

## Healthy Smiles Ontario Dental Program Implementation

<b>Date:</b>	August 29, 2011
<b>To:</b>	Board of Health
<b>From:</b>	Medical Officer of Health
<b>Wards:</b>	All
<b>Reference Number:</b>	

### **SUMMARY**

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This report provides an update of the implementation of the 100% provincially funded Healthy Smiles Ontario (HSO) dental program for children and youth in Toronto. Of the five dental clinics that were approved for construction, two are complete. Toronto Public Health (TPH) recently received approval for capital funding to complete the other clinics and to purchase the mobile dental van within the current fiscal year. It is expected that this project will be completed by December 31, 2011.

The objective of the HSO program is to improve the oral health of children and youth living in low income families by giving them improved access to preventive and maintenance dental care. Toronto Public Health supports the province's efforts to improve the oral health of children in low income families. However, due to the stringent financial eligibility requirement, the HSO dental program has been under-utilized.

The issue of access to dental care for low income adults 18-64 years old needs to be addressed. They are the most in need and the least served segment of Toronto's population. From an analysis of the provincial government commitment to spend \$45 million annually to fund a dental program for low income families, there appears to be sufficient unspent funds and a growing infrastructure that could be used to offer primary dental care i.e. the relief of oral pain and infection, for adults. It is recommended that the Board Of Health (BOH) advocate to the province to streamline, consolidate and standardize provincially funded dental programs for children and youth, and use the combination of savings arising from these efficiencies, and the unspent funds from the expansion of the Children In Need Of Treatment (CINOT) and from the HSO dental programs to address the pressing dental core needs of low income adults. Access to

primary dental care for low income adults will reduce their burden of illness, and contribute to improvement in health and wellbeing.

## **RECOMMENDATIONS**

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The Medical Officer of Health recommends that:

1. The BOH urge the provincial government to improve service access and efficiency by consolidating provincially funded dental programs for low income children into one coherent, comprehensive basic dental prevention and treatment program with common services and eligibility requirements.
2. The BOH ask the provincial government to allocate unspent funds from recent investments in dental services for low income families to implement a new primary dental care program for low income adults using the existing clinic infrastructure. A primary dental care program for adults should at a minimum provide treatment of pain, infection and trauma.
3. The BOH approve the revised financial eligibility requirements for the municipally-funded dental program to reflect updated Statistics Canada Low Income Cut Off levels.
4. The Medical Officer of Health review the capacity and utilization of all dental clinic sites operated by Toronto Public Health or in which it is a principal partner, to determine the optimal configuration of the City-funded dental infrastructure with respect to client access and service efficiency.

### **Financial Impact**

There is no financial impact arising from this report.

## **DECISION HISTORY**

At its meeting on August 20, 2010, the BOH approved a one-time budget adjustment of \$2,240,000 gross and \$0.0 net to the Toronto Public Health 2010 approved operating budget to expand the existing community-based infrastructure of dental clinics, \$450,000 to purchase a mobile dental clinic and \$199,397 gross and \$0.0 net to support initial start-up of the new Healthy Smiles Ontario provincial dental program for children of low income families. The HSO dental program is fully funded by the Ministry of Health and Long Term Care (MOHLTC) as a component of the provincial poverty reduction strategy.

The BOH also requested that in 2011, the Medical Officer of Health report on the contracts awarded to five agencies to construct and equip dental clinics in their facilities and the purchase of services contracts for the implementation and delivery of the HSO program. The five agencies were Parkdale Community Health Centre (CHC),

Anishnawbe CHC, St. Michael's Hospital, Stonegate CHC and Carefirst Family Health Team (FHT).

## **ISSUE BACKGROUND**

On July 5, 2010, The MOHLTC informed TPH that for the remainder of 2010 it would provide 100 percent capital funding to expand the existing community based dental clinic infrastructure in Toronto, and to purchase a mobile dental clinic to implement a new dental program for children 0-17 years. The MOHLTC deadline for the completion of the capital project was December 31, 2010. This deadline was extended to April 30, 2011 because some BOHs were unable to complete all of the capital projects within the specified time frame. TPH resubmitted the request for capital funding to MOHLTC so that the uncompleted portion of the project could be finished in the 2011 budget year. The Medical Officer of Health was recently informed that MOHLTC approved \$1,525,000 in capital funds to complete the purchase of the mobile dental van, and the construction of the dental clinics at Stonegate CHC and St. Michael's Hospital.

The MOHLTC also approved 100 percent, pro-rated operating funding of \$2,848,809 for 2010, to support a mixed model of service delivery using both private fee for service and salaried dental care providers based in publicly operated clinics with the understanding that operational funding would be annualized in future years. The approved HSO operating budget for Toronto in 2011 is \$8,546,427.

## **COMMENTS**

### **Healthy Smiles Ontario Implementation Update**

Despite the commitment of both TPH and the five partner agencies, Parkdale CHC, Stonegate CHC, Anishnawbe CHC, St. Michael's Hospital, Carefirst Family Health Team, there have been delays in completing the capital portion of this project.

Staff worked with City Legal Services to prepare appropriate contracts between the City and the partner agencies for clinic construction and delivery of the HSO dental program. Only two of the partner agencies (Parkdale CHC and Anishnawbe CHC) were ready to proceed with the construction of the HSO dental clinics by the December 31, 2010 deadline.

The Parkdale CHC clinic was completed prior to the March 31, 2011 deadline and is currently operational. Construction of the Anishnawbe CHC dental clinic is complete. However there are delays in hiring staff due to the City's current hiring process.

The Medical Officer of Health was unable to execute a contract with the Stonegate CHC due to legal issues with their leasehold agreement. It is anticipated that this issue will be resolved by early October. If no further obstacles arise, this clinic will be completed by December 31, 2011.

The St. Michael's Hospital dental clinic is part of a more complex capital project with other health professional partners, which required more time for implementation. Based on progress to date this clinic should also be completed by December 31, 2011.

The Carefirst Family Health Team was unable to demonstrate that they could complete the construction of the dental clinic within the 2011 budget year because it was part of a major capital project that is not scheduled to be completed until 2012. Therefore, the Carefirst FHT will not be able to participate in this initiative. TPH sought and received approval from the province to use the funds allocated to the Carefirst Family Health Team to partner with Unison CHC to construct a dental clinic at their Jane & Trethewey Hub. A contract was executed with Unison CHC and this clinic will be completed by mid September, 2011.

The complexity of the purchasing process and the long lead time for construction and delivery meant that the mobile dental van could not be delivered prior to the April 30, 2011 funding deadline. Funds were reauthorized by the province to purchase the mobile dental van in the 2011 fiscal year, and TPH is in the process of awarding the contract. The vendor has advised that the van may not be delivered until after December 31, 2011 and TPH is working with Fleet Services and Purchasing and Materials Management Division to expedite the process. A further extension of the funding deadline will be sought from the provincial government if necessary.

Even though all capital projects were not completed within original deadlines, clients continued to receive service since HSO uses a mixed service delivery model including both private fee for service dentists and salaried dentists in public clinics. Eligible clients can choose to obtain care in private dental offices or existing TPH operated dental clinics.

When the HSO capital projects are complete there will be 24 publicly funded dental clinics (including the mobile dental van) available for eligible residents to access dental care. Ten of these clinics are located in City funded sites, twelve in CHC's, one at the St Michael's Hospital Family Health Team site and the mobile van. The construction of all the clinics in CHC's was funded by the MOHLTC and started shortly after amalgamation. TPH supports the location of dental services in CHC's since CHC's are mandated to provide other health and social services for a significant portion of the target population.

Given the recent increased investment in dental clinics in CHC's and other agencies by the MOHLTC, it is recommended that the Medical Officer of Health review the capacity and utilization of all dental clinics operated by TPH or in which it is a principal partner to determine the optimal use of City-funded infrastructure. This review should consider client access, potential service efficiencies, and any potential changes in service eligibility and demand for services.

The experience in Toronto to date is that there has been limited uptake of the HSO program. During the period January 1 – July 29, 2011, 2,520 children were enrolled in the HSO dental program with an expenditure of \$477,820.85. At the current utilization rate the projected spending for the year will be approximately \$900,000 out of an

approved HSO operating budget for 2011 of \$8,546,427. The low utilization of the HSO dental program may be attributed to a combination of low public awareness due to recent implementation, and stringent eligibility criteria which exclude many families who would benefit.

The province has requested that BOHs use an approved portion of the unspent 2011 budget to promote the program. However, given the time remaining in the fiscal year and the continuing stringent eligibility requirement, it is anticipated that the 2011 budget will be significantly under spent, even with program promotions.

Given the significant under spending in publicly funded dental programs, the provincial government has an opportunity to improve access to dental services. Adjusting the financial eligibility requirements of existing children's programs targeting low income families would allow more children to access care. Other BOHs are having a similar experience of low utilization of the HSO program, and are advocating for the HSO eligibility requirements to be adjusted.

The current unspent funds could also be used to provide basic primary dental care for low income adults using a program similar to the CINOT dental program. Low income adults are currently the group with the poorest access to basic dental care, with adverse impacts on health, social isolation and employability.

### **Overview of Publicly Funded Dental Programs Delivered and/or Administered by TPH**

The following table compares the eligibility, funding source, and budget for the dental treatment programs for low income families delivered and or administered by TPH

**Table 1: Publicly Funded Dental Programs Delivered and/or Administered by TPH**

	<b>CINOT</b>	<b>HSO</b>	<b>OW dependent children</b>	<b>TPH municipal dental program</b>
<b>Eligibility</b>	Children 0-17 years with urgent dental conditions – parental declaration of need.	Children 0-17 years whose family Adjusted Family Net Income (AFNI) = \$20,000	Parent(s) must be recipients of Ontario Works (OW) benefits	Children 0-17 years not eligible for provincially funded dental programs; Adults enrolled in TPH perinatal programs; Seniors >65 years and Institutionalized seniors All must meet financial eligibility requirement detailed in text
<b>Funding Source</b>	Cost Shared 75:25 Ministry of Health Promotion and Sports: TPH	100% funded by MOHLTC	Cost Shared 80:20 MOHLTC: Toronto Employment and Social Services	100 % municipally funded
<b>TPH Budget</b>	\$2,898,306	\$8,500,000	\$5,700,000	\$5,240,000

- Healthy Smiles Ontario (HSO)

The introduction of the HSO dental program means that there are now a total of five different dental programs for children of low income families. Children in foster care also have dental benefits but this is not included in Table 1 as TPH is not involved with this program. The administration of the HSO dental program is proving to be resource intensive due to the complexity of enrolling children in the program.

The eligibility requirements for HSO are as follows:

- Children and Youth age 0-17 years.
- Family must be residents of Ontario.
- Families must have an AFNI of no more than \$20,000.

Other residents besides children are eligible for treatment in the HSO clinics. These residents include adults who are eligible for government funded programs i.e. adults on Ontario Works (OW) and Ontario Disability Support Program (ODSP), Interim Federal Health benefits, registered Indian dental benefits. Services rendered for non-HSO clients are reimbursed by the program for which the client is eligible.

- Children In Need Of Treatment (CINOT)

Eligibility for the CINOT program requires that children/youth 0-17 years old must have an urgent condition requiring immediate care. However, the family does not have to undergo a financial means test or show evidence of income. Self declaration of financial hardship is required.

The CINOT program has experienced a significant increase in utilization since the introduction of the expanded CINOT program. This could be attributed to the promotional activities that were undertaken to inform the public of the program expansion to youth 14-17 years old. These promotional activities also publicized the CINOT program for children 0-14 years old.

When the CINOT program was expanded on January 1, 2009 to include youth ages 14-17 years, the allocated operational budget from the Ministry of Health Promotion and Sports (MHP&S) was \$5,253,442 and the program was 100% funded by MHP&S. In 2010, CINOT expansion became a 75:25 cost shared program, consistent with the funding model for the rest of the program. Based on utilization, the budget was reduced to under \$300,000. For 2011, the approved operational budget from MHP&S is \$272,694. The large proportion of unspent funds from the original allocation to CINOT expansion represents a potential opportunity to expand access to dental care for low income families as promised in the provincial poverty reduction initiative.

- Ontario Works Dental Program for Dependent Children and Adults

Eligibility for OW is defined and established by the Ministry of Community and Social Services. Families are required to disclose their financial situation to determine eligibility for social benefits. There are stringent eligibility criteria for residents to obtain Ontario Works benefits. Dental benefits for adults on Ontario Works are discretionary and are decided by each municipality, so OW adults may or may not have access to dental care depending on where they reside. In addition, if they have access to dental care the dental services may range from emergency to basic care depending on what the municipality decides.

Dental services for dependent children 0-17 years old in families on OW are provincially mandated and in Toronto are administered by TPH. This program is cost shared 80:20 by the Ministry of Community and Social Services and the City of Toronto. The utilization of this program has also increased over the last two to three years.

### **Toronto Municipal Public Health Dental Program**

Financial eligibility for the TPH dental program is on a sliding scale depending on the size of the family and is based on Statistics Canada Low Income Cut Off plus 20%. In addition to being financially eligible, prospective clients must also have a condition requiring treatment by a dentist to be eligible.

Currently the TPH dental program treats approximately 21,000 seniors, children, youth, and perinatal clients. In addition approximately 5,000 institutionalized seniors receive preventive and minor treatment services. Clinics currently have waiting periods ranging from two-three months to up to one year. The majority of people on the wait lists are seniors. It is anticipated that the demand for dental services by seniors will continue to increase. Seniors represent the fastest growing cohort of the population. Seniors are also retiring with most of their dentition and in many cases a loss of dental benefits. Therefore the issue of access to affordable dental care for seniors is a growing issue. The current TPH senior's dental program has been in place since 1989 and fills an important gap in health care for this growing segment of the population. It is critical that this program is sustained in light of the fact that there are no other options available to seniors who utilize this program.

It is recommended that the financial eligibility criteria be updated to reflect the current Statistics Canada Low Income Cut Off (LICO) base from which it is calculated. Financial eligibility requirement for the TPH dental program has not been updated since 2008. If the BOH approves this recommendation, the financial eligibility requirement would be as shown in Table 2.

**Table 2 – Current and Recommended Financial Eligibility Criteria for TPH Low Income Dental Program**

<b>Current TPH Financial Eligibility for Family Units</b>		<b>Proposed TPH Financial Eligibility</b>
1 person	\$ 25,000	\$27,000
2 persons	\$ 30,000	\$33,000
3 persons	\$ 35,000	\$40,000
4 persons	\$ 45,000	\$50,000
5 persons	\$ 50,000	\$60,000
6 persons	\$ 55,000	\$65,000
7 persons	\$ 60,000	\$70,000

It is not expected that this will cause a significant increase in demand for the dental program.

### **Improving Access to Dental Services for low income Families**

There are four children's dental program with different eligibility requirements and benefits which are funded by different provincial ministries. TPH staff and other service providers spend a lot of time ensuring children are enrolled in the appropriate dental program for which they are eligible and receive only the services that they are entitled to.

Currently children in the same family may be eligible for different provincial programs depending on how they present. For example, if one child has a condition requiring urgent care that child is placed on CINOT and the rest of the children in the family are placed on HSO if they meet the eligibility requirements. This can also happen if the families are blended i.e. the children share one parent only and the financial and employment status of the other parents are different. This affects the services that the children will receive as the basket of services for each program is different.

Access to dental services could be improved and program administration could be more efficient if all provincially funded dental programs for children had the same basket of services so that there is one schedule of dental services and fees for publicly funded children's dental programs. An effective initial step in this direction would be to standardize eligibility criteria and services for the CINOT and HSO programs.

Low income independent living seniors and low income adults without dental benefits from employment have no or very little access to affordable dental care. This is because dental care in the private sector is unaffordable for people living at or below LICO. Changes in employment toward more casual, temporary, part-time and self employment mean that in future fewer Ontarians may have access to dental care as an employment benefit. The combined effect of declining access to dental benefits and an aging population will exacerbate the issue of access to affordable dental care for low income adults. Their deterioration in oral health over time can affect their general health and their ability to remain or be employed.



The unmet needs of adults and seniors could begin to be addressed by the province through a basic primary dental care program supported by the under expended funding from recent commitments to new programs for children and youth, together with savings realized through streamlining and standardizing the current diverse array of children's dental programs and the longstanding municipal investment in services for adults and seniors. Taken together these resources represent an opportunity to address the most pressing unmet dental needs in our community.

### **Conclusion**

Rationalization of the current diverse mix of publicly funded dental services for children provides an opportunity to better address the issue of access to dental care for low income families. Since good health requires a healthy mouth, a well-designed, affordable, sustainable dental program for low income families would contribute to improving the health and quality of life of Toronto's residents.

### **CONTACT**

Dr Hazel Stewart  
Director, Dental and Oral Health Services  
Tel: 416 392 0442  
Fax: 416 392 0713  
[hstewart@toronto.ca](mailto:hstewart@toronto.ca)

### **SIGNATURE**

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Dr David McKeown  
Medical Officer of Health