



Health
Canada

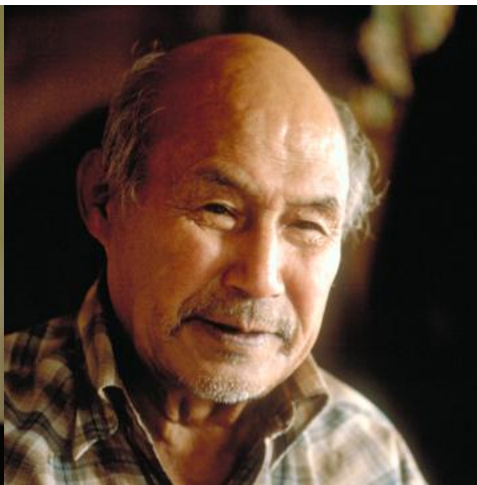
Santé
Canada

*Your health and
safety... our priority.*

*Votre santé et votre
sécurité... notre priorité.*

Children's Oral Health Initiative (COHI) Overview

NAHO Our People, Our Health
Conference
November 24-26, 2009
Ottawa, Ontario



Canada 

Early Childhood Caries (ECC) is the most common infectious disease in children.

Available data on First Nations/Inuit children indicates 90% have dental caries



Provincial reports confirm the national situation. Over a given period in Newfoundland and Labrador, dental caries was the second most frequent treatment category for day surgery where 60 percent of the cases were children, many 0 - 4 years of age.

Source: Oral Health Journal, March 2008

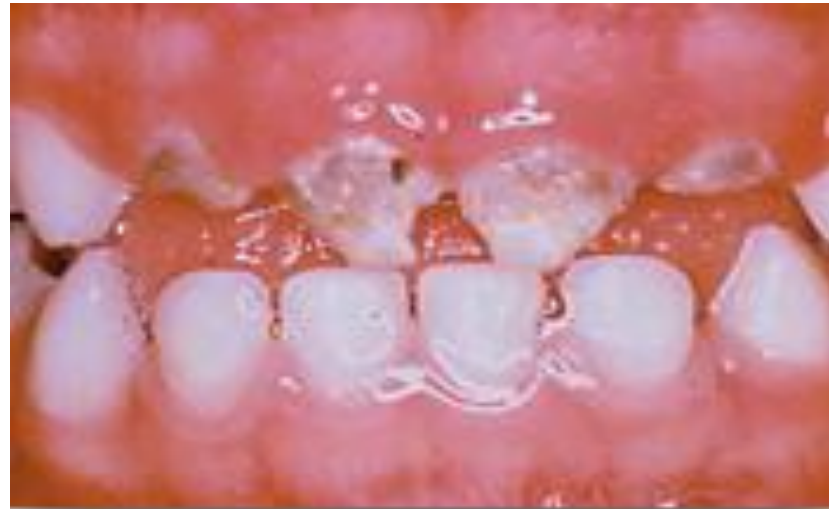


In Quebec, it was noted that 39 percent of emergency visits to Montreal Children's Hospital were due to dental disease, 70 percent of these visits involving children five years or younger.

Source: Oral Health Journal, March 2008



ECC is the most common infectious disease in children



ECC is the most common infectious disease in children



White Spots – Early ECC



Moderate ECC



Advanced ECC



Possible Consequences resulting of ECC

- Pain, Pain and Pain
- Serious infection requiring hospitalization is possible
- Eating difficulties
- Children's development disorders
- Learning difficulties
- Sleeping difficulties
- Social consequences
- Etc.



ECC is the most common infectious disease in children

Tooth decay is a transmissible disease

Four elements are needed for decay to start

- Sugar
- Bacteria
- Tooth
- Time



ECC is the most common infectious disease in children

- It is important and possible to prevent tooth decay.
- Dental Prevention at school age is often already too late.
- The sooner, the better in order to prevent tooth decay.



What is COHI

An early intervention preventive dental initiative for First Nations and Inuit children directed at children 0-7 years living on First Nations Reserves or in Inuit communities and also directed at their parents/caregivers and pregnant women

Built on the federal dental therapy activities and partnerships with regional health authorities



How COHI contributes to Prevent ECC

- By reaching children **as soon as possible** to apply dental prevention methods in order to prevent dental caries
- By visiting future parents, new parents and the population in general, to explain the causes and consequences of ECC and how to prevent it



How COHI Helps

- Providing screenings to children 0-7 years
- Providing fluoride varnish treatments
- Providing sealants
- Providing ART when necessary
- Providing Oral Health Information and Instructions
- Providing referrals if needed



How can the 0 to 7 population be reached?

- Daycare
- Head Start / Brighter Future
- Immunization clinics / Health baby clinics
- Any preschool activities
- Pregnant women group sessions
- Health fair / activities in communities
- Home visits
- School
- Etc.



COHI providers

- Dental Therapist
- Dental Hygienist
- COHI Aide
- Dental Assistant
- Dentist
- Head Start Worker
- Health Educators
- Nurses



COHI PROVIDERS – November 2009

PROVIDER TYPE	Alberta	Atlantic	British Columbia	Manitoba	Northern Region	Ontario	Québec	Saskatchewan	TOTAL
COHI Aides	10	29	37	33	4	29	9	47	198
COHI Dental Assistant	0	0	0	3	0	9	0	4	16
COHI Dental Hygienist	1	3	6	0	0	28	12	0	50
COHI Dental Therapist	13	10	7	23	5	0	0	23	81
COHI Dentist	1	1	1	0	1	0	0	1	5
COHI Headstart	0	0	0	29	0	0	0	0	29
COHI Health Educator	0	0	0	0	0	5	0	0	5
COHI Nurse	0	0	0	0	0	4	0	1	5
GRAND TOTAL OF PROVIDERS	25	43	51	88	10	75	21	76	389



Our number one helper!

The COHI Aide



COHI Aide Training

- A Training Manual has been created for the COHI Aide as well as for the trainer
- 5 Competencies need to be successfully completed in order to be called a COHI Aide
 1. Knowledge of COHI
 2. Basic Oral Health Care and Dental Knowledge
 3. Delivery of COHI Oral Health Services
 4. Organizational and Communication Skills
 5. Professionalism and Community Health



Refresher Training

- Usually done yearly at regional meetings along with calibration, through the regional coordinator
- Go over competency testing questions in order to generate discussions
- Invited to dental conferences where continuing education sessions are provided



Our number one helper!

The COHI Aide

- Works under the dental therapist's or the dental hygienist's supervision
- Goes to homes, gets permission forms signed by parents
- Goes to homes and schedules appointments for the dental worker, hands out invitation cards
- Does home visits and applies fluoride varnish
- Talks to parents about dental health and importance of nutritional choices/habits on dental health



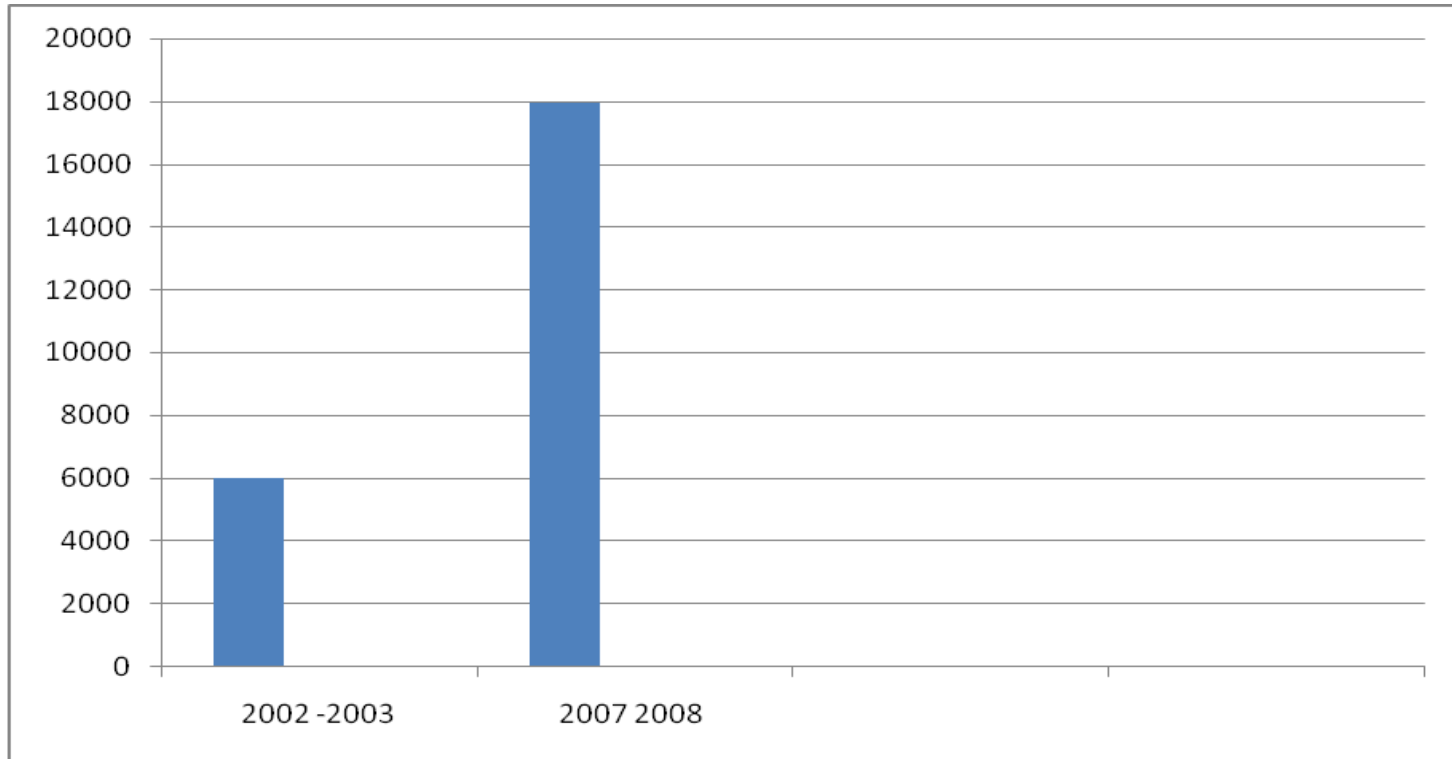
The number one helper!

The COHI Aide

- Knows everyone in the community
- Knows how to reach people
- Helps to schedule meetings with parents
- Helps to complete paperwork
- Is an amazing resource for COHI success



Table VIII: Number of Client (0-7 years of age)



The number of distinct clients has tripled with introduction of the COHI initiative. It demonstrates how the addition of COHI Aides has increased reach and productivity.



“Geography is a challenge for us. We have 20 fly-in communities....we contract 27 dentist, we employ 18 dental therapists...22 dental worker aides...last year over 7000 fluoride varnishes were performed in Manitoba Region, 6000 of them by the dental worker aide.”

Manitoba Region, 2008



COHI collaborators

- Daycare / Head Start / Brighter Future directors
- Daycare / Head Start / Brighter Future workers
- Nurses working in Immunization clinics
- Nurses doing home visits
- Home visit program workers
- Schools
- Community radio
- Community paper



Building Partnerships is key

- Public health nurses...they can be the greatest allies in finding and referring children and families
- MCH in the community...they reach children 0-6 already and have good contacts
- CHR...they very often know the families, where they live, who is living with whom, and how best to contact families



“Manitoba Regions collaborates with 20 FN communities in the delivery of programs in 22 schools, 33 Head Start facilities, and 16 daycares. The regional dental unit currently partners with 8 other FN communities to provide preventative programs to an additional 2200 participants. There are 113 trained community-based volunteers. In some communities, grade 12 students are used to operate and monitor preventative programs under the supervision of school staff and in consultation with the local dental therapist.”

Manitoba Region, 2008



So...it can be done

- Waiting until a child is in school is too late to start caries prevention
- “Educate” the community...from the health staff to the parents and children.



For more information

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