The purpose of this regional summary is to provide Interior Health Authority Dental Evaluation Subcommittee members with updated regional and provincial data from the 2006/07 Kindergarten Dental Survey along with socioeconomic, demographic and early childhood development information. These summaries supplement and update the regional data that were provided in the provincial report, Dental Health of BC Children in Relation to Social Determinants and Early Child Development: Analysis & Mapping of the 2006/07 Kindergarten Dental Survey. Specifically, this summary provides:

- additional results by Health Service Delivery Area (HSDA);
- updated socioeconomic data from the 2006 Statistics Canada Census and 2004 Taxfiler data;
- selected results from the neighbourhood-level analyses; and
- selected findings from the Dental Focus Groups conducted in the summer of 2009.

Please see the provincial report if you require additional details about the evaluation questions, dental survey codes used, and sources for the socioeconomic and early development data.

Survey Coverage
Dental health staff of the Interior surveyed 223 schools and 5,473 out of an estimated 6,350 kindergarten students (86.2%) in the region during the 2006/07 school year. 36 of the 223 schools surveyed (16.1%) had suppressed values on Code 01 (“No Visible Decay”) due to small sample sizes and were not included in the analysis. Survey coverage ranged from a low of 83.2% in Kootenay Boundary to a high of 87.5% in Thompson Cariboo Shuswap.

Dental Outcomes
Overall, 59.4% of students surveyed in the Interior had no visible dental decay (Code 01), 20.4% had no decay, but previous treatment (Code 02), 16.5% had visible decay (Code 03), and 3.6% had urgent treatment needs (Code 04). East Kootenay had the most favorable dental outcomes within the Health Authority, with only 35.9% of students having experienced early childhood caries—4.1% below the provincial target of 40%.

Socioeconomic Status
Compared to BC, the Interior has a higher rate of no high school completion (17.1 vs. 16.2% of adults age 25-64), but lower rates of lone parenthood (13.8 vs. 15.0% of families) and non-fluency in English or French (0.4 vs. 1.0%).

Early Child Development
In terms of EDI vulnerability on one or more scales, the Interior is lower than the provincial average (26.9 vs. 29.5%). Students from the Interior show the highest vulnerability on the Emotional Maturity scale (12.7%) and the lowest vulnerability in terms of Language and Cognitive Development (9.2%).

A comparison of select socioeconomic and demographic indicators for IHA to the province. Data sources are the 2006 Census and 2004 Taxfiler data.

Percent of kindergarten children vulnerable on each scale of the Early Development Instrument (Wave Two) as well as vulnerability on multiple scales.
Neighborhood Off-Diagonals

A provincial-wide analysis was conducted to identify unexpected or “off-diagonal” results for neighborhoods that have...

(A) a low rate of ECC despite having high rates of vulnerability on the EDI and low SES (resilient); or

(B) a high rate of ECC despite low rates of EDI vulnerability and high SES (at-risk).

Five (5) of these “off-diagonals” were found in the Interior, all under group (B) (see Table 1). Dallas/Monte Creek, in the City of Kamloops, provides an example of a neighborhood that is doing poorer than expected given its developmental and socioeconomic circumstances: more than half (52.8%) of kindergarten students have experienced dental caries, despite having low EDI vulnerability (14.6%) and a relatively high SES (76th percentile).

Table 1. Neighborhood Of-Diagonals in IHA

<table>
<thead>
<tr>
<th>Neighborhood(s)</th>
<th>ECC %</th>
<th>EDI % Vul.</th>
<th>SES pctl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dallas/Monte Creek</td>
<td>52.8</td>
<td>14.6</td>
<td>76th</td>
</tr>
<tr>
<td>Robson/Thrums</td>
<td>50.0</td>
<td>17.2</td>
<td>75th</td>
</tr>
<tr>
<td>Castlegar</td>
<td>46.0</td>
<td>19.5</td>
<td>67th</td>
</tr>
<tr>
<td>East Boundary</td>
<td>52.0</td>
<td>21.0</td>
<td>69nd</td>
</tr>
<tr>
<td>North Thompson</td>
<td>65.2</td>
<td>22.4</td>
<td>60th</td>
</tr>
<tr>
<td>BC</td>
<td>39.1</td>
<td>28.6</td>
<td>--</td>
</tr>
</tbody>
</table>

ECC = Early Childhood Caries estimate (Codes 02 and 03 + 04's). EDI = % vulnerable on one or more scales. SES percentile rankings are based on 460 neighborhoods; ‘100th percentile’ = highest SES.

ECC By Neighborhood/School District

BC has fifty-nine (59) school districts, sixteen (16) of which were surveyed in IHA by the 2006/07 Kindergarten Dental Survey. Map 1 presents the rates of ECC experience (Codes 02 & 03 + 04’s) for school districts in the IHA.

Dental Staff Focus Group Highlights

Focus groups were conducted with public health dental staff across the province in 2009 in order to identify the range of Health Authority dental health risk assessment strategies. Selected themes and quotes that emerged from each region’s focus groups are provided below. For a summary of the focus group project and provincial findings, please see the Dental Health Risk Assessment Focus Groups Provincial Analysis Report.

Interior Health: Preventive Interventions in Rural and Remote Communities

In the focus groups, IHA dental staff shared their perceptions of program reach and efficacy. Staff noted that providing preventive services to high-risk groups at community sites was reaching more families than individual Child Health Clinics. One participant stated: “I think that the reason that…we’re being effective is because we … target so heavily the high risk groups. So we feel we are reaching them.”

This was particularly salient in rural areas with large geographic areas to cover, where staff were not able to attend many Child Health Clinics personally. For example: “I’d like to spend more time in most of the Cariboo communities because they have some of the highest hospitalization rates for dental disease in the province. So obviously there needs to be more health promotion happening there.”

Staff also mentioned work with community agency representatives to promote the dental program: “I’m part of a network...mostly every agency that works with young children is present...And the reason I know that this works is because I get referrals... it has a bigger impact than actually working with each family one-by-one.”