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April 7, 2011

The Honourable Dalton McGuinty,
Premier of Ontario
Room 281 - Legislative Building
Queen's Park
Toronto, ON M7A 1A1

Office of the Regional Chair
1151 Bronte Road
Oakville ON L6M 3L1
Fax: 905-825-8838

Dear Premier McGuinty:

The Regional Municipality of Halton supports the new Healthy Smiles Ontario (HSO) program as an important step towards addressing the dental needs of children and youth from low-income families. We do, however, have some concerns about the eligibility criteria for HSO, which were raised in a report to Halton Region's Health and Social Services Committee, and is included with this letter, "*Report No. MO-13-11 re: Children's Oral Health Programs in Halton Region*". The report is also attached for your reference.

Based on this report, the Regional Council has approved the following recommendations:

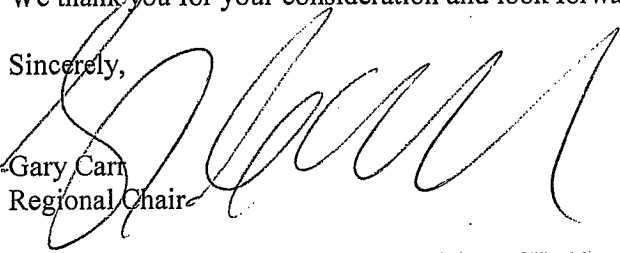
THAT the Regional Chair be requested to write to the Premier of Ontario, enclosing a copy of Report No. MO-13-11 re: "Children's Oral Health Programs in Halton Region" and requesting that the provincial government remove the "no access to dental benefits" eligibility criterion from the Healthy Smiles Ontario program and increase the income cut-off threshold, which is currently an adjusted family net income of \$20,000 or less, thereby eliminating two significant barriers to accessing dental care for children and youth from low-income families.

THAT the Regional Chair be requested to send a copy of the Regional Chair's letter to the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and Sport, and the Association of Local Public Health Agencies (alPHa).

The Regional Municipality of Halton recognizes the importance of the HSO program to low income families, especially in these difficult economic times. However, for public health units to continue to fully implement the HSO program, it is important that the eligibility criteria needs are expanded so that more children and youth can benefit from regular dental care.

We thank you for your consideration and look forward to your response.

Sincerely,


Gary Carr
Regional Chair

c: The Honourable Deb Matthews, Minister of Health and Long-Term Care
The Honourable Margaret Best, Minister of Health Promotion and Sport
(Mrs. Valerie Sterling, President, Association of Local Public Health Agencies)

The Regional Municipality of Halton



The Regional Municipality of Halton

Report To: Chair and Members of the Health and Social Services Committee
From: Bob Nosal, Commissioner and Medical Officer of Health
Date: February 22, 2011
Report No. - Re: MO-13-11 - Children's Oral Health Programs in Halton Region

RECOMMENDATION

1. THAT the Regional Chair be requested to write to the Premier of Ontario, enclosing a copy of Report No. MO-13-11 re: "Children's Oral Health Program in Halton Region" and requesting that the provincial government remove the "no access to dental benefits" eligibility criterion from the Healthy Smiles Ontario program and increase the income cut-off threshold, which is currently an adjusted family net income of \$20,000 or less, thereby eliminating two significant barriers to accessing dental care for children and youth from low-income families.
2. THAT the Regional Clerk be requested to send a copy of the Regional Chair's letter to the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and Sport, and the Association of Local Public Health Agencies (alPHA).

REPORT

Purpose

The purpose of this report is to inform Regional Council on the oral health programs provided to children in Halton Region. Last year, Council was updated on this information in Report No. MO-19-10.

Background

At all stages of life, oral health contributes to general health and quality of life. Oral health problems can cause painful infections and negatively affect speech, eating, and appearance. In children these can lead to poor nutrition and school absenteeism, and limit a child's ability to socialize.

The Health Department offers oral health programs to a diverse population of children in Halton Region. Some of these programs are delivered in collaboration with Social and Community Services (S&CS).

Oral Health Screening of Children

Screening is offered to children at elementary schools and community-based clinics to identify untreated dental disease. To enrol in a financial assistance program for dental treatment, clients go through a screening process.

Screening at School Sites

Elementary school-aged children receive their oral health screening mainly at school sites. “Urgent conditions” are conditions affecting their mouths that, if left untreated, could lead to pain and suffering within one month. Following the screening process, the parents/guardians of children in need of treatment are informed of the urgent condition and the availability of financial assistance to address treatment needs.

This service is targeted to schools and certain grades based on the percentage of Grade 2 children with two or more decayed teeth identified in the previous school year. This percentage determines the school’s screening intensity level as high, moderate, or low. “Screening intensity” was referred to as “risk status” in past reports. In the Ontario Public Health Standards (OPHS), the percentage cut-offs for determining screening intensity for each school are determined as follows:

- High screening intensity: 14% or more
- Moderate screening intensity: 9.5% to 13.9%
- Low screening intensity: less than 9.5%

The grades screened at each school are determined by intensity level:

- High screening intensity: junior and senior kindergarten, grades 2, 4, 6, and 8
- Moderate screening intensity: junior and senior kindergarten, grades 2, and 8
- Low screening intensity: junior and senior kindergarten, grade 2

Table 1 presents data from school screenings for the past three school years. The number of children screened each school year will vary because of changes in school enrolment and the screening intensity level of schools.

Table 1. Number of children screened in elementary schools by school year

	2007-08	2008-09	2009-10
Burlington	7,821	6,598	6,441
Halton Hills	3,180	3,483	2,917
Milton	3,348	3,493	4,348
Oakville	7,299	7,198	7,515
Total	21,648	20,772	21,221

Table 2 indicates the percentage of elementary school children identified with urgent and non-urgent dental conditions. These children have untreated dental conditions that require care by a dental professional.

Table 2. Percentage of children identified with urgent and non-urgent conditions by school year

	Urgent			Non-Urgent		
	2007-08	2008-09	2009-10	2007-08	2008-09	2009-10
Burlington	5.7	6.3	5.9	3.6	3.7	5.1
Halton Hills	4.8	4.0	3.6	3.7	5.5	3.5
Milton	3.7	4.1	6.5	4.4	4.9	4.4
Oakville	4.9	5.2	4.8	3.8	3.2	4.9
Total	4.9	5.2	5.3	3.8	4.3	4.7

Screening at Community-Based Clinics

Community-based clinics also allow children and youth (0-17 years) to be screened for enrolment in financial assistance programs for dental treatment needs. These programs include Children In Need of Treatment (CINOT), CINOT Expansion, the Preventive Oral Health Services program, and Ontario Works (OW) for children. In addition to the oral health needs assessments, staff members provide consultation to clients and their families, and referral of clients for treatment and/or facilitation of access to treatment.

Screening clinics are available weekly at the Health Department's Burlington office, once every two weeks at both Oakville and Milton sites, on a monthly basis in Georgetown, and as requested at the Acton site.

Table 3. Number of children who attended community-based screening clinics, 2008-2010

	2008	2009	2010
0-17 year olds	586	860	1054

Survey of Junior and Senior Kindergarten and Grade 2 Children

During the 2009-10 school year, Halton Region participated in a provincial oral health survey coordinated by the Ontario Association of Public Health Dentistry. The survey involved the measurement of tooth decay status for all children in junior and senior kindergarten and grade 2 who were screened as part of the oral health screenings conducted each year. This included all schools since junior and senior kindergarten and grade 2 students are screened even in low intensity schools.

Table 4 presents a comparison of data from Halton Region and participating Ontario health units. The survey was not mandated and did not include larger size health units such as Toronto, Hamilton, and Ottawa. Due to differences in sampling design, these results are not comparable to results from the Dental Indices Survey, which have been previously reported to Committee.

Results indicate that the severity of tooth decay is less for children in Halton Region as compared to children in the other participating health units. However, results should be interpreted with caution and the Ontario data is not representative of the entire province.

Table 4. Tooth decay status by grade for Halton Region and participating Ontario health units

		Junior Kindergarten	Senior Kindergarten	Grade 2
Halton Region	Number of children surveyed	4,555	4,953	5,165
	Average number of teeth per child that have experienced tooth decay	0.66	1.11	1.95
	Percentage of children who had not experienced tooth decay	82%	73%	58%
Participating Ontario Health Units (including Halton Region)	Number of children surveyed	26,160*	30,443**	28,082*
	Average number of teeth per child that have experienced tooth decay	1.15	1.57	2.51

Note: Tooth decay experience refers to teeth that have tooth decay currently, have been filled due to tooth decay, or have been extracted due to tooth decay.

* includes data from 14 health units

** includes data from 17 health units

Financial Assistance Programs for Children and Youth

Financial assistance programs exist for dental care when cost is a financial burden for residents. In Halton Region, assistance for children and youth may be obtained through CINOT, Healthy Smiles Ontario, the Preventive Oral Health Services program, or the Ontario Works Dental Benefits for Children program. Dental providers accept financial assistance clients at their discretion. Some dentists do not accept these clients because of the lower fees provided by these programs for dental services.

Table 5 provides an overview of the cost of care, number of claims, and budget allocations from 2008 to 2010. Information on provincial-regional cost-sharing can be found in Table 6 at the end of this report. Costs of care for CINOT and OW services have increased throughout this period possibly due to population growth, economic changes and loss of dental benefits, increased awareness of programs, and increasing number of children from low income families. Note: Cost of care will vary between dental claims due to differences in services provided.

Table 5. Cost of care, number of claims, and budget allocations for financial assistance programs for children and youth

		CINOT	CINOT Expansion	Local Teen Program	OW Children	Preventive Oral Health Services	Healthy Smiles Ontario
2008	Number of claims	588	---	43	548	---	---
	Cost of Care	\$191,489	---	\$32,370	\$122,035	---	---
	Budget allocation	\$150,000	---	\$25,000	\$68,900	---	---
2009	Number of claims	733	98**	---	513	---	---
	Cost of Care	\$298,847	\$59,118*	---	\$109,280	---	---
	Budget allocation	\$200,000	\$342,473	---	\$108,100	---	---
2010	Number of claims	836	135**	---	611	120	0
	Cost of Care	\$293,207	\$88,348*	---	\$148,380	\$10,560	\$0
	Budget allocation	\$252,000	\$55,000	---	\$122,000	\$8,000	\$158,765
2011	Budget allocation	\$326,700	\$132,000	---	\$110,000	\$8,000	\$500,000

* CINOT Expansion cost of care includes all treatment for 14-17 year-olds and general anaesthetic services for 5-13 year-olds

** CINOT Expansion # of claims includes only claims for treatment for 14-17 year-olds as the # of claims for general anaesthesia for 5-13 year olds is included in the # of claims for CINOT

Children In Need of Treatment (CINOT)

The CINOT program is available to children who are Ontario residents aged 0 to 17 years. It is a mandated program within the Ministry of Health Promotion and Sport (MHPS) and is administered by the Health Department. The program is part of the public health cost-shared programs. To qualify, children must be identified with an urgent dental condition and the family must declare that they do not have dental insurance and that the cost of treatment would be a financial hardship.

Since 1987, CINOT has provided financial assistance for eligible children aged 0-13 years who are in need of dental care. In Halton Region, a Teen Program was created in 2001 to provide financial assistance for youth aged 14-17 years who require urgent care. This program was a local extension of the CINOT program, and funded 100% by the Region.

In January 2009, the CINOT program was expanded by the MHPS to provide care until a child's 18th birthday. The expanded component of CINOT was funded 100% by the province in 2009. In 2010 and beyond, costs for the expanded component are cost-shareable, 75% province, 25% Region.

Ontario Works (OW) Dental Benefits for Children

OW recipients and their dependants under 18 years of age are eligible to receive care through the dental benefits of the Ministry of Community and Social Services. The Region and the Province cost-share this program, with the province being responsible for 81.2% of the cost of services, in 2011, which will be fully uploaded by the province by 2018. Dependants under 18 years automatically qualify for basic dental care and eligible services.

Preventive Oral Health Services

Starting in 2010, financial assistance is provided to children aged 0-17 who qualify for preventive oral health services as outlined in the OPHS, Child Health requirement #13. These services include pit and fissure sealants, topical fluoride applications, and cleanings. To qualify, a child must meet dental and financial criteria. These services are funded through the Health Department base budget which is cost-shared with the province.

Healthy Smiles Ontario

In October 2010, the Healthy Smiles Ontario (HSO) program was launched throughout the province and funded at 100% by the Ministry of Health and Long-Term Care (MOHLTC). Regional Council was informed in Report MO-38-10 of this program, which was called the "Low Income Dental Program" in the planning phases. Council has recently approved the budget for this program through the 2011 budget process.

One component of the HSO program is to provide financial assistance for preventive and early treatment services. These services are provided by private oral health practitioners in the community and they are reimbursed on a fee-for-service basis. Eligibility for HSO is based on 4 criteria:

1. Applicants must be 17 years of age or younger
2. Applicants must be a resident of Ontario
3. Applicants need to be a member of a household with an Adjusted Family Net Income (AFNI) of \$20,000 per year or less
4. Applicants do not have access to any form of dental coverage (including other government-funded programs, like Ontario Works or Ontario Disability Support Program)

As of January 25, 2011, a total of 21 families (representing 54 children/youth) have applied for HSO and a total of 25 client cards have been issued (providing 3 years of treatment coverage). To date, claims for 2 children have been processed. Since the inception of the program, several reoccurring limitations to enrolment have been reported to the Ministry, including: (1) households marginally exceeding the income cut-off threshold, (2) families receiving coverage through insurance that has maxed-out, or whose up-front or co-payments exceed a family's ability to pay, and (3) parents reporting that their children are in need of urgent care services to relieve pain and discomfort. Those facing the last limitation were offered services through the CINOT program.

Other health units have also identified the aforementioned limitations (1) and (2) as significant barriers to accessing dental treatment through the HSO program. The Ontario Association of Public Health Dentistry (OAPHD), which is composed of oral health staff from Ontario health units, will be advocating that the provincial government review the eligibility criteria for HSO, including the income cut-off threshold and the "no access to dental benefits" criterion. At present, families with an adjusted net family income of \$20,000 or less, but with limited dental benefits, would not be eligible for HSO. In these cases, many families would be unable to pay for any uninsured portion of their child's dental bill or any amount of the dental bill up front as some oral health providers may require.

Oral Health Promotion Programs for Children and Youth

HSO program

The local operationalization and implementation of Healthy Smiles Ontario is not limited exclusively to financial assistance support but also incorporates a strong community awareness and program promotion campaign. HSO promotion has been assisted by marketing materials provided by the MOHLTC. Local oral health professionals were notified about the program in a targeted mailing completed in December 2010 and health professionals were informed through the recent Health Notes for Professionals that featured an article and a program insert.

HSO community promotion strategies were launched in 2010 in local food banks and faith centres providing holiday meals and services to reach families experiencing financial hardship. HSO promotion will continue in 2011 through inter-departmental program overview sessions, collaborative work with community partners, and through marketing strategies in a number of diverse settings (e.g., schools, libraries, out reach centres). To support ongoing program promotion a Halton HSO webpage has been developed and is now active (www.halton.ca/healthysmiles).

Other initiatives

Staff also worked collaboratively with the OAPHD to critically assess and update the contents and lesson plans of Reach and Teach Kits so that they align with the revised school curriculum.

Oral Health web pages (located on the corporate website) were also reviewed and modified to increase accessibility to the child and youth demographic. Resources were organized based on age groups so that parents and children/youth can more easily navigate to resources that are most applicable to them. To further enhance accessibility to online resources, a new online address was provided, www.halton.ca/oralhealth.

Overall, in 2010, staff provided 32 presentations to community groups such as Calling New Parents, Halton Prenatal Nutrition Programs, Kids and Me, HIPPY (Home Instruction for Parents of Preschool Youngsters), and kindergarten enrolment parent nights. In addition, staff attended several community events and health fairs, distributing assorted health education resources. In total, approximately 12,000 resources were distributed to members of the community.

Conclusion

Findings from oral health screenings indicate dental disease is a health problem for a significant number of children in Halton Region. Financial assistance programs are required to help children in need of dental care whose families lack dental coverage or the ability to pay for care.

The new Healthy Smiles Ontario program is designed to address a gap that exists in the provision of dental care for children and youth from low income families. The Health Department will continue to work with community partners, such as local oral health providers, to improve access for those who require financial assistance.

FINANCIAL/PROGRAM IMPLICATIONS

Expenditures for the oral health programs targeted to children and youth are included in the approved 2011 tax-supported operating budgets for the Health Department and S&CS Department. The 2011 cost of oral health services is shared by the Region and the Province as shown in Table 6. The increase in program uptake due to population growth and the economic situation continues to impact staffing needs.

Table 6. Provincial-regional cost share for financial assistance programs for children and youth

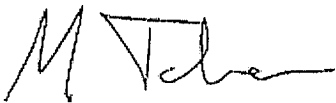
Program	2009		2010		2011	
	Province	Region	Province	Region	Province	Region
Children in Need of Treatment (CINOT) for 0-13-year-olds	66.9%	33.1%	67.7%	32.3%	65%	35%
CINOT Expansion services*	100%	0%	75%	25%	75%	25%
Healthy Smiles Ontario	---	---	100%	0%	100%	0%
Ontario Works (OW) Dental Benefits for Children	80%	20%	80.6%	19.4%	81.2%	18.89%
Preventive Oral Health Services	---	---	67.7%	32.3%	65%	35%

* CINOT Expansion services include treatment for 14 to 17 year-olds and general anaesthesia for 5 to 13 year-olds.

RELATIONSHIP TO THE STRATEGIC PLAN

This report relates to the Health and Social Services Committee Plan Theme 3 – Create and Improve Safe, Healthy, Liveable, Inclusive Communities, Goal 1 – Provide accessible, affordable public health and social services to the community.

Respectfully submitted,

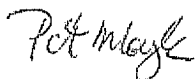


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Robert M. Nosal MD FRCPC
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Approved by



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If you have any questions on the content of this report, please contact:

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