

Oral Health

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

That the Board of Health send a letter to the Minister of Health advocating for:

1. A review of fee code rates for dental providers to remove compensation barriers to dental care.
2. Exclusion of government rebates from assessment of income calculations for seniors to ensure that those who qualify for the Ontario Seniors Dental Care Plan (OSDCP) program do not have their care interrupted.
3. Introduction of fluoride varnish in all publicly funded schools as a preventive approach in the early years.

Key Points

- Oral Health school dental screenings resumed in the 2022/23 school year in which 14,545 children were screened.
- The school team is re-launching the Fluoride Varnish program in the 2023/24 school year with 42 schools hosting fluoride varnish clinics.

- The OSDCP continues to make progress on wait times to access care through WDGPH clinics.
- Despite provincial and upcoming federal funding for seniors' and children's dental services, gaps remain primarily due to insufficient fees for publicly funded dental services.

Background

Healthy Smiles Ontario

The Healthy Smiles Ontario (HSO) program is mandated through the Ontario Public Health Standards (OPHS) and Protocols and is offered to children and youth under the age of 19 years. The program consists of three main components: provision of oral health school dental screenings; provision of clinical preventive services to children and youth and client navigation for the three streams of the program (Table 1). Wellington-Dufferin-Guelph Public Health (WDGPH) staff primarily work within the Emergency and Essential Services Stream (EESS) to provide access to care for children of families from low to moderate income households.

Table 1

HEALTHY SMILES ONTARIO (HSO)

Core Program "Core"	Emergency and Essential Services "EESS"	Preventative Services Only "PSO"
<p>Age 0 to 17 Resident of Ontario Services at community dentists and public health unit Must meet specific income thresholds Ontario Works Ontario Disability Support Public health units</p>	<p>Age 0 to 17 Resident of Ontario Services at community Must have an urgent need or essential dental needs At an income level at which family would receive Ontario Child Tax Benefit</p>	<p>Age 0 to 17 Resident of Ontario Services public health unit No urgent or essential dental needs At an income level at which family would receive Ontario Child Tax Benefit</p>

Resumption of Oral Health School Screening Program in the 2022-2023 School Year

WDGPH's dental team were successful in screening 14,545 children in the 2022/23 school year as required by the OPHS. Due to the hiatus during the pandemic, all children in junior kindergarten, senior kindergarten, grades 2, 4 and 7 were screened to identify if the pandemic had caused a shift in demographics and needs within Wellington, Dufferin, and Guelph (WDG) communities. The team will continue the 2023/24 school year screening all children in junior and senior kindergarten, grades 2, 4, and 7.



14,545 children screened.



476 with urgent needs | 816 with non-urgent needs.



28% having experienced decay, missing teeth.

Enhanced Fluoride Varnish Program

WDGPH is excited to bring back the Fluoride Varnish program to 42 schools in the WDG area. Prior to the pandemic, this service was offered twice yearly to 12 high-risk schools (schools with high rates of current and past decay). For the 2023/24 school year, new efficiencies have allowed for the expansion of the program. Efficiencies included cross training of staff, improved tools and products for the program and an electronic documentation process. The team will offer the Fluoride Varnish program to all junior and senior kindergarten students in the 42 schools, as well as grade 1 and 2 in the 12 highest risk schools.

Children's Preventive Clinics

Preventive services to children and youth continue in three WDGPH office locations, Guelph, Fergus, and Orangeville. A summary of the services completed at the end of the year is provided below. The team improved on the previous year's indicators.

Healthy Smiles Ontario: Preventive Service Summary

Key Performance Indicator	2022	2023
# Screenings	439	624
# New patient cleanings	229	237
# Previous client cleaning	779	879
# Clients receiving sealants	7	26
# Total clients seen	1454	1766
# Children identified with urgent concerns	434	448
# of HSO-Emergency and Essential Services (EESS) applications completed	428	431
# of HSO-core applications completed	20	5

Ontario Seniors Dental Care Program

OSDCP has been providing services to low-income seniors in the community through WDGPH at the Guelph location since May 2021 and the Orangeville location since May 2022.

Seniors are eligible to receive services under OSDCP if they:

- are 65 years of age or older,
- are residents of Ontario,
- do not have access to private or public benefits (including through the Ontario Disability Support Program (ODSP) or Ontario Works,
- meet Ministry specified income eligibility thresholds. Single residents aged 65 years of age and over with an income of \$22,200 or less, OR senior couples with a combined income of \$37,100 or less are eligible.

OSDCP provides a basket of services to qualifying seniors that includes both preventative and restorative care. These services are not exhaustive of all care recommendations for this population and can be confusing for both the client and providers as to what is covered.

In WDG, 13 community dental service providers have been supporting the OSDCP program in the WDG communities by helping provide emergency care for seniors. Additionally, four private denturists offer their services on a referral basis from the OSDCP program.

At the present time, only one oral surgeon with limited capacity, is providing care to clients in need of these specialized services. Seniors with complex medical histories and/or those with some degree of urgency are prioritized for referrals to the oral surgeon. The oral surgeon has capacity to accept only one client every six months.

The low provincial fee schedule coupled with the often-high complexity of care required have been the main factors in limiting access for clients. This has resulted in a waitlist for specialist services and has led to some clients experiencing prolonged periods of time with unmet dental needs that continue to progress.

Due to the inability to find enough community dentists and dental specialists to care for the eligible clients of this program, WDGPH has needed to adjust the internal fee schedule for the OSDCP program. The hope is by making the provider fees more desirable to current and potential oral surgeons and other participating partners, that the agency will be able to attract and retain these needed providers. The change in fee guide does not result in additional costs to the client or the agency, it is based in the current budget for the OSDCP. WDGPH is monitoring the outcomes of this new initiative closely.

Table 2: Key Performance Indicators for OSDCP (Total Clients seen or referred) Current as of October 2023

Key Performance Indicator	2022	2023
# of clinical appointments	970	1534
# of unique clients	389	597
# of new patient examinations	283	332
# of emergency examinations	89	93
# of restorative fillings	714	1496
# of root canal services	8	36
# of referrals to oral surgeons for complicated procedures	57	26
# of referrals to denturists	157	154
# of referrals to community dentists	96	139
# of hygiene appointments	466	839

Environmental Scan and Trends

WDGPH sought to understand some of the challenges health units across Ontario are experiencing in their dental program and learn how other health units were managing the challenges. A questionnaire was distributed to public health units via the Ontario Association of Public Health Dentistry. Only 17 of the 34 health units responded and those that responded indicated:

- 1. Services offered varied between greatly between public health units. Some only offered preventative services in HSO while others offered preventative and restorative services to individuals across the lifespan.*
- 2. Funding was the main barrier for PHU's providing OSDCP services.*
- 3. Some health units reported utilizing other funding sources (Municipal funding) to deliver dental care to individuals who did not qualify for HSO or OSDCP programs.*

Barriers to Accessing Care

WDGPH needed to document the current environment which local dental providers were experiencing that impacted their ability to accept clients from publicly funded programs. A survey was created and distributed to local dentists, dental specialists, and denturists.

This provider survey demonstrated clearly that the reimbursement schedule for both HSO and OSDCP is insufficient to even cover their staffing, supplies, and other overhead costs. The provider is not being asked to just work for free, they are being asked to subsidize the cost of the dental treatment. This situation is not just unsustainable but ethically questionable. Access to appropriate dental providers is essential for the program and the clients.

Discussion

Access to Care: Challenges in Accessing Publicly Funded Dental Services.

Access does not necessarily mean care is attainable: To meet the needs of individuals in WDG communities, dental programs rely on partnerships with dentists and limited discretionary funding from the County of Wellington. Community dentist partnerships are becoming strained due to the financial burden placed on them. HSO and OSDCP fee guides do not cover the costs to run and maintain a business. As a result, dentists are paying out of pocket for the publicly funded programs. Concerns exist as to whether community dental providers will be able to support the HSO and OSDCP programs if funding does not increase to both cover these mandatory costs and provide a small stipend for their work.

Disqualification from OSDCP program: An estimated 25-30% of current OSDCP clients have been disqualified for the 2023/24 program year. Many senior clients have reported that the reasons for disqualification from program services have been government rebates deposited directly into their bank accounts, being considered taxable income. These rebates can include Grocery Rebate, Climate Action Incentive and Canada Pension Plan Death Benefit (from a deceased spouse). These rebates and benefits increase the individual's income, disqualifying them from the program and denying them access to dental care. Some of the clients get disqualified while in the middle of an extensive treatment plan. WDGPH has decided to honour the treatment plans for these individuals to enhance their quality of life.

Capacity Constraints: The current waitlist for OSDCP in Guelph is about 195 and in Orangeville the waitlist is about 30. Newly qualified clients are added to the waitlists daily. That notwithstanding, all emergency appointments are seen within a target of 1-2 days either by WDGPH or community partners.

WDGPH is aware that there is a service gap in Wellington County related to the lack of access to community dentists. Efforts are underway to try and rectify this situation.

Access to Specialist Services: At present, OSDCP clients in WDGPH area have no access to specialty services such as endodontists, periodontists, prosthodontists, and extremely limited access to oral surgeons. This poses a significant roadblock in delivery of care to clients. The OSDCP Service Schedule based off the Ministry of Children, Community and Social Services (MCCSS) rates, are a fraction of the Ontario Dental Association (ODA) fee guide and generally not acceptable to providers.

Health Systems Impact: Inadequate funding of publicly funded dental programs places a burden on the economy and strain the healthcare system:

- Average cost of hospitalization in \$7,367 per admission in 2014 or \$9,182 when adjusted for inflation in 2023.¹
- Poor oral health is reflected in higher rates of respiratory illness, diabetes complications, and quality of life. In addition, it can lead to increased absence at school and work for individuals.²
- In 2022, only 6% of dental care was paid for by public funding in Canada.³

Health Equity Implications

Advocating for improved community access to dental services helps to reduce oral health disparities faced by clients. Many marginalized individuals suffer from poorer oral health outcomes due to limited access to dental care.

Conclusion

Oral health affects overall health. Publicly funded oral health programs help to bridge equity gaps that low income and marginalized populations experience. These programs aim to promote health and improve well-being and continue to be a necessity for many children and seniors in WDG communities. Additional and creative funding options of these programs will go a long way in improving access to these services for the most vulnerable populations.

As presented in this report, funding models for HSO and OSDCP that compensate dental providers is low resulting in these services sometimes costing providers more than they are reimbursed. Income calculators for the OSDCP include government rebates and as a result exclude many seniors who would otherwise qualify for the services the OSDCP program provides.

Finally, preventative programs like Fluoride Varnish can help to reduce the costs of dental care in the long run by ensuring that children enter adulthood with good oral health.

WDGPH requests that the Board of Health advocate to the Ministry of Health to:

1. Acknowledge that the principles of fee code payments should include coverage of dental provider overhead costs, and furthermore acknowledgment that the provider will also receive some compensation for their time and expertise.
2. Exclude government rebates from assessment of income calculations for seniors to ensure that those who qualify for the OSDCP program do not have their care interrupted.
3. Introduce fluoride varnish in all publicly funded schools as a preventive approach in the early years.

Ontario Public Health Standards

Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- Improve health outcomes
- Focus on children's health
- Build strong partnerships
- Innovate our programs and services
- Lead the way toward a sustainable Public Health system

References

1. Levy BB, Goodman J, Eskander A. Oral healthcare disparities in Canada: filling in the gaps [published correction appears in *Can J Public Health*. 2022 Nov 2;:]. *Can J Public Health*. 2023;114(1):139-145. doi:10.17269/s41997-022-00692-
2. The State of Oral Health in Toronto 2022 [Internet]. Available from: <https://assets.greenshield.ca/greenshield/attachments/pdfs/oral-health-reports/TO-OralHealthReport-Final.pdf>
3. Flood CM, Allin S, Lazin SJ, Marchildon G, Oliver P, Quinonez C. Towards a universal dental care plan: Policy options for Canada. *IRPP Insight* 2023; 46. Institute for Research on Public Policy.