



Oral Health Status in the SWPH Region

Health Status Report
Southwestern Public Health
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Highlights

1. The proportion of children and youth screened in the SWPH region who have one or more missing, decayed, or filled teeth has remained the same between the 2018-2019 and 2023-2024 school years.
 - The proportion of screened students with one or more missing, decayed, or filled teeth only increased among grade 7 students.
2. The proportion of children and youth screened in the SWPH region who have urgent oral health needs increased following the onset of the COVID-19 pandemic and decreased in the 2023–2024 school year.
 - Junior kindergarten was the only screened grade that didn't have a notable improvement.
3. The rate of emergency department visits for non-traumatic oral health conditions among children and youth in the SWPH region has declined over time but surpassed the provincial rate in 2023 (284.6 per 100,000 versus 213.1 per 100,000, respectively)
4. Seniors over the age of 64 in the SWPH region have the least access to dental insurance compared to residents aged 12-64 years old.
5. The rate of emergency department visits for non-traumatic oral health conditions among seniors in the SWPH region decreased overall after the introduction of the Ontario Seniors Dental Care Program.
 - There was a slight increase between 2022 and 2023.
 - The rate among seniors in the oldest sub-group (over the age of 74) increased more steeply in 2023.

Oral Health Indicators in the SWPH Region

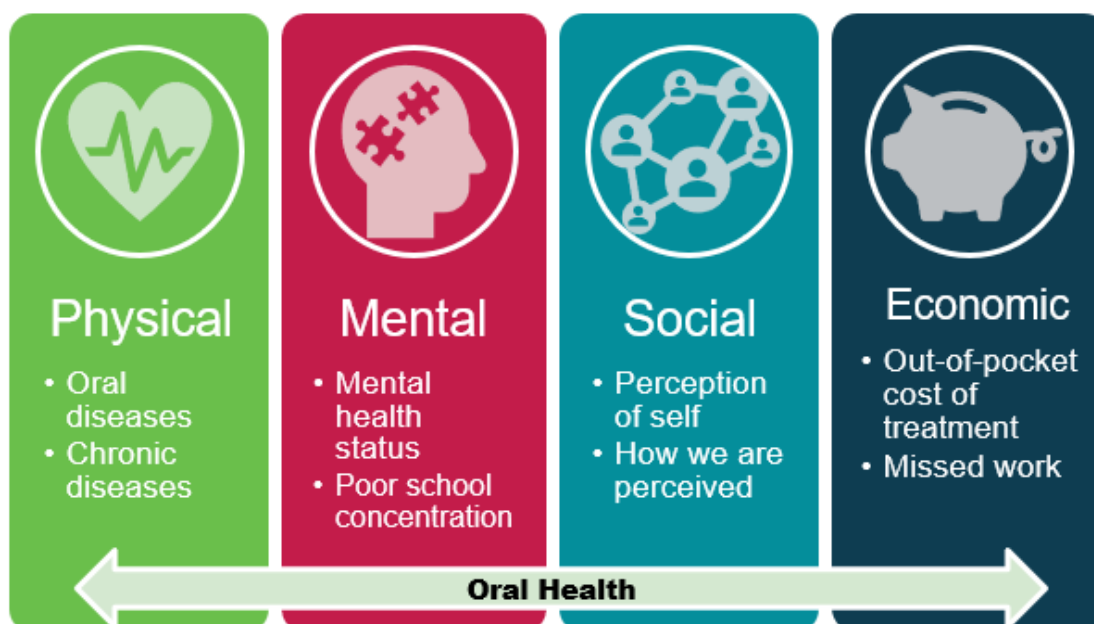
Oral health, well-being, and public health

Oral health is integral to optimal health and well-being of individuals across all aspects of health (Figure 1).^{1,2} Given the link between oral health and many aspects of physical, mental, social, and economic health, public health is committed to ensuring that key populations have access to oral screenings and basic treatments.² SWPH supports oral health program navigation within the community and does connect ineligible residents with other potential options available.

The Healthy Smiles Ontario program is a free provincially funded dental program for eligible youth 17 and under, providing preventive care such as regular dental check-ups as well as treatments.³ SWPH offers services under this program at both office locations, in a mobile oral health van, as well as clinics in Woodstock (Community Health Centre) and Aylmer. The Ontario Seniors Dental Care Program (OSDCP) is another free provincially funded program offered to eligible Ontario residents over the age of 64, offering preventative care, treatment (including oral surgeries), and denture support.⁴ SWPH provides restorative and preventive OSDCP treatment in all our health unit clinics. The federally funded Canadian Dental Care Program was introduced by the Government of Canada to offer further support for eligible citizens who do not have access to any dental insurance.⁵ The CDCP program is currently administered by local fee-for-service oral health primary care providers.

Figure 1

Oral health status impacts various aspects of overall health and well-being.



Oral health in the SWPH region

Overall, there were no notable differences in oral health-related indicators between residents in the Southwestern Public Health (SWPH) region and residents in Ontario (aged 12 and over) in 2017-2018.

Data source:
2017–2018 Canadian
Community Health
Survey (CCHS).
StatsCan.

1. About 1 in 8 (or 12.2%) of SWPH residents reported that they considered their oral health status to be fair or poor. This is comparable to residents across Ontario (or 10.2%).
2. Over 75% of residents reported visiting a dentist in the last year (which is recommended for optimal oral health) locally and in Ontario (**Figure 2**).
3. One fifth of SWPH residents (or 20.9%) reported avoiding visiting the dentist in the past year due to cost. This is also comparable to the province (21.8%).

Figure 2

Proportion of respondents in 2017-2018 who reported visiting a dental professional in the last year.



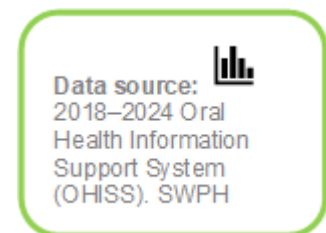
Children & youth (17 and under)

Each school year, students in junior and senior kindergarten as well as grades 2, 4, and 7, are screened by SWPH staff in school for oral health needs/concerns. Data from these screenings are tracked internally. Key indicators such as the proportion of screened children with one or more missing, decayed, or filled teeth and the proportion requiring urgent oral health care are summarized in this report.

This report also summarizes indicators from the Canadian Health Survey on Children and Youth (CHSCY), such as the last time they visited the dentist and emergency department (ED) visits due to non-traumatic oral health conditions.

Decayed, missing, filled (DMF) teeth

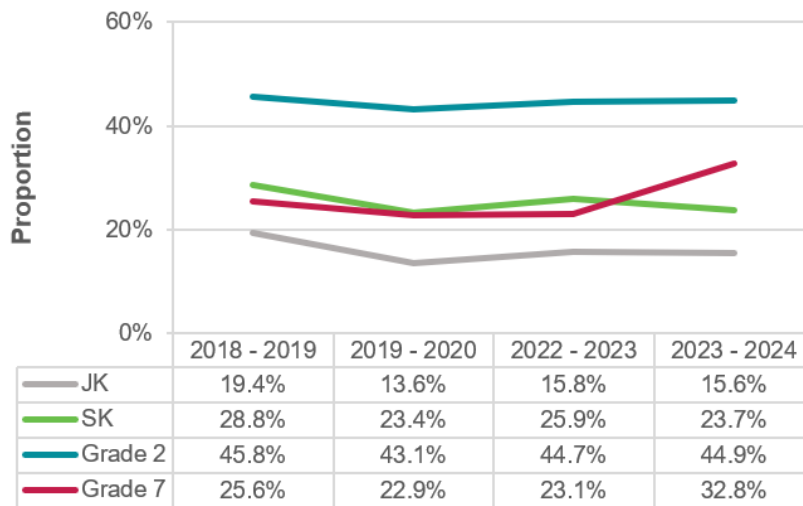
The proportion of screened SWPH students who had one or more decayed, missing, or filled (DMF) teeth has remained consistent over time at approximately 30%. However, the proportion of students in Grade 7 with 1 or more DMF tooth increased between the 2022-2023 and 2023-2024 school years (**Figure 3**).



The 2020-2021 and 2021-2022 school years are excluded as screening did not take place during the onset of the COVID-19 pandemic.

Figure 3

The proportion of Grade 7 students in the SWPH region who have one or more decayed, missing, or filled tooth increased after the onset of the COVID-19 pandemic.



Requires urgent oral health care

Students are identified as requiring urgent oral health care if during screening, it is determined that they require restorative treatment (cavities, extractions, etc.) from a dentist beyond preventive oral health care.

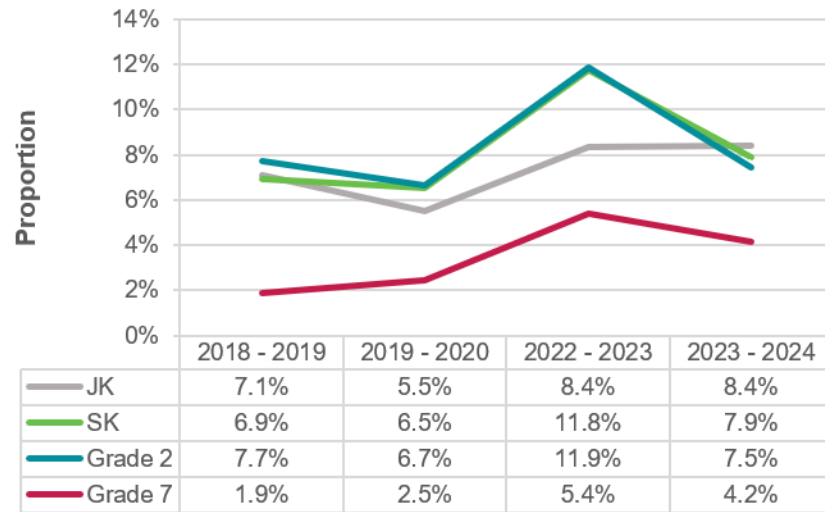
Data source: 
2018–2024 Oral
Health Information
Support System
(OHIS). SWPH

The proportion of students requiring urgent oral health care reached a high in the 2022-2023 school year, ranging from 5.4% to 11.9% across all screened grades (**Figure 4**). This was followed by decreases across most screened grades in the subsequent 2023-2024 school year, aside from junior kindergarten (JK) students, which stayed about the same (8.3%).

Given that regular screenings only resumed to full operation in the 2022-2023 school year, the increase in the 2022-2023 school year was likely a result of decreased access to screening and preventative care during the COVID-19 pandemic. Therefore, it may not be directly indicative of a decline in oral health status among local children.

Figure 4

The proportion of students in the SWPH region requiring urgent care decreased in the 2023-2024 school year across all screened grades aside from those in junior kindergarten (JK).



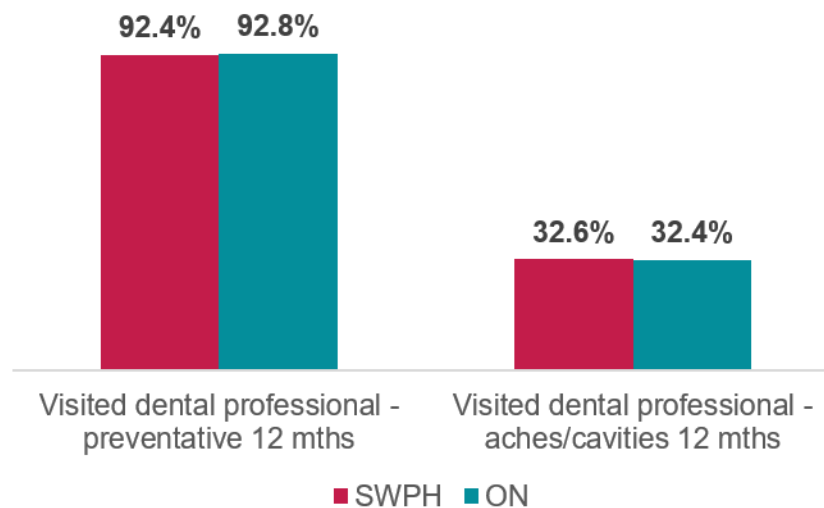
Visted a dental professional in the past year

In 2019, the proportion of children & youth who reported visiting a dental professional in the last year for preventative dental care was high (approximately 93%). Further, nearly 1 in 3 reported having visited a dental professional for aches or cavities in the same timeframe (Figure 5).

Data source: 
2019 Canadian
Health Survey on
Children and Youth
(CHSCY). StatsCan.

Figure 5

In 2019, the proportion of children & youth who report visiting a dental professional in the last 12 months is comparable between the SWPH region and Ontario.

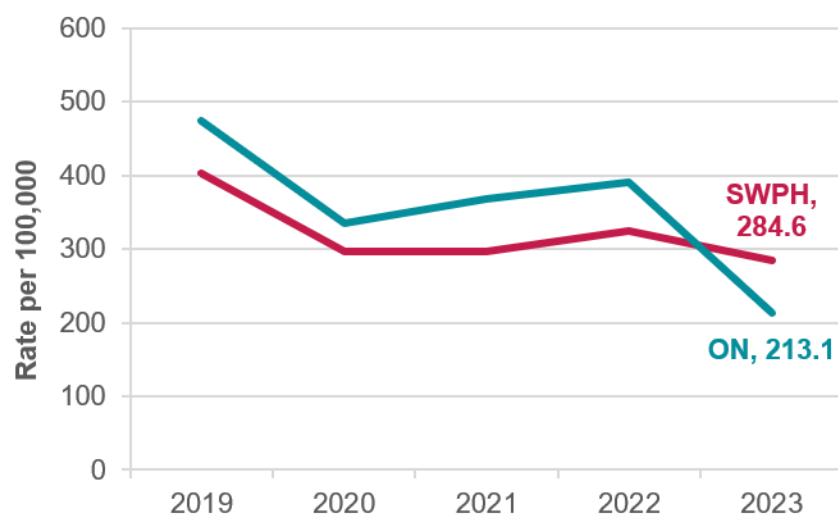


Unscheduled emergency department (ED) visits for oral health concerns

Between 2019 and 2023, the rate (per 100,000) of unscheduled emergency department (ED) visits for oral health conditions in children & youth under 18 years old decreased locally as well as provincially (**Figure 6**). However, the local rate surpassed Ontario's rate for the first time since 2019, reaching 284.6 per 100,000 population in 2023. This is compared to 213.1 per 100,000 in Ontario.

Figure 6

In 2023, the rate of unscheduled emergency department visits for an oral health concern among local youth surpassed the provincial rate.



Includes diseases of oral cavity, salivary glands and jaws. Traumatic injuries are excluded.

Seniors (65 and over)

Monitoring oral health indicators in the senior population is imperative to determine whether there are unmet needs that could be supported by the SWPH dental program.

Currently, there are two options for seniors to gain access to free preventative care and urgent care treatments in the SWPH region.

1. The Ontario Seniors Dental Care Program (OSDCP), introduced in 2019, provides access to free, publicly available dental care to low-income seniors. 4 Southwestern Public Health currently delivers this program in all our oral health clinics.
2. The Canadian Dental Care Plan, introduced in 2023. While it was initially only accessible to seniors aged 87 and older, eligibility expanded several times by May 2024 and is now available to all who meet the financial eligibility.

Although services for seniors who are ineligible for the OSDCP does not be performed by public health, SWPH does attempt to connect residents with any additional services available to them in the community.

Oral health is excellent or very good

In 2017-2018, 59% of seniors in the SWPH region reported their oral health status as excellent or very good. This is comparable to other adults in the region but was slightly higher compared to adults between the ages of 19 and 44 (not shown).



Data source:
2017–2018 Canadian
Community Health
Survey (CCHS).
StatsCan.

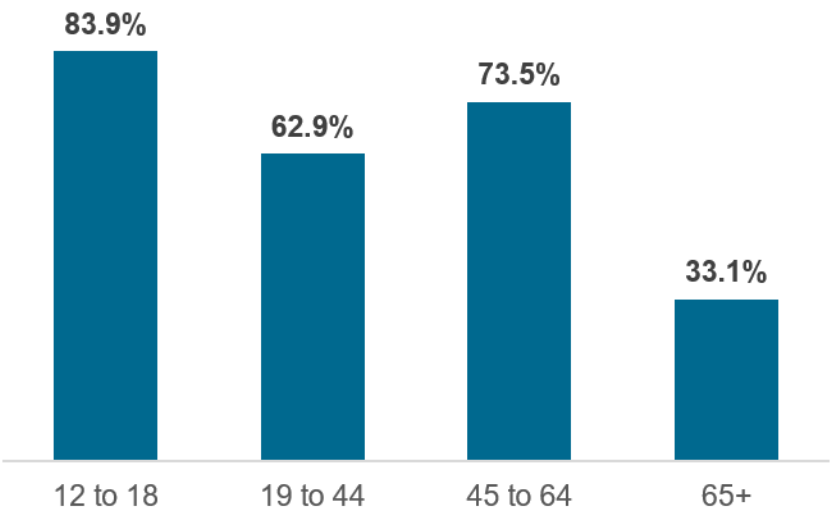
Visited a dental professional in the past year

Approximately 1 in 4 (26.3%) seniors in the SWPH region report not visiting a dental health professional in the last year (or never having gone to the dentist), this is comparable to other residents in the SWPH region (not shown).

Further, 22.7% reported that they avoided visiting a dental professional due to the cost and only 33.1% report having dental insurance (partial or full). This was the lowest among all age groups in the SWPH region (Figure 7).

Figure 7

Seniors have significantly less access to dental insurance coverage compared to all other residents in the SWPH region (12 years-old and over).

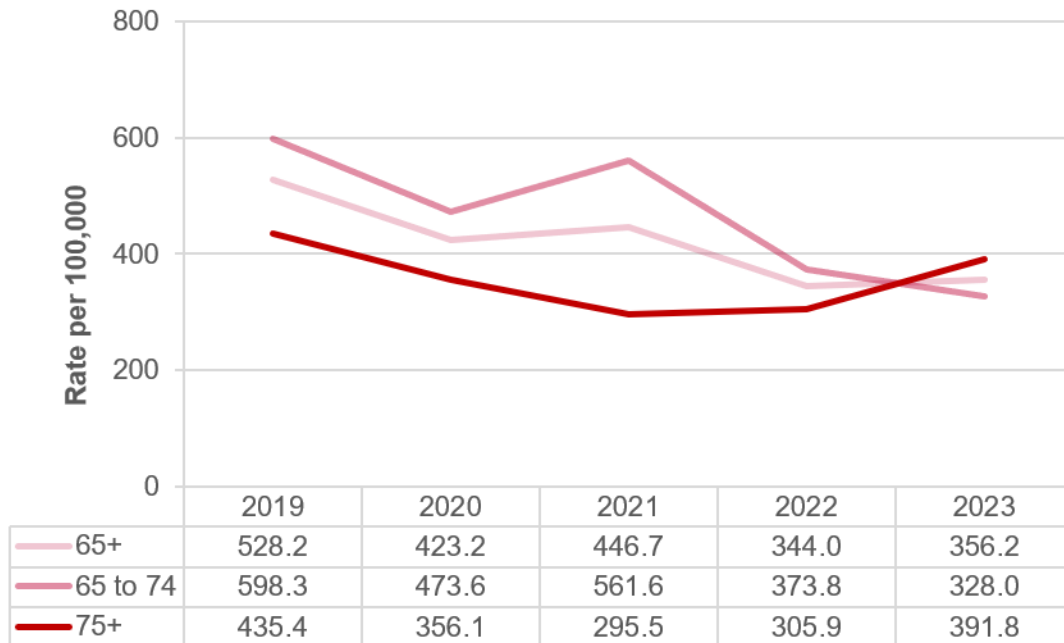


Unscheduled emergency department (ED) visits for oral health outcomes

Since the introduction of the Ontario Seniors Dental Care Program, the rate of unscheduled emergency department (ED) visits due to oral health concerns among residents of the SWPH region has remained lower each year since. However, the rate among an older sub-group of this population, seniors who are 75 years old or older, increased to surpass the rate among other sub-groups of the senior population in the SWPH region (Figure 8). In 2023, seniors aged 75+ had an ED rate of 391.8 per 100,000, compared to 328.0 per 100,000 among those aged 65 to 74 and 356.2 per 100,000 among the entire senior population.

Figure 8

In 2023, local seniors aged 75+ experienced an increase in unscheduled emergency department visits for oral health concerns compared to younger seniors, whose rate declined.



Includes diseases of oral cavity, salivary glands and jaws. Traumatic injuries are excluded.

Conclusion

The oral health outcomes among children and youth and trends in unscheduled ED visits for oral health concerns make it clear that it will be important to continue to monitor oral health status and outcomes as more data becomes available. The aim would be to see improved oral health outcomes over time, indicating improved oral health status as well as decreased strain on hospitals due to preventative oral health conditions.

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