

# Children and Youth Dental Health Program Report

2019



Region of Waterloo  
PUBLIC HEALTH AND  
EMERGENCY SERVICES

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## **Executive summary**

The Region of Waterloo Public Health and Emergency Services Dental Health program provides oral health screening and access to dental treatment for children and youth, and participates in health promotion activities to protect and promote oral health in Waterloo Region. The program also provides clinical dental services for children and youth who do not meet eligibility requirements for provincial programs, demonstrate financial need and require care. This report provides a description of child and youth dental health in Waterloo Region from 2010/2011 to 2018/2019, including a review of oral health indicators and dental health program activities related to children and youth.

Region of Waterloo Public Health and Emergency Services works with community partners including school boards, Community Health Centres, and dental service providers to meet the Ontario Public Health Standards with respect to child and youth dental health. Dental health program activities for children and youth include providing school and community screening, ensuring and/or providing dental treatment, and oral health promotion to children and youth, with a focus on priority populations. Over the last six to eight years, the dental health status of children and youth has remained relatively stable in Waterloo Region, with some variation from year to year.

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## Table of contents

Introduction .....	4
Child and Youth Dental Health Program activities.....	4
Child and youth oral health screening and assessment .....	5
Dental screening in schools.....	6
Urgent treatment needs .....	7
Grade 2 students with two or more decayed teeth .....	9
Dental screening in other community settings.....	11
Dental screening in Public Health Clinics.....	12
Clinical dental services at Public Health Clinics .....	13
Financial assistance programs for children and youth.....	14
Healthy Smiles Ontario Program .....	14
Discretionary services for children and youth .....	15
Health promotion .....	15
Appendix A: Healthy Smiles Ontario – eligibility criteria (as of July 1, 2019).....	17

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## **Introduction**

Oral health is integral to one's overall health. Poor oral health not only affects one's ability to complete routine functions such as chewing, but one's emotional health and social relationships as well. It can also affect one's economic activities. As access to oral health care is not universal (i.e. services are not covered by the Ontario Health Insurance Plan), there are some individuals and families who cannot afford the oral care they require.

To ensure children and youth, especially priority populations, have access to oral health care services, the Ministry of Health mandates health units to provide several key programs and services. In Waterloo Region, Public Health's Dental Health Program is responsible to the Board of Health for implementing the oral health related requirements outlined in the Ontario Public Health Standards and associated Protocols. In addition to these provincially mandated programs, Region of Waterloo Public Health provides services based on local need or gaps in mandated programs, as funded by the Region of Waterloo.

This report provides a description of child and youth dental health in Waterloo Region from 2010/2011 to 2018/2019, including a review of oral health indicators and dental health program activities related to children and youth. The data presented here are data that were available at the time of writing this report. Due to changes in the Dental Health program over the years, not all data were available starting from 2010.

This report does not provide information on adult dental health or the new Ontario Seniors Dental Care Program. Public Health's Dental Health Program will bring a subsequent report to Community Services Committee which discusses adult dental health and the new Ontario Seniors Dental Care Program.

## **Child and Youth Dental Health Program activities**

A primary focus of the Dental Health Program is to ensure access to, or provide, dental care for children and families who require care, but do not have the financial means or insurance to obtain the required services. Many of the clients served by Public Health fall into priority groups such as children and youth who are economically disadvantaged; have poor nutrition; are newcomers to Canada; or are street-involved. Providing services to these individuals ensures all children who require dental services are not disadvantaged by social-economic status and contributes to the improvement of their overall health.

Client-centered program activities are delivered by multi-disciplinary staff of the Dental Health program. Activities include:

- Conducting oral health screening of children and youth in schools, Public Health clinics and community sites;

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- Providing dental services to children enrolled in the Healthy Smiles Ontario program; and
  - Providing basic oral health clinical services and emergency services to children and youth not covered by Healthy Smiles Ontario but identified with financial need.

Other Dental Health program activities include:

- Promoting good oral health to families with young children and to families who are planning a pregnancy or expecting the birth of a child;
- Promoting Healthy Smiles Ontario and helping families complete applications and determine eligibility for Healthy Smiles Ontario or other discretionary funding for dental services; and
- Providing resources for professionals and community members for the purpose of promoting good oral health to children and families.

### **Child and youth oral health screening and assessment**

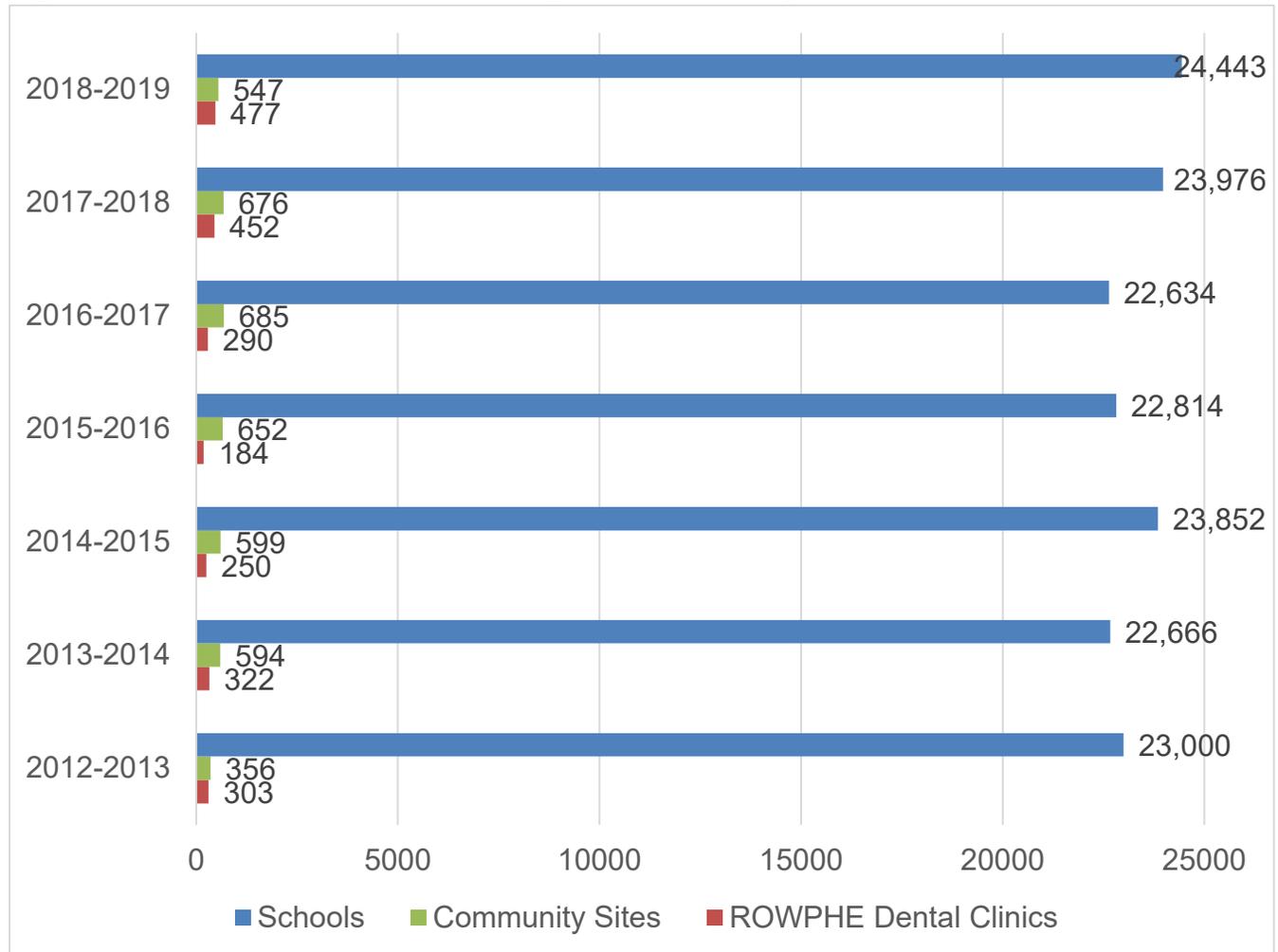
Oral health screening is an important way to identify children in need of urgent and non-urgent dental care and to help eligible families gain access to financial support for dental services. As per the Ontario Public Health Standards, screenings are currently provided at the following locations:

- Publicly funded elementary schools;
- Community sites (i.e. Community Health Centres, YMCA Settlement Services, Y Summer Camps, Reception House, Anselma House, Haven House, Sanctuary, Public Health Refugee Clinics); and
- Region of Waterloo Public Health dental clinics.

During the screening process, Dental Health Program staff identify students with urgent and non-urgent dental needs. They conduct follow-up screenings with students who were identified as having unmet urgent needs in previous school years to ensure proper care was provided, and will provide a screening upon parental request.

As seen in Figure 1, the majority of screenings are conducted in schools.

Figure 1. Number of children screened by site and school year



Source: Dental Clinic Stats Waterloo 2012-2019, Dental Clinic Stats Cambridge 2012 - 2019, School Screening Stats 2007 to Date, HSO Hygienist Tracking List, Dental Health Program Report (2011-2014), Dental Health Program Report (2015)

### Dental screening in schools

As per the Ontario Public Health Oral Health Standards (2018) and the Region of Waterloo Public Health's Accountability Agreement with the Ministry of Health, each student in junior kindergarten, senior kindergarten and Grade 2 in English and French Public and Catholic school boards in Waterloo Region is screened by a Public Health Dental Hygienist. The excludes students who are absent from school the day of the screening or whose parents refuse the screening. Every school is assigned a rating based on the Grade 2 screening results from the previous school year. Based on the school ratings, students in Grades 4, 6, and/or 8 at some schools may also receive dental screening.

The 2013/2014 school year was the first year in which school screening results were

reported (Dental Health Program Report (2015)). As seen in Table 1, the proportion of schools and students screened has remained consistent across the years from 2013/2014 to 2018/2019 school years at or near 100 per cent. The proportion of students who were absent or excluded/refused screening has also remained stable across the school years at approximately 10 per cent. During the 2018/2019 school year 24,443 students were screened in Waterloo Region.

Table 1: School screening results by school year, Waterloo Region

<b>Screening indicator</b>	<b>2013/2014</b>	<b>2014/2015</b>	<b>2015/2016</b>	<b>2016/2017</b>	<b>2017/2018</b>	<b>2018/2019</b>
<b>Proportion of schools compliant with screening</b>	98.6%	100%	100%	100%	100%	100%
<b>Proportion of JK, SK and Grade 2 students compliant with screening<sup>1</sup></b>	99%	100%	100%	100%	100%	100%
<b>Proportion of JK, SK and Grade 2 students who were absent or excluded/refused screening</b>	10%	10.2%	10.3%	10.4%	10.3%	10.3%

Source: Oral Health Information Support System (OHISS) Accountability Agreement Indicator Report, retrieved on September 16, 2019

### **Urgent treatment needs**

At the time of screening, Dental Health Program staff identify the number of students with urgent treatment needs. An urgent treatment need may include one or more large open cavities in permanent teeth or in crucial primary teeth, dental pain, infection, and/or trauma. Once children with urgent needs are identified, the Dental Health Program will work with parents and community dental providers to ensure each child has access to, and receives, the required care. Staff will also provide information about financial assistance programs to support access to dental health services if appropriate.

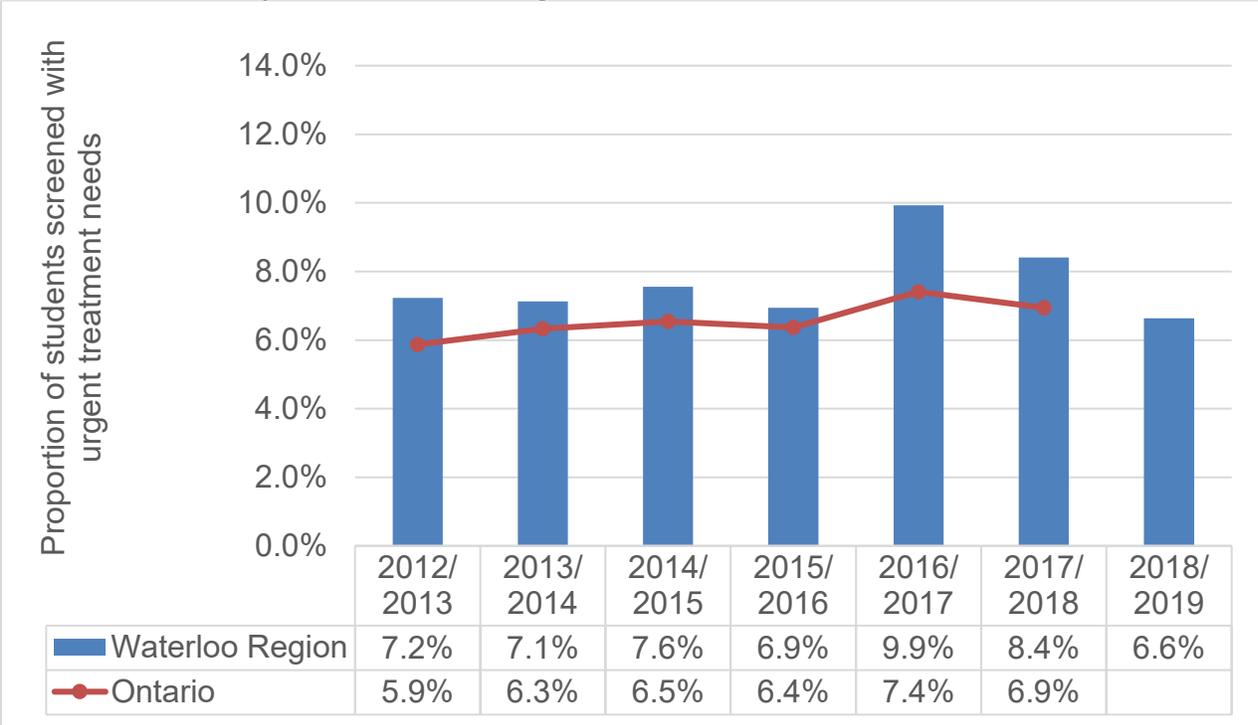
Figure 2 presents the proportion of students screened in schools who were identified with urgent treatment needs from the 2012/2013 to 2018/2019 school years in Waterloo

<sup>1</sup> Students excluded from screening due to absenteeism or parental or guardian refusal of service are not included in the total number of students (denominator) for the calculation of the proportion of JK, SK and Grade 2 students compliant with screening.

Region and Ontario. The proportion of students with urgent treatment needs in Waterloo Region schools has remained slightly above the provincial average over the last six years. The 2018/2019 Ontario data was not available at the time of writing this report.

Within Waterloo Region, the proportion of students with urgent treatment needs has remained relatively stable, ranging from 6.9 to 9.9 per cent, with the exception of an increase in 2016/2017 and 2017/2018. In 2016/2017, Waterloo Region saw an influx of refugee children from Syria, many of whom had unmet dental needs. This contributed to the increase in proportion of children with urgent treatment needs in these years.

Figure 2: Proportion of students screened with urgent treatment needs, 2012/2013 to 2018/2019 school years, Waterloo Region and Ontario



Source: Dental Program School Statistics Tracking, OHISS, retrieved September 2019.

Table 2 summarizes data for the proportion of students screened in schools who were identified with urgent treatment needs for the 2012/2013 to 2018/2019 school years by cities and rural townships as a group. It is important to note that not all children attend school within their home boundaries. Therefore, the data presented by cities and rural townships may not necessarily represent a child’s residence.

In most years, the cities of Cambridge, Kitchener and Waterloo are similar to Waterloo Region as a whole with some variability. In 2016/2017 these cities saw an increase in the proportion of students with urgent treatment needs. The influx of Syrian refugee children into these cities contributed to this increase. The rural townships as a whole have had lower proportions of students with urgent treatment needs for all school years, compared to Waterloo Region, with a less pronounced increase in 2016/2017. This may

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be because the majority of refugees from Syria settled in urban centres in Waterloo Region.

Table 2: Proportion of students screened with urgent treatment needs by municipality, Waterloo Region, 2012/2013 to 2018/2019 school years

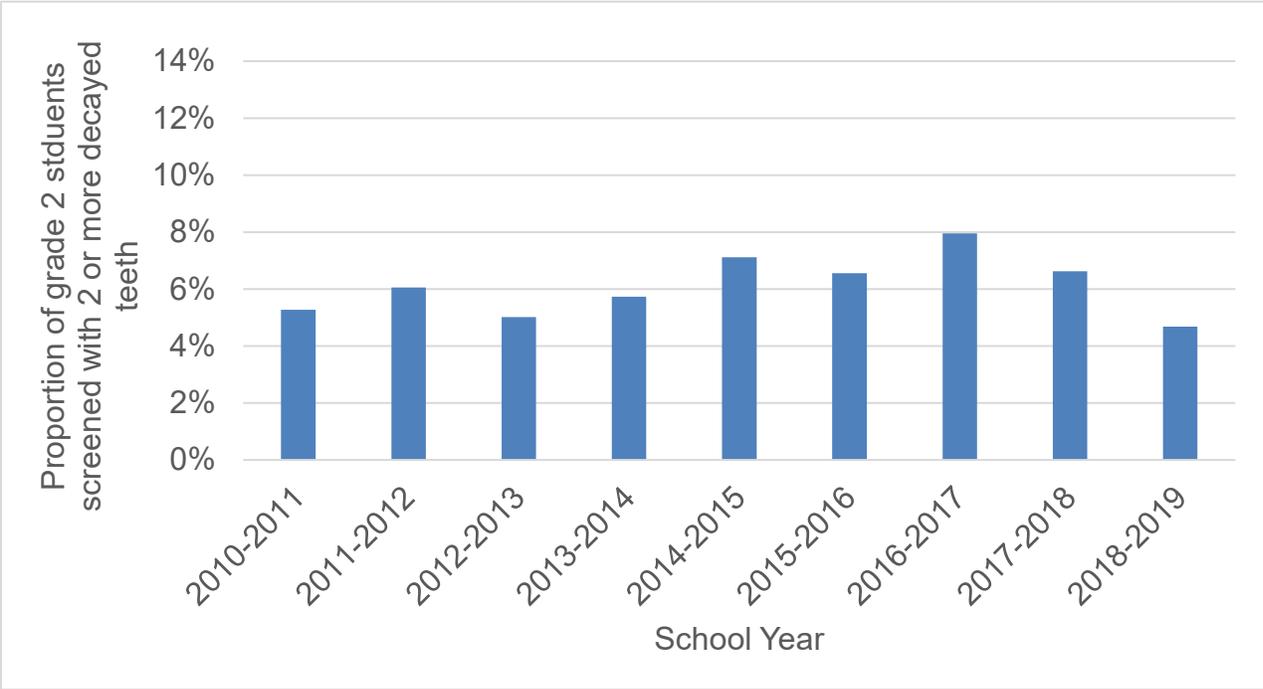
	<b>2012- 2013</b>	<b>2013- 2014</b>	<b>2014- 2015</b>	<b>2015- 2016</b>	<b>2016- 2017</b>	<b>2017- 2018</b>	<b>2018- 2019</b>
<b>Cambridge</b>	8%	9%	7%	7%	11%	8%	7%
<b>Kitchener</b>	8%	7%	8%	8%	11%	9%	7%
<b>Waterloo</b>	5%	6%	7%	6%	8%	9%	6%
<b>Townships</b>	5%	5%	5%	4%	6%	5%	4%
<b>Waterloo Region</b>	7%	7%	8%	7%	10%	8%	7%

Source: Dental Program School Screening Statistics 2007 to date

### **Grade 2 students with two or more decayed teeth**

The number of Grade 2 students with two or more decayed teeth, either primary or adult teeth is another indicator collected as part of the screening program. Figure 3 presents the proportion of Grade 2 students screened in Waterloo Region with two or more decayed teeth by school year. The overall proportion of Grade 2 students screened in Waterloo Region that had two or more decayed teeth was five per cent in 2018/2019 and has fluctuated between five and eight per cent from 2010/2011 to 2018/2019. Since 2016/2017, there appears to be a decreasing trend. There was no Ontario data available for this indicator at the time of writing this report.

Figure 3: Proportion of Grade 2 students screened with two or more decayed teeth in Waterloo Region by school year, 2010/2011 to 2018/2019



Source: Dental Program School Screening Percentages Tracking, OHISS aggregate entry data report for number screened, as well as calculated field for number screened with decayed primary or adult teeth.

Table 3 summarizes data for the proportion of Grade 2 students screened with two or more decayed teeth by cities and rural townships as a group. The proportion of Grade 2 students screened who were identified with two or more decayed teeth, either primary or adult teeth, has fluctuated across the years in the cities and townships, ranging from 0.0 to 11.0 per cent.

In the City of Cambridge, the proportion of Grade 2 students screened with two or more decayed teeth has fluctuated slightly above and below Regional proportions over the years. Across all school years, the City of Kitchener has had a higher proportion of Grade 2 students screened with two or more decayed teeth, while the City of Waterloo and the townships have had lower proportions of Grade 2 students screened with two of more decayed teeth compared to Waterloo Region as whole.

Table 3: Proportion of Grade 2 students screened with two or more decayed teeth, by municipality, Waterloo Region, 2010/2011 to 2018/2019 school years

	2010- 2011	2011- 2012	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019
<b>Cambridge</b>	8%	6%	7%	6%	6%	7%	8%	7%	5%
<b>Kitchener</b>	5%	8%	6%	7%	9%	8%	11%	8%	6%
<b>Waterloo</b>	4%	4%	3%	3%	5%	5%	4%	5%	3%
<b>Townships</b>	2%	3%	3%	4%	5%	4%	3%	3%	2%
<b>Waterloo Region</b>	5%	6%	5%	6%	7%	7%	8%	7%	5%

Source: Dental Program School Screening Percentages Tracking, OHISS aggregate entry data report for number screened, as well as calculated field for number screened with decayed primary or adult teeth.

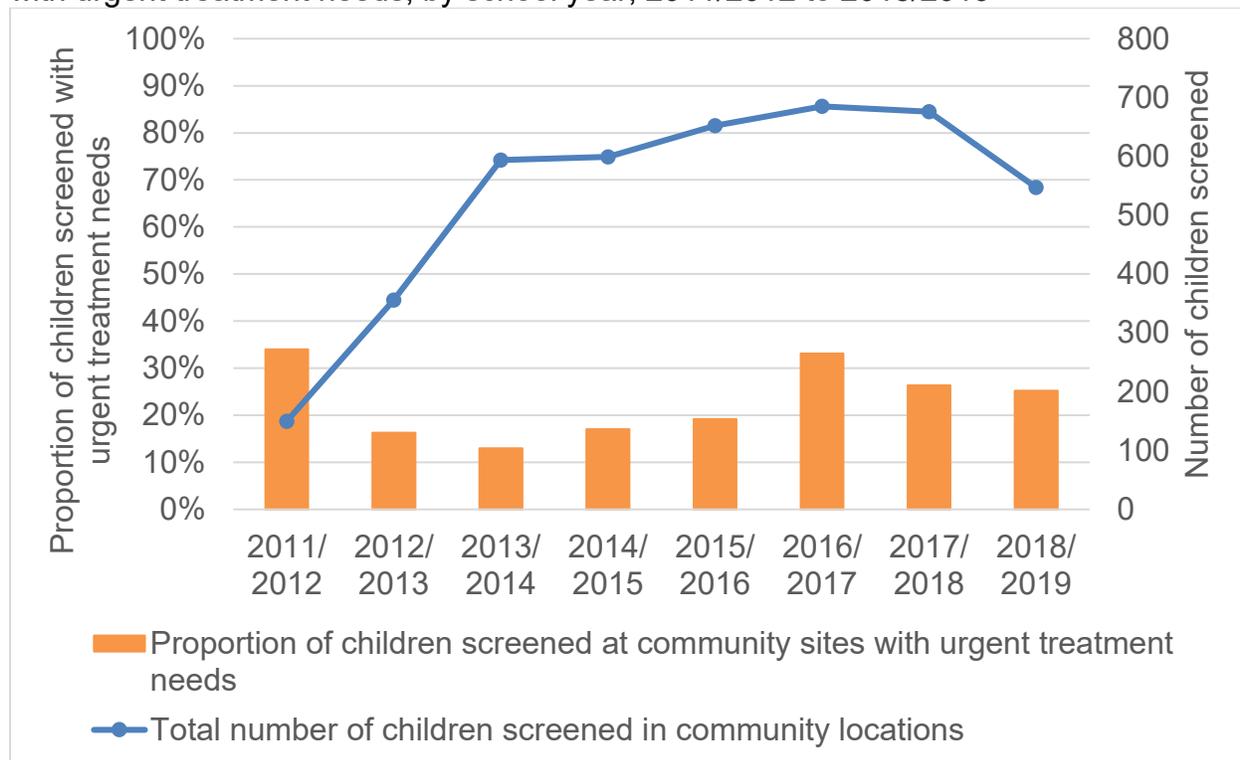
### Dental screening in other community settings

Dental screening is also provided by the Dental Health program in non-school community settings that may be used by individuals and families in need of dental health support, including Community Health Centres, YMCA Settlement Services, Y Summer Camps, Reception House, Anselma House, Haven House, Sanctuary and Public Health Refugee Clinics. Visits to these community sites are based on demand at each site and available Public Health resources. Therefore, not all community sites are visited every year.

Figure 4 shows the number of children screened at these community sites and the proportion that were identified with an urgent treatment need. The number of children screened at community sites increased significantly between 2011/2012 and 2013/2014, and has been stable since then with the exception of a slight decrease in 2018/2019. In the most recent year (2018/2019), 547 children were screened at these community locations. In 2010/2011 Oral Health Peer Workers began working at Community Health Centres to promote screening and other dental services. This may have contributed to the increasing trend seen in the number of children screened for the following few years as the program continued to expand. The community sites represented in each year's data vary from year to year depending on the demand at each community site and available Public Health resources in a given year.

The proportion of children screened at community sites that were identified with an urgent treatment need has fluctuated over the years. In 2018/2019, 25 per cent of children screened at community locations had an urgent treatment need. It is important to note that changes in population size and demographics over these years may have affected the trends observed here.

Figure 4: Number of children screened at community locations and proportion identified with urgent treatment needs, by school year, 2011/2012 to 2018/2019



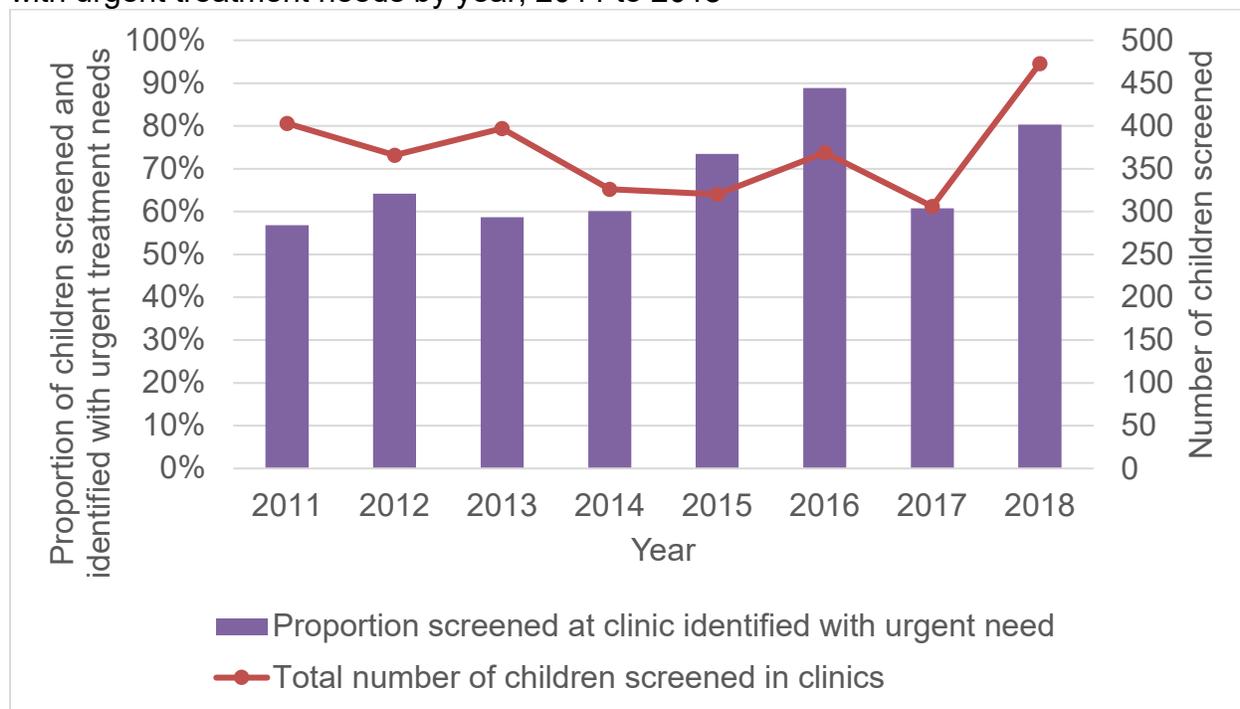
Source: Healthy Smiles Ontario Hygienist Tracking List, Dental Health Program Report (2011-2014), Dental Health Program Report (2015)

### Dental screening in Public Health Clinics

Dental screening is also provided at Public Health clinics located at 99 Regina Street South in Waterloo and at 150 Main Street in Cambridge. These clients are usually referred by private dental offices or by parents requesting a screening for their child (self-referral). After the screening, public health dental hygienists assist parents in assessing their eligibility and enrolment to the various publicly-funded dental programs. Once children are enrolled in a program, treatment plans are created by dental providers for eligible clients who have been identified as having oral health needs.

Figure 5 shows the number of children screened at Public Health clinics and the proportion that were identified with an urgent treatment need. The number of children screened at Public Health clinics has fluctuated from 2011 to 2018, with 473 children screened in 2018. The proportion of children screened who were identified with urgent treatment needs has overall increased from 2011 to 2018. This may be due to a number of factors such as changing demographics of families booking screening appointments and dentists referring children whom they have already identified with urgent treatment needs.

Figure 5: Number of children screened in Public Health Clinics and proportion identified with urgent treatment needs by year, 2011 to 2018



Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2018

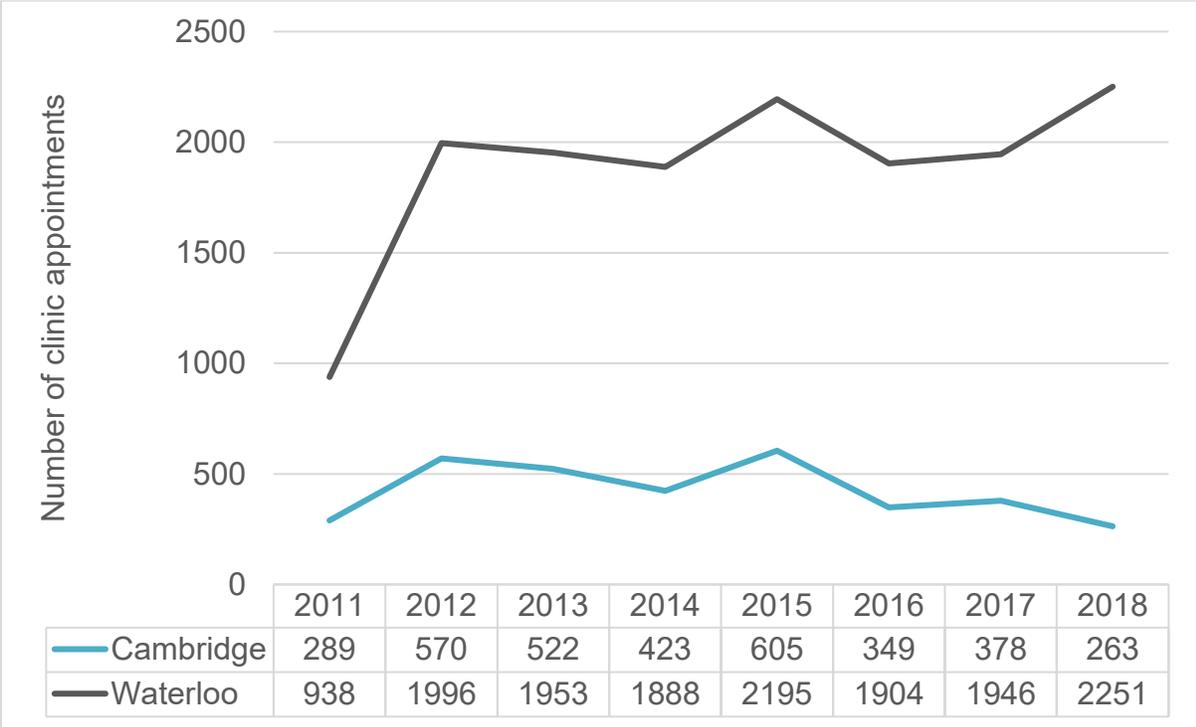
### Clinical dental services at Public Health Clinics

The Dental Health Program also provides clinical dental services at its two locations. At the clinics, eligible children and youth can receive care from dentists, dental hygienists, and dental assistants. Children and youth make up the majority of clients accessing public health dental clinic services, ranging from 79 to 97 per cent of all clients from 2011 to 2018. These clinics are appointment based and are generally well attended, with a no-show rate consistently below 10 per cent. This may be partially due to the support of Public Health staff which includes a reminder phone call regarding an upcoming appointment and appointment cards when booking.

Figure 6 shows the number of visits to Public Health Dental Clinics by location and year. From 2011 to 2018, the number of clinic appointments has increased overall at the Waterloo clinic, while the number of appointments at the Cambridge clinic has remained more stable and does not show an overall increasing trend. The Waterloo clinic location sees significantly more clients than the Cambridge location across all years of data. The Waterloo clinic is open Monday to Friday from 8:30 a.m. to 4:30 p.m. and the Cambridge clinic is open on Tuesdays from 8:30 a.m. to 4 p.m. for dental program services. This pattern of service delivery is based on demand for services. In

Cambridge, the demand is much lower and the clinic space is therefore used for other programs during the week in addition to the dental program. Furthermore, this data does not necessarily reflect client residence, as clients from various areas in Waterloo Region may attend at either clinic location.

Figure 6: Number of clinic appointments, provided by a dentist or hygienist, by location, 2011-2018



Source: Region of Waterloo Public Health Dental Health Program Statistics. Note: does not include 'canceled' or 'no-show' appointments.

**Financial assistance programs for children and youth**

Financial assistance programs for dental care exist in Ontario that support access to dental care for children and youth who cannot afford treatment. On January 1, 2016, six publically funded provincial dental programs for children and youth were integrated into one program, Healthy Smiles Ontario, which is 100 per cent provincially funded. A limited number of discretionary services are available for children and youth in need of emergency dental treatment who do not qualify for Healthy Smiles Ontario, are low income, and require dental services.

**Healthy Smiles Ontario Program**

To be eligible for financial assistance under Healthy Smiles Ontario, children and youth have to be enrolled in one of the three streams of Healthy Smiles Ontario:

1. Healthy Smiles Ontario - Core

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2. Emergency and Essential Services Stream (EESS)
  3. Preventive Services Only (PSO)

See Appendix A for eligibility criteria for the Healthy Smiles Ontario streams.

Children in the Healthy Smiles Ontario - Core and Emergency and Essential Services streams are eligible to receive basic oral health treatment, including examinations, radiographs, fillings, extractions and preventive care. Children in the Preventive Services Only stream are eligible to receive preventive care only such as scaling, fluoride and sealants. Eligible children are able to receive these services at various locations including private dental offices, Community Health Centres and Public Health dental clinics depending on the stream they are enrolled in.

There is a unique partnership in Waterloo Region between Public Health and the three Community Health Centres to facilitate enrollment in Healthy Smiles Ontario. Through the Healthy Smiles Ontario program, Public Health funds three Oral Health Peer Worker positions (one for each centre) who promote the program and assist clients throughout the application process. Public Health Dental Hygienists train and mentor the Oral Health Peer Workers. Many of the individuals who are assisted are from the priority populations: primarily, the Region's immigrant/New Canadian and Mennonite communities, as well as families in financial need.

### **Discretionary services for children and youth**

Some children and youth from low-income families do not qualify for existing provincial programs as outlined above, but still do not have the financial means to obtain dental care. In response to these gaps in service, the Region of Waterloo has provided discretionary funding for basic and emergency dental care for children and youth since the 1960s. Children under 18 years of age in Waterloo Region can access basic dental services including check-ups, cleanings, and fillings at Public Health dental clinics. Eligibility is based on the low income cut-off (LICO) threshold plus 20 per cent.

### **Health promotion**

The Dental Health Program participates in health promotion initiatives across the Region in a variety of ways, where screening and education is provided to families planning a pregnancy, expecting a child, or with children zero to six years of age.

Examples of health promotion activities include:

#### **a) Oral Health Peer Workers**

Each Community Health Centre has an Oral Health Peer Worker funded by Public Health, who connects with hard to reach families and promotes oral health services that are available in the community. Oral health peer workers also assist clients to complete

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the Healthy Smiles Ontario application, facilitate access to dental services, provide outreach to the population served by the Community Health Centre, and identify local needs and prevention opportunities. In addition, they play a key role in promoting the importance of oral health and key oral health messages within their communities.

**b) Educator resource kits**

Oral health education kits are available from the Region of Waterloo Public Health Resource Library. They contain teaching guides, books, videos, activity sheets and props on various topics related to dental health and are designed to meet the needs of teachers, dental health professionals and the public. Teachers borrow the kits most frequently.

**c) Oral health campaigns**

April is National Oral Health Month, and the dental program provides resources from the Dental and Dental Hygiene Associations to promote good oral health practices to children that attend Public Health clinics. This includes messaging through children's activities such as certificates for no cavities and incentives for good brushing habits, as well as messaging through Region of Waterloo Public Health's social media outlets.

**d) Oral Health Navigator**

The Oral Health Navigator role within Public Health provides administrative assistance and support for clients accessing the Healthy Smiles Ontario program including: program enrollment, maintaining program data, program promotions, and assistance to clients completing application forms. This role also assists in outreach activities to support Healthy Smiles Ontario awareness, access, and use.

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## Appendix A: Healthy Smiles Ontario – eligibility criteria (as of July 1, 2019)

### Healthy Smiles Ontario-Core:

Number of dependent children in household	Family net income
1 child	\$23,680 or lower
2 children	\$25,472 or lower
3 children	\$27,265 or lower
4 children	\$29,057 or lower
5 children	\$30,850 or lower
6 children	\$32,642 or lower
7 children	\$34,435 or lower
8 children	\$36,227 or lower
9 children	\$38,020 or lower
10 children	\$39,812 or lower

Note: Add \$1,793 for every additional dependent child per household to determine the income level at which the family would qualify for Healthy Smiles Ontario.

Social assistance recipients, or children from families in receipt of social assistance benefits, 17 years of age and under, are automatically enrolled.

This includes children aged 17 and under in receipt of:

- a) basic financial assistance or extended health benefits under Ontario Works;
- b) income support or extended health benefits or transitional health benefits under the Ontario Disability and Support Program; and
- c) assistance for children with severe disabilities.

### Emergency and Essential Services Stream:

Children who don't qualify for Healthy Smiles Ontario-Core but who were identified with an urgent oral health need by Public Health or an oral health provider; and whose family has met the definition of financial hardship are eligible for Emergency and Essential Services Stream.

To be in financial hardship, the family must meet one of two criteria:

- a) the child or family's income is equivalent to a level at which they would be in receipt of the Ontario Child Benefit; or
- b) the child or family would suffer financial hardship if providing oral health care would result in any one of the following:
  - o inability to pay rent/mortgage;
  - o inability to pay household bills;
  - o inability to pay groceries for the family; or
  - o the child or family will be required to seek help from a food bank in order to provide food.

### Preventive Services Only Stream

Children from low income families are eligible for this stream if they are in need of

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preventive oral health services and whose families meet the definition of financial hardship as above.