

Dental Health Program Cluster

Dental Health Program

Goals:

To promote the dental health of children, youth, mothers at risk, and seniors.

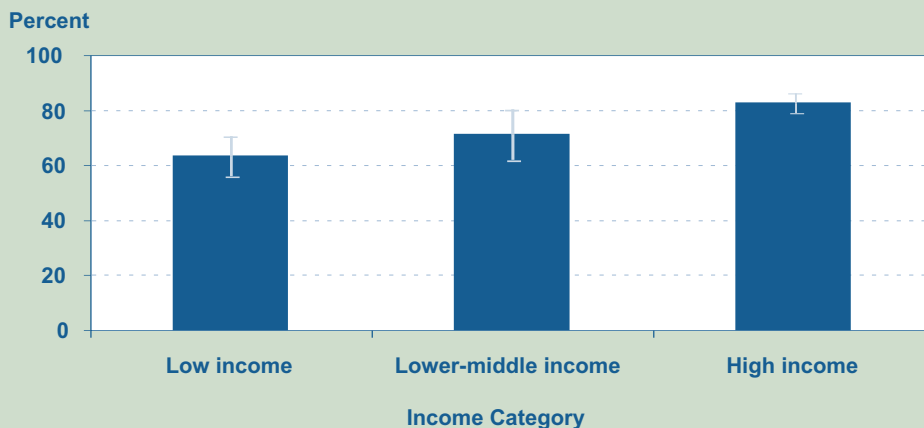
To reduce the prevalence of oral disease and improve oral health function, and aesthetics.

Selected Dental Indicators:

Early childhood tooth decay (ECTD) is a preventable form of tooth decay among young children. A telephone survey conducted by TPH in 2003 found that 6% of parents with children 0-6 reported that a physician or dentist had told them that their child had ECTD. A significant difference was found according to whether or not the child was born in Canada; only 5% of children born in Canada had been diagnosed with ECTD, while 14% of children not born in Canada had been so diagnosed. In the same survey, the parents were asked why their child had not been taken to see a dentist more recently, if they had not been taken in the last year. The most common reasons were “child is too young” (47%), “child has no problems” (33%), and “we don’t have insurance/can’t afford to take them” (6%).⁵

Adult dental health. The proportion of respondents that consider their oral health to be excellent or very good was influenced by income and ranged from 46% (+/-8%) in the lowest income group, to 61% (+/-5%) in the highest income group. Respondents who were under 45 years of age and those with dental health insurance were also more likely to report excellent or very good dental health and have all or most of their natural teeth (RRFSS, 2003).

Figure 7 - Percent Who Reported Seeing a Dentist in the Past Year, by Income, Toronto, 2003



Source: Rapid Risk Factor Surveillance System, 2003
Error bars on the graphs represent the 95% confidence interval.

Results from the Rapid Risk Factor Surveillance System (2003) show that 76% (+/-3%) of respondents reported visiting a dentist in the past year. In 2003, visiting a dentist within the past year was also related to household income, and ranged from 63% in the lowest income group, to 71% in the low-mid income group, to 82% in the highest income group (Figure 7).

Selected Dental Health Program Activities:

Access to basic dental care remains an issue for many individuals and families because dental care is not included in Ontario's provincial health care plan (OHIP) that covers all citizens for medical and hospital services. People without ready access to dental care often cannot get treatment until pain or infection causes them to go to hospital emergency rooms, which are often not staffed or equipped to provide dental care. The programs operated by TPH are designed to reduce the burden of illness by preventing disease before it occurs (primary prevention) and by screening and providing follow-up prevention and treatment (secondary prevention) to those who have no insurance or finances to pay for basic dental care. In order to ensure equitable access to oral health and care, TPH operates the programs described below:

There are about 266,000 children in the Toronto schools between Junior Kindergarten and Grade 8, and about 3,500 adolescents in English as a Second Language programs. Twenty-two dental hygiene teams screen over 208,000 of these children, and 3,500 adolescents each year. Depending on the age group, between 8% and 26% of these children and adolescents have unmet treatment needs. With the treatment programs available in Toronto, all of the children who need dental care have access to it, and many meet the Ministry of Health and Long-Term Care's criteria for the provision of clinical preventive services to reduce the expected occurrence of new decay.

Basic dental services include examination and diagnosis, clinical preventive services (sealant, topical fluorides, oral hygiene instruction, denture cleaning and adjustment), restorations (fillings), periodontal scaling and denture repair or replacement. Preventive services are provided to about 22,000 children or adolescents, and 6,400 seniors each year.

CINOT administration. CINOT is a provincially mandated program to provide dental care for children who are in urgent need of care. In Toronto, children with urgent needs can be treated by private dentists or in TPH clinics. The CINOT administrative office validates the referral information against claims for care, reviews and adjudicates claims from dentists, authorizes payment for invoices of private dentists and invoices the Ministry of Health and Long-Term Care for the transfer payments to cover the costs. TPH dental services annually oversees requests from about 1800 private dentists for a total of \$1.1 million, and additional transfer payments for care provided in TPH clinics of about \$800,000.

Ontario Works administration. Ontario Works (OW) is the provincial program administered by social service departments in municipalities to provide income support for eligible clients needing short-term financial assistance. The children of OW clients are eligible for a comprehensive list of dental services, while

adults are eligible for emergency services only. As with CINOT, clients can obtain care from either private dentists, or TPH clinics, or both, and about 85% of clients attend private dentists. Each year, TPH dental services provides claims adjudication and invoice payment services for Toronto Social Services amounting to \$2.7 million, and transfer payments to TPH of about \$600,000.



Preventive services to residents of collective living centres. Dental teams visit homes for the aged on an 18-month cycle. Over that period they conduct approximately 11,250 screening assessments, clean 2,800 dentures, label and adjust dentures, and conduct in-service education for caregivers. They also provide referrals for about 300 residents who need care beyond what the team can offer.

Dental health education and promotion. Staff of collective living residences including long term care facilities, parents, teachers and community-based caregivers need current and relevant oral health information to achieve and maintain good oral health. Each year, TPH provides approximately 75 education sessions for teachers in those schools with high numbers of children with needs, 40 sessions for parents or health care providers, and 75 sessions to caregivers in collective living centres.