



# Oral Health Assessment of Windsor and Essex County and Recommendations.

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# Oral health and overall health

Poor oral health can affect more than just your mouth:

- Diabetes
- Respiratory disease
- Preterm, low birth weight babies
- Cardiovascular diseases



NEWS	BUSINESS	OPINION	SPORTS	ARTS	LIFE	CAREERS	OBITS
NEWS	LOCAL NEWS	FEATURED: DETROIT AUTO SHOW SPITFIRES CANNABIS HELP WANTED					

# Oral health ‘in need of improvement’ in Windsor-Essex, says study

ALEXANDRA LATREMOUILLE Updated: April 29, 2016



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## Windsor-Essex Health Unit survey finds adults' oral health worse than children

Windsor-Essex Health Unit survey finds adults' oral healthcare worse than children

DAVE WADDELL, WINDSOR STAR Updated: October 12, 2018



# How community dealt with their oral health issue

“Tried to save money for one year to see a dentist for tooth pain and cavity fillings and cleaning.”

“...popped my abscessed tooth.”

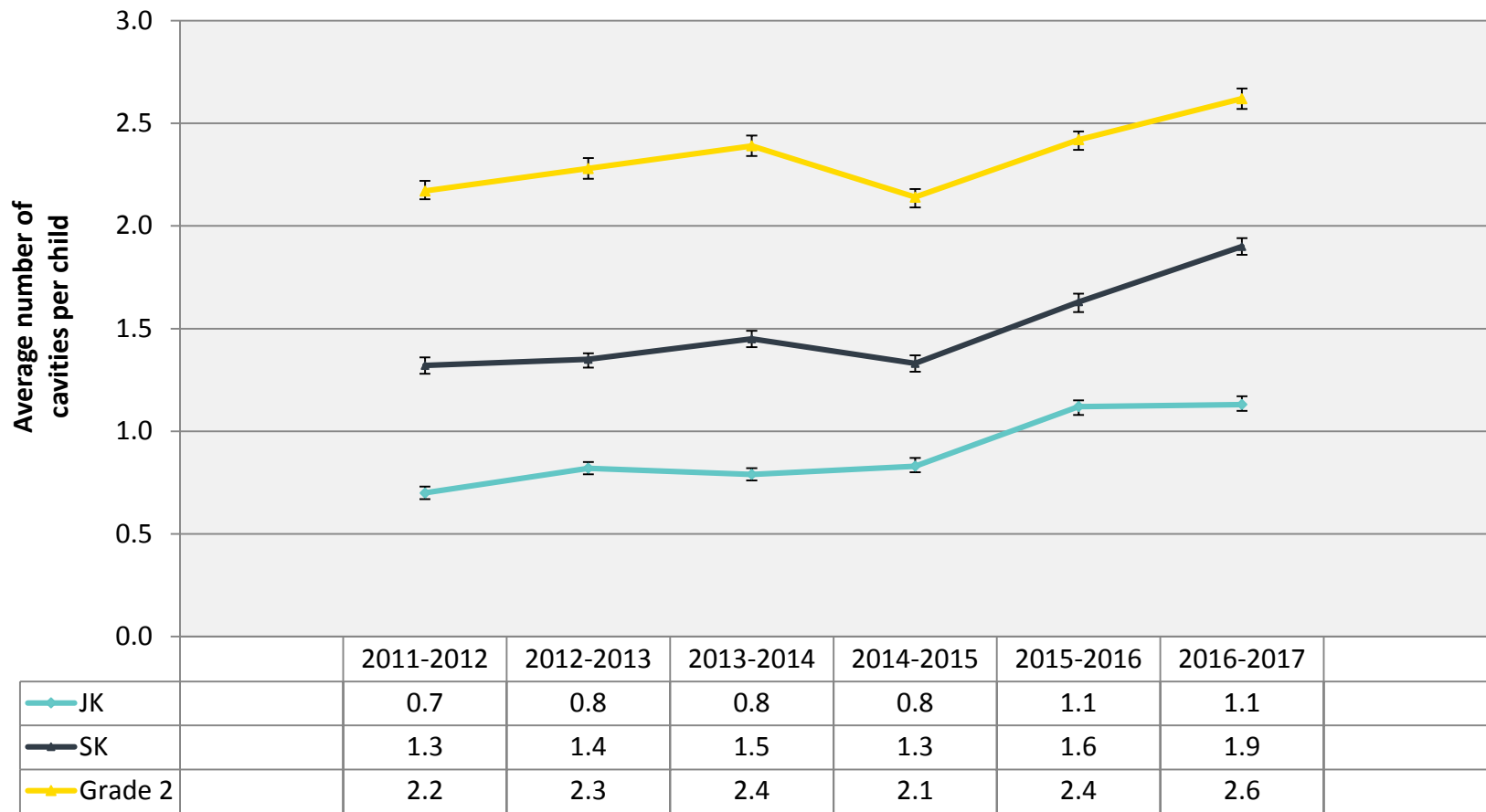
“PULLED OWN TOOTH.”

“found opiates on the street to deal with the pain.”

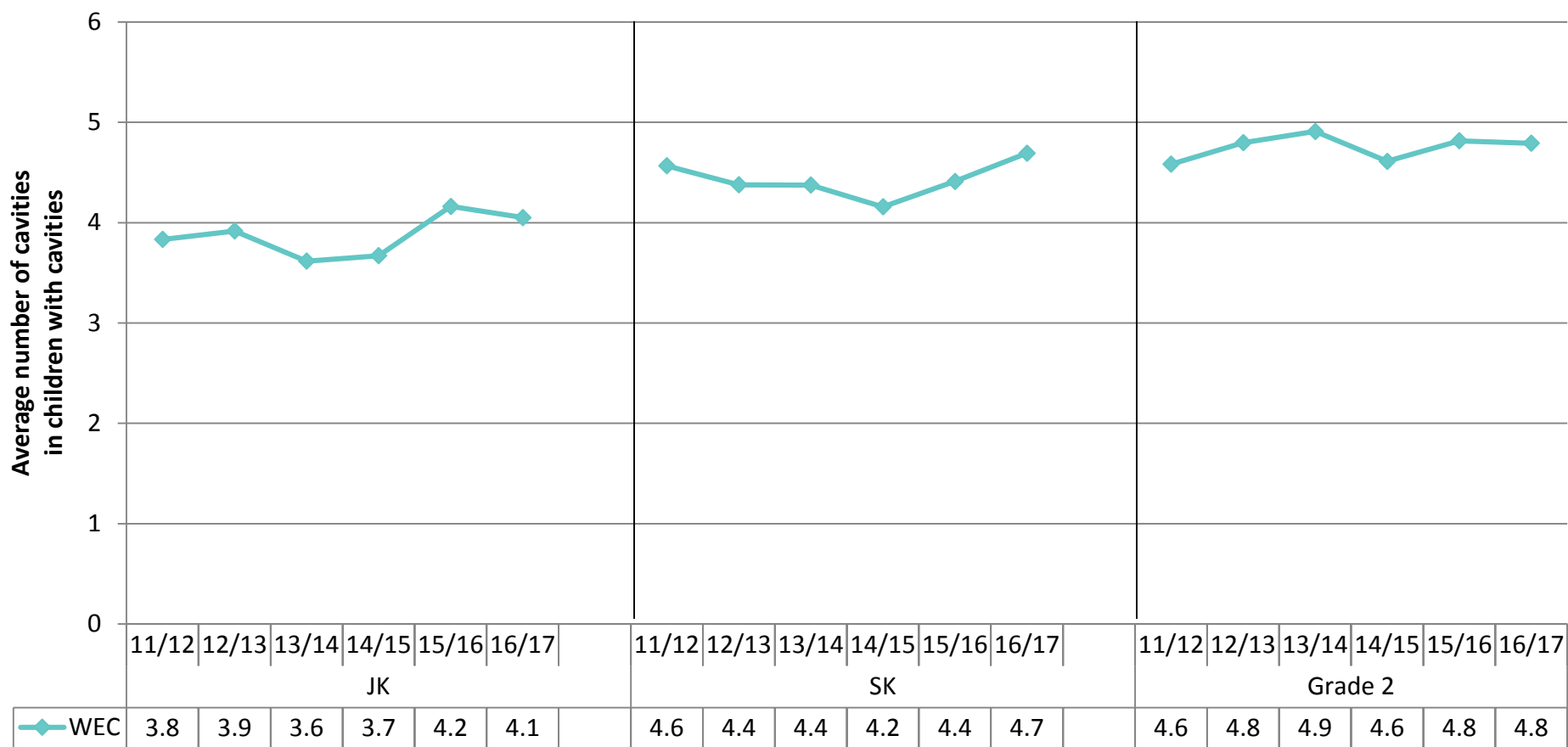
“I’m suppose to get dentures but can’t afford them.”

“Dealt with the pain. Thought I was going to die of infection.”

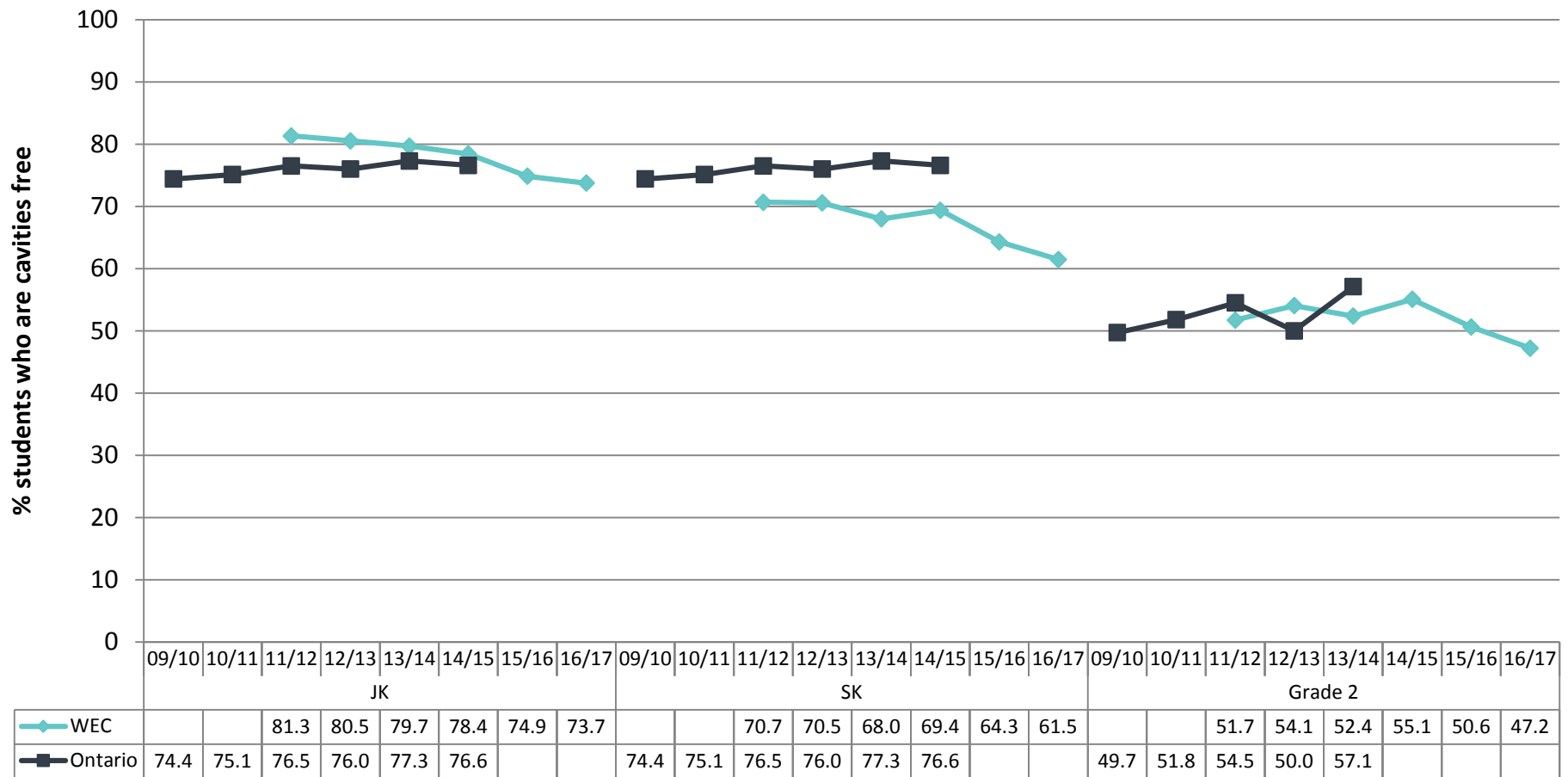
# Average number of cavities per child in Windsor and Essex County



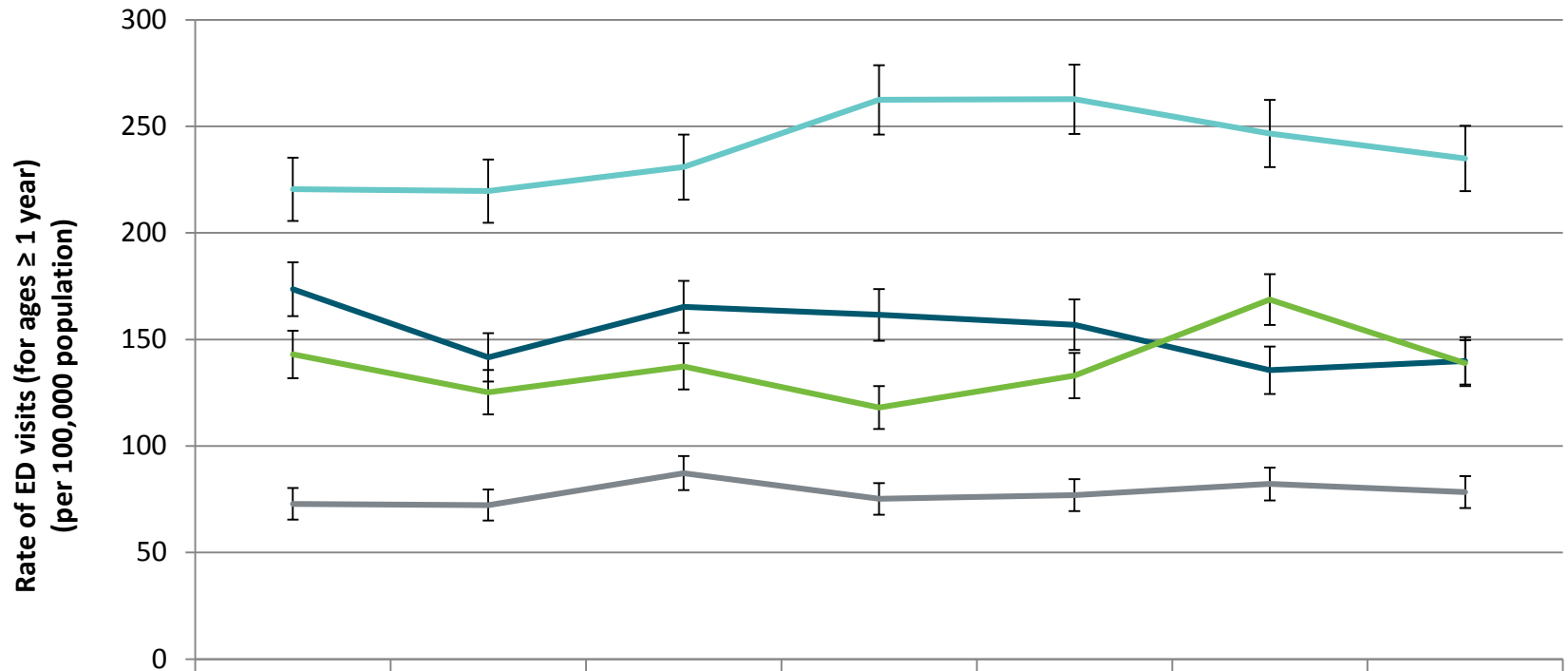
# Severity of the disease among those who have cavities (WEC)



# Percentage of students who have no cavities by grade (WEC and Ontario)



# Rate of ED visits for oral health related conditions in WEC, and comparable communities

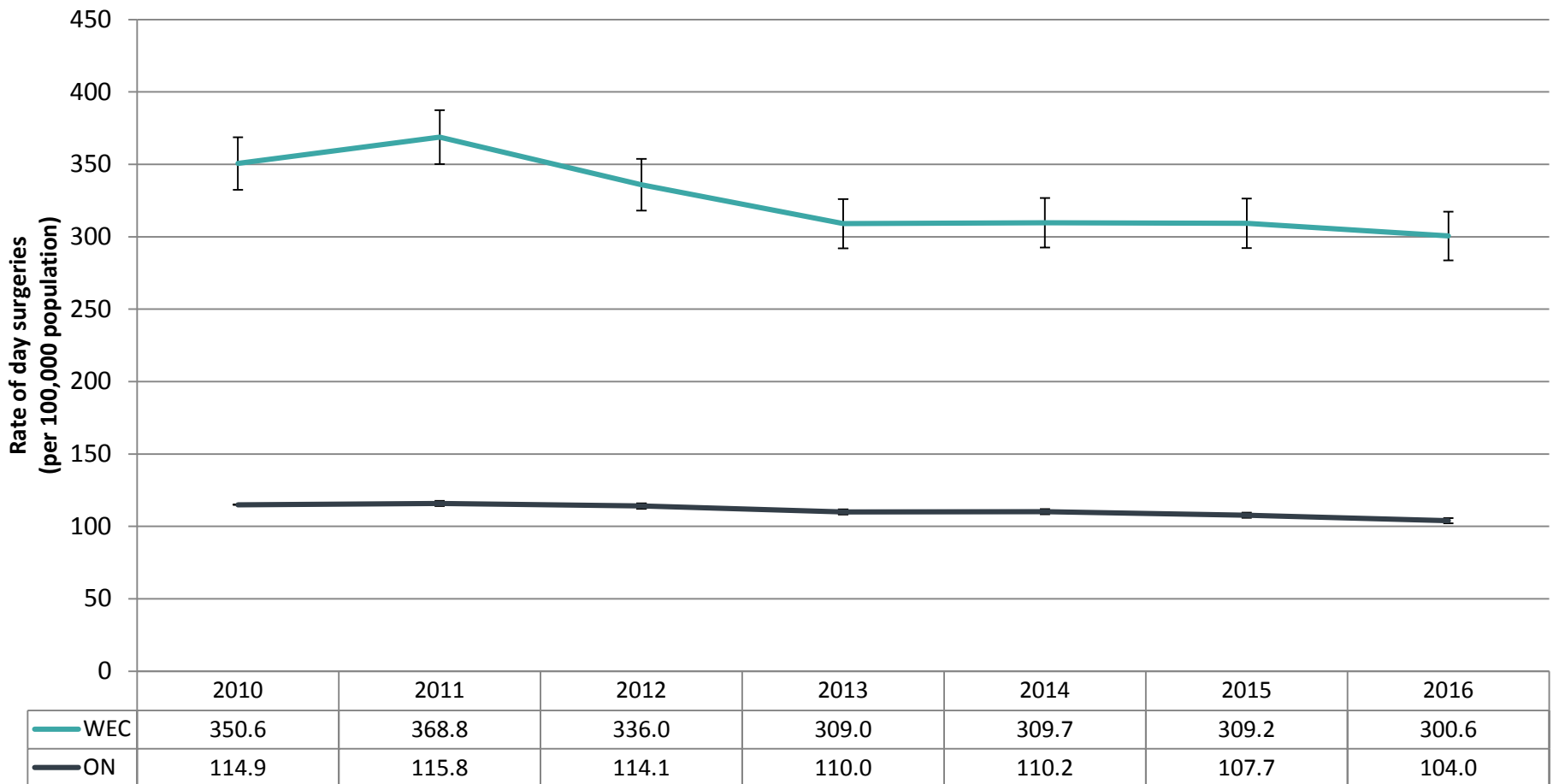


WEC	220.5	219.6	230.9	262.5	262.7	246.6	234.9
Niagara	173.6	141.6	165.3	161.5	156.9	135.6	139.9
Middlesex-London	143.0	125.2	137.4	118.0	133.0	168.7	138.9
Hamilton	72.9	72.3	87.3	75.2	76.9	82.2	78.4





# Rate of day surgeries for oral health (cavities related) conditions in WEC compared to ON



# Trends of core indicators for oral health

Indicator	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Overall Trend
DMFT	1.02	1.09	1.13	1.10	1.38	1.52	49% ↑
Cavities-free children	77%	75%	73%	73%	69%	67%	13% ↓
Children with urgent dental needs	7.6%	7.3%	8.7%	11.5%	10.8%	11.9%	57% ↑
Children with decay and/or urgent dental needs	9.9%	9.7%	11.8%	15.1%	14.1%	14.9%	51% ↑

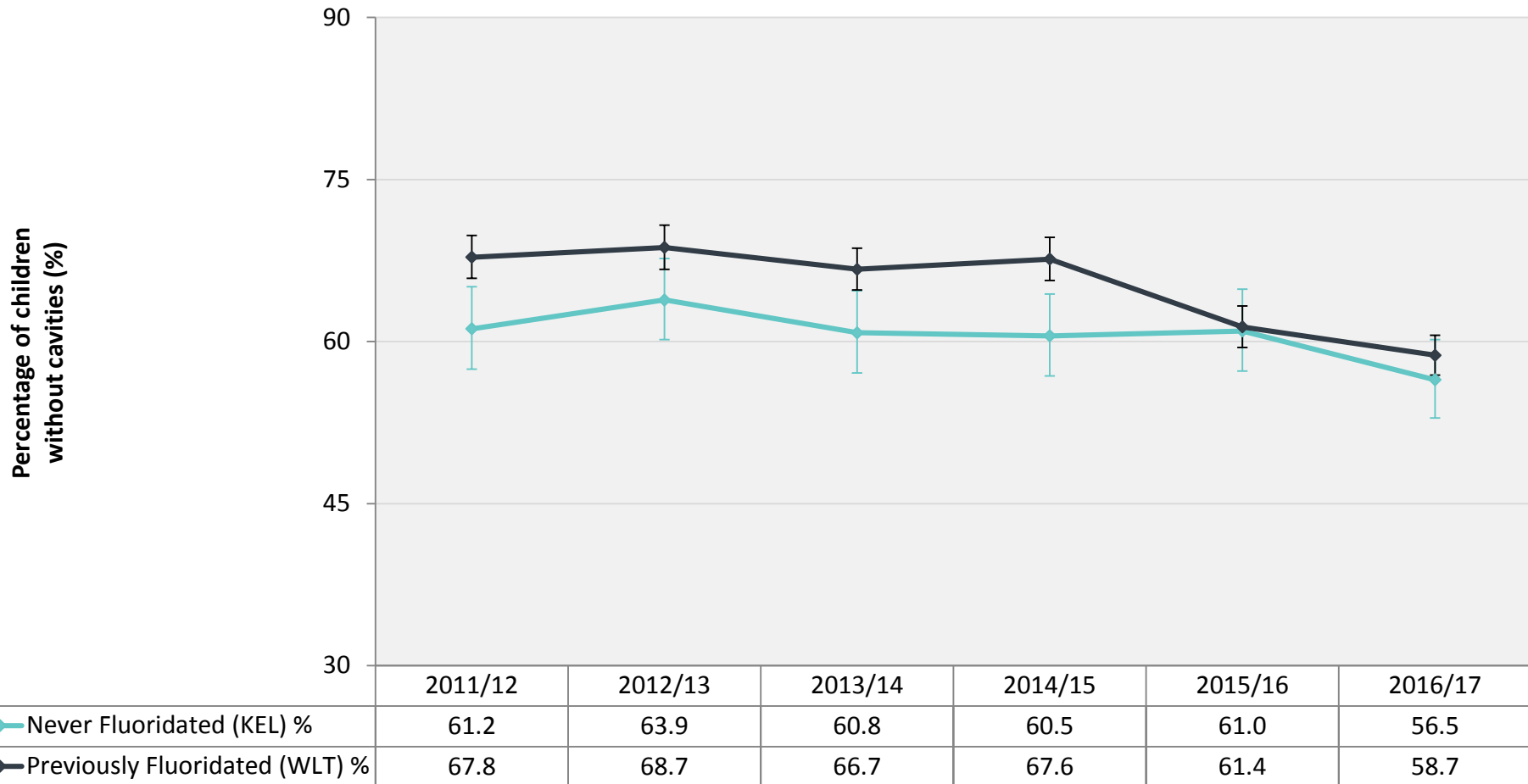
**Source:** Oral Health Information Support System [2011-2017], Ministry of Health and Long-Term Care (Accessed April 17, 2018).



# Oral health in Tecumseh schools (JK, SK, Gr. 2)

% of children screened	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	Overall Trend
Non-urgent care required	1.3%	3.3%	3.6%	1.7%	4.3%	4.0%	4.1%	215% ↑
Urgent care required	3.6%	4.0%	7.2%	4.2%	7.0%	5.5%	5.4%	50% ↑
Decay and/or urgent care required	4.9%	7.3%	10.7%	5.9%	11.3%	9.5%	9.6%	96% ↑

# Percentage of children without cavities by fluoridation status



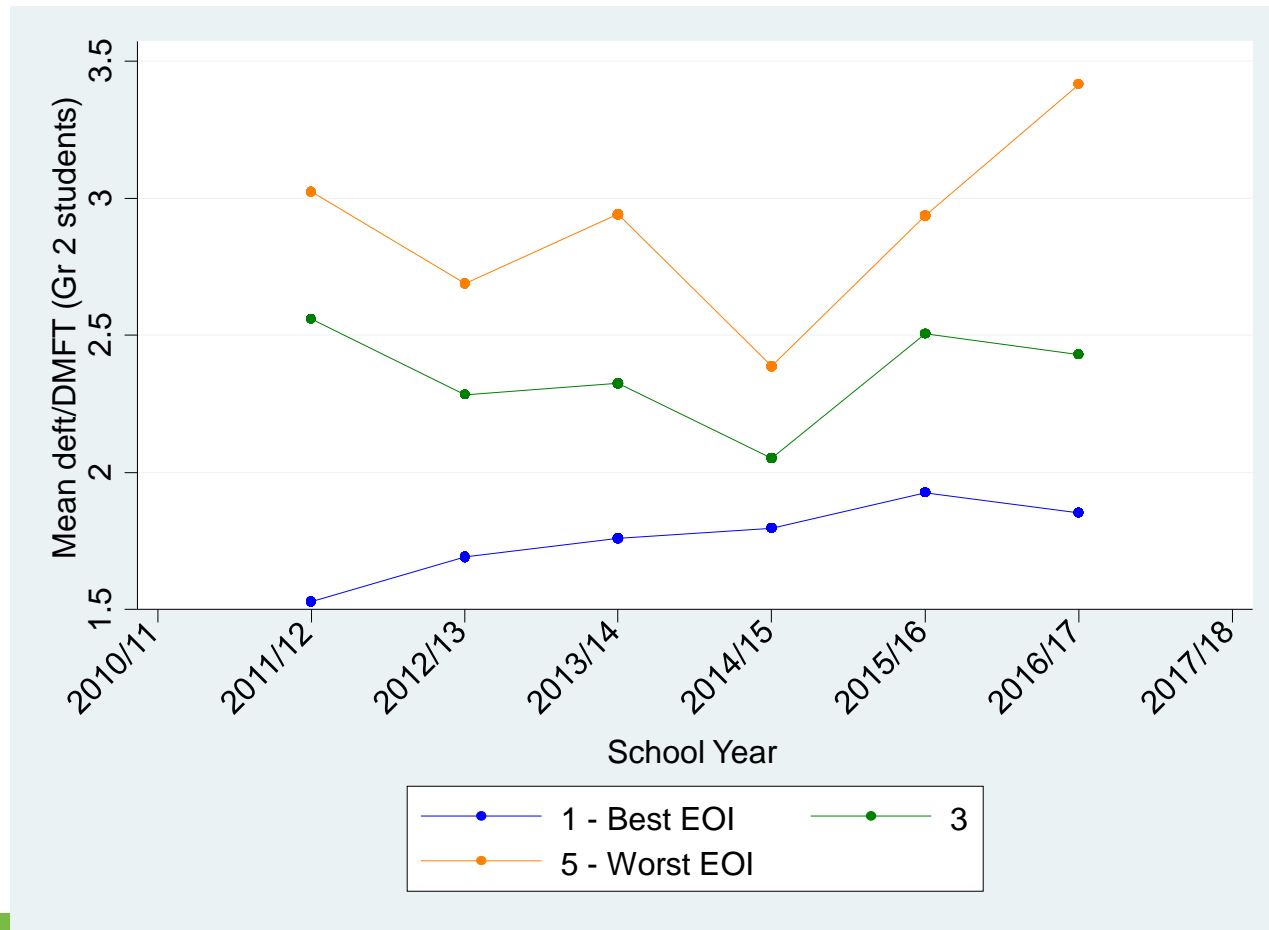


# Number of preventative oral health services offered by WECHU (2011-17)

Year	Windsor	Essex	Leamington	Total
2011	767	266	898	1,931
2012	846	336	1,601	2,783
2013	1,118	233	1,165	2,516
2014	1,001	213	928	2,142
2015	779	194	1,259	2,232
2016	2,880	13	1,879	4,772
2017	4,530	-	3,443	7,973

Source: WECHU internal record

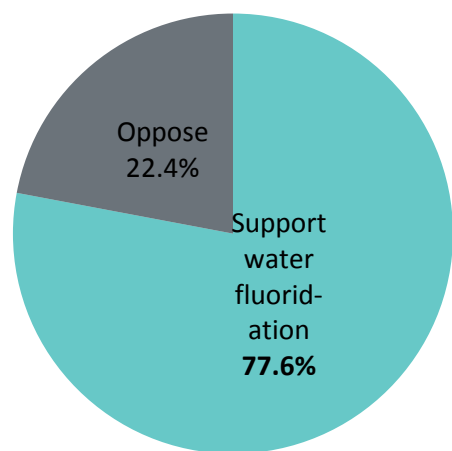
# Average cavities by EOI scores (lowest, middle and highest EOI quintiles) in Grade 2 students



# Support For Adding Fluoride To Public Drinking Water To Help Prevent Tooth Decay, When The Natural Level Is Too Low

## Community Needs Assessment (2016); RRFSS: Sep-Dec 2015

Community Needs Assessment Survey  
(2016)  
n=1,059



Rapid Risk Factor Surveillance System  
Survey (2015)  
n=328

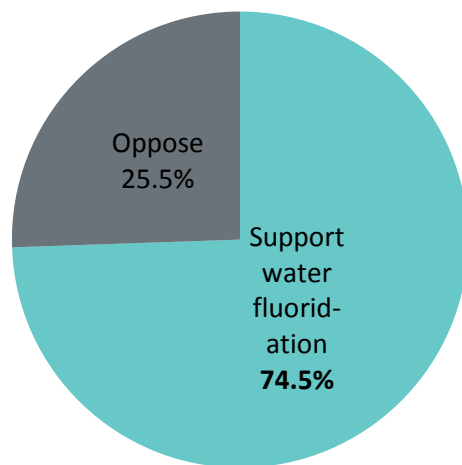
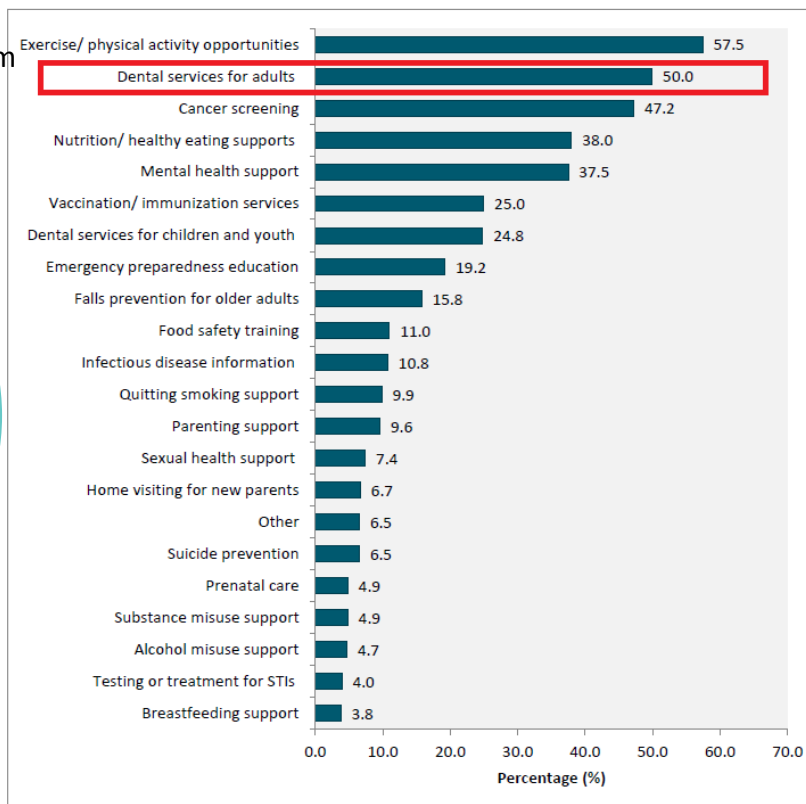
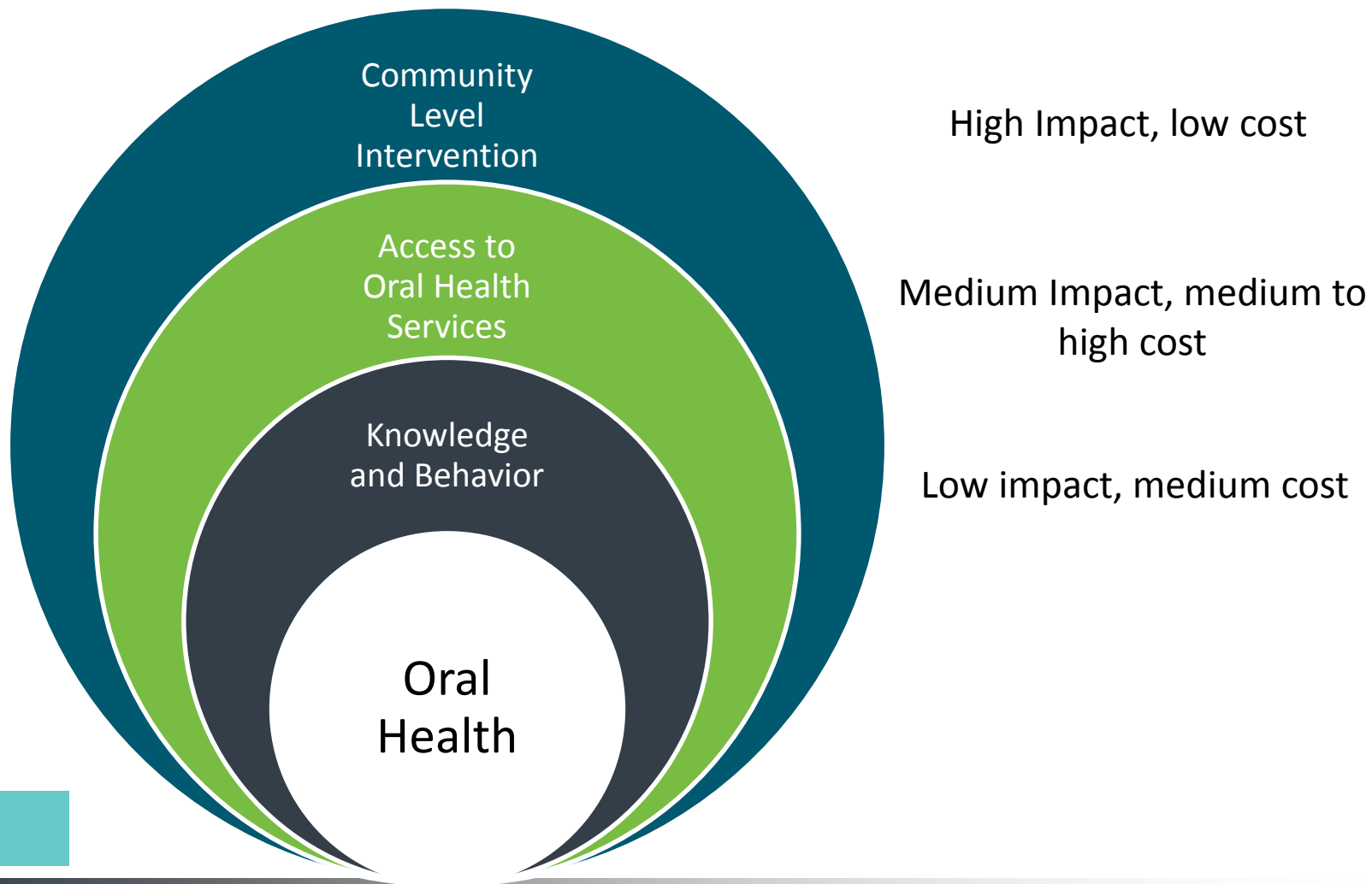


Figure Health supports or services needed to stay healthy (N=1,237).





# Factors Affecting Oral Health



# The Weight of Science



# WECHU Recommendations

1. Windsor-Essex municipalities should reintroduce community water fluoridation.
2. Continue and increase support for oral health education and awareness in the community.
3. Improve access to oral health services within Windsor-Essex.
4. Advocate for improved funding for oral health services and expansion of public dental programs such as, Healthy Smiles Ontario to priority populations.



THANK YOU.

