



# ORAL HEALTH RESULTS OF THE CANADIAN HEALTH MEASURES SURVEY FOR ADULTS AGED 60-79

## INTRODUCTION

Everyone is affected by their oral health. Good oral health is a key component to a healthy life because it affects how we eat, speak and how we relate to each other with confidence in our healthy smiles.

Older adults who enjoy strong, healthy natural teeth or well-fitting, comfortable dentures can eat a wide variety of good-tasting and nutritious foods. At the opposite, poorly fitted dentures, illness and poor oral hygiene can lead to pain and gum disease, which in turn may contribute to poor nutrition. In some extreme cases, oral diseases can cause severe disability or even death, as is the potential with oral cancer.

While oral conditions are important in and of themselves, there is an increasing awareness regarding their contribution to the incidence and severity of other diseases. Conditions that may be affected by poor oral health include diabetes, respiratory diseases and cardiovascular health.

For all of these reasons, it is important that Canadians, and Canadian public, private and professional policy makers become informed as to the extent and severity of oral health conditions in Canada, so that appropriate efforts can be taken to reduce the burden of illness for the benefit of all Canadians.

## OBJECTIVES

This poster is an overview of the oral health results from the Canadian Health Measures Survey (CHMS) with a focus on Canadians aged 60-79.

## METHODOLOGY

The CHMS was led by Statistics Canada in partnership with Health Canada and the Public Health Agency of Canada. The data collection occurred in 2007-2009 on approximately 6,000 people representing 97% of the population aged 6-79. Data was collected from a team who travelled to the 15 collection sites across Canada in mobile clinics.

To conduct the oral health component of the CHMS, Health Canada partnered with the Department of National Defence to obtain the dentists who conducted the clinical examinations. Health Canada implemented the training of the dentists and calibrated them to World Health Organization standards to ensure each dentist recorded conditions in the same manner.

The data were analyzed by Statistics Canada in collaboration with Health Canada.

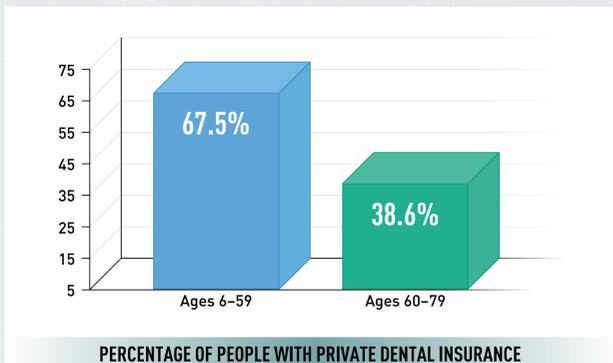
## RESULTS

### PRIVATE DENTAL INSURANCE

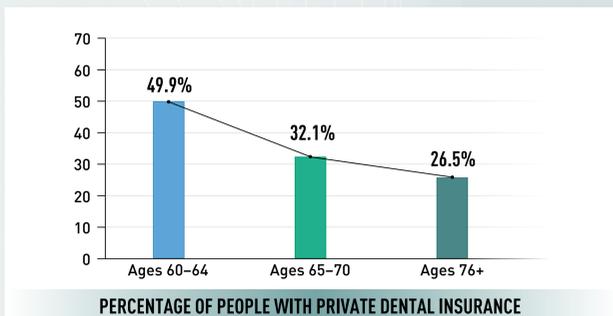
Having dental insurance coverage is one of the main factors that determine whether Canadians go to see a dental professional for dental care. The CHMS asked all respondents whether they had insurance or a government program that covered all or part of their dental expenses. The results indicate that:

- 62% of Canadians have private dental insurance;
- 6% have public insurance; and
- 32% have no dental insurance.

These overall results were further broken down to compare the older age group to the rest of the sample:



The results within the age group 60-79 years of age were further teased out in order to note any changes that occur as people continue to age. When these results are plotted along a line, the percentage of people with private dental insurance continuously declines. In the oldest group of adults only 26.5% of them had private dental insurance.

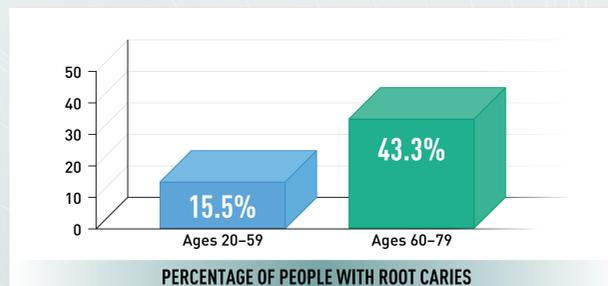


### CAVITIES

A cavity is a disease that damages the structure of a tooth. The decay starts by attacking the enamel, and causes a hole to develop. If the cavity is left untreated, it can get bigger and, in addition to causing pain, could also lead to the loss of the tooth.

A root cavity is found along the root (or the part of the tooth that is usually hidden by the gums) of a tooth. A root cavity is difficult to find and can be difficult to treat.

The percentage of adults with root caries aged 60-79 years of age was compared to the remaining adults from the sample. The results indicate an almost three fold increase in root caries among older adults compared to those aged 20-59 years of age.

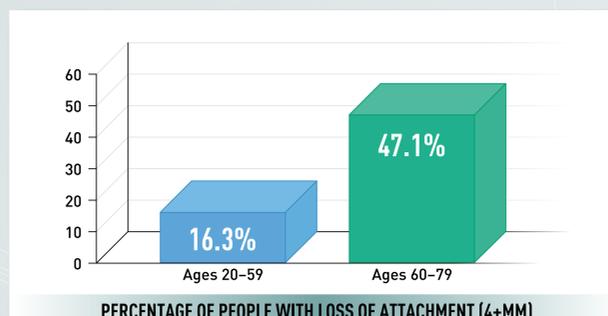


### GUM DISEASE

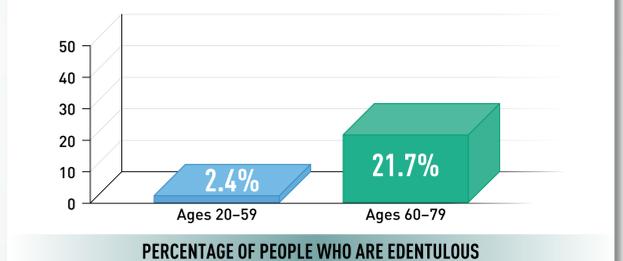
Loss of Attachment (LOA) is the distance from where the enamel of the tooth meets the root to the bottom of the pocket between the gum tissue and the tooth.

- A LOA of 3 mm or less is considered to be healthy.
- A LOA of 4-5 mm indicates moderate disease.
- A person's ability to chew can be affected at a LOA of 5 mm or greater.
- A LOA of 6 mm or more indicates severe disease.
- A person is at risk of losing the tooth if the LOA is 6 mm or greater.

While it is expected that there will be an increase in the LOA as one ages, it is important to note that LOA is not reversible. LOA is considered the true measure of the effects of disease on the periodontal structures.



### COMPLETE LOSS OF NATURAL TEETH (EDENTULISM)



The edentulous rate of people refers to the percentage of people who do not have any of their natural teeth. People who are edentulous have usually lost their teeth due to extensive cavities or as a result of severe conditions with their gums. Not having any natural teeth can cause eating problems which can affect how many nutrients a person gets in their body and also affects the way a person talks.

## CONCLUSIONS

Upon comparing the results between the majority of the respondents to those respondents aged 60-79 years of age, there appears to be a trend toward an increasing level of need among the older population which is coupled with a decrease in the percentage of older adults with private dental insurance. In fact, the percentage of those with private insurance begins with one person out of every two having private dental insurance between the ages of 60-64 dropping to about one in every three people in the 65-70 age group and by the time they are 76 years of age and older only one person out of every four has private dental insurance.

These results support the need for continued discussions at a national level on oral health disparities and on issues related access to care. The information can also be used to guide the development of oral health public policies and promotion programs designed to improve the oral health, and thus the overall health, of older Canadians.

### BIBLIOGRAPHY

Health Canada (2010). Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey.

### ACKNOWLEDGEMENTS

The Office of the Chief Dental Officer would like to acknowledge the unique and productive partnership between Statistics Canada, the Department of National Defence and Health Canada as the reason behind the success of the oral health component of the CHMS. These findings and the numerous studies that have since been conducted with the results are the outcome of this partnership.

The Office would also like to acknowledge all those who participated in focus group testing, calibration sessions and the 6000 Canadians, who by participating in the survey, made these results possible.