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EXPANSION OF PUBLIC HEALTH DENTAL SERVICES TO LOW-INCOME CHILDREN

The Community and Health Services Committee recommends the adoption of the recommendations contained in the following report dated September 2, 2010, from the Commissioner of Community and Health Services.

1. RECOMMENDATIONS

It is recommended that:

1. Council approve an amendment to the Region's approved 2010 Capital Budget to include additional expenditures of $252,473 for one-time capital equipment and leasehold improvement costs offset by 100% provincial funding in order to implement the Low-Income Dental Program, with no tax levy impact.

2. Council approve additional operating expenditures (including staffing costs) to begin implementation of program activities related to the Low-Income Dental Program in 2010 of up to $592,649 offset by 100% provincial funding with no tax levy impact.

3. The 2011 Operating Budget for the Public Health Branch include the annual operating costs related to the Low-Income Dental program, offset by 100% provincial funding with no tax levy impact.

4. The Commissioner of Community and Health Services be authorized to execute any agreements required by the Ministry of Health and Long-Term Care in relation to the Low-Income Dental Program.

2. PURPOSE

This report is prepared for Regional Council in order for it to carry out its legislative duties and responsibilities as the Board of Health under the *Health Protection and Promotion Act.* It seeks approval for an increase to the Region's 2010 approved capital budget and additional operating expenditures offset by 100% provincial funding, with no tax levy impact, to expand public health dental services by implementing the Low-Income Dental Program for children.

3. BACKGROUND

The Public Health Dental Program currently provides dental screening, preventive services and the Children In Need of Treatment program, as mandated by the Ontario Public Health Standards

In accordance with the Ontario Public Health Standards, the Public Health Branch's Dental Program is responsible for three key disease prevention requirements: dental screening, preventive dental services for low-income children, and the Children In Need of Treatment (CINOT) program for the treatment of urgent dental conditions in low-income children.

1. Dental screening

Public Health Branch Registered Dental Hygienists conduct dental screening (a visual inspection of the mouth) in elementary schools throughout York Region as mandated by the Ontario Public Health Standards. If children require urgent or essential dental treatment, referrals are made to private dental offices in the community. If children require preventive oral health services but not treatment and meet eligibility criteria, preventive services are provided in Public Health Dental Clinics.

Three Public Health Dental Clinics in Newmarket, Markham and Richmond Hill offices provide screening for clients who require this outside of the regular school dental screening program.

In 2009, 49,361 children were screened in York Region. Of these, approximately 3,000 were screened in Public Health Dental Clinics.

2. Preventive dental services

The Public Health Branch presently provides certain preventive dental services in its Dental Clinics, including professionally applied topical fluoride, pit and fissure sealants and scaling, to children exhibiting specific dental criteria outlined in the Ontario Public Health Standards and whose families are financially eligible. In 2009, approximately 1000 children and youth received preventive dental treatment in Public Health Dental Clinics.

3. CINOT program

The CINOT program provides emergency dental care to children whose families are financially eligible. Public Health is responsible for the case management and data collection aspects of the program. Public Health Branch Registered Dental Hygienists ensure that families are aware of the availability of CINOT coverage if needed, and follow up with families to ensure that children receive the services they need. Private dentists in the community provide dental treatment for the CINOT program on a fee-for-

service basis. Currently, treatment available to low-income children and youth within the CINOT program is limited to urgent and painful conditions. The program does not fund treatment of early dental problems to prevent more serious, painful and urgent conditions.

Phase I of Ontario's Poverty Reduction Strategy expanded eligibility for CINOT program treatment but did not provide funding to meet increased demand at Public Health Dental Clinics

Until 2008, CINOT emergency dental care was available to children up to the age of 13. In January 2009, the Ministry of Health Promotion provided funding for the expansion of CINOT as part of Ontario's Poverty Reduction Strategy. Urgent dental care coverage was increased to include youth up to their 18th birthday. General anaesthetic coverage, previously available for children up to four years old, was also expanded to children up to their 18th birthday.

A total amount of $1,381,399 was allocated to York Region for the expansion of CINOT. These expansion dollars, however, were allocated for treatment costs only and did not allow for hiring of additional staff to address increased workload related to CINOT screening and administrative tasks or for provision of preventive dental services to youth who do not require urgent, restorative dental treatment.

4. ANALYSIS AND OPTIONS

Phase II of the Ontario Poverty Reduction Strategy provides health units with 100% start-up funding and ongoing 100% operational funding to expand dental services to low-income children

In the fall of 2009 the Ministry of Health and Long-Term Care announced the expansion of low-income dental services to children as the next phase of Ontario's Poverty Reduction Strategy. The Province did not specify program requirements, but instead directed public health units to develop local plans to expand public health dental services currently provided to children based on community need and local barriers to access. Public health units were required to submit a business case proposal in order to receive one-time 100% provincial start-up funding and ongoing 100% operational funding for this initiative. Following Council adoption of Communication Item No. 1 of Clause No. 4 of Report No. 1 of the Community and Health Services Committee in January 2010, York Region Public Health submitted its proposal to the Province.

In July 2010, the Ministry of Health and Long-Term Care approved the 2010 allocation of 100% provincial funding totalling $845,122 to implement a Low-Income Dental Program in York Region beginning in September 2010. Details of the funding are as follows:

- One-time funding of $252,473 for capital equipment and leasehold improvement costs.

- One-time administration funding of $38,768 for initial start-up costs.
- Operational funding of $553,881 to implement and provide access to services beginning in September 2010. The Ministry advised that the annualized program funding amount has been prorated for four months (September through December) for 2010. This amount includes funds to remunerate dentists in a fee-for-service model. The funding may only be used to implement the Low-Income Dental program and according to the business case submitted.

The Ministry has requested that the one-time capital expenditures be incurred prior to December 31st, 2010 and that program delivery begin in September 2010. Due to the approvals, procurement and hiring processes required to implement this program, however, the Ministry is allowing health units to request an extension of deadlines for completion of the capital project and full program implementation. Funds not utilized by the Region will be returned to the Province.

York Region will use new ongoing 100% provincial funding to expand dental screening, preventive care and early dental treatment for children, and to increase oral health awareness

One of the goals of the Province's expansion of dental services for children is to reduce the need for invasive and costly emergency oral health services over the long term. York Region Public Health will work towards this goal through various new initiatives, using 8.0 full-time equivalent staff positions.

- 1.5 Registered Dental Hygienists
- 2.5 Certified Dental Assistants
- 1 Administrative Clerk-Intermediate
- 1 Health Educator
- 1 Manager
- 1 Administrative Clerk-Secretary

Expansion of dental screening

The total number of children eligible for dental screening has risen from 171,535 in 2008 to 230,957 in 2009 due to the expansion of the CINOT program to include youth up until their 18th birthday. Since provincial CINOT expansion funding was limited to treatment costs, Public Health Dental Clinic staff dealt with increased demand for screening in 14-17-year-olds by adjusting appointments to best respond to the mandated requirement that screening be offered within five business days of a request. This, however, resulted in longer wait times for preventive services. With new 100% Low-Income Dental Program funding, Public Health will be able to increase staffing and infrastructure in order to offer more appointments for clinical screening, thus addressing some resource requirements not addressed by the 2009 CINOT expansion.

Public Health Dental Program staff will explore other methods to reach 14- to 17-year-olds, including piloting screening in high schools with dentally high-risk feeder schools

and in high schools that request screening due to population needs. The results of pilot initiatives will inform ongoing screening plans in high schools.

Low-Income Dental Program funding will also allow York Region Public Health to expand screening in the preschool population, at Ontario Early Years and child care centres. Currently, service to Ontario Early Years centres is dependent on staff availability to respond to requests from the centres, and no screening services are provided at child care centres.

Expansion of preventive services and early dental treatment
At present, many children who require preventive dental care or non-urgent treatment of dental conditions do not qualify for Public Health dental services, which focus on urgent conditions and a limited number of preventive needs. The Public Health Branch will use 100% Low-Income Dental Program funding to augment the preventive services and restorative dental treatment available to low-income children before their dental needs become urgent.

New provincial funding will also be directed towards addressing the increased demand for preventive services resulting from the 2009 CINOT expansion. In the newly-eligible 14- to 17-year age group, as in younger children, dental screening may identify individuals who meet the criteria for preventive services, which the Public Health Branch provides in accordance with the Ontario Public Health Standards.

Expanded preventive and treatment services will be provided using the current model of service, in which private community dentists provide dental treatment and some preventive services through fee-for-service, and Public Health Branch Registered Dental Hygienists and Certified Dental Assistants provide preventive services at Public Health Dental Clinics. Public Health staff will evaluate clients' financial eligibility for the Low-Income Dental Program, based on a family net income of $20,000 or under and administer and arrange payment of program claims. Although the definition of 'low-income' has yet to be defined by the Ministry, if an adjustment is required subsequent to the release of Ministry program details, it is expected that this can be quickly modified.

Expansion of oral health education
In line with provincial goals, the Public Health Dental Program will augment its dental health promotion and community outreach to increase oral health awareness and motivate behaviour changes. For example, education services for partners such as Ontario Early Years centres will be expanded. Dental staff will also liaise with dentists and doctors to promote tools such as the oral health screen for 18-month old children, in order to help identify early risk factors or signs of early childhood tooth decay and ensure that parents are able to access care for preschoolers who are in need of oral health treatment.

Previously approved full-time equivalent positions will be converted and allocated to the expansion of the dental program

The approved budget for the Public Health Branch currently includes 10.7 full time equivalent positions allocated for the Healthy Babies, Healthy Children program. These positions have remained vacant awaiting the 100% provincial subsidy required to offset the cost of the positions. It is proposed that 8.0 full-time equivalent (of the 10.7) positions be converted and re-allocated to the Low-Income Dental Program implementation with no tax levy impact.

$252,473 in one-time start-up funding will be used to expand Public Health Branch dental infrastructure

The York Region Public Health Dental Program intends to use one-time start-up funding of $252,473 to purchase program equipment and make necessary leasehold improvements for the expansion of public health dental infrastructure. This will help increase accessibility to dental screening clinics for children up to their 18th birthday.

$38,768 in one-time administrative funding will be used to support initial program start up

One-time administrative funding will be used to fund a staff position to respond to inquiries and to evaluate clients' financial eligibility for the Low-Income Dental Program. The Ministry of Health and Long-Term Care has indicated that it will explore the possibility of creating a centralized process for determining program eligibility in the longer term.

Approximately 32,500 York Region children and youth could become eligible for dental services under the Low-Income Dental Program

It is anticipated that the demands for the Low-Income Dental Program will increase. As indicated in a staff report on Ontario's Poverty Reduction Strategy that was presented to Regional Council on January 22, 2009, poverty is a growing issue in York Region. According to the 2006 Census survey, 32,500, or approximately 15%, of York Region children under the age of 18 live in low-income households. This is a 62% increase from 2001. In addition, between 2001 and 2006 vulnerable groups who are at higher risk of living in poverty have been increasing in York Region at a rapid rate including single parents, people with disabilities, children, new Canadians and people living alone.

A review of dental program models will help ensure optimal service delivery

Currently, public health dental services for children are provided or administered by the Public Health Branch, while Ontario Works dental coverage is administered by the Social Services Branch. The Community and Health Services Department will explore the

feasibility of offering more dental services to residents of the Region at minimal or no extra cost by re-configuring program delivery. Staff will prepare a report for Council on dental program delivery options.

5. FINANCIAL IMPLICATIONS

The Low-Income Dental Program will be 100% funded

The total 100% provincial funding for 2010 that has been approved for capital costs, one-time operating costs and ongoing operating costs is $845,122.

Based on the 2010 approved allocation for operational costs, it is estimated that the annual allocation of 100% provincial funding for this program will be approximately $1,661,600. This funding can be utilized for provider remuneration, educational outreach activities and program administration and delivery, including staffing costs.

The capital and operating costs of this program, including 8.0 full-time equivalent permanent staff complement and treatment costs, are fully funded by the Province resulting in no net tax levy impact to the Region to implement the expanded Low-Income Dental Program.

6. LOCAL MUNICIPAL IMPACT

The expansion of dental services to low-income children is part of the Community and Health Services Multi-Year Plan, which identifies and addresses key human service issues facing residents of York Region. One-time start-up funding from the Province will be used to increase infrastructure to support the implementation of the Low-Income Dental Program in York Region. This includes the purchase of program equipment, leasehold improvements, and expansion of dental infrastructure. As a result, children under 18 years of age in local municipalities will have increased accessibility to dental screening, preventive services, and dental treatment.

York Region Public Health will work with existing organizations and services (such as Healthy Babies, Healthy Children, Ontario Early Years Centres, schools and services for youth) to broadly promote the program and oral health messaging throughout the Region.

The Association of Municipalities in Ontario (AMO) is supportive of Ontario's Poverty Reduction Strategy and acknowledges that the Province will assume the full costs of the program. AMO also indicated that it will continue to advocate for fair and equitable program and policies.

7. CONCLUSION

The announced provincial 100% Low-Income Dental Program funding to build on dental services provided by York Region Public Health is a positive move toward addressing the needs of low-income families. The enhancement of dental staffing and infrastructure will provide greater access to dental screening and increase the level of dental care provided to low-income children.

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health, at Ext. 4012.

The Senior Management Group has reviewed this report.