Dental health is important for personal appearance and a sense of well-being. Poor dental health can be linked with serious health issues. Dental caries presents a common problem that begins in early childhood and worsens with age. Untreated dental decay can cause pain, a lack of sleep, and poor eating habits, which in turn can lead to poor nutrition and decreased quality of life due to pain, chewing and speech problems, and low self-esteem.¹

**Fast Facts**

- In the 2007–2008 school year, 66% of SDHU area children screened at 5 years of age and 48% of children screened at 9 years of age were caries-free.²
- In 2009–2010, almost three-quarters (74%) of SDHU area respondents to the Canadian Community Health Survey reported having dental insurance. This is significantly higher than Ontario (66%).
- Physical, social, and economic conditions influence people's opportunities to be healthy. Dental health is influenced by personal and financial stressors, access to dental insurance, and providers of dental care.

**Children’s Dental Health**

During the 2007–2008 school year, 66% of SDHU area children screened at 5 years of age were caries-free. These results were similar to 2005–2006 (67%).

During the same school year, 48% of the children screened at 9 years of age were caries-free. This is a slight decrease from the 2005–2006 school year where 54% were caries-free.

In 2007–2008 an overall deft/DMFT Index score of 1.39 was observed for children 5 years of age and a deft/DMFT Index score of 2.22 was observed for children 9 years of age. No change was observed for the 5-year-olds from the 2005/06 school year; however, there was an increase for 9-year-olds from 2005–2006 (1.91). Due to a change in the methodology, results are not comparable to the 2004–2005 school year and prior.

**Oral Health**

In the SDHU area, 30% of respondents to the Canadian Community Health Survey reported that their teeth were sensitive to hot and/or cold, 17% reported bad breath, 13% reported dry mouth, 12% reported bleeding gums and 9% reported having a tooth ache in the last month. Approximately 1 out of 5 respondents wore dentures (21%). Eight percent (8%) of respondents reported having teeth removed by a dentist in the last 12 months. Of those 8%, more than half (57%) had their teeth removed due to tooth decay or gum disease.

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¹ SDHU area includes the census divisions (CDs) of Greater Sudbury, Sudbury District, and Manitoulin District.²
² Caries-free is defined as having all teeth coded in the WHO Modified Index used in the Dental Indices Survey as either 00 (sound) or 01 (sound with a sealant).³
³ The values are statistically different and the difference is unlikely to have occurred by chance.
⁴ The deft/DMFT Index measures the number of primary/permanent teeth decayed, missing/extracted, or filled because of decay relative to the total number of teeth examined among children aged 5 and 9 years.¹
**Dental Visits**

In 2009–2010, 70% of Sudbury residents reported seeing a dentist in the past year. Similar results were observed in Ontario (72%).

Overall in 2009–2010, a similar proportion of females in the SDHU area reported visiting a dentist in the past year (72%) compared to SDHU area males (68%). Differences were observed across age groups. The 65-year-and-over age group had a significantly lower proportion of respondents who had visited the dentist in the past year (57%) than other age groups (age 30–44 and 45–64) (see Figure 1).

Significant differences were observed in the SDHU area population related to the proportion of respondents visiting a dentist in the past year by household income group. Only 6 out of 10 individuals in the less than $50,000 household income group had visited a dentist in the previous year compared to 8 out of 10 for individuals with a household income of $50,000 or more (see Figure 2). This difference was significant.

In 2008, the top three reasons given for SDHU respondents who reported not having visited the dentist in the past three or more years were: (1) respondent wore dentures (41%), (2) respondent believed it was not necessary (27%), and (3) cost of the dental visit (22%).

**Dental Insurance**

In 2009–2010, almost three-quarters (74%) of SDHU area respondents 12 years and over reported having dental insurance. This is significantly higher than Ontario (66%). The type of dental insurance is presented in Figure 4.
As we would expect, having access to dental insurance significantly increased the proportion of respondents who indicated that they had visited a dentist in the past year (see Figure 3).

Respondents in the SDHU area with post secondary education were significantly more likely to have had employer sponsored dental insurance than respondents with less than high school education, as were respondents with household incomes over $50,000 when compared with respondents with annual household incomes of less than $20,000.

References


