The purpose of this regional summary is to provide Vancouver Island 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 Vancouver Island surveyed 193 schools and 5,313 out of an estimated 6,294 kindergarten students (84.4%) in the region during the 2006/07 school year. 14 of the 193 schools surveyed (7.3%) 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 78.7% in Central Vancouver Island to a high of 88.3% in South Vancouver Island.

### Dental Outcomes

Overall, 65.0% of students surveyed in VIHA had no visible dental decay (Code 01), 23.3% had no decay, but previous treatment (Code 02), 10.6% had visible decay (Code 03), and 1.1% had urgent treatment needs (Code 04). South Vancouver Island had the most favorable dental outcomes within the Health Authority, with only 31.0% of students having experienced early childhood caries—9.0% below the provincial target of 40%.

### Socioeconomic Status

Compared to BC, VIHA has a slightly higher rate of union and professional membership (34.4 vs. 33.9% of tax filers) and lower rates of non-fluency in English or French (0.3 vs. 1.0%), low-income families (9.3 vs. 10.4%) and no high school completion (14.6 vs. 16.2% of adults age 25-64).

### Early Child Development

In terms of EDI vulnerability on one or more scales, VIHA is slightly lower than the provincial average (28.4 vs. 29.5%). Students from Vancouver Island show the highest vulnerability on the Social Competence scale (12.8%) and the lowest vulnerability in terms of Emotional Maturity (11.0%).

#### Percent of students who fell into each dental category for VIHA and its three Health Service Delivery Areas (HSDAs) along with the provincial average.

#### 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).

Three (3) of these “off-diagonals” were found in VIHA, all under group (A) (see Table 1). West Courtenay, a Comox Valley neighborhood, is an example of a neighborhood that is doing better than expected given its developmental and socioeconomic circumstances. Despite having high EDI vulnerability (41.7%) and low SES (11th percentile), only 21.1% of kindergarten students in this neighborhood have ever experienced dental caries.

Table 1. Neighborhood Of-Diagonals in VIHA

<table>
<thead>
<tr>
<th>Neighborhood(s)</th>
<th>ECC %</th>
<th>EDI % Vul.</th>
<th>SES pctile.</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Courtenay</td>
<td>21.1</td>
<td>41.7</td>
<td>11th</td>
</tr>
<tr>
<td>Newcastle-Townsite</td>
<td>32.1</td>
<td>40.5</td>
<td>15th</td>
</tr>
<tr>
<td>James Bay</td>
<td>24.1</td>
<td>35.9</td>
<td>20th</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.

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.

Vancouver Island Health: Collaboration with Community Champions

In the VIHA focus groups, building relationships with community champions was identified as key to extending program reach and success, particularly in smaller communities in North Island. Community champions were described as motivated individuals already working with families, such as refugee coordinators, First Nations organization staff, Aboriginal Community Health Representatives (CHR), preschool teachers, nurses, and Infant Development Program (IDP) staff. In more remote and isolated areas, the dental program relied on community champions who worked with dental staff to reinforce key dental messages and promote healthy practices in their communities.

One VIHA dental hygienist described how she had recruited community champions in remote areas and on reserves as a way to increase program reach:

“And also in all the small communities on the North Island—because we can’t physically be there all the time—we have pretty much in all the communities, identified a champion, a person in the community who carries on with dental stuff while we’re not there.”

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July, 2010