**Community Matters Toronto Healthy Living Program**

***Dental Screening and Follow Up***

**Introduction**

Community Matters Toronto is presently in the first of a five year initiative in the Partnerships and Strategies Division Centre for Chronic Disease Prevention Program stream of the Public Health Agency of Canada.

In its early stages, the project has met or exceeded all defined outcomes. At present the project targets those at risk of Type 2 Diabetes, certain cancers and cardio vascular disease primarily amongst the South East Asian and African newcomer populations.

Evidence shows that for this same population, “overall, the oral health status of foreign born children is less favorable than that of those born in Canada (including “poorer oral hygiene, more decay and greater need for dental services”). Further evidence demonstrates poor oral hygiene in this adult newcomer population leads to oral diseases including cancer in higher proportions than experienced by established Canadians.

Information from initial programming demonstrates that the community has knowledge of the critical risk factors for Type 2 Diabetes, certain cancers and cardio vascular disease. They also have knowledge of the mitigating factors for these diseases as well as the availability of facilities and services which support the mitigation of these diseases. Our project is providing tools and support to create the changes in behaviour for the population to address these health issues. There has been progress in recreational activities and less progress in nutritional changes.

Additional funding provides an opportunity to broaden the programs reach by expanding support for the Foreign Trained Health Professionals who are the primary contact with our target population. We propose to both expand the reach of our current programs emphasizing additional nutrition support to existing target groups and expand to include poor oral hygiene prevention activities.

**Project Update**

1. **Program Implementation/Work Plan**

After nine months the program plan is being implemented in accordance with the submitted work plan. The Community Assistants have been identified, trained and assigned to specific elements of the program. Over 14 different nutrition, recreation and support groups are currently active. Our Community Assistants are tracking 198 residents using the Health Planner. Dissemination of Health Information is taking place through a variety of means including one 0n one and small group activities, Healthy Minutes during recreational and nutrition programs, and web based materials including a health library as well as the use of social media.

1. **Program Outcomes**
   1. Short Term: We are creating access to health promotion, chronic disease prevention, early detection, and support resources through over 14 different nutrition, recreation and support groups. We are tracking 198 residents using the Health Planner. This number grows each week. We have organized a mobile bus to come into the community where we have set records for the number of women who were screened and we organize and accompany women for mammograms.
   2. Medium term: We are improving knowledge about healthy living and chronic disease prevention practices through the dissemination of Health Information through a variety of means including one on one and small group activities, Healthy Minutes during recreational and nutrition programs, and web based materials including a health library as well as the use of social media. We have established weekly group and one on one sessions with a registered nutritionist and we are holding workshops for various groups within the community including our After School parents.
   3. Long Term: We are improving social and physical environments supporting healthy living and chronic disease prevention. Our self-support group provides information to community members regarding resources to health care, grocery stores, schools and government offices. We have developed a Neighborhood Guide specifically to allow the community to access the relevant services. Our physical activities are designed based on our community for example: yoga, meditation, Zumba, belly dancing, Bollywood dance, and children’s gymnastics. These activities were created for community members to have fun and at the same time participate in physical activity. In our nutrition program we offer a cross culture cooking, food handling course, and access to affordable and healthy food market through food share.
2. **Participation/Behaviour Change/Knowledge Transfer**

Although the project is in its early stages we are seeing evidence of improved health knowledge and habits amongst the population. All of our programs are full, we have inquiries for additional programs and more of existing programs.

The introduction of the Food Share program resulted in sell outs of fresh fruit and vegetables each week.

We are setting records for the number of women willing to participate in screening for cancer and we are seeing more residents willing to participate in depth in our program through the use of the Health Planner.

Preliminary evidence demonstrates that the population have knowledge of mitigating practices to the critical disease risk factors and they have knowledge of the local resources to support them in healthy activity. The challenge is to change behaviours and habits. We see the most success through social connections, networks and one on one and small group support.

**Project Expansion: Dental Screening and Follow up**

The Dental Screening and Follow up component will create behavioural change through knowledge of critical oral hygiene health risk factors, and mitigation of these risk factors through access to relevant supports and actions to use these resources.

Community Matters has successfully provided dental services to the community through a number of different initiatives with common outcomes. We have provided screening, information on quality local, affordable resources and dental services and, where necessary, accompaniment and follow up.

Evidence shows that for the population we are serving with our existing grant, “overall, the oral health status of foreign born children is less favorable than that of those born in Canada (including “poorer oral hygiene, more decay and greater need for dental services”). Further evidence demonstrates poor oral hygiene in this adult newcomer population leads to oral diseases including cancer in higher proportions than experienced by established Canadians.

We will expand our screening ( cancer, diabetes, heart and stroke) to include a dental component similar to the services we have previously provided. The service was well received and continues to be sought in the community. The demand for dental services will expand our reach to another part of the community, providing the opportunity to engage community members in our existing, diabetes, nutrition and cardio vascular programming as these services will also have a positive effect on oral hygiene.

The dental component of our project is detailed in the logic model below and defines similar outcomes as the existing model i.e. knowledge of the critical risk factors for oral disease, mitigation of these risk factors and access to affordable services and programs which will support taking action to prevent oral disease.

* 1. Increased reach:

Preliminary evaluation results demonstrate that our program is improving the health of the community through well trained Community Assistants who are providing a variety of support and education on a one on one, group and small program basis. Knowledge and mitigation of the critical risk factors for Type 2 Diabetes, certain cancers and cardio vascular disease is best communicated by knowledgeable residents of the same or similar cultures.

Many of our “Community Assistants” are Foreign Trained Health Professionals who are knowledgeable about cultural practices and interpretation and well respected within their communities.

* 1. Employment support for Foreign Trained Health Professional Staff:

Foreign Trained Health Professionals make up the majority of our ”Community Assistants” providing on the ground support in the form of education, programming and accompaniment. Training in the health field and knowledge of both cultural and Canadian health practices situates the Foreign Trained Health Professional in a unique position to provide the basic service delivery to the community.

Most of the Foreign Trained Health Professionals have chosen, for a variety of reasons, not to pursue accreditation in Canada. However, they are seeking meaningful careers in the health care sector in which to contribute and practice their skills.

In addition to monetary compensation for the contribution they make to this initiative we will also provide career development support through our employment programming which is specifically tailored to health professionals seeking alternative careers. The project includes counselling in career change, job development and support before and after employment is achieved. The ability to provide this combination of financial recognition and career support has proven invaluable to attracting high quality Foreign Trained Health Professionals to our program. The program itself offers chances to staff to practice skills which they will later use in their careers. Part of our funding will be allocated to support of our Foreign Trained Health Professionals.

**Possible Collaboration with Regent Park Community Health Centre**

CMT has worked with the Diabetes Education program at the Regent Park CHC for the past 3 years, and would like to expand this partnership to include Dental Services in this Dental Screening and Follow up Program.

CMT would:

1. Participate in a Train the Trainer session using a national dental screening training program to develop Community Assistants in the screening and follow up of residents.
2. Engage Foreign Trained Dentists to participate in this training and then in service delivery.
3. Service Delivery would consist of:
   1. Dental Education Sessions
   2. Dental Screening and follow up with St James Town residents
   3. Referral to Regent Park CHC, other dentists and community resources for dental education
   4. On site support using Foreign Trained Dentists for those referred to Regent Park CHC.
   5. Contracted services from Regent Park CHC:
      1. Dentists’ supervision and training of the Foreign Trained Dentists
      2. Use of a dental hygienist to provide dental education sessions ( similar to the support given by the Regent Park CHC’s Diabetes Education Program)

The above would be in addition to those services delivered to St James Town residents referred for dental services at the Regent Park CHC.

**Program Components**

1. Dental Education: brushing and flossing, link to chronic disease
   1. Benchmark Increase the number of times/day the person brushes effectively
2. Screening and Gum treatment to reduce gum disease, gingivitis and periodontitis
   1. Mouth rinse for adults
   2. Oral Cancer screening: especially among south Asian seniors due to use of tobacco, indigenous tobacco products, bidis (handmade, pure tobacco cigarettes), chewing tobacco, and areca products
3. Flouride varnish for preschoolers and maybe school age:
4. Diabetes: improve blood sugar control
5. Adults+ Loss of dexterity so simple preventive measures, such as supervised tooth brushing and regular use of antibacterial mouthwashes, can lower the risk of pneumonia
6. Screening for oral cancer

**COMMUNITY MATTERS TORONTO**

**NEWCOMER DENTAL HEALTH PREVENTION 2016 – 2018**

**Target Group:** Newcomers living in St. James Town who are at risk of cancer and other diseases contributed to by poor dental hygiene and oral health habit

| **Resources** | **Objectives** | **Activities** | **Outputs** | **Outcomes** | **Indicators** | **Data Collection Tools** | **Impact** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Cancer Care Ontario 2. Regent Park Health Centre 3. The Geoffrey H Wood Foundation 4. Rose Avenue Junior Public School 5. The Wellesley Community Centre 6. Wellesley Parliament Square Residents | Capacity  To increase community capacity supporting newcomers who are at risk of disease due to poor dental hygiene and health habits  Participation  To create sustainable opportunities for newcomers to demonstrate good oral health habits  Knowledge  To create an understanding in the community of the impact of good oral hygiene on the risk of cancer and other diseases | 1. Bi Weekly dental screening in the community conducted by Foreign Trained Health Professionals 2. Dental Screening at community events conducted by Foreign Trained Health Professionals 3. Fluoride Treatments 4. Research of local, affordable, culturally appropriate dental resources to be publicised in the community | 1. Community Based Dental screening clinic 2. FTHP trained to conduct community based dental screening clinics including enamelling procedures 3. Documented community based screening procedure 4. Inventory of local affordable, culturally appropriate dental resources 5. Information on subsidies for dental procedures | Short Term  Access: St. James Town residents will have access to dental screening and local resources, information and support to improve their oral health | **S1** Sex, age, first 3 digits of postal code  CMT Indicators   1. 2 FTHPs will be trained each year to conduct dental screening and fluoride clinics 2. 26 Screening clinics will held in the community 3. 200 residents will be screened annually | 1. CMT Registration Form 2. Attendance sheets at clinics 3. Attendance sheets for training work shops 4. Listing of local dental resources | Newcomers living in St. James Town are provided the conditions, tools and information to take action to maintain strong oral hygiene habits. |
| 1. Dental health information and discussions will be embedded into existing CMT programs 2. Search and screen media for culturally appropriate oral health messages. 3. Develop a video that supplements existing media, specific to the St James Town and other multicultural communities in densely populated urban areas. 4. Expand Health Media Library to include dental videos, websites and interactive tools | 1. Dental curriculum and culturally appropriate information as part of CMT program plans 2. Culturally appropriate dental messages published on CMT YouTube channel and on CMT FaceBook page 3. St. James Town created, culturally appropriate dental disease prevention video 4. Dental health page on CMT Health Library providing relevant dental hygiene and disease management information | Medium Term  Knowledge: St. James Town residents will demonstrate knowledge of the risk factor for poor oral hygiene | **M1** # of participants demonstrating knowledge of chronic disease **risk** factors (unhealthy eating, lack of oral hygiene practices)  M2 # of participants demonstrating knowledge of chronic disease **protective** factors (healthy eating, good oral hygiene practices  M4 # of participants who perceive that affordable and appropriate support for dental services is available locally | 1. CMT Program curriculum 2. Visits to CMT videos 3. Visits to CMT social media pages 4. Pre and Post skills check lists for CMT programs 5. Visits to CMT Health Library |
|  | 1. Residents will be reminded and accompanied where necessary to dental appointments 2. An oral health plan will be developed and follow up will be made to encourage compliance | 1. CMT Health Planners will include dental screening questions and a personal plan to improve dental hygiene | Medium Term  Support: St. James Town residents will have social and physical environments to support prevention of poor dental health |  | 1. Log of accompaniments 2. Health Planner questions completed 3. Health Planner Dental Goals |
|  |  |  | Long Term:  St. James Town residents will consistently demonstrate good oral health habits to mitigate the risk of poor oral health. |  | 1. Interviews with St. James Town residents |  |
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