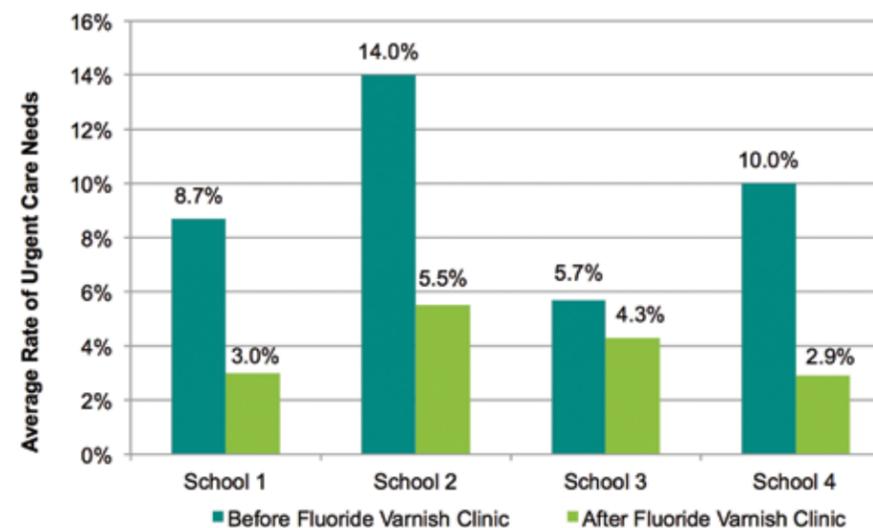
HOW IS PUBLIC HEALTH MAKING A DIFFERENCE?

- ✓ Oral health **education**
- ✓ **Early identification** of oral diseases
- ✓ **Prevention** of oral diseases
- ✓ **Improving access** to oral care
- ✓ **Raising the health status** of vulnerable groups
- ✓ **Providing publicly-funded dental care** through the Healthy Smiles Ontario (HSO) and Children In Need of Treatment (CINOT) programs

FLUORIDE VARNISH INITIATIVE

Public Health offers the **Fluoride Varnish Initiative** to schools with high rates of urgent oral health needs. This preventive service has resulted in decreases of urgent oral needs among students⁴

Levels of Urgent Oral Health Needs at Four Schools Participating in the Fluoride Varnish Initiative



See the full report online at: wdgpublichealth.ca

 >39,000 oral health screenings were conducted for WDG elementary students since 2010

Since 2011, over a quarter (26.7%) of children screened at Public Health preventive clinics were identified with urgent oral health needs 

 Since 2013, 99 oral health presentations have been given to JK/SK classes to teach young children how to brush their teeth

Since 2013, Public Health has provided oral hygiene kits and education about publicly-funded programs to Grade 9 students as part of their mandatory health classes 

 Since 2013, Public Health has provided oral health education and preventive services to eligible pregnant and postpartum women

In 2014, Public Health received over 2,000 calls on the Dental Intake Line 

 Since 2011, >13,000 services were provided to children through HSO and >21,000 services were provided to children through CINOT. Each year, these programs experience an increase in the number of performed procedures⁴

1. World Health Organization. Oral Health Fact sheet [Internet]. 2012. [cited 2015 Jan 7]. Available from: <http://www.who.int/mediacentre/factsheets/fs318/en/>.

2. Health Canada. Summary Report on The Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009. Ottawa: Publications Health Canada; 2010.

3. Canadian Dental Association. Your Oral Health [Internet]. 2015. [cited 2015 Jan 7]. Available from: http://www.cda-adc.ca/en/oral_health/index.asp.

4. Wellington-Dufferin-Guelph Public Health. Oral Health Services Program Data [data files from 2010 to 2014]. 2014. [cited 2015 Mar 13].

5. Canadian Dental Association. Flossing & Brushing [Internet]. 2015. [cited 2015 Jan 12]. Available from: http://www.cda-adc.ca/en/oral_health/cfyt/dental_care/flossing_brushing.asp.

6. Ontario Ministry of Health and Long-Term Care. Oral Health – More Than Just Cavities. A Report by Ontario's Chief Medical Officer of Health. Queen's Printer for Ontario; 2012.

7. Statistics Canada. Canadian Community Health Survey [data file for 2007 to 2011]. 2013. [cited 2015 Jan 8].

8. Guelph and Wellington Task Force for Poverty Elimination. Oral Health Survey [data file for 2014]. 2014. [cited 2015 Jan 8].

9. Ontario Ministry of Health and Long-Term Care. IntelliHEALTH Ontario [data file for 2012]. 2013. [cited 2015 Jan 13].

10. Rowan-Legg A. Oral health care for children – a call for action. Paediatric Child Health. 2013; 18(1), 37-43.

11. Canadian Academy of Health Sciences. Improving Access to Oral Health Care: For Vulnerable People Living in Canada. Ottawa; 2014.

Vulnerable populations have both the highest level of oral health problems and the most difficulty accessing oral health care.¹¹

Recommendations

WDG Public Health delivers oral health education and preventive services to address oral health needs among those most at risk. Although local public health initiatives make a difference in the lives of residents more work is required to improve the oral health status of children, low-income adults and seniors in WDG. WDG Public Health will engage with partners to pursue the following recommendations:

1. Support advocacy strategies to improve access to oral health care for those facing barriers including seniors, low-income individuals and families, and those from priority populations.
2. Support education initiatives that encourage evidence-based behaviours that prevent oral disease.
3. Support the expansion of oral health outreach programs to make oral care and education more accessible to vulnerable families.
4. Continue to provide preventive services through public health clinics to children for whom access to oral health care is difficult, including those from low-income families and other priority populations.
5. Expand the provision of the Fluoride Varnish Initiative in schools, based upon identified need.
6. Advocate for improved provincial and national data regarding the oral health status of the population to support evidence-based planning and programming at local levels.
7. Investigate opportunities to include adult pregnant women who do not have dental benefits into a publicly-funded model in order to promote optimal prenatal oral health and improved oral health for newborns and young children.

**For more information call the
WDG Public Health Dental Intake Line
1-800-265-7293 ext. 2661**

To access the full 2015 Oral Health Status Report please visit WDG Public Health's website at:

<https://www.wdgpUBLICHEALTH.ca/?q=statsreports>

