

Oral Health

Interim Program Report

First Quarter 2016

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Summary of Child Health Requirements* (Ontario Public Health Standards, 2008):

Goal: To enable all children to attain and sustain optimal health and developmental potential.

Assessment and Surveillance

1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in the areas of:
 - **Positive parenting;**
 - **Breastfeeding;**
 - **Healthy family dynamics;**
 - **Healthy eating, healthy weights, and physical activity;**
 - **Growth and development; and**
 - **Oral health**
2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes.
3. The board of health shall report oral health data elements.

Health Promotion and Policy Development

4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of **healthy policies** and the creation or enhancement of **supportive environments** to address the identified topics.
5. The board of health shall increase **public awareness** of the identified topics.
6. The board of health shall provide, in collaboration with community partners, **parenting programs, services, and supports.**
7. The board of health shall provide advice and information to **link people to community programs and services** on the identified topics.
8. The board of health shall provide, in collaboration with community partners, **outreach to priority populations** to link them to information, programs, and services.

Disease Prevention

9. The board of health shall provide all the components of the **Healthy Babies Healthy Children Program.**
10. The board of health shall conduct **oral screening.**

11. The board of health shall facilitate access and support for families to complete **screening tools** to monitor their child’s health and development, and provide a contact for families to discuss results and arrange follow-up.
12. The board of health shall provide the **Children in Need of Treatment (CINOT) Program**.
13. The board of health shall provide or ensure the **provision of the essential clinical preventive oral health services** at least annually.

Health Protection

14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken.

Highlights:

- Update of the Ontario Public Health Standards and Protocols related to Oral Health is imminent, but not yet received.
- Healthy Smiles Ontario was implemented on January 1, 2016.
- Oral Health screening, education and service navigation has been provided to several Syrian Refugee families and their sponsors. Virtually all of the children screened have been referred to local dentists for care under Healthy Smiles Ontario Essential and Emergency Services program for urgent dental needs.

PROGRAM AREA	Q1	Q2	Q3	Q4	YTD
The Oral Health Assessment and Surveillance accountability indicator is based on the percentage of all JK/SK and Grade 2 students screened in all publicly funded schools during the school year. The quarterly statistics reflect the # children screened, and may include students from grades in addition to those required.	827				827
% of HSO-EESS (Emergency & Essential Services) Eligible Children in School Screenings	2.18%				2.18%
Fluoride Varnish Applications in Seven Schools	773				773
Preventive Clinic Screenings	287				287
% of HSO-EESS Eligible Children in Preventive Clinic Screenings	35.19%				35.19%
# Children and Youth Receiving Preventive Services in Clinics	215				215
# of Calls Answered on Dental Line	453				453
Percentage of Calls Referred to HSO-EESS	0.79%				0.79%

Variations or discrepancies: Yes No