PREVENTION AND PROMOTION
A COMMUNITY BASED APPROACH

Report On The Community Oral Health Program
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PREVENTION AND PROMOTION
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THE COMMUNITY ORAL HEALTH PROGRAM

Introduction
The City of Hamilton, like many other Canadian cities is struggling with increased social problems, people living in poverty, rising levels of unemployment, an increase of homelessness and under housed people, growing numbers of people facing barriers to healthcare due to race, gender, age, language, culture, ability reasons, mental health issues, and many other socio-economic reasons.

These struggles are often intensified for communities because of continuous cuts to health and social services. Many of the services and agencies who have historically provided some support for people in these areas have disappeared. Poverty, barriers to accessing services, social isolation and exclusion, racism and discrimination, being homeless or under housed are determinants of health. When basic needs are continuously stripped away, the result is a community whose population is not well.

Hamilton Urban Core is a community health centre located in the heart of downtown Hamilton. The Centre is committed to providing the community the highest level of primary health care, education and advocacy, especially to those individuals who face barriers to...
improving their health and well being.

Primary health care is one of a community’s greatest needs. Studies show that all communities who need primary health care also need primary oral health care. Like primary health, primary oral health care constitutes first line oral health care that includes programs directed at the promotion of oral health, early detection of oral health problems and prevention of oral disease, to keep people and communities healthy. While a number of health strategies have been implemented in Ontario to enhance the delivery of community health services across the province, much less has been done to improve access and delivery of community oral health care.

The balanced development of oral health services should provide for the full implementation of recent achievement in oral health, but primary attention must still be given to the prevention, control, and finally the reduction of barriers to achieving optimum oral health for underserved and marginalized communities.

Oral health as an integral part of total health includes many chapters closely related to other branches of medicine, including all the components of complete physical, mental, and social well being.

In this context, the Hamilton Urban Core Community Oral Health Program has emerged as a unique model that undertakes oral health promotion as an infrastructure to improving the community’s oral health, breaking down the barriers and reducing inequities that hinder the community from enjoying the benefits of optimum oral health.

RATIONALE OF THE ORAL HEALTH PROGRAM

In keeping with Hamilton Urban Core’s service approach, the Community Oral Health program was developed in response to the needs identified in the community. Hamilton Urban Core knew that to develop an effective plan and respond to the need for better access to oral health care, prevention and maintenance many factors must be considered. A strategy was chosen that would ensure inclusion of the full range of factors that affect or impact on the oral health of the community. It was also important that the program be framed by the pillars of community health, the social determinants of health, quality service and health promotion. With this approach it was felt that the foundation and ultimate implementation of the oral health program would focus on providing optimal oral health care and services knowing that this would contribute positively to improvements in general health and well-being for individuals and within the community.

Mission Statement

To improve the oral health and quality of life of the people within our community through enabling them to have control over the factors that affect their oral health, and provide them the opportunity to participate actively in making decisions that may affect their oral health and well being. The program is committed to providing our community with the highest level of preventive oral care, oral health promotion, and oral health education and to ease access to different oral health care services.
Vision Statement
Our vision is a healthy community that may enjoy the benefits of optimum oral health.
Purpose of the Program
The goals and objectives of the Program have been developed in accordance with the overall mandate of Hamilton Urban Core and in keeping with the principles of Ottawa Charter for Health Promotion as follows:

This is a program that enables people in our community to increase control over the factors that affect their oral health. This approach aims to improve the oral health and the overall well-being of individuals and groups who have traditionally lacked access to adequate oral health care. The program includes oral health promotion, education, preventive oral health care, counseling and advocacy.

Objectives of the Program
Oral Health Enhancement - To increase levels of good oral health
Risk Avoidance - To prevent oral health problems
Risk Reduction -To decrease the chances of developing oral health problems

PROGRAM OVERVIEW
Community oral health offers a positive approach to oral health and/or general health directed at the whole person and the whole community. Community oral health services are non-profit making: they provide first line oral health care to keep communities healthy.

The Community Oral Health Program provides a wide range of preventive and educational services, which include:

**Oral Health Promotion and Education:** presentations in schools and at community agencies, oral hygiene instruction, oral hygiene audio-visual presentation

**Preventive Oral Health Care:** cleaning and polishing, use of pit and fissure sealant, topical fluoridation, applying desensitizing agent, and nutritional counseling to promote careful food choices

**Advocacy:** reducing barriers in accessing oral health services through other practitioners or providers

**Community Oral Health Day:** A day long event devoted to a particular organization, partner agency, school, ethnic and/or cultural group, population group (for example immigrants and refugees, youth, seniors, single parents) or groups with special needs (for example people living with addictions or methadone clients) to learn more about oral health and to access oral health services

**Preventive Recall System:** a mechanism for ongoing maintenance of optimal oral health

Community oral health is more than treating oral health problems; it is also about protecting and promoting a healthy environment and way of life for everybody.
Hamilton Urban Core’s Community Oral Health Program is not intended to be an alternative to other oral health services within the community; rather it is a component an essential component of the continuum of oral health services. The Community Oral Health Program facilitates better service integration by providing primary oral health care, and basic preventive and educational services for individuals and groups who need it, and facilitating access to other providers where barriers exist due to language, culture, economic status or other factors.¹

Services for the Community Oral Health Program are provided through the Community Oral Health Coordinator. The Coordinator for Hamilton Urban Core’s program is a registered Paradental Practitioner. A Paradental Practitioner is a Dentist who has earned their credentials outside of Canada. The practitioner at Hamilton Urban Core holds a DMD degree (Doctor – medic specializing in Stomatology) which is a level of education comparable to a degree in medicine awarded by a recognized university in Ontario. As a Paradental Practitioner the Community Oral Health Coordinator is able to perform oral health services or “non-controlled” acts in the mouth, and clients receive the additional benefit of the knowledge and experience gained from their prior work as a dentist.

Individual client services for the Community oral health program are provided through scheduled visits with clients. The following chart is an illustration of the number of people the Coordinator and the Program have served over the past 10 years.

### 1998 – 2007 Encountered Clients
(Number of individuals seen or attending)

<table>
<thead>
<tr>
<th>Year (Based on Fiscal year of April 1 to March 31)</th>
<th>Preventive Oral Health Care</th>
<th>Oral Health Promotion/Education</th>
<th>Annual Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>333</td>
<td>225</td>
<td>558</td>
</tr>
<tr>
<td>1999</td>
<td>968</td>
<td>1,025</td>
<td>1,993</td>
</tr>
<tr>
<td>2000</td>
<td>916</td>
<td>3,729</td>
<td>4,645</td>
</tr>
<tr>
<td>2001</td>
<td>872</td>
<td>1,975</td>
<td>2,847</td>
</tr>
<tr>
<td>2002</td>
<td>789</td>
<td>1,853</td>
<td>2,642</td>
</tr>
<tr>
<td>2003</td>
<td>840</td>
<td>1,294</td>
<td>2,134</td>
</tr>
<tr>
<td>2004</td>
<td>601</td>
<td>3,286</td>
<td>3,887</td>
</tr>
<tr>
<td>2005</td>
<td>760</td>
<td>2,232</td>
<td>2,992</td>
</tr>
<tr>
<td>2006</td>
<td>882</td>
<td>1,552</td>
<td>2,434</td>
</tr>
</tbody>
</table>

¹ Excerpts from the Community Oral Health Manual prepared by Haidar Farran, Community Oral Health Program Coordinator *(including individual schedules appointments & Community Oral Health Day visits)*
Another important component of the Community Oral Health Program involves oral health promotion, education and outreach. This component is focused on providing oral health education to increase awareness about the importance of oral health as a way to improve overall health, especially among children and adolescents.

The oral health promotion and educational visit emphasizes the importance of maintaining good oral health and includes tools to promote good oral health. This includes the following subject areas:

i. Caring for Teeth at Home and School
ii. Good Oral Hygiene – why is it important?
iii. Plaque - How plaque affects our oral health
iv. Plaque - How plaque on the teeth is identified
v. Brushing and Flossing - the importance of brushing and flossing and instructions on how to brush and floss properly
vi. Healthy Eating - the importance of healthy eating in building good oral health and healthy snack alternatives to sugar snacks
vii. An educational oral health film followed by a question and answer period
viii. Open discussion driven by the participant’s concerns

Specific topics covered in community oral health promotion and education:

1. Baby teeth are important! Birth – 1 year
2. Baby teeth are important 1-3 years
3. Baby teeth are important 3-5 years
4. Growing teeth are important! 6 – 12 years
5. Adult teeth are for life. 13 years – 19 years
6. Baby bottle tooth decay
7. Facts about mouth care for your pre-school child
8. Fluoride and health teeth
9. Attention parents of babies and toddlers
10. Managing dental pain and trauma
11. Tooth safety for toddlers
12. You can prevent early childhood tooth decay
13. How to brush your child’s teeth?
14. How to use dental floss?
15. Vitamins
16. Child’s teeth safety during sports and other activities
17. Special occasion snacking  
18. How to choose a dentist?  
19. The fresh breath facts  
20. Prevention of choking in young children  
21. Tips for maximizing denture’s efficiently  
22. What your mouth can tell you  
23. How to brush efficiently?  
24. Health eating = healthy teeth  

COMMUNITY OUTREACH  

Hamilton Urban Core’s uses a community engagement approach to outreach rather than one that is limited to only to dissemination of information and education. Outreach is viewed as a two way street framed in a strategy directly linked to the Centre’s mission, vision and priorities. 

The Community Oral Health Program’s outreach strategy was developed to achieve the following results:  

1. Influence the surrounding community  
2. Build relationships with various communities  
3. Build bridges with partners in the community and referring agencies or providers  
4. Expand services and access to services  

Oral Health Promotion/ Education and Outreach  
The following chart is a snapshot of the number of outreach activities the Oral Health Coordinator has engaged in over 6 years.  

<table>
<thead>
<tr>
<th>Year</th>
<th>Schools</th>
<th># of Students</th>
<th>Organizations</th>
<th># Clients</th>
<th>Community Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>3</td>
<td>422</td>
<td>4</td>
<td>43</td>
<td>13</td>
</tr>
<tr>
<td>2002</td>
<td>3</td>
<td>789</td>
<td>2</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>2003</td>
<td>9</td>
<td>1,602</td>
<td>5</td>
<td>116</td>
<td>30</td>
</tr>
<tr>
<td>2004</td>
<td>11</td>
<td>2,143</td>
<td>5</td>
<td>263</td>
<td>13</td>
</tr>
<tr>
<td>2005</td>
<td>16</td>
<td>2,270</td>
<td>10</td>
<td>98</td>
<td>29</td>
</tr>
<tr>
<td>2006</td>
<td>10</td>
<td>1,989</td>
<td>4</td>
<td>70</td>
<td>30</td>
</tr>
<tr>
<td>2007</td>
<td>9</td>
<td>679</td>
<td>16</td>
<td>356</td>
<td>28</td>
</tr>
<tr>
<td>Grand Total</td>
<td>64</td>
<td>9,894</td>
<td>46</td>
<td>854</td>
<td>147</td>
</tr>
</tbody>
</table>
Community Linkages

Throughout the course of the Program the Community Oral Health Coordinator has established many working partnerships and outreach linkages to better facilitate the provision of oral health promotion and education in the community. The following are some examples of schools and organizations connected with the program:

1. Aboriginal Community Health Centre
2. Afghani Association of Hamilton
3. Afghani Women Society
4. Afro-Canadian Caribbean Association (ACCA)
5. Aga Khan Shia Ismaili Community
6. Ahmadiyah Muslim Women Association Hamilton
7. Al-Wilayat Islamic Association
8. Canadian Punjabi Association
9. Cathedral High School
10. Central Public School
11. Circle of Friends
12. City Learning Centre
13. Community Link (Seniors)
14. Dr. J. Edgar Davey School
15. Glendale High School
16. Good Shepherd Women Services- Somerville House
17. Hamilton Public Library
18. Hamilton Wentworth Head Injury Family Support Group
19. Hess Street School
20. Ismailic School of Hamilton
21. Lake Avenue School
22. Mohawk College – English Language Studies
23. Our Lay of Lourdes School
24. Pakistani Community of Canada-Hamilton
25. Parkway Campus ESL
26. Portuguese Information Centre
27. Queen Victoria School
28. Red Hill ESL
29. Rock Chapel United Church
30. Roxborough Senior’s Centre
31. Salvation Army
32. Sanford Avenue School
33. Settlement & Integration Services Organization (SISO) – SWISH-LASP – Seniors Program – ELT Program
34. Settlement Workers in Schools Hamilton (SWISH)
35. Shamiram Assyrian Association Inc. of Canada
36. Sir John A. MacDonald High School
37. St. Charles Centre (6 Locations)
38. St. Helen’s School
39. St. Mary’s School
40. St. Matthew’s House
41. St. Patrick School
42. Stinson School
43. Stoney Creek Adult Learning Centre
WHAT DOES IT COST? FACTS AND FIGURES

Cost-Effectiveness: A Snapshot of Operating Costs
Sample of Costs in 3 different years of the Community Oral Health Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Costs</th>
<th># of Individuals Receiving Preventive Service</th>
<th>Average cost per client</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$8,435</td>
<td>789</td>
<td>$10.69</td>
</tr>
<tr>
<td>2004</td>
<td>$8,246</td>
<td>601</td>
<td>$13.72</td>
</tr>
<tr>
<td>2006</td>
<td>$7,941</td>
<td>882</td>
<td>$9.01</td>
</tr>
<tr>
<td>Grand Total:</td>
<td>$24,622</td>
<td>2,272</td>
<td>$11.14 (averaged)</td>
</tr>
</tbody>
</table>

*Does not include Oral Health Coordinator’s salary or the administrative costs of running the program

The Real Costs: Suggested Fees for Services
In 2006 approximately 882 Clients received Preventive Oral Health Services through the Community Oral Health Program. The following chart is an illustration of what it may cost to pay for the services needed by clients (adults and children) if this program was a model requiring fee-for-service payment. Many may view this as either a way for generating income or potential savings for clients. However, for individuals with low or no income and families living in poverty it is almost impossible to pay for oral health services and keep a roof overhead at the same time. While this chart does not include the Oral Health Coordinator’s salary or administrative costs of running the program, the experience of the community health centre model supports the models cost effectiveness for salaried health professionals and multidisciplinary team work.
Important work such as client advocacy and orienting and informing clients about their benefits and coverage with provincial and/or federal bodies were not included although almost every client accessing the Program requires these services also. The ODA fee guide does not have a comparable service item.

<table>
<thead>
<tr>
<th>Services Provided by Community Oral Health Program 2006 (Free)</th>
<th>ODA Suggested Fee for Service (approximate figures)</th>
<th>The Real Cost X 882 Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning</td>
<td>$144.39 for 3 units of time</td>
<td>$12,735.19</td>
</tr>
<tr>
<td>Polishing</td>
<td>$100.38 for 3 units of time</td>
<td>$88,535.16</td>
</tr>
<tr>
<td>Pits &amp; Fissures Sealant</td>
<td>$24.11 for 4 &amp; 6 tooth in the first quad + 2nd tooth in the same quad $17.91</td>
<td>$21,265.02</td>
</tr>
<tr>
<td>Sealants</td>
<td>1st tooth quadrant $16.97 + each additional tooth in quadrant $10.61</td>
<td>$14,967.54</td>
</tr>
<tr>
<td>Topical Fluoride Application</td>
<td>$74.52 for 3 units of time</td>
<td>$65,726.64</td>
</tr>
<tr>
<td>Oral Health &amp; Nutritional Counseling</td>
<td>$80.31 for 3 units of time</td>
<td>$70,833.42</td>
</tr>
<tr>
<td>Check-ups</td>
<td>$84.81 – $109.62</td>
<td>$74,802.42 - $96,684.84</td>
</tr>
<tr>
<td>Information and Referral</td>
<td>$10.00 per person</td>
<td>$8,820</td>
</tr>
<tr>
<td>Instruction in oral self care</td>
<td>$95.46 for 3 units of time</td>
<td>$84,195.72</td>
</tr>
<tr>
<td>Group presentations</td>
<td>$95.46 for 3 units of time (not including preparation)</td>
<td>$84,195.72</td>
</tr>
<tr>
<td>Evaluation of dental hygiene care</td>
<td>$95.46 for 3 units of time</td>
<td>$84,195.72</td>
</tr>
<tr>
<td>Education Counseling for diet</td>
<td>$95.46 for 3 units of time</td>
<td>$84,195.72</td>
</tr>
<tr>
<td>Desensitization</td>
<td>$95.46 for 3 units of time</td>
<td>$84,195.72</td>
</tr>
<tr>
<td>Stain removal</td>
<td>$63.66 for 3 units of time</td>
<td>$56,148.12</td>
</tr>
<tr>
<td>Fluoride applications</td>
<td>$38.19 for 3 units of time</td>
<td>$33,683.58</td>
</tr>
<tr>
<td>Examination/ Assessment Primary</td>
<td>$55.00</td>
<td>$48,510</td>
</tr>
</tbody>
</table>

Conferences

In addition to providing client services, health promotion and outreach the Oral Health Coordinator has also presented in conference settings to advance the cause for comprehensive oral health services. This includes:

- Facilitated a workshop "Community Oral Health Program Infrastructure to Improve Community's Oral health" AOHCE Health link Conference, June 2001, Ottawa, Ontario, Canada (Provincial Conference)
- Facilitated a workshop "A Framework for Community Oral Health" CACHCA Best Practices in Primary Health Care Centres Conference - October 2002, Saskatoon, Saskatchewan, Canada (National Conference)
- Attended and participated in the "Access and Care: Towards a National Oral Health Strategy” University of Toronto, May 13 – 15, 2004

Awards

Hamilton Urban Core’s Community Oral Health Program is an award winning program recognized by peers, community groups and agencies. These awards include:

- "Award of Excellence in the Social and Health Spheres" – Canadian Punjabi Senior’s Association on the occasion of celebrating the International Year of Older Persons, October 1999.
- "Award of Appreciation" – Settlement and Integration Services Organization (SISO) for providing dental care for immigrants and refugees, March 1999.
- "Health is Community Affair Award" – the Association of Ontario Health Centres, April 2000.
- "Award of Excellence in Primary Health Care, Category Programs and Services" – the Association of Ontario Health Centres, June 2000.
Marketing Research and Development

The Oral Health Coordinator recognizing that there were gaps in helpful and informative learning tools in languages other than English and where literacy levels are of concern, created or collected various tools and translated these materials to increase access to information for clients.

Examples of Created Material:

- Who Do I Call For Help? Brochure (English)
- Tips for Maximizing Denture’s Efficiency (English) (Punjabi)
- Tips For Managing Diabetic Dental Treatment – Type 1&2 (English)
- Vitamins/ Vitamin-Rich Foods (English)
- Oral Health Tips for Parents (English)
- Teeth Safety During Sports and Other Activities (English)
- How to Brush Efficiently *poster* (English, Punjabi)
- Flossing (Punjabi)
- Diabetes and Oral Health (English)
- Oral Health Resource Manual (English)
- Life Lessons Parenting Skills Family Oral Health Care (English)
- Recommendations for Tooth Brush Care (English)
- Bad Breath Fact Sheet (English)
- Healthy Eating = Healthy Teeth colouring poster for children

Materials Available from Other Sources:

- Brushing Method (Arabic) (Farsi) (Chinese) (Spanish) (Somali) (Vietnamese) (Amharic)
- Flossing Method (Arabic) (Farsi) (Chinese) (Spanish) (Somali) (Vietnamese) (Amharic)
- Vitamins/ Vitamin-Rich Foods (English)
- Canada Food Guide (various languages)
- How to Choose a Dentist
- Dental Health Fact Sheet for Seniors – What Your Mouth Can Tell You

ENHANCING SERVICES

Given the history of the clients encountered, the Oral Health Coordinator sought out supplemental education to support the specific client base and enhance the provision of services.

- Child Abuse and Neglect: Implications for Dental Professionals
- Aging, Systemic Disease
- Oral Health and Wellness, Understanding Periodontal Health: Periodontics
- Recognizing Disease States and Choices in Treatment Strategies
- Treating the Patient with Down Syndrome
- Eating Disorders: Identification and Intervention
- Biofilm: A New View of Plaque
- Analyzing the Causes of Pathologic Tooth Wear
- Management of HIV/AIDS Patients in Dental Practice
NEW AREAS OF DEVELOPMENT

HEALTH INTERVENTION TO PREVENT HOMELESSNESS OF OLDER PERSONS (HIPHOP)

Senior’s Oral Health Project

In 2007 the Oral Health Coordinator completed the HIPHOP Senior’s Oral Health Program Report. Through his work he recognized that there were many issues, concerns and barriers faced by seniors in trying to maintain their own oral health. The following is an overview of the project and summary of the findings:

Some older persons lose some or all of their teeth and need partial or full dentures. Tooth loss is the major reason that older people cannot chew as well and thus may not consume enough calories.

Tooth enamel tends to wear away with age, making the teeth vulnerable to damage and decay. Periodontal disease, however, is the major cause of tooth loss. Periodontal disease is more likely to occur in people with poor oral hygiene, in people who smoke, in people who take a lot of different medications, and in people with certain disorders, such as diabetes mellitus, poor nutrition, leukemia, and AIDS.

The Goals of the Project

1. To describe the oral health status of “Seniors clients” who are defined “as at risk aged 55 years and up
2. To explore the most frequent trends and needs of treatment
3. To demonstrate the number of provided service events and number of served clients
4. To demonstrate the numbers (presentations and attendees) of outreach/education

Methods

1. Reviewed a sample of clients records (64 oral health records) for a certain period of time (September 2005 to March 2006)
2. Extracted data provided by Hamilton Urban Core’s Data Management Coordinator from April 2005 – July 2007
3. Used various oral health studies and literature
4. Reviewed HIPHOP oral health monthly report

Oral Health Challenges Amongst the Elderly

Based on the World Health Organization (The World Oral Health Report 20033) the following challenges amongst the HIPHOP Project Seniors were identified and dramatically affect their quality of life in relation to:

1. Changing dentition status from dentate to partially edentate to full edentulousness and all related modification, adjustment and compromise of functions of each change of dentition status

---

2. Caries prevalence with unmet need for care due to lack of access to restorative treatment due to:
   a) Lack of financial resources to pay for the service
   b) Lack or absence of dental coverage or benefits especially to seniors after 65 of age

3. Periodontal problems (gums and underlying bone) and poor oral hygiene
   (* Periodontal Problems: loss of attachment, loose teeth, bleeding gums, receding gums)

   The quantity of bone deposition decreases with increasing age. As a result, there is resorption of the bony sockets of the teeth leading to loose teeth and falling of teeth. Loose teeth may need to be extracted. Resorption of the bony sockets also increases the gap between teeth. Food gets lodged in these gaps leading to increased tendency to carious teeth.

   * Poor and compromised oral hygiene: improper oral hygiene practices, lack of access/coverage to preventive oral health care services

4. Edentulousness and limited oral functioning which affect the functions of mastication, speaking and appearance that have drastic consequences on quality of processing food, nutrition, self-esteem, confidence, social, mental and general well-being

5. Denture related conditions, ill-fitting removable dentures which affect the mastication function and duly nutritional status of seniors

6. Craniobucal (pertaining to the cranium and the mouth) pain and discomfort due to prevalence of caries, abscesses, loose teeth, wearing away of tooth enamel, sensitive teeth, build-up of tartar, bleeding gums and halitosis etc.

7. Consequently, compromised/reduced quality of life due to all above mentioned challenges.

Seniors Population Access to Oral Health Care Services

Lack of access to dental care for seniors residing in long-term care facilities or in the community has been consistently identified (MOHLTC, 1974; Ontario Advisory Council on Senior Citizens, 1980). Barriers to access include lack of individual or family motivation for dental care; accessibility of dental offices; lack of transportation; inability to navigate stairs; lack of in-house clinics; lack of affordability of dental services; lack of dental professionals. As well, language and cultural barriers are of major importance in that this may either facilitate or hinder access to oral health care services particularly with the diversity of the community of older persons.

General Data

<table>
<thead>
<tr>
<th>GENERAL DATA</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total clients who benefited from receiving services (clinical and education)</td>
<td>257</td>
<td>100%</td>
</tr>
<tr>
<td>Client-clinical services</td>
<td>127</td>
<td>49.5%</td>
</tr>
</tbody>
</table>

Major Oral Health Trends

<table>
<thead>
<tr>
<th>ORAL HEALTH TRENDS</th>
<th>#</th>
<th>%</th>
<th>MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(per 64 clients)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal problems and poor oral</td>
<td>49</td>
<td>76.5</td>
<td>Preventive Oral Health Care:</td>
</tr>
<tr>
<td>hygiene</td>
<td></td>
<td></td>
<td>$ Cleaning &amp; Polishing and other prevention</td>
</tr>
<tr>
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<td>services</td>
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<td>$ Oral hygiene instructions</td>
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<tr>
<td>Edentulism and limited oral functioning</td>
<td>18</td>
<td>28.1</td>
<td>Prostheses</td>
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<tr>
<td>(Partial/full edentate)</td>
<td></td>
<td></td>
<td>$ Full Dentures</td>
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<td>$ Partial Dentures</td>
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<tr>
<td>Tooth decay</td>
<td>15</td>
<td>23.4</td>
<td>Treatment of Cavities (Fillings)</td>
</tr>
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<td></td>
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<td></td>
<td>$ Extraction remains of root</td>
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<tr>
<td>Sensitive teeth</td>
<td>11</td>
<td>17.2</td>
<td>Desensitizing agent Fluoridation</td>
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<tr>
<td>Denture related conditions, ill-fitting</td>
<td>5</td>
<td>7.8</td>
<td>Relining of dentures</td>
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<tr>
<td>removable dentures</td>
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<td></td>
<td>$ Adjustment of dentures</td>
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<tr>
<td>Loose teeth</td>
<td>4</td>
<td>6.2</td>
<td>Extraction</td>
</tr>
<tr>
<td>Maintenance of Dentures</td>
<td>4</td>
<td>6.2</td>
<td>Cleaning &amp; Polishing of Dentures</td>
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<td>Instructions on caring dentures</td>
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Seniors Oral Health Trends

HIPHOP Project Community Feedback

- I am grateful and very pleased with the opportunity of having Haidar taking care of my teeth as a senior and I hope this can continue for the future, Thank you.
- I like to come to this place to clean my teeth. Haidar is very kind and do a very wonderful job. I hope I can come here for a long time.
- I come here to clean my teeth. I am a senior citizen, my experience is good. Urban core is very vital for the community. This service is very much appreciated.
- My thanks to Haidar for his care and attention. He is very Knowledgeable and efficient with a genuine caring attitude and helpful encouragement and advice. Without this program and bring on “OW” I could not afford it and my teeth and health would deteriorate, thank you again.
Recommendations

- Increase community, public, and policy makers awareness about the importance of good oral health levels to the general well being of senior and especially seniors at risk
- Advocate to the Ministry of Health and Long Term Care for the allocation of adequate financial resources for the Project
- Explore another ways and resources to sustain the Project.

Water Testing

The Oral Health Coordinator is developing a campaign to test the drinking water from various sources. In particular he hopes to test water in old, houses and apartments in the downtown area as well as testing bottled water. The purpose of this campaign is to verify the quantity of fluoride and ensure that the levels are high enough to build healthy teeth. This will take place in the 2008 planning schedule.

HOW ARE WE DOING SO FAR? EVALUATION

Ongoing evaluation of the program is conducted throughout the year. The Evaluation of the Community Oral Health Program captures the qualitative and quantitative results of various methods of evaluation. These methods include:

- Community Oral Health Program “Community Comments & Feedback Book”
- Feedback Letters from Communities and Organizations
- Hamilton Urban Core Community Health Centre – Presentation Evaluation Forms

Highlights Comments over the Years

**The Need for the Program:**

- I hope there is any possibility to increase the service for example offering fillings
- Having diabetes, teeth and gums are important for my well being, but affordable dental care is out of the question. We need more of this.
- My daughter and I are very lucky to be in this program. It is very good for family that is on a low income.
- This service is really great for everybody especially for the people who don’t have income.
- As a diabetic it is essential to have tooth care. The community oral health program is most important for our community especially for those who are not able to pay for regular visit to a dentist
- I hope the oral health program keeps continuing, it does help us, not everyone can afford paying for dental cleaning, and I wish it to stay for our future kids.
- This is very important to help and educated the people to maintain healthy teeth
- I wish this program would continue for all immigrants and people with low incomes community

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**Client’s Satisfaction:**
- The best program I seen so far, but the program needs some support
- This is the best cleaning I have had in 25 years!
- I think it’s great, very helpful. Anyone who can get a smile out at me is very special.
- I am so happy to access this program; it helped me to achieve better oral health as well general health
- I think this program is very efficient for us and all immigrants and low incomes families
- Excellent treatment, excellent job
- We absolutely loved this experience – thank you so very much for providing it
- Your services are more than excellent

**Provider’s Attitude and Practice and Service Delivery:**
- Mr. Haidar is the man who you can feel comfortable with
- Mr. Haidar has been very good to my children and me; he is good dentist and takes care of us
- Mr. Haidar has been a wonderful help and source of information
- The dentist was friendly, thorough and courteous
- Mr. Haidar is always very friendly and nonjudgmental
- If all dentists were like this – I think fear would not be an emotion or an image associated with them
- We all learned a lot of about oral hygiene. Our students found you very articulate and informative. The presentation was well thought out and organized. Our students felt very comfortable with your presentation. You spoke very clearly and at the right speed to make our students feel at ease
- Each presentation was geared specifically to the age level of students and involved a variety of hands on activities and informative talks and discussions. The students were actively involved in the presentations and interest was maintained at all times. At the end of the presentations classroom teachers were provided with a follow-up on handouts that could be used in the classroom. The presentations were appropriate and timely. Mr. Farran was flexible and able to provide his services either in a large group setting such as the gym or in individual classrooms. I would recommend this program to any school that has population with a high need of dental care.

**Determinants of Health/Risk Factors:**

**Discrimination:**
- I think this is a great program for me who has HIV positive because there are dentists who won’t even treat me because of it

**Access to Health Care:**
- This Community service is must. There are so many people doing without essential health care because of lack of money
- The Community Oral Health Program is most important for our community especially for those who are not able to pay for regular visit to a dentist
- Few people are able to afford dental insurance
- I have problems with my teeth and cannot afford to care for them properly
INCOME AND EMPLOYMENT/ POVERTY:
- We are low income family. We need that service that is very important for the community
- This program is one of the best programs for us the low incomes people
- This program is great for people with low incomes, and has jobs with no benefits

FINAL THOUGHTS
There is an interrelationship between oral health and general health. Poor oral health can increase risks to general health. Barriers to oral health care and education are considerable. Financial hardships, “lack of “ factors combined with the cost of receiving dental treatment means that many people do not have access to the treatment, tools and education they need to maintain good oral health. It is known that oral disease can be linked with diabetes cardiovascular diseases, cancer, and chronic respiratory diseases. Prevention is the big component in the strategy to improve the oral health and overall health for marginalized communities.

The Community Oral Health Program has been addressing and attempting to remove the barriers and educate a community for over 10 years. Unfortunately given the reality of poverty in Hamilton the need is on the increase and the waiting lists are getting longer. “Similarly, health centres find that the reason some people have such poor nutritional intake is a result of their teeth rotting making it extremely painful to eat. In many cases their teeth have decayed as a result of such poor nutrition. However, it is extremely difficult to access dental services and with the very limited resources and services that the health centres provide there are still waiting lists of a couple months.”

The Community Oral Health Program needs sustainable funding to continue to grow and provide quality service for the increasing need in our community. In order to improve the quality of care provided by Hamilton Urban Core it is necessary to fortify successful programs like the Community Oral Health Program. It is an exemplary model that can be shared and implemented in most communities.

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7 Our Homes and Our Streets Homelessness in Hamilton-Wentworth 1999 A Report of the Regional Advisory Committee on Food and Shelter Social Housing and Access Committee In Partnership with SPRC of Hamilton-Wentworth