

Impact of Removing Clinical Preventive Oral Health Services from Ontario Public Health Standards

Date:	August 1, 2014
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

In December 2013, the Ontario government announced its intent to integrate all provincially funded dental programs for children and youth. The integration of these programs should improve efficiency and simplify understanding of the benefits of government funded dental programs for eligible families and care providers.

However, the Province has also indicated that they will be removing clinical preventive oral health services from the Ontario Public Health Standards (OPHS) and this will mean that as of August 2015; publicly funded dental prevention services will only be available to children and youth in families who can establish financial eligibility for the new integrated dental program. From a public health perspective, this is a step away from the public health goal of universal access that will lead to a decline in the oral health of children whose families become ineligible under the new program.

This report recommends that the Ministry of Health and Long-Term Care (MOHLTC) maintain clinical preventive oral health services in the OPHS under current eligibility criteria.

Under the current Children In Need Of Treatment (CINOT) program, children with an urgent dental condition are eligible for one full course of treatment to restore dental health. This eligibility would be lost for some children under the new integrated program, and this report recommends that it be retained.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health urge the Premier and the Minister of Health and Long-Term Care to maintain progress toward universal publicly funded children's dental care in the new integrated dental services program by:
 - a) Maintaining current eligibility for preventive dental services under the Ontario Public Health Standards
 - b) Maintaining access to one full course of treatment for children with urgent dental conditions.

2. The Medical Officer of Health report to the Board of Health on the impact of the integration of provincially funded children's dental program on the Toronto Public Health dental program as this impact becomes clear.

Financial Impact

There are no financial impacts arising from this report.

DECISION HISTORY

At the June 30, 2014 meeting, the BOH requested that the Medical Officer of Health (MOH) report to the BOH on the proposed removal of preventive dental services from the OPHS as soon as possible.

ISSUE BACKGROUND

On December 16, 2013, the Ontario government announced its intent to integrate provincially funded dental programs for children and youth. The MOHLTC is currently in the process of implementing the integration of the following children and youth dental programs: Children in Need of Treatment, Children In Need of Treatment Expanded program for youth 14-17 years old, Ontario Works dental program for dependent children and youth up to age 17 years, Ontario Disability Support Program, Assistance for Children with Severe Disabilities, Healthy Smiles Ontario Dental program, and dental services for children in protective care. The integration of these programs into one streamlined program with one basket of services is widely supported by all stakeholders.

The MOHLTC, in discussions with the Association of Local Public Health Agencies (ALPHA) and staff from local public health agencies, has informed the public health sector of the following proposed changes:

1. Administration and eligibility determination for the new dental program will be centralized and contracted out;
2. The new dental program will be 100% funded by the Province;
3. Local Public health agencies will no longer be mandated under OPHS to provide prevention services to children and youth;
4. Prevention services will be included in the basket of services of the new dental program so only children who are financially eligible for the new provincially

funded treatment program will be eligible for publicly funded dental prevention services; and

5. It is being proposed that children who have urgent dental needs, i.e. pain, infection, abscess, broken teeth, etc., and whose families cannot meet/establish financial eligibility for the new provincial dental program be no longer eligible to get one course of treatment and prevention to restore them to health. Instead they may only be eligible for treatment to address the urgent/emergency condition.

COMMENTS

Access to Prevention Services

Most dental diseases, i.e. dental decay and gum disease, are preventable. Due to measures such as water fluoridation, community education especially in schools, public health staff identification of children most at risk for dental disease, and improved access to dental care, there has been a significant decline in dental disease in the population. However, in recent years there has been an increase in dental disease in the child population. Toronto data shows that the prevalence of early childhood tooth decay, an aggressive form of tooth decay in young children 4 years old and under, increased from 9.8% to 11.6% during the period 1999 to 2006. This increase in dental decay among young children is not unique to Toronto. Other jurisdictions in Ontario and internationally are showing a similar trend.

Currently, the OPHS states that the "board of health shall provide or ensure the provision of essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services protocol, 2008 (or as current)". Prevention services include professional cleaning of teeth, diet education, oral hygiene instructions, placing of sealants (plastic coatings to fill the grooves and pits on teeth to prevent entrapment of food and bacteria), and topical fluoride application. In 2013, 18,846 children received prevention services in TPH dental clinics under OPHS. Of those children, only 3,242 met HSO eligibility criteria. If prevention services are removed from OPHS and the current eligibility for HSO is applied, only children eligible for the new integrated program will receive prevention services. Based on 2013 date, approximately 15,600 children in Toronto will not have access to provincially funded prevention services.

The current eligibility criteria for dental prevention services in the OPHS are:

- 1) The child is a dependent of a recipient of the Ontario Child Benefit;
- 2) The family's income is below the financial eligibility cut-off (the cut off is set at 20% above Statistics Canada's Low Income Cut Offs (LICOs); or
- 3) The child is currently on the Children In Need Of Treatment (CINOT) program.

The following table compares the current financial eligibility for the Healthy Smiles Ontario dental program and the current OPHS Prevention Services:

Financial Eligibility for HSO Dental Program & Prevention Services

Number of Dependent Children Per Household									
	1 Child	2 Children	3 Children	4 Children	5 Children	6 Children	7 Children	8 Children	9 Children
Income Eligibility for HSO (Adjusted Family Net Income)	\$21,638	\$23,275	\$24,913	\$26,550	\$28,188	\$29,825	\$31,463	\$33,100	\$34,738
Total Number of Family Members									
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8+ persons	
Eligibility for Prevention Services	\$28,376	\$35,328	\$43,432	\$52,730	\$59,807	\$67,451	\$75,097	Add \$7,634 for each additional family member	

There is a significant difference in the financial eligibility for prevention services provided by public health units under OPHS and the restructured HSO dental program. The new strategy for integrating the provincially funded dental programs will create a service gap for many families.

The reduction in access to prevention services could exacerbate the current trend of increasing dental disease in children. While families who are financially eligible for the new provincial dental program may have their need for prevention services met, those families who are just beyond the eligibility threshold will have this benefit removed and will become more vulnerable to dental disease.

The most frequent use of day surgery in paediatric hospitals in Canada is for the treatment of young children with dental disease (Report on Early Childhood Caries, Canadian Dental Association, Committee on Clinical and Scientific Affairs, April 2010). This is not only costly to the health care system but also increases wait time for surgery.

The provincial government should be strengthening and expanding its dental disease prevention strategies, not restricting or eroding them. Therefore, the MOH is recommending that access to dental prevention services for children and youth enrolled in school be maintained as part of the OPHS, including those children whose families are currently eligible.

Children with Urgent Dental Conditions

Currently, if a child has an urgent dental need and the family declares that they do not have dental insurance and cannot afford to pay for dental care, under the Children In Need Of Treatment (CINOT) program the child can obtain one course of dental treatment to treat existing dental disease to restore their oral health. The current proposal from

MOHLTC is that only children who meet financial criteria will be eligible for care to restore their oral health. Children and youth whose families are new arrivals or who are just beyond the financial eligibility criteria will only be able to get the one dental condition that is causing immediate problems treated. Any other condition in the mouth will be left untreated. In the long run, this could prove more costly as treatment of more severe/advanced dental conditions is expensive. The CINOT dental program is a safety net for children in families who are just above the financial threshold for poverty but who are still struggling socially and financially. To remove this safety net, as the Province is proposing at this time, will reduce access to dental care for low income children.

While TPH recognizes and supports the integration of provincially funded dental programs, the MOH strongly recommends that the BOH urge the government not to introduce any measures that will reduce access to dental care for low income families. The new integrated dental program should increase service access as a step toward universal publicly funded dental care for children.

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