



April 17, 2014

Hon. Deb Matthews
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Hon Teresa Piruzza
Minister of Children & Youth Services
14th Floor
56 Wellesley St. W.
Toronto, Ontario M5S 2S3

Dear Honourable Ministers Matthews and Piruzza

The Ontario Association of Public Health Dentistry (OAPHD) commends the Government of Ontario's efforts in addressing poverty in Ontario with its recent announcement to integrate the publicly-funded children and youth oral health programs. OAPHD appreciates that your Ministries have connected with other stakeholders including First Nations Social Assistance delivery agents, the Faculty of Dentistry at the University of Toronto, the Ministry of Finance, and Ontario's public health units. The perspectives of these specific stakeholders will protect foremost the oral health of those most vulnerable in our communities, and not be distracted by the interests of private enterprise.

OAPHD and its members continue to engage with the Low Income Dental Integration team as they develop the parameters of the new state, and would like to communicate more directly our concerns regarding the direction your Ministries are moving in. OAPHD is concerned that the focus of the new Low Income Dental Integration program appears to be narrowing to the point where it could become primarily a fee-for-service model. This narrowing in combination with the sun-setting of the Preventive Services and Children in Need of Treatment Protocols of the Ontario Public Health Standards suggest negative impacts both to potential new clients of the new program and those child populations financially ineligible for care in the new state.

Children must not fall between the cracks of the financial-based program (Healthy Smiles Ontario) and the remains of the successful urgent needs program (Children in Need of Treatment). Ontario's own history and examples from abroad show that financial-based oral health programming will fail the children of this province.

OAPHD would like to take this opportunity to communicate concisely the necessary components for an evidence-informed, equitable, and cost-effective multi-pronged approach to effectively combating childhood dental disease. These components are:

- strong evidence-based dental health promotion activity [public delivery with cost-shared funding for upstream population interventions]
- universal access to preventive and limited treatment services [public delivery with cost-shared funding & private delivery fee-for-service]

- limited access (age/financial criteria) to a wider range of treatment services [public delivery with cost-shared funding & private delivery fee-for-service]
- mandated school screening program to identify children at risk of poor oral health outcomes with referral requirements [public delivery with cost-shared funding]

Prevention is the foundation of all public health activities and is the cornerstone of a sustainable health care system. Oral health is no exception and would be better positioned as a health issue, not a 'benefit'. Strong health promotion and direct preventive service delivery will help to reduce eventual treatment costs for the medical system, publicly-funded dental programs, and families. Recognizing that sometimes children can be missed with even the best planned upstream approach, it is essential that the Province maintain a treatment safety net for those who have drifted downstream.

Additionally, the MOHLTC has decided that claims administration for the new state will be handled by a 3rd party insurance carrier rather than by public health units who currently provide this service. This move will introduce case management challenges, making it difficult for health units to assist families in accessing care. Referrals to local child welfare services and the number of children simply lost in the system can be expected to rise.

The move to a 3rd party administration will also have significant employment impacts at the local level. If the MOHLTC is committed to this decision, public health units should be given ample notice of budget effects to manage staff reductions appropriately. OAPHD also respectfully requests that the retention of said 3rd party insurance carrier be an open and transparent process, free of conflicts of interest and unfair advantages to carriers already working closely with government programs.

OAPHD envisions an Ontario where everyone has optimal oral health. OAPHD is committed to helping this government achieve its goals of reducing poverty and its health inequities. We would be pleased to meet with you or your officials to discuss these issues, in addition to continuing our work with your oral health program representatives.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. van Harten', with a long horizontal stroke extending to the right.

Maria van Harten, BSc, BEd, DDS, MSc (DPH), FRCD(C)
President, Ontario Association of Public Health Dentistry

cc: Dr. Arlene King, Chief Medical Officer of Health