



CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Clinical and Preventive Services Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	January 11, 2016
SUBJECT/REPORT NO:	Seniors Oral Health Outreach Program - BOH15010(a) (City Wide)
WARD(S) AFFECTED:	City Wide
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SUBMITTED BY & SIGNATURES:	Dr. Ninh Tran, MD, MSc, CCFP, FRCPC Associate Medical Officer of Health Public Health Services Department Glenda McArthur Director, Clinical & Preventive Services Public Health Services Department

RECOMMENDATION

- (a) That a Seniors' Oral Health Outreach Program be implemented that would address the oral care needs of low-income seniors and would include:
- (i) Partnerships with institutions offering Personal Support Worker programs to develop oral health curriculums that would improve oral care outcomes for seniors in Long Term Care;
 - (ii) Partnerships with outside agencies that focus on low-income seniors groups in the community to increase access to existing programs and services for seniors at high-risk for poor oral health;

- (iii) A pilot initiative with Macassa Lodge in the City of Hamilton, providing employee educational workshops, fluoride varnish, oral health surveillance and interim stabilization therapy; and,

EXECUTIVE SUMMARY

Oral health is an important health issue for all seniors. As people age their oral health may become compromised due to medical conditions, medications, limited mobility, and changes in physical and cognitive abilities. In 2013, the Oral Health Status report to the Board of Health (BOH) indicated that the majority (61%) of seniors in Hamilton had no dental insurance. Those that do have insurance typically have higher incomes. Of low-income seniors, only about 28% have dental insurance.

In Hamilton, low-income seniors are eligible to access oral health services through the Special Supports Program, the Public Health Services (PHS) Dental Clinic, the Dental Health Bus and Ontario Works. However, as reported in the February 2015 BOH report (BOH15010), there are limitations to seniors accessing these services including long waiting lists, limited mobility and transportation barriers. Further to these issues, seniors residing in Long Term Care (LTC) and other facilities are ineligible for some programs based on their place of residence. The BOH report recommended development of seniors' oral health programming that would include an outreach component for low-income seniors and also address the needs of seniors in LTC. This report addresses the outreach services recommendation. A separate report regarding expanding the dental clinic to increase service to seniors will be presented in 2016.

Alternatives for Consideration – See Page 6

FINANCIAL – STAFFING – LEGAL IMPLICATIONS (for recommendation(s) only)

Financial:

\$245,020 is currently allocated in the 2016 budget to a seniors' oral health program from the municipal net levy. \$66,400 (including \$42,300 in employee related costs) of that budget would be required to implement the seniors' oral health outreach program.

Staffing:

In February 2015, 1.9 FTE from the Children in Need of Treatment (CINOT) program was approved for transfer to the Seniors Oral Health Program. A 0.5 FTE Dental Hygienist would be required to provide the dedicated outreach services for the Seniors' Oral Health program.

Legal:

There are no new legal issues associated with providing these services.

HISTORICAL BACKGROUND (Chronology of events)

On April 22, 2013 PHS presented its Oral Health Status Report to the BOH. The report described the oral health status of and existing programs and services available to address the oral health needs of Hamiltonians, including seniors. The report cited that 61% of adults 65 years and older had no dental insurance.

During the summer of 2013, PHS conducted an environmental scan of dental services provided by other Public Health units in Ontario and other provinces. A few local Public Health units, including Toronto, Halton and Peel, offer specific dental programs and services for their senior populations.

In December 2013, the Ontario Government announced that it planned on integrating all of the provincially funded children and youth dental programs and services. Effective August 1, 2015 changes were made in the management of claims payments for those programs to an outside contracted agency. This allowed for 25% of the municipally funded portion to those programs to be reallocated to address oral health for seniors.

On February 19, 2015, the BOH (BOH15010) approved reallocation of the municipal contribution of the CINOT and CINOT expansion budget to a seniors oral health program at an annualized cost of \$251,275.

On June 2, 2015, the Ontario Government announced that the integration of these programs and services would be delayed until January 2016. In August 2015, PHS provided an Information Update to Board of Health about this delay, as well as an update on the Seniors Oral Health Program.

Starting in July 2015, extensive research and consultation with other Public Health units was conducted to determine options for outreach services to seniors in general and specifically for those in LTC.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not Applicable

RELEVANT CONSULTATION

From July 2015, extensive research and consultation with other Public Health units was conducted to determine options for outreach services to seniors in general and specifically for those in LTC. Although the previous BOH report identified Halton, Toronto and Peel as Public Health units that should be consulted, several other Public Health units also provide options for seniors regarding oral health services. Thirty-six Public Health units were contacted to enquire about their oral health programming for seniors. Many Public Health units responded stating they do not offer any oral health

programming or dental services specific to seniors, mostly due to funding and manpower constraints. However, some Public Health units do have options specifically for low-income seniors to access treatment and some also provide outreach services for seniors in LTC. Some Public Health units offer financial assistance to seniors either with local funds or partnerships with outside agencies, while other Public Health units have treatment options through locally funded clinics, community health centres or partnerships with local dentists. Several Public Health units offer outreach services that include screening, education, and resources.

Further to consultation with other Public Health units, local community agencies were consulted to explore collaborative partnerships and alliances that would improve access to oral care services for low-income seniors, and specifically improve oral health for seniors in LTC.

ANALYSIS AND RATIONAL FOR RECOMMENDATION

(Include Performance Measurement/Benchmarking Data if applicable)

Proposed Outreach Model

Based on our findings, a comprehensive model of outreach services for seniors in LTC has been developed, and would include the following:

Personal Support Worker (PSW) Education & Training

In LTC it is generally the PSW providing daily oral hygiene for the residents. However, education around performing this task is often minimal, and instruction is provided by non-dental personnel. PSWs often face many barriers to providing daily oral care to LTC residents, including time constraints, resistance from residents, and poor knowledge of oral hygiene techniques. Furthermore, a lack of perceived need for oral care, and personal beliefs around the importance of oral care can significantly affect the provision of daily oral hygiene in LTC. An education program could improve the quality of oral care that PSWs provide to LTC residents by providing an understanding of the importance of daily mouth care, and increasing knowledge of techniques for delivering care.

An oral health education module would be developed in partnership with local PSW schools that have expressed interest in collaborating on this initiative. This up-stream approach would improve the attitudes, knowledge and skills of PSW students prior to entering the workforce. The module would be presented by a PHS hygienist and would include general oral health information, oral health issues pertinent to seniors and those in LTC, denture care and management strategies for residents with functional and cognitive impairments. Hands-on practice techniques and role-playing will further enhance skill development. Participation in student placements at LTC will provide an opportunity to reflect back on knowledge gained in the classroom setting, and increase confidence in provision of care. Providing training at LTC will also relieve facility staff of the burden of providing training to students and reduce the risk of transferring poor skills

and bad habits to PSW students. Haliburton Kawartha Lakes Pine Ridge (HKPR) Public Health unit has partnered with a PSW school in their area, with much success, and has agreed to share their current curriculum module and provide advice on a similar program for our health unit.

Long Term Care Home Outreach at Macassa Lodge

In consultation with the Directors of nursing at city-run LTC, it has been determined that a comprehensive package of services would best address the oral health needs of seniors in LTC.

Employee Educational Workshops

It was reported that daily oral hygiene care of residents is typically poor and is a high priority concern. Poor oral hygiene puts seniors at risk for cavities, gum disease, infections and can complicate existing medical conditions. In-house educational workshops for caregivers would include review of oral health and oral hygiene techniques for caregivers. City-run lodges support this initiative and would provide time for employees to attend sessions during their workday.

Fluoride Varnish Program

Seniors are at risk for two types of dental decay: decay around existing restorations and also root decay due to gum recession. Seniors in LTC are at a particularly high risk of developing decay due to poor oral hygiene. A review of available evidence suggests that fluoride varnish is effective in reducing both the onset and progression of caries in elderly LTC residents. Fluoride varnish is an effective preventive measure against decay, and is suitable for residents in LTC as it is easily applied, has low risk of ingestion and is cost-effective. Participants would be identified through a screening/dental needs assessment, and fluoride varnish would be applied every 3-4 months.

Oral Health Surveillance

Oral health surveillance is an important component of the outreach model for LTC as it provides an opportunity for monitoring oral health and provision of oral hygiene care. Employees currently conducting residents' oral assessments on admission and those providing daily oral care are not dental professionals. Directors of Nursing have expressed interest in combining a surveillance component with outreach services as it would increase awareness around oral health of seniors in LTC, improve provision of oral hygiene care to residents, and enhance the collaborative care of residents. Oral health surveillance would include baseline assessments and regular dental screening of seniors in the fluoride varnish program to identify unmet needs so that improvements in care and referrals for treatment could be made.

While it has been expressed by other Public Health units that intermittent screening sessions in LTC were of little value to those identified with unmet needs, mainly due to the lack of available follow-up care, an on-going surveillance component included in a comprehensive LTC outreach model could result in more positive outcomes than

screening alone. The surveillance component could be readily implemented in conjunction with the fluoride varnish program, and with the already established support and collaboration of facility staff, this would provide an opportunity to better understand the needs of residents and advocate for those who may have unmet needs, and for seniors in LTC in general. At this time, LTC residents are not eligible for Special Supports funding. Surveillance may provide a platform for change with regard to funding for seniors in LTC.

Interim Stabilization Therapy (IST)

IST is a temporary restorative procedure that Registered Dental Hygienists can perform. IST is an evidence-based therapeutic intervention which preserves the tooth structure and prevents pain and premature loss of teeth due to decay. The IST technique requires no anaesthetic and does not require the removal of any tooth structure. A fluoride-releasing material is used which prevents further damage to the tooth from decay, until the client can be seen by a dentist. IST can be performed easily at the time of assessment on individuals of all ages with minimal supplies in a community setting. A referral to a dentist for follow-up treatment must be made. With regard to tooth selection, there are specific situations in which IST is suitable, and proper tooth selection criteria must be met. While IST may not be suitable in every situation, it is a cost-effective procedure that may be appropriately used in LTC and other care facilities, for those who are unable to see a dentist right away and for those requiring palliative care.

Community Outreach

Many low-income seniors that live independently in the community are unaware of the importance of good oral health and the options available to them for accessing dental care in Hamilton. Oral health education specific to seniors and information on city-run dental services can be distributed through community events focused on low-income seniors. By establishing partnerships with internal and external agencies that focus on low-income seniors, such as Hamilton's Council on Aging and Catholic Family Services, community events can be coordinated to reach these senior populations who are at high-risk for poor oral health. Community events can include educational workshops, dental screening, health fairs, facilitation of dental clinic applications and navigation to other city-run funding programs. Strategies to reach low-income seniors through a community engagement plan, and methods of evaluation are in development.

ALTERNATIVES FOR CONSIDERATION

(Include Financial, Staffing, Legal and Policy Implications and Pros and Cons for each alternative)

The Board of Health could choose not to implement a seniors' outreach program.

Financial implications: Financial savings of \$66,400

Staffing implications: No complement enhancement required.

Legal implications: None

Policy implications: None

Pros: Financial savings of \$66,400.

Cons: Current services are only accessible to seniors who are able to physically attend the Dental Clinic. Does not address the needs of residents in LTC.

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN

Strategic Priority #1

A Prosperous & Healthy Community

WE enhance our image, economy and well-being by demonstrating that Hamilton is a great place to live, work, play and learn.

Strategic Objective

- 1.5 Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable