



HALDIMAND-NORFOLK HEALTH UNIT

# PEARLY WRITES

A dental public health newsletter for Haldimand and Norfolk Dental Offices.



## Development of a new “Paediatric Dental Screening Instrument”

This new pamphlet is a parent-administered dental screening instrument for children 18 – 36 months of age. It represents an oral health supplement to the Nipissing District Development Screen (NDDS). This oral health screening tool is intended for the early identification of young children at risk for or having oral disease and /or disorders, primarily dental caries. It was developed by the Community Dental Health Services Research Unit, one of the Ontario Government’s Health Systems Linked Research Units.

The Nipissing District Developmental Screens are based on research demonstrating that primary prevention and early intervention among preschool children can be achieved through the use of screening questionnaires completed by parents. The NDDS have been adopted as useful tools in a wide variety of settings such as physicians’ offices, Early Years Centres and child care centres. The Ministry of Health and Long Term Care now has the NDDS included as part of the evaluation of Healthy Babies/ Healthy Children Program. The NDDS is a series of thirteen check-lists for the following children of the following ages: 1 and 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 2 years; 30 months; and each year from 3 to 6 years of age. All are

designed for use by parents or caregivers. They are intended to identify aspects of a child’s development that may require early intervention. The areas of development covered by the NDDS include vision, hearing, speech, language and gross motor; fine motor; cognitive, social and self-help skills. Each screen consists of questions requiring a “yes” or “no” response and suggested activities for age appropriate outcomes. A “no” response to two or more questions represent a “red flag” for a child’s referral to a qualified professional, as this might indicate the presence of a developmental difficulty.

The NDDS does not assess the oral health of children. This was recognized by the Ministry of Health and Long Term Care and the recommendation was made to develop and validate a dental adjunct for the NDDS. Early Childhood Caries (ECC) may be preventable if the early signs and its risk factors are identified at an early stage. The objective of an early risk assessment is to screen the child at risk and counsel the parent who could both benefit from early intervention thus preventing the need for later complicated and costly interventions. With this purpose in mind, this dental screening tool was developed.

If you or your dental office would like additional copies please contact the health unit’s dental department.

Welcome to the second edition of our dental public health newsletter, “Pearly Writes.” Our newsletter is designed to keep dental offices and their staff informed of current dental public health developments within our Health Unit as well as across the province. A lot has been happening since our first newsletter was issued last fall. The fluoride debate came to Norfolk, CINOT was expanded to include teenagers up to the age of 18 as well as new Ontario Public Health Standards. We hope you enjoy our newsletter!



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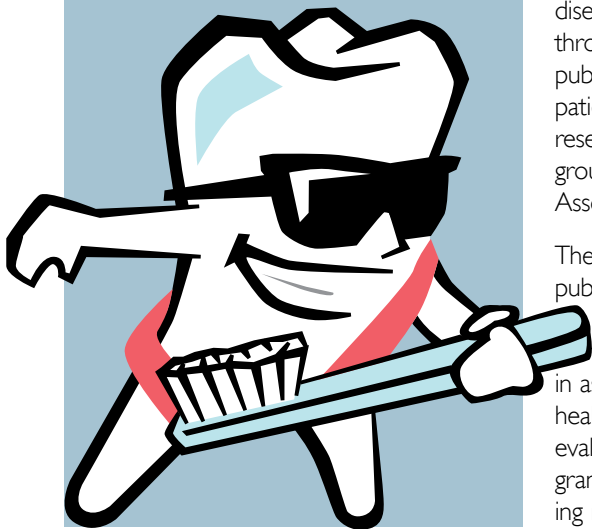
## What is dental public health?



Say goodbye  
to the old

**MURPHY**  
the **MOLAR...**

...And hello to our new  
**MURPHY**  
the **MOLAR!**



There are currently 36 Public Health Units in Ontario as defined by the Health Protection and Promotion Act. Each health unit is served by a board of health and a medical officer of health. Boards are made up of municipal members, either elected officials or community representatives, and provincial appointees where requested. Public health units deliver programs and services for the long-term improvement in the health of the population. Over the years, they have developed a strong, effective provincial structure to promote and protect health, and prevent disease.

“Dental public health is concerned with the diagnosis, prevention, and control of dental disease and the promotion of oral health through organized community efforts. Dental public health serves the community as the patient rather than the individual, through research, health promotion, education, and group dental care programs.” (The Canadian Association of Public Health Dentistry)

The most distinctive difference between public health practice and private practice is concept of the community as the patient. Dental public health positions require skills in assessing and diagnosing community oral health needs; planning, implementing and evaluating community based oral health programs; providing educational services; applying research; using epidemiology; formulating

policy; advocating; and understanding the organization of health care.

### Ontario Public Health Standards

The Ontario Public Health Standards



(OPHS) and Protocols establish the minimum requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development,

disease and injury prevention, and health protection. The OPHS and Protocols are for boards of health and are published by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

The Ontario Public Health Standards can be found at the following website:

[http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs\\_progstds/pdfs/ophs\\_2008.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs_progstds/pdfs/ophs_2008.pdf)

Oral health standards can be found under “Child Health” which is listed under Family Health Program Standards in the above document.

## Remember to share...

Remember to share this newsletter with all of your staff. Perhaps place it in your lunch room or post it to a bulletin board where all your staff has an opportunity to read it. And remember to visit our website. Our health unit has a fantastic website filled with a wealth of dental information and resources including this newsletter available to you and your staff. Check us out at [www.hnhu.org](http://www.hnhu.org)

Watch for upcoming Haldimand-Norfolk Health Unit events in our community. For instance, our second annual Prenatal Health Fair will be held this fall. Dental staff will be present to provide dental information to future moms and dads. And lastly, we want to hear from you. If you or anyone of your staff has any comments or suggestions for future articles, please feel free to share your thoughts and contact us at 519 426-6170 Ext. 3249.



# CINOT EXPANSION

As of January 1, 2009 the Ontario government moved forward with its Poverty Reduction Strategy by providing urgent and essential dental care free-of-charge to children in low-income families.

In the past, the Children in Need of Treatment (CINOT) program provided emergency dental care to low-income children from birth to age 13. Now CINOT has been expanded to include children up to their 18th birthday. It now also provides out-of-hospital aesthetic coverage for children age five to 17.

The Government reports that they are working with Public Health Units, Community Health Centres, Dentists and Dental Hygienists to build community capacity and expand prevention and treatment services for low-income Ontarians, especially children.

Services are expected to be rolling out across the province over the next two years.

The government's total investment in low-income dental services will be \$45 million annually when fully implemented.

Ontario's Poverty Reduction Strategy is designed to build a stronger economy by creating more opportunity for all low-income families and children. The strategy sets a goal of reducing child poverty by 25 per cent in 5 years – lifting 90,000 children out of poverty. In 2007, the program paid for 30,890 courses of treatment for children with identified dental needs.

The following posters and information cards were developed to inform Ontarians about CINOT and recent expansion to include teens aged 17 and under.

If your office requires CINOT poster and information cards, please contact Kim or Barb at 519 426 6170 Ext. 3249 or 3229.



## *CINOT Schedule of Dental Services and Fees*

The CINOT program's Schedule of Dental Services and Fees outlines coverage, service limitations and reimbursement levels. They can be found at the following links:

- CINOT Schedule of Dental Services and Fees: Dentist Providers  
[www.mhp.gov.on.ca/english/health\\_promotion/CINOT-DentistFeeSchedule-April2009.pdf](http://www.mhp.gov.on.ca/english/health_promotion/CINOT-DentistFeeSchedule-April2009.pdf)
- CINOT Schedule of Dental Services and Fees: Non-Dentist Providers  
[www.mhp.gov.on.ca/english/health\\_promotion/CINOT-NON-DentistFeeSchedule-April2009.pdf](http://www.mhp.gov.on.ca/english/health_promotion/CINOT-NON-DentistFeeSchedule-April2009.pdf)

## Community Water Fluoridation in Ontario

A small but well organized group of committed anti-fluoridationists has been urging municipal and regional councils to discontinue community water fluoridation claiming that fluoride in the drinking water is harmful. In 2008 alone at least 6 municipalities in Ontario (Dryden, Halton, Hamilton, Norfolk, Niagara Falls and Waterloo) were challenged to discontinue community water fluoridation. Two of these challenges have led to decisions by city or regional councils to not restart community water fluoridation. Concurrently the Government of Canada and the Ontario Ministry of the Environment have also received several petitions from individuals to cease community water fluoridation.

Optimizing fluoride levels in the drinking water started in Brantford, Ontario in 1945 as the initial test city. Comparison of caries prevalence and severity in Brantford children to those from Sarnia, which was the non-fluoridated control site over an 11 year period, indicated a 63% reduction in caries severity and a 35% reduction in caries prevalence. Similar results from other countries led to many Ontario municipalities to begin fluoridation in the 1950's and 60's. Now, about 8.5 million people (70%) in Ontario receive fluoridated drinking water.

Fluoride levels are carefully monitored regularly to ensure that the optimal level is maintained as is required under the Ontario Public Health Standards.

World-wide the World Health Organization reported that in 2003 about 350 million people worldwide had access to optimally fluoridated drinking water including countries such as: the United States, Canada, Argentina, Ireland, Spain, Australia, New Zealand, Hong Kong, Singapore, Israel and the UK and an additional 50 million had naturally fluoridated drinking water at optimal concentrations.

The safety, efficacy and effectiveness of community water fluoridation have been extensively researched throughout the more than 60 years since it was introduced. Between 1997 and 2007 there were 18 major reviews on fluoridation, the most recent of which are the 2007 reviews by the Health Canada Expert Panel, the Institut national de santé publique du Quebec and the National Health and Medical Research Council of Australia. These reviews have found that: fluoridation is safe and no evidence has been found that it causes cancer; bone disease, kidney disease, birth defects or other adverse health effects; there is no evidence that adding fluoride to the drinking water has negative environmental impact; fluoridation is still effective even though other sources of fluoride such as toothpastes and topical fluorides, are used; fluoridation benefits all residents served by community water supplies regardless of their social or economic status; and fluoridation is the most cost-effective means of delivering the benefits of fluoride to whole communities.

Through positions statements, community water fluoridation is supported by the Royal College of Dental Surgeons of Ontario, the Ontario Dental Association, the Ontario Dental Hygienists Association, the Ontario Agency for Health Protection and Promotion, the Ontario Association of Public Health Dentistry, the Government of Canada, Health Canada and the Public Health Agency of Canada. Many other dental, medical, health and other organizations around the world have endorsed community water fluoridation. Nonetheless the small but vocal group persists in pursuing local authorities to stop community water fluoridation claiming health risks that are not supported in the scientific literature.

The fluoride debate came to Norfolk County. After three long hours of discussion Council members voted to continue to provide fluoridated water to the communities of Simcoe, Delhi and Courtland. The Health Unit appreciates the support of the local dental community and the dentists who attended the council meetings. Although the status quo of fluoridating water in Simcoe, Delhi and Courtland will be maintained, our community may be asked to make the ultimate decision the next 2010 municipal election.

**off the mark.com** by Mark Parisi



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