

Access to Dental Care

INTRODUCTION

Regular visits to dental care providers allow early identification and intervention to prevent deterioration and consequences of untreated conditions. Dental diseases are progressive and when left untreated may lead to severe pain, dental abscesses and facial swelling. These conditions could result in various limitations including problems with eating, sleeping, learning and social interactions. Some of the conditions may be considered as urgent depending on the extent of disease. The tendency for dental diseases to progress to urgent conditions is lower in areas where access to oral health care is good.



PIT AND FISSURE SEALANTS

Sealants, appropriately placed soon after the molar teeth erupt, are almost 100% effective in the prevention of dental caries.^{11,12} Despite their effectiveness, fissure sealants are not used in a widespread manner.¹³

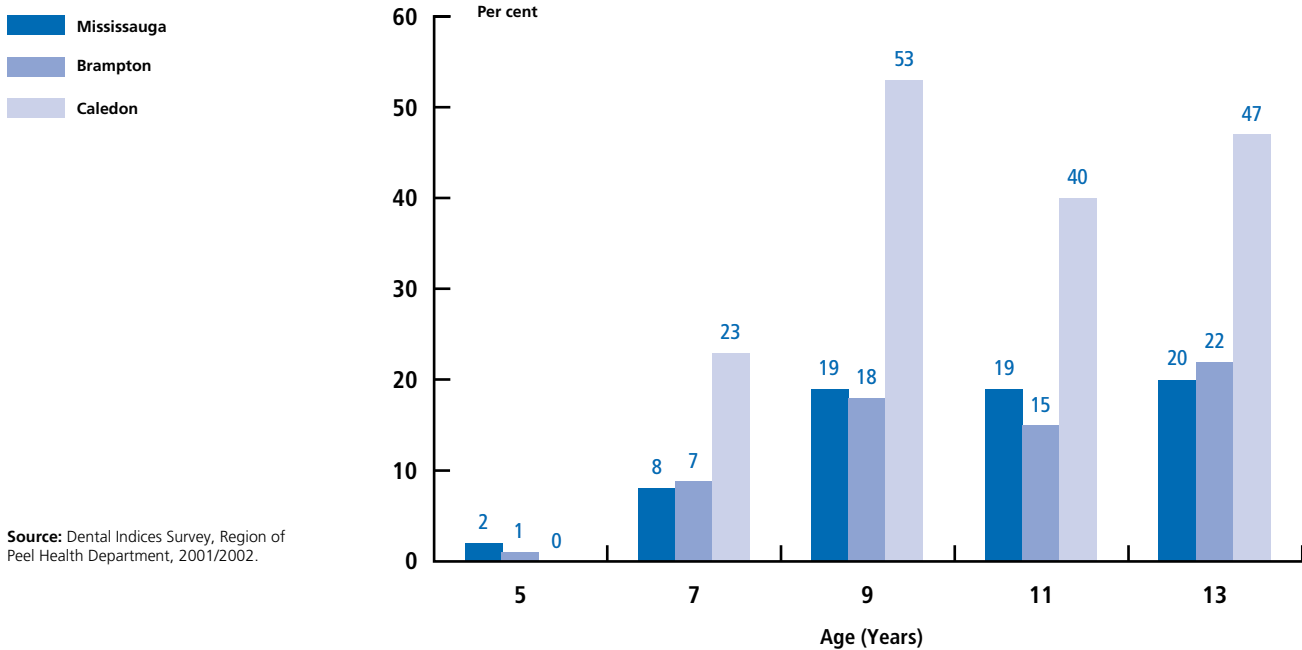
PREVALENCE OF PIT AND FISSURE SEALANTS

The placement of dental sealants demonstrates access to preventive dental services. The use of dental sealants among children in Peel is consistent with patterns of tooth eruption. In 2001/2002, 14% of Peel children overall had one or more sealants placed on their teeth. The proportion of children with pit and fissure sealants increases with age. In 2001/2002, 2% of Peel children aged five years and 8% of children aged seven years had sealants. By age seven years, the first permanent molars have fully erupted into the mouth. It is important that sealants are placed on the molars soon after they erupt. Twenty per cent, 18% and 21% of children aged nine, 11 and 13 years respectively have had sealants placed.

Although not shown in Figure 4.1, a significantly higher proportion of children in Caledon (32%) had sealants placed for prevention of dental caries compared to children in Brampton (13%) and Mississauga (14%).

The use of dental sealants was also significantly higher among children aged seven years and older in Caledon than in Brampton and Mississauga (see Figure 4.1).

Figure 4.1: Proportion of Children who had One or More Pit and Fissure Sealants by Age and Municipality, Region of Peel, 2001/2002



Source: Dental Indices Survey, Region of Peel Health Department, 2001/2002.

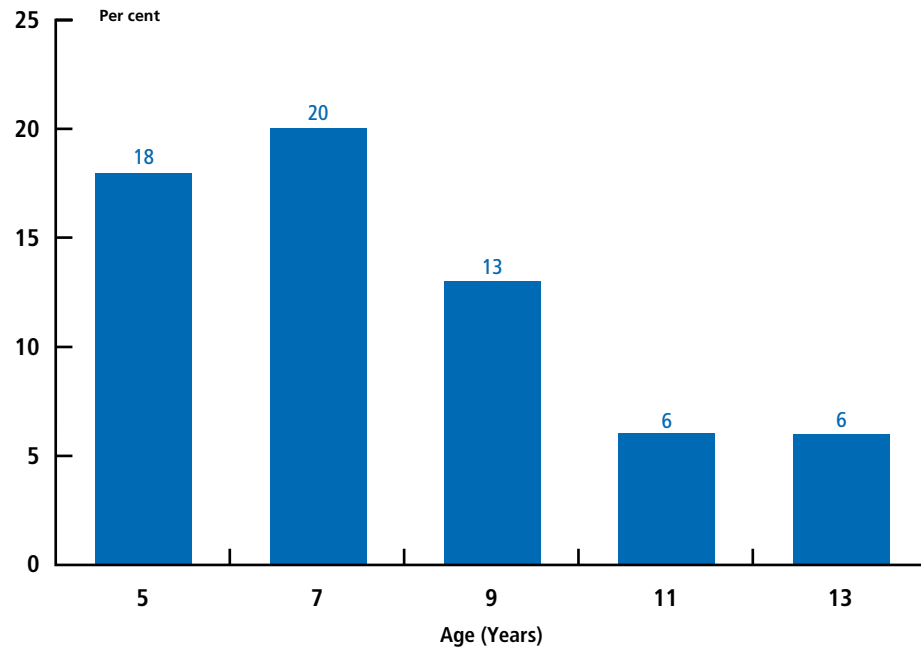
URGENT DENTAL CONDITIONS

The presence of urgent dental conditions indicates a delay in seeking necessary dental care. It may also act as an indicator for barriers to accessing dental treatment. The Ontario Ministry of Health and Long-Term Care has recognized certain oral conditions as urgent and has a set of criteria to identify these conditions. Any child identified as having any of these conditions should be monitored to ensure treatment is completed. Failure to treat the child is reportable to the child welfare authorities.

In 2001/2002, 12% of Peel children were identified as being in need of urgent dental treatment. The proportion of children in need of urgent treatment in Peel was higher among children of younger ages (see Figure 4.2 on the following page). Eighteen and 20% of children aged five and seven years were identified with urgent conditions. The prevalence of urgent conditions among children aged nine, 11 and 13 years was 13%, 6% and 6%, respectively.

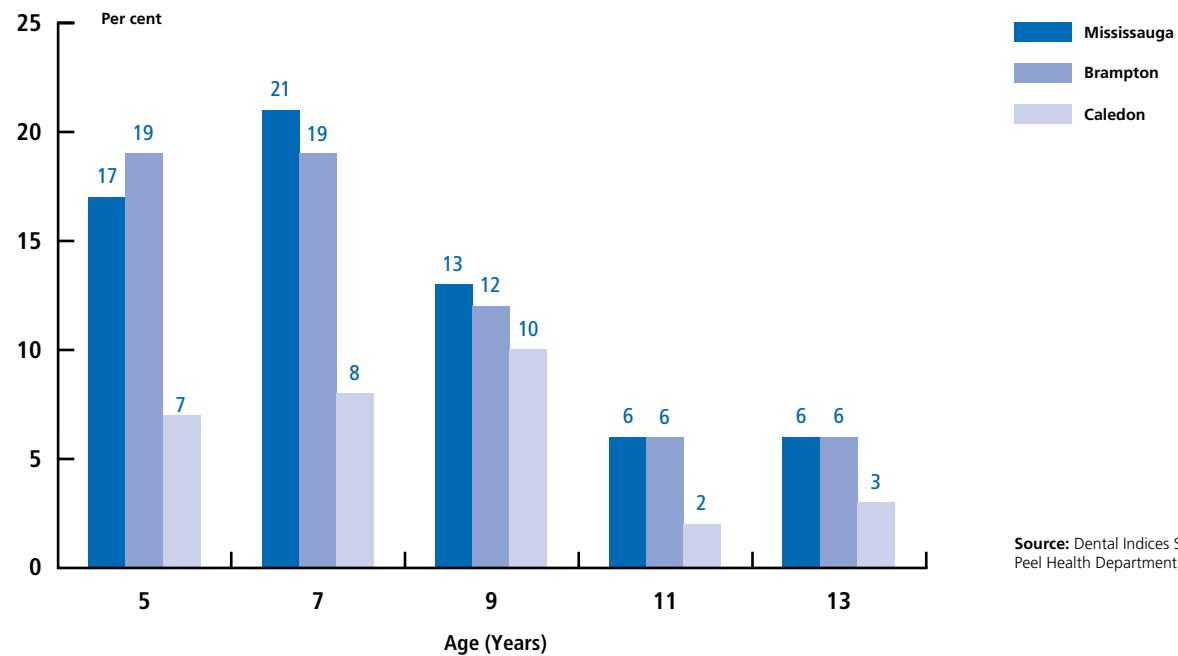
The proportion of children in need of urgent treatment is an indication of delay in seeking oral care services. Among the very young, the process of providing the necessary dental treatment for these conditions may include hospitalization and the cost of treatment could be upwards of \$2,000.00 per child.

Figure 4.2: Proportion of Children with Urgent Dental Conditions by Age, Region of Peel, 2001/2002



Source: Dental Indices Survey, Region of Peel Health Department, 2001/2002.

Figure 4.3: Proportion of Children with Urgent Dental Conditions by Age and Municipality, Region of Peel, 2001/2002



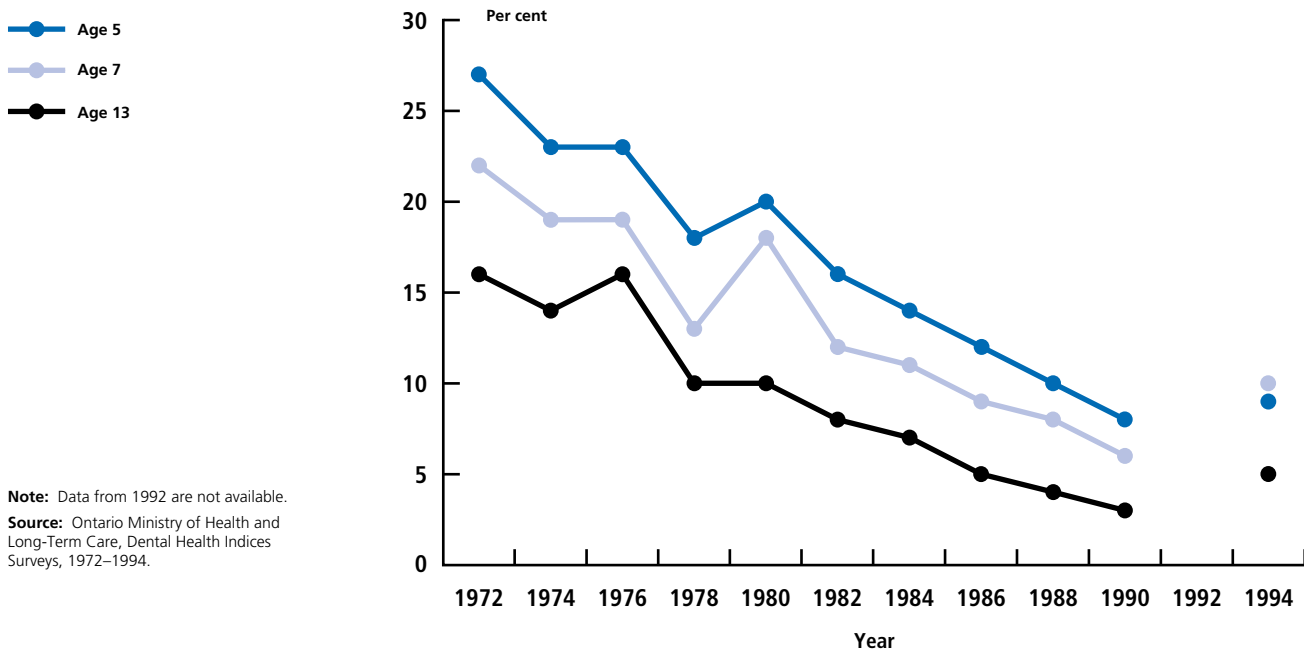
Source: Dental Indices Survey, Region of Peel Health Department, 2001/2002.

Although not significantly different, the prevalence of urgent conditions was higher in Brampton and Mississauga than in Caledon (see Figure 4.3 on the previous page). The prevalence of urgent conditions among children aged five and seven years in Caledon was less than half that of children of the same ages in Brampton and Mississauga. While there was a higher prevalence of dental disease, there was a lower prevalence of urgent conditions among children in Caledon.

INCIDENCE OF URGENT DENTAL CONDITIONS IN ONTARIO

Urgent dental conditions in children have declined in Ontario in a pattern similar to that of dental caries. After the initial decline from 1972 to 1974, there was a slight upswing in 1976 and again in 1980. These observations may be the result of changes in methodologies of data collection. However, there was a steady decline beginning in 1980 and continuing through that decade. In 1994, there seemed to be an increase in the prevalence of urgent conditions. Since no comparable data are available after the 1994 survey, it is uncertain whether this upswing is any indication of a reversal of the decline in urgent conditions. Furthermore, there are no data for Peel, making it impossible to conclude whether the prevalence of urgent conditions is declining or increasing in the Region.

Figure 4.4: Proportion of Children Aged 5, 7 and 13 Years with Urgent Dental Conditions, Ontario, 1972–1994

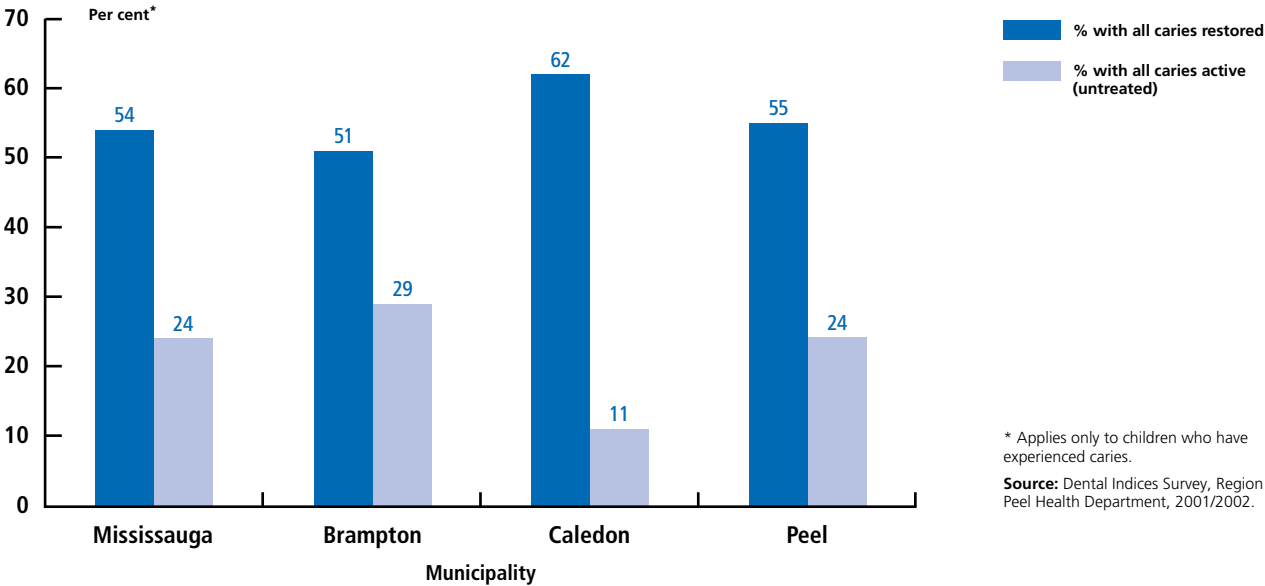


DENTAL CARIES TREATMENT

Dental caries are not self-limiting and once the process is initiated, the evidence—either active or treated disease—remains for life. One measure of identifying the community and professional response to the disease is the extent to which the disease has been treated. This may be assessed by the proportion of children with the disease who have had all teeth with dental caries restored (filled) without premature loss of teeth.

In Peel in 2001/2002, 55% of children who have ever had dental caries had all their cavities restored (see Figure 4.5). In Brampton and Mississauga, a lower proportion of children (51% and 54%, respectively) had all cavities restored. In contrast a higher proportion of children in Caledon who have had dental caries, (62%) had all caries restored. These difference between municipalities were not statistically significant.

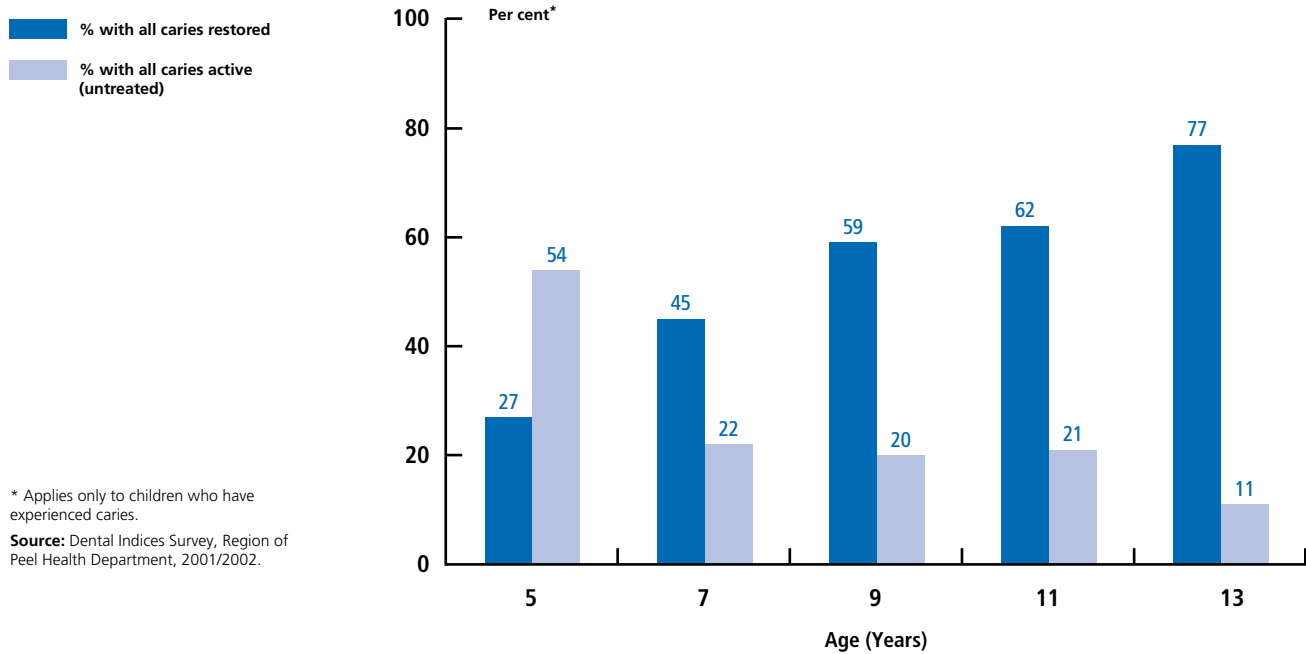
Figure 4.5: Dental Care Access Indicators by Municipality, Region of Peel, 2001/2002



This suggests children in Caledon may have better access to early intervention for treating dental caries. This is further supported by comparing the proportions of children with the disease who had not had any intervention. In Brampton, 29% of children with dental caries had not had any treatment compared to only 11% in Caledon.

Only 27% of children aged five years had all caries treated with fillings (see Figure 4.6 on the following page). This proportion increased with age to 77% among children aged 13 years. In contrast, more than half (54%) of children aged five years who had dental caries had not had any treatment for the disease. This proportion decreased to 11% at age 13 years. While there was a smaller proportion of children aged five years who had had dental caries, there was a delay in seeking care among this age group.

Figure 4.6: Dental Care Access Indicators by Age, Region of Peel, 2001/2002



SUMMARY

Dental diseases may progress to become urgent conditions unless adequate treatment is provided. Regular visits to dental care providers allow early intervention to prevent diseases and complications from untreated conditions. It is less likely that dental diseases will progress to urgent conditions where access to oral health care is available.

Fissure sealants—plastic coatings placed on the tooth surfaces—are effective in preventing dental caries and are also a good indicator of access to dental care services. In Peel, 14% of children had one or more sealants placed on their teeth. The use of sealants was significantly higher in Caledon than in Brampton or Mississauga.

The presence of urgent conditions clearly indicates a delay in seeking dental treatment. In Peel, 12% of children were identified with urgent dental conditions. Although not statistically different, the prevalence of urgent conditions was higher in Brampton and Mississauga than in Caledon. The prevalence of urgent conditions was higher among younger children.

Dental caries may present in the form of active and or treated disease. Access to caries treatment may be assessed as the proportion of children with the disease who have had all their teeth with dental caries restored (filled) without premature loss of teeth. Fifty-five per cent of Peel children who have ever had dental caries had all cavities filled. The proportion of children having all cavities filled was higher in Caledon than in Brampton or Mississauga.