

CIET

www.ciet.org
building the community voice into planning

Summary Report
SR-CA-lab2-00

Canada

Children's dental health in Labrador

Labrador: Children's Dental Health

This study, carried out in 1998-99, focussed on the knowledge, awareness and dental practices of young children as a basis for generating discussion in households and communities about dental health. All children of primary school age were asked to participate in classroom surveys. Dental checks were conducted by public health nurses and trained assistants with the number of observed caries, fillings and extractions then recorded. From questionnaire information and examinations, baselines for dental caries, oral hygiene practices, sugar intake and the level of utilisation of dental services in Labrador were established.

Evidence: A total of 1176 children (606 males and 570 female between the ages of five and eight years) participated with 1155 of them completing all data items. All schools in Labrador West, Central Labrador and the southern coastal communities of Cartwright and Black Tickle participated. Caregivers contributed to these findings through self-administered mail-in surveys that were linked to the questionnaires completed by their child(ren). Replies were received from 567 parents covering 573 children.

Regional differences exist in most of the findings.

- At the time of the survey, the caries rate ranged from 47% in Happy Valley Goose Bay to 91% in the Sheshatshui Northwest River area. The southern coastal communities had a caries rate of 72% and in Davis Inlet, 82% of the children examined had visible caries.
- Overall 74% (421/568) of parents were satisfied with the dental care received. Cost of dental care was the major cause of dissatisfaction except in remote areas where the lack of a regular dentist was the primary cause of dissatisfaction.
- At the time of the survey, 16% (89/572) of children had not been to the dentist in the past year.
- Parents reported that 72% of children had never had a tooth extracted. Extraction rates were higher in remote coastal communities (32% in Davis Inlet and 36% in the southern coastal communities).

Risk Analysis

- A child who was breastfed was twice as likely to be caries free at the time of examination as one who was not breastfed (odds ratio 2.0, 95% CI 1.4-2.8)
- A child given a bedtime bottle of formula or sweetened drink during the first year of life was twice as likely to have visible cavities at time of examination as one who was not given such a drink at bedtime (odds ratio 1.9, 95% CI 1.2-2.9).
- A child whose parent who felt that dental hygiene could be delayed until children were old enough to perform such hygiene practices themselves was twice as likely to have cavities as one who parents thought it was appropriate to initiate dental hygiene practices earlier (odds ratio 1.8, 95% CI 1.1-2.7).

- A child who ate two or more sweet things per day was 60% more likely to have cavities on examination than a child who ate no sweets (odds ratio 1.6, 95% CI 1.2-2.2).
- A child who drank more than one can of pop per day was 70% (504/987) more likely to have cavities on examination than a child who drank no more than one soft drink per day (odds ratio 1.7, 95% CI 1.2-2.4).

Planning and action to date: The provision of knowledge to the community was an integral element throughout the second LoPHID cycle. The public health professional leading the classroom surveys incorporated a short teaching exercise into their sessions.

A brochure created by CIETcanada in collaboration with Health Labrador and local dental health professionals was given to all children participating in the classroom surveys as part of a take-home package for their parents. A second brochure outlining the survey findings was delivered to participating schools in Labrador for inclusion in student report card packages at the end of the school year, duplicating the child-to-parent method of information delivery used at the time of the original survey.

These brochures have been provided to community centres, daycare facilities, family resource centres and other locations frequented by young families. The development of a third brochure in which other survey findings are addressed and some revisited is being planned to coincide with the commencement of the school year. While it may again be used to target students in their classrooms (and through them their parents) it may be used to introduce dental health information to the community at different sites and events:

Contact: For further information, please contact Andrea White, Health Labrador Corporation, tel. (709)-896-1188 or andrea.white@nf.sympatico.ca.