

Haliburton, Kawartha, Pine Ridge District Health Unit

Board of Health

Resolution Recommendation

2014 November 20

Issue: Impact of the removal of preventive dental services from the OPHS and loss of full dental care for children with urgent dental needs

In December 2013 the Ministry of Health and Long-Term Care (MOHLTC) announced its plans to raise the financial eligibility threshold for the Healthy Smiles Ontario (HSO) program starting this past April 2014 and integrate the six provincially funded oral health programs for children and youth by August 2015. The integration of these programs into one basket of services will streamline administration and delivery of services, with the intention of reducing confusion for families looking to access dental care¹⁻³.

As part of the integration, the MOHLTC plans to remove clinical preventive oral health services performed by health unit staff from the Ontario Public Health Standards (OPHS). The current protocol states “the board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008”⁴. Preventive services include: professionally applied topical fluoride, pit and fissure sealants and scaling.

Currently, the Children In Need of Treatment (CINOT) program, provides children with an urgent dental condition one full course of treatment to restore dental health. This eligibility would be lost for some children with the new integrated program.

These changes would mean that, as of August 2015, only children whose families can establish financial eligibility for the new integrated program would be eligible to receive publically funded preventive dental services; and any child with urgent dental needs whose family does not qualify financially for the new program *may* have access to dental treatment that would only address his/her specific problem. The concern is that these changes will lead to less children accessing preventive oral health services, more children living with dental problems, and ultimately a decline in the oral health of children in Ontario.

Background

The proposed changes

On December 16, 2013, the MOHLTC announced its plan to raise the current income eligibility threshold for HSO starting in April 2014. The threshold would vary according to the number of children in the family. At this time the government also stated its intention to integrate the

following provincially funded dental programs for children and youth by August 2015: Children In Need of Treatment (CINOT), HSO, Ontario Works, Ontario Disability Support Program, Assistance for Children with Severe Disabilities and preventive services under the OPHS¹.

To summarize, the following is a list of the proposed changes that will take place according to the MOHLTC²:

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 units 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 will no longer be eligible to get one course of treatment and prevention to restore them to health, as they currently are through the CINOT program. Instead they may only be eligible for treatment to address the urgent/emergency condition.

* Under the current standards, children aged 17 and under are eligible to receive public health delivered preventive services if they meet specific clinical criteria, have no dental coverage, meet the financial criteria of Low Income Cut Off (LICO) + 20% or under (as noted in the OPHS) and are unable to obtain preventive care due to cost. Ontario health units are required to conduct oral health assessment and surveillance. During oral health screening Registered Dental Hygienists determine if children are dentally eligible for any or all of the three mandated services under the Preventive Services Protocol.

What the proposed changes would mean

Of great concern is change #3 that involves removing preventive services from the OPHS. To date, preventive services including professionally applied topical fluoride, pit and fissure sealants and scaling have been available to all children with an identified need. If this change is moved forward than only children and teens whose families meet the eligibility requirements for the HSO program will be eligible for the following preventive services:

- **Professionally applied topical fluoride** – A caries-inhibiting procedure that is associated with a 46 per cent reduction in decayed, missing and filled tooth surfaces⁵.
- **Pit and fissure sealants** – A plastic coating applied to molar teeth, which has proven to be a highly effective preventive treatment. After placement of sealants the reduction of

caries incidence in children and adolescents range from 86 % at one year, 78.6% at 2 years and 58.6% at 4 years⁵.

- **Scaling** – The removal of hard deposits from teeth (calculus) to reduce inflammation and possible destruction of soft tissues and the supporting structures of the teeth.

Another concern is change #5 above. Currently, families qualify for CINOT if they have an urgent dental need and the family states that they do not have dental insurance and cannot afford to pay for dental care. CINOT will treat a child's urgent problem and provide hi/her with one full course of dental treatment and preventive care to restore his/her dental health. If the change regarding children with urgent needs occurs, children with serious dental concerns whose families do not qualify financially for the new integrated program *may* have access to dental care to treat only their urgent dental need.

Why there is a need for preventive care for children

Dental caries is the most common chronic disease to affect children, more common than asthma⁵. Fifty-seven percent of 6-11 year olds and 59% of 12-19 year olds have experienced decay⁶. Caries rates are increasing for preschool aged children⁷. This increase has occurred in our health unit area with school screening reports from the past three school years showing total decay rates of junior and senior kindergarten students going from 34.5% in 2011/2012, 36.5% in 2012/2013 to 37% in 2013/2014⁸.

Dental infection if left untreated, can negatively affect a child's sleep, nutritional intake, speech development, self-esteem, learning at school and overall quality of life. In the HKPR District Health Unit area the need for access to preventive services is further compounded by the fact that there is no fluoride in the drinking water.

The removal of preventive services from the OPHS and the new financial cut offs for children at high risk of dental disease who previously had access to preventive clinics and CINOT, creates a new service gap that will result in an oral health disparity for these vulnerable children. This is contrary to the Ontario Public Health mandate that generally takes on a universal, population based approach and does not screen out clients based on financial status³. An objective of the Child Health program in the OPHS is to reduce the prevalence of dental disease in children and youth. The most effective and economical way to do this is to provide this population with access to preventive oral health services and in urgent cases a full course of dental care, to restore them back to dental health.

Recommendations

1. That the Board of Health send a letter to the Ontario Premier and Minister of Health and Long-Term Care calling for the Province of Ontario to retain the Preventive Oral Health Services Protocol in the 2008 Ontario Public Health Standards and maintain access to one full course of treatment and prevention for children with urgent dental conditions.

2. That a copy of the letter sent to the Ontario Premier and Minister of Health and Long-Term Care be sent to local Members of Provincial Parliament, the Minister of Education, the Minister of Children and Youth Services, Ontario Boards of Health, and to the following organizations: Ontario Dental Association, Public Health Agency of Canada, Public Health Ontario, Ontario Association of Public Health Dentistry, The Ontario Public Health Association, Association of Local Public Health Agencies.

Proposed Motion

THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit send a letter to Ontario Premier and the Minister of Health and Long-Term Care calling for the Province to retain the Preventative Oral Health Services Protocol in the OPHS and maintain access to one full course of treatment and prevention for children with urgent dental conditions.

References

1. Ministry of Health and Long Term Care Memorandum to Medical Officers of Health, Boards of Health and CEOs, December 16, 2013
2. Toronto Public Health, Impact of Removing Clinical Preventive Oral Health Services from Ontario Public Health Standards, August 1, 2014
3. Simcoe Muskoka District Health Unit 2014 Resolution and Briefing Note
4. MOHLTC, Ontario Public Health Standards, Child Health- Protocol- Preventive Dental Services, 2008, Queens Park Printer
5. More Than Just Cavities Report, A Report by Ontario's Chief Medical Officer of Health, April 2012
6. Canadian Health Measures Survey, Oral Health Report 2010
7. Oral Health Care for Children, A Position Statement, Anne Rowan-Legg; Canadian Paediatric Society Community Paediatrics Committee, *Paediatr Child Health* 18(1):37-43
8. Oral Health Information Support System DMF Report, Haliburton-Kawartha-Pine Ridge, JK & SK, 2011-2012, 2012-2013, & 2013-2014.

Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit

Resolution: Retain the Preventative Oral Health Services Protocol in the OPHS and maintain access to one full course of treatment and prevention for children with urgent dental conditions.

WHEREAS Dental caries is the most common chronic disease to affect children, more common than asthma and if left untreated, can negatively affect a child's sleep, nutritional intake, speech development, self-esteem, learning at school and overall quality of life; and

WHEREAS caries rates are increasing for preschool aged children and the overall decay rates of JK and SK children in the HKPR area has risen from 34.5% in 2011/2012, 36.5% in 2012/2013 to 37% in 2013/2014; and

WHEREAS the preventive oral health services (fluoride varnish, pit and fissure sealants and scaling) offered by public health staff have been shown to be highly effective in reducing the caries rates of children; and

WHEREAS the Ministry of Health and Long Term Care (MOHLTC) plans to integrate the provincially funded dental programs for children and youth in August 2015 that will involve the removal of preventive dental services from the 2008 Ontario Public Health Standards (OPHS) protocol; and

WHEREAS as of August 2015 only children who are financially eligible based on the new Healthy Smiles Ontario (HSO) program cut-off will be eligible for public health preventive oral health services; and

WHEREAS in HKPR families with 2 children that used to qualify for preventive services under the OPHS will no longer qualify based on the new financial cut off set by the new program; and

WHEREAS the new program *may* only provide treatment for the urgent dental condition rather than a full course of treatment and prevention for children with urgent dental needs whose families cannot afford care (as has been allowed with the Children In Need of Treatment program); and

WHEREAS the need for universal access to preventive oral health services for vulnerable children is compounded by the fact that locally there is no fluoride in the water; and

WHEREAS the proposed changes are contrary to the Ontario Public Health mandate that generally takes on a universal, population based approach and does not screen out clients based on financial status, which will result in the exclusion of a significant population of vulnerable children and ultimately a decrease in the oral health of children locally and across the province.

THEREFORE BE IT RESOLVED THAT the Haliburton, Kawartha, Pine Ridge, District Health Unit Board of Health write to the Ontario Premier and the Minister of Health and Long-Term

Care to urge them 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; and
- b) Maintaining access to one full course of treatment for children with urgent dental conditions.