

**Region of Waterloo Public Health
Dental Health Program Report
2011-2014**

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Executive Summary

To ensure children have access to oral health care services, the Ministry of Health and Long-Term Care mandates health units to provide several key programs and services. In Waterloo Region, Public Health's Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard in the Ontario Public Health Standards (OPHS) and three associated protocols. The goal of the standard and protocols is to "enable all children to attain and sustain optimal health and developmental potential." The program activities required in the OPHS and Protocols include:

- Providing oral health screening and referral to treatment where appropriate;
- Participating in or leading non-clinical activities to protect and promote oral health; and
- Ensuring access to dental treatment by facilitating access to and administering the cost shared financial support program, Children in Need of Treatment (CINOT). Public Health also offers preventive services (e.g. scaling, sealants).

In addition, the dental program administers other programs that provide access to dental services that include:

- Healthy Smiles Ontario (100 per cent provincial funding); and
- Ontario Works and discretionary dental benefits.

The third group of activities provided by the Dental Health program are clinical services to children and adults who did not meet eligibility requirements for provincial programs, demonstrate financial need, and require care. These services are primarily 100% Regionally funded. Services are based on local need or gaps in provincially funded programs.

Highlights from the report include:

- On average, over 20,000 elementary school students were screened on an annual basis from 2011 to 2014
- The proportion of children with unmet urgent dental needs remained consistent between 7.3 and 7.6 per cent. Provincial comparisons are not available as the Ministry of Health and Long-Term Care has not published surveillance data for several years
- The number of children participating in the Children in Need of Treatment Program (CINOT) has remained consistent from 2011 to 2014, ranging from 722 to 770 participants per year
- Healthy Smiles Ontario (HSO) enrollment increased from 375 to 1557 children and youth from 2011 to 2014, an increase of 315 per cent
- The number of clients receiving dental services through the Ontario Works program in the past four years, 2011 to 2014, ranged from 6,023 to 7,073 per year
- The number of appointments at the Public Health dental clinics has remained fairly consistent between 2,444 and 2,753 per year
- In December 2013, the Ministry of Health and Long-Term Care announced its intent to integrate six publicly funded dental programs by August 2015

Abbreviations

	Name
CHC	Community Health Centre
CINOT	Children in Need of Treatment
HPPA	Health Promotion and Protection Act
HSO	Healthy Smiles Ontario
IDDSH	Infectious Diseases, Dental and Sexual Health
JK	Junior Kindergarten
MOHLTC	Ministry of Health and Long-term Care
OPHS	Ontario Public Health Standards
SK	Senior Kindergarten

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1.0 Introduction

The Dental Health program is one of five programs in the Infectious Diseases, Dental, and Sexual Health (IDDSH) division of Region of Waterloo Public Health (ROWPH). Comprised of multi-disciplinary staff, the program provides oral health screening, access to dental treatment and participates in non-clinical activities to protect and promote oral health in Waterloo Region. The Dental Health program is responsible to the Board of Health for implementing twelve requirements outlined in the Child Health Standard of the Ontario Public Health Standards (OPHS)ⁱ. In addition, it complies with three protocols (Oral Health and Surveillance Protocol, Preventive Oral Health Services Protocol, and Children in Need of Treatment Program Protocol), which outline how the program should conduct its work. The goal of the standard is to “enable all children to attain and sustain optimal health and developmental potential”. The oral health-specific Board of Health expected outcomes, as outlined in the Standard, are listed in [Appendix A](#).

In order to meet the requirements outlined in the Standard and associated Protocols, Region of Waterloo Public Health’s (herein referred to as Public Health) Dental Health program provides a variety of services to residents in Waterloo Region.

This report provides an overview of Public Health’s Dental Health program, information and data on oral health indicators, and new and ongoing activities within the program.

Client-centered services offered by the Dental Health program include:

- Conducting oral health screening in a variety of settings, including Public Health clinics, community sites and schools;
- Administering the Children in Need of Treatment (CINOT), Healthy Smiles Ontario (HSO) programs and other programs for children who require dental care, but do not have dental insurance or the financial means to pay for care; and
- Providing preventive and restorative oral health clinical services.

Other Dental Health program activities include:

- Promoting good oral health to families with young children and to families who are planning a pregnancy or expecting the birth of a child; and
- Providing resources for professionals and community members for the purpose of promoting good oral health to individuals and families.

2.0 The Importance of Oral Health and Priority Populations

Oral health is connected to overall health and poor oral health is negatively associated with well being, speech, eating, sleeping, swallowing and breathing¹. In an excerpt from a Region of

ⁱ The OPHS are requirements for all Public Health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Ontario Public Health Standards (2008). Ontario Ministry of Health and Long-Term Care.

Waterloo Public Health report which identified populations at higher risk of poor oral health in Waterloo Region, the impact of oral health on overall individual wellbeing was described.

Poor oral health in childhood can have many immediate and lifelong repercussions. It has been shown that adult oral health is predicted by childhood oral health and childhood socioeconomic status (Thomson *et al.*, 2004). Even if socioeconomic status improves over life, the enduring effect of poor child oral health remains into adulthood (Thomson *et al.*, 2004). Fakhruddin *et al.* (2008b) found that children with untreated caries experienced more chewing difficulties, avoided smiling and have poorer social interactions than their unaffected peers.²

The Ontario Public Health Standards (OPHS) defines priority populations as “those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level”. In 2012, the following priority groups were identified by Region of Waterloo Public Health as being at risk for poor oral health outcomes:³

- Children and youth who are economically disadvantaged
- Mennonites (Amish, and Mennonites who are Mexican, not modern Mennonites)
- Immigrants and refugees to Canada
- Children and youth who do not speak English
- Pregnant teenagers
- People who smoke
- Individuals who use misuse substances
- Children and youth who are street-involved
- Children and youth with poor nutrition

The primary focus of the Dental Health Program is to ensure access to, or provide, dental care for individuals and families who require care, but do not have the financial means or insurance to obtain the required services. Many of the clients served by Public Health are individuals that fall into the priority groups listed above. Providing services to these individuals ensures all children who require dental services are not disadvantaged by social-economic status and their overall health is improved.

3.0 Oral Health Surveillance and Assessment

The Ministry of Health and Long-Term Care mandates each public health unit to conduct oral health surveillance assessment under its accountability agreements as well as the Oral Health Assessment and Surveillance Protocol (2008) under the Ontario Public Health Standards.

Under the accountability agreement, Region of Waterloo Public Health must report on the percentage of junior kindergarten (JK), senior kindergarten (SK) and grade 2 students screened in all publicly funded elementary schools. There are three components to the indicator:

1. Per cent of schools screened;
2. Per cent of JK, SK and Grade 2 students screened; and
3. Per cent of JK, SK and Grade 2 students who were absent and excluded or refused ⁱⁱ

The purpose of the screening is to identify children with urgent, non-urgent and preventive dental needs, and to provide follow-up support by notifying parents or guardians of the dental concerns identified in their child. Parents or guardians are also given information about financial assistance programs that can help them access dental health services if they are without dental coverage and have low incomes. Dental Hygienists screen children and youth every year in publically funded elementary schools, selected secondary schools, at Region of Waterloo Public Health dental clinics, and in targeted community locations.

3.1 Baseline Accountability Agreement Indicator Results

The 2013-2014 school year which was the first year in which the oral health accountability agreement indicator was reported. Overall, 98.6 per cent of the publicly funded schools in Waterloo Region were screened, accounting for 99 per cent of all junior kindergarten, senior kindergarten and grade 2 students. Ten per cent of students were excluded due to absenteeism or parental or guardian refusal of service (most of which were due to absenteeism).

These results serve as Region of Waterloo Public Health's baseline against which future performance will be measured. Targets for subsequent years are for the Dental Health Program to screen 100 per cent of junior kindergarten, senior kindergarten and grade 2 students in all (100 per cent) of Waterloo Region's publicly funded schools. The program is expected to meet these targets.

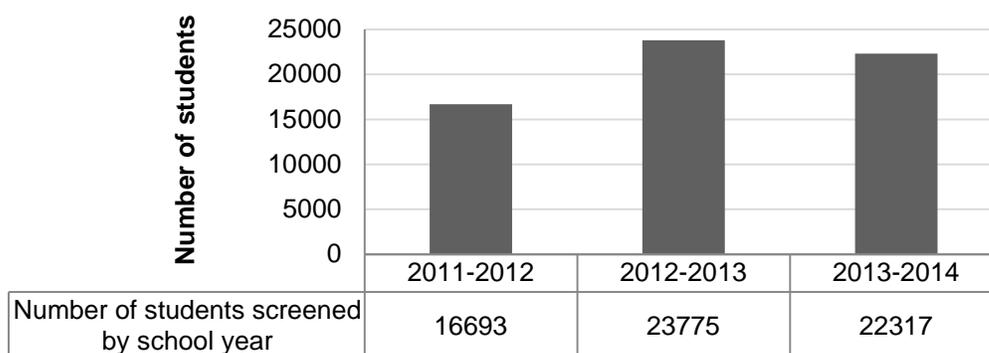
3.2 Targeted Screening in Publicly Funded Elementary Schools

Once student screening is completed for every student in junior kindergarten, senior kindergarten and grade 2, every school is assigned a rating based on the grade 2 screening results. Based on their rating, some schools may screen students in additional grades (4, 6 and/or 8). Region of Waterloo Public Health also conducts follow-up screenings with students who were identified as having unmet urgent needs to ensure proper care was provided, or will provide a screening upon parental request.

Figure 1 presents the total number of screenings in publicly funded elementary schools in all grades from the 2011-2012 school year until the 2013-2014 school year. The number of students screened is lower in 2011-2012 as fewer schools were screened due to human resource limitations.

ⁱⁱ Students excluded from screening due to absenteeism or parental or guardian refusal of service are not included in the total number of students (denominator) for the calculation of the per cent of JK, SK and Grade 2 students screened.

Figure 1: Number of students screened in publicly funded elementary schools



Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

3.2.1 Screening Results

At the time of screening, Region of Waterloo Public Health staff track the number of students with urgent dental needs. An urgent treatment may include one or more large open cavities in permanent teeth or in the crucial primary teeth, dental pain, infection, and trauma. Table 1 presents the number of students with these needs for the 2011-2012 to 2013-2014 school years.

Table 1: Number and proportion of students with unmet urgent treatment needs by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Number of students with urgent treatment needs	1231	1743	1699
Proportion of students with urgent treatment needs	7.4%	7.3%	7.6%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

While the total number of students with treatment needs varied (due to variation in the number of students screened), the proportion of students with these needs remained consistent over the three school years.

Once a student is identified as having an unmet urgent treatment need, the Dental Program will work with parents and community dental practitioners to ensure each child has access to, and receives, the required care. Staff will also provide information about financial assistance programs to support access to dental health services if appropriate.

During the screening process Region of Waterloo Public Health also identifies students with non-urgent dental needs. Non-urgent dental needs are conditions which do not require immediate treatment such as chipped fillings, signs of early tooth decay, and mild-moderate levels of gingival bleeding. Table 2 presents the number and proportion of students identified with these needs for the 2011-2012 to 2013-2014 school years.

Table 2: Number and proportion of students with unmet non-urgent treatment needs by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Number of students with non-urgent treatment needs	1041	1368	1318
Proportion of students with non-urgent treatment needs	6.2%	5.8%	5.9%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

While the total number of students with treatment needs varied (due to variation in the number of students screened), the proportion of students with these needs remained relatively consistent at around six per cent over the three school years. While no specific action is taken with these students or their parents, the measure is a one indicator of the overall oral health of children in Waterloo Region.

A final indicator collected as part of the screening program is the number of grade two students with two or more decayed teeth. This is another measure used to provide an assessment of the oral health of children in Waterloo Region. Table 3 presents the percentage of grade 2 students in Waterloo Region with two or more decayed teeth by school year.

Table 3: Percentage of grade 2 students with two or more decayed teeth, Waterloo Region, by school year, 2011-2014.

	2011-2012	2012-2013	2013-2014
Grade 2 students with two or more decayed teeth	6.1%	5.5%	6.6%

Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

Similar to the other indicators, the results are relatively consistent over the three school years, averaging six per cent over the three year period. These students are also referred to dental and services and case managed as appropriate.

Provincial comparisons are unavailable for the indicators as the Ministry of Health and Long-Term Care has not published any data at the provincial level. A limited number of other health units include oral health indicators in their surveillance or program reports; however, the indicators and timeframes vary making comparisons difficult.

3.3 Screening in Publicly Funded Secondary Schools

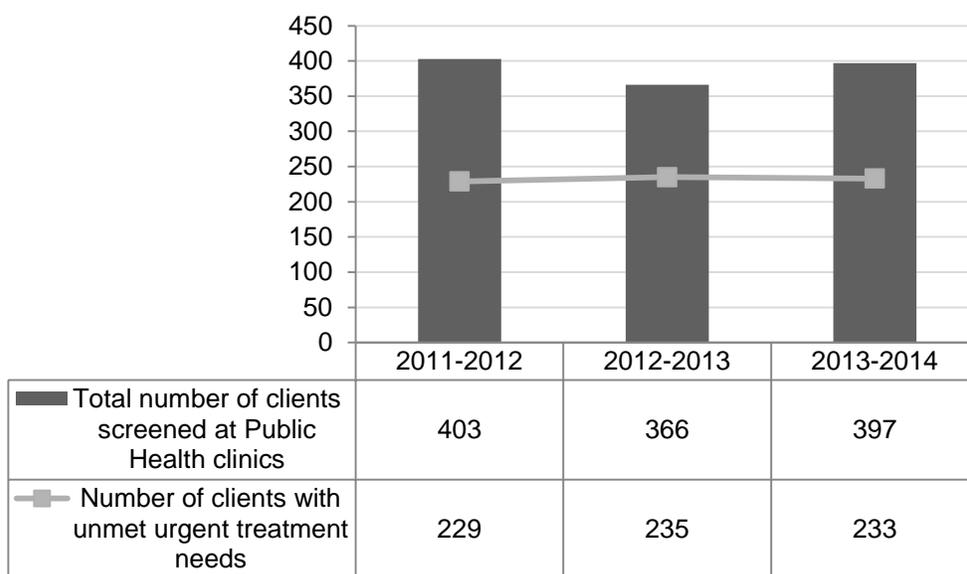
Over the last three school years, different approaches were used for identifying secondary school aged youth with unmet dental needs. Challenges with program implementation (i.e. services were not reaching the students who needed them), resulted in a decision to target students more likely to be considered a priority population for oral health services. In the 2013/2014 school year, Dental Hygienists conducted dental screening for 57 youth attending U-Turn, an alternative education program to support youth in completing their high school credits.

As a result of the screening, three students (or 5%) were identified as having unmet urgent dental needs and 12 (or 21%) were identified as having unmet non-urgent dental needs.

3.4 Dental Screening at Public Health Clinics

Dental screening is also provided at Public Health clinics located at 99 Regina Street South in Waterloo and at 150 Main Street in Cambridge. These clients are usually referred by private dental offices or by parents requesting a screening for their child (self-referral). After the screening, treatment plans are created by dental providers for eligible clients who have been identified as having unmet dental health needs. The number of clients screened at Public Health clinics from 2011 to 2014 remained fairly consistent (see Figure 2).

Figure 2: Number of clients screened at Public Health clinics, by school year, 2011-2014.

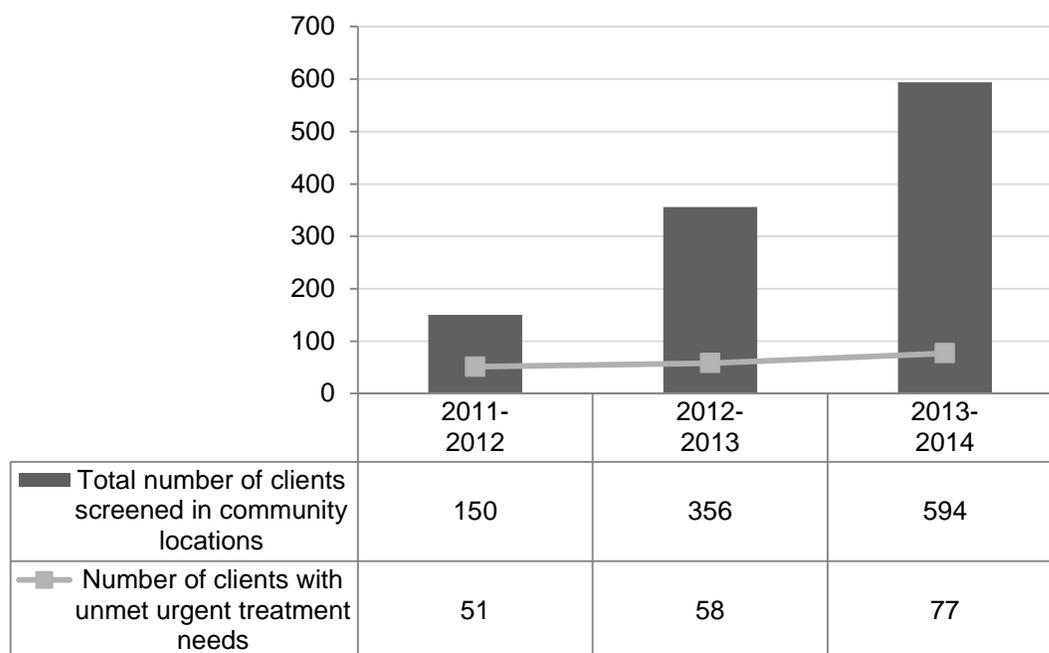


Source: Region of Waterloo Public Health Dental Program Statistics, 2011-2014

3.5 Dental Screening in the Community

Dental screening was conducted at various community events including Child Health Fairs, and in community locations that target priority populations for dental services including Ontario Early Years Centres, Community Health Centres and YMCA Cross-Cultural Services. The number of children screened (see Figure 3) in the community has increased steadily over time with a 137 per cent increase from the 2011-2012 to the 2012-2013 school year and another 67 per cent increase from the 2012-2013 to the 2013-2014 school year.

Figure 3: Number of clients screened in community locations, 2011-2014.



Source: Region of Waterloo Public Health Dental Program Statistics (2011-2014)

The number of clients screened per year in community settings varied based on available human resources to conduct the screenings (which was lower in 2011-2012 due to human resource vacancies). In addition, more screenings were booked by clients in settings where they were offered in subsequent years (e.g. Child Health Fairs, and community settings such as Anselma House and Lutherwood). The proportion of children screened in the community who were identified as having unmet urgent needs decreased from 34 per cent (51 children) in the 2011-2012 school year to 16.2 per cent (58 children) in the 2012-2013 school year, to 13 per cent (77 children) in the 2013-2014 school year. There are a number of potential reasons for this decrease including the locations the screenings were provided and the demographics of the families who booked screening appointments.

In response to local screening/surveillance data, Public Health offers a range of services and support to provide, or ensure access to dental care, especially for children and youth. The most significant services include the administration of provincial financial assistance programs (refer to Section 4) and the provision of clinical and health promotion services (refer to Sections 5 and 6).

4.0 Financial Assistance Programs

Various programs exist in Ontario that support access to dental services for people who cannot afford them. For the most part, these programs target children less than 18 years of age; however, a limited number of financial assistance programs are available for adults in need of

emergency dental treatment. There are no financial assistance programs available for people 18 years of age and older with non-emergency dental concerns.

Refer to Appendix B for an overview of the various financial assistance programs, each program's area of focus, and how each program is funded.

4.1 Children in Need of Treatment Program (CINOT)

The Children in Need of Treatment (CINOT) program is a provincially and municipally funded program (75% provincial, 25% Regional) for children in need of dental treatment. This program is provided in accordance with the Children in Need of Treatment Program Protocol, 2008⁴ and ensures that children under 18 years of age in urgent need of dental care will receive immediate treatment. Examples of urgent dental care needs include one or more large open cavities in permanent teeth or in the crucial primary teeth, dental pain, infection, and trauma.

The CINOT program is offered in partnership with dentists who provide dental services in their offices to eligible children who are identified through dental screening programs at schools or other screening programs in the community. Participating dentists are reimbursed by Region of Waterloo Public Health and the Ministry of Health and Long Term Care.

To be eligible for dental care through the CINOT program, a child or teen must meet the following criteria:

- Be screened by a Registered Dental Hygienist from Region of Waterloo Public Health;
- Be identified as having an urgent dental condition;
- Have no dental insurance and for whom the cost of dental care would create financial hardship; and
- Meet the age criteria.

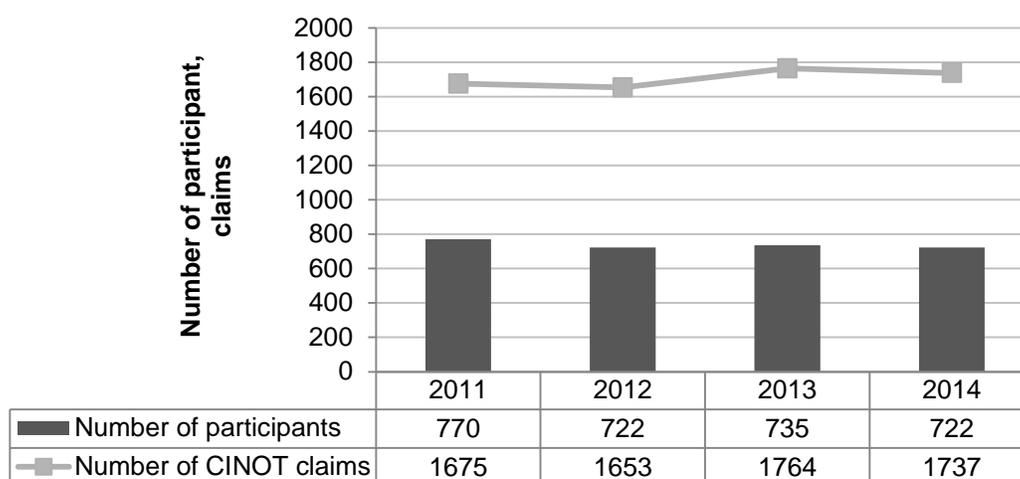
If a child or teen is eligible, an appointment can be made at a dental office that accepts the CINOT program. Treatment must be completed within six months of screening.

4.1.1 Number of Participants

Participants in the CINOT program may have multiple CINOT claims per calendar year resulting in a higher number claims than participants. As seen in Figure 4, the number of participants in the CINOT program has remained fairly consistent from 2011 to 2014.

The number of CINOT claims remained similar from 2011 to 2012 and 2013 to 2014; however, there was a seven per cent increase (111 claims) in the total number of claims from 2012 to 2013.

Figure 4: Number of CINOT participants and claims, 2011-2014.



Source: Region of Waterloo Public Health Dental Program Statistics (2011-2014)

4.2 Healthy Smiles Ontario Program

Healthy Smiles Ontario (HSO) is a 100 per cent provincially funded public health dental program for Ontarians who are under 18 years of age. To be eligible for HSO, individuals must not have any form of dental coverage (including coverage from other government funded programs) and must be members of a household with income levels at or below the Adjusted Family Net Income levels (see Appendix C for income eligibility requirements table). The program aims to increase access to early treatment and preventive dental services for families with low income and without dental coverage. The type of services covered by the HSO program includes checkups, cleanings, fillings and x-rays.

When the HSO program in Waterloo Region was first planned, it was determined that a targeted approach to connect with potential clients was needed. As a result, partnership with three Community Health Centres (CHC) was pursued to create and implement a peer-based model to connect with hard to reach families and promote oral health services that are available in the community. Individuals were recruited and hired at each CHC as Oral Health Peer Workers with the following roles and responsibilities:

- Promote oral health through presentations and resources
- Promote Region of Waterloo Public Health and community dental services
- Assist clients to complete the HSO application
- Facilitate client access to dental services
- Provide outreach to the population served by the CHC
- Identify local needs and prevention opportunities

Each Oral Health Peer Worker completes a 13-week training program designed to increase the peer's knowledge on topics relevant to scope of practice and develop skills around program planning, facilitation and use of appropriate resources. In addition, they receive mentoring from

a Public Health Dental Hygienist. Since Oral Health Peer Workers work in the community they serve and are employees of the CHC and not Region of Waterloo Public Health, they are uniquely positioned to reach hard-to-reach families, particularly the priority populations identified in Section 2.

In addition, Public Health’s hygienists provide preventive services, oral health promotion for clients and health professionals as well as reviews of HSO applications and documentation.

4.2.1 Healthy Smiles Ontario Participants

If a client is eligible for the HSO program they receive a HSO card which can be used at private dental offices that accept the program or Public Health dental clinics. Table 4 shows the number of children and youth enrolled in HSO from 2011 to 2014. Clients can remain in the program until their eighteenth birthday provided they still meet the financial eligibility criteria.

Table 4: Number of Healthy Smiles Ontario Open Cases, Waterloo Region, 2011-2014

Year	Total number of clients enrolled in the HSO program
2011	375
2012	835
2013	1190
2014	1557

Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

Factors contributing to the increased enrollment include the promotion done by the Oral Health Peer Workers as well as the navigator role that dental program staff provide to assist clients in determining eligibility for HSO or other assistance programs and how to access care in the community.

4.2.2 Participating Dentists

A total of 191 dentists have participated in the Healthy Smiles Ontario program by providing services to eligible clients in their offices. Twenty-three of these dentists regularly treat HSO clients, accounting for 56.9 per cent of claims.

4.3 Ontario Works and Ontario Disability Support Program

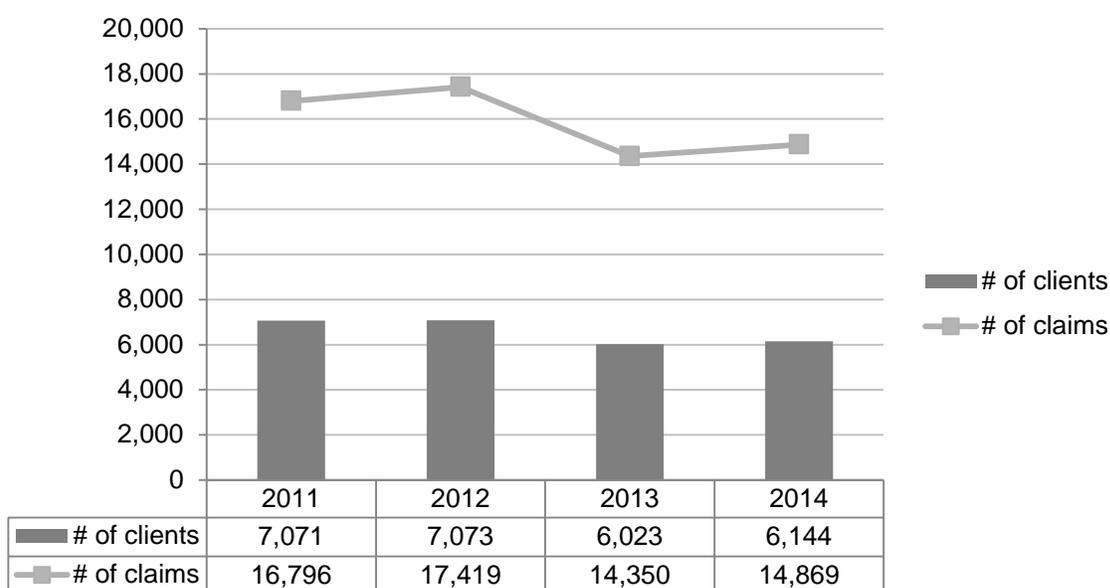
Financial assistance for dental care is also available for adults and child dependants of adults who are participants in the Ontario Works (OW) program. Costs are funded by the Ontario Ministry of Community and Social Services and the Regional Municipality of Waterloo. In addition, OW adult and Ontario Disability Support Program (ODSP) recipients are eligible for discretionary benefits (100% Regionally funded).

Public Health administers several financial assistance programs to assist dental treatment for clients:

- (1) Ontario Works benefits for child dependants under age 18;
- (2) Emergency treatment for adults on Ontario Works and adult dependants of ODSP recipients; and
- (3) Discretionary benefits for Ontario Works adults and ODSP recipients and their dependants, including denture care.

Figure 5 shows the number of clients who are OW participants or child dependants of OW participants, and the number of claims from 2011 to 2014. A decrease of 140 clients and over 3,000 claims can be observed from 2012 to 2013 due to the discontinuation of the discretionary dental program by Regional Council (100% Regionally funded). The program was reinstated in May 2014. Not offering the program for a few months in 2013 and 2014 accounts for the lower number of clients and claims in those years.

Figure 5: Number of clients who are OW participants or child dependants of OW participants and number of claims, 2011-2014.



Source: Children in Need of Treatment information database, extracted March 2015.

5.0 Region of Waterloo Public Health Dental Clinics

Even with the existing provincial financial assistance programs there are families that do not qualify for funding, but still do not have the financial means to obtain dental care for their children. In addition, outside of the Ontario Works and Ontario Disability Support Program, there are no financial assistance programs for low income adults in need of oral health care.

In response to these gaps in service, the Board of Health has provided funding (100% Regional) to provide early treatment and emergency dental care for children (since the 1960s) and emergency care for adults (since the early 2000s).

Children and adults who have met the following eligibility criteria can receive care from dentists, dental hygienists and dental assistants:

- Residents of Waterloo Region and with demonstrated financial need (based on the LICO threshold);
- Children and youth under 18 years of age who's family does not have dental insurance and does not qualify for other assistance programs; or
- Adults (18 years of age or older) who do not have dental insurance, do not qualify for other assistance, and for whom the cost of dental treatment would cause financial hardship.

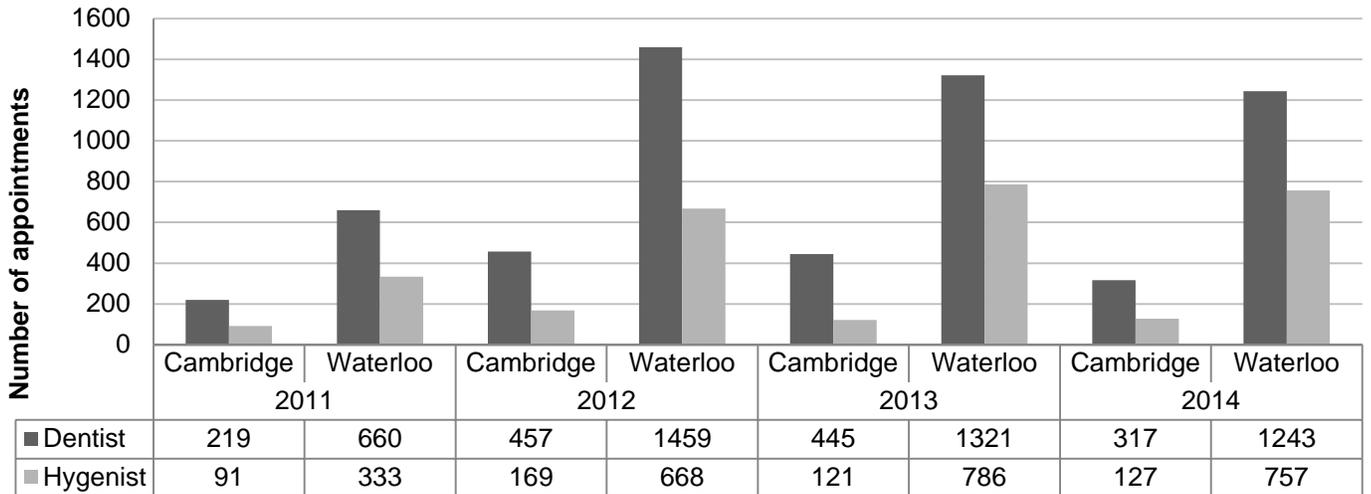
Eligible children can receive basic dental services, including checkups, cleaning and fillings and eligible adults can receive limited emergency services to eliminate pain. Eligibility is based on the low income cut-off (LICO) threshold.

Clinical dental services are provided through clinics located at 150 Main Street in Cambridge and at 99 Regina Street South in Waterloo. The dental clinic in Waterloo is open Monday, Tuesday, Thursday and Friday from 8:30 a.m. to 4:30 p.m. and on Wednesday from 11 a.m. to 7 p.m. to accommodate clients unable to make appointments during regular business hours. Due to lower demand, the dental clinic in Cambridge is open two days a week, on Mondays from 9 a.m. to 4 p.m. and on Tuesdays from 11:30 a.m. to 7 p.m.

5.1 Number of Clinic Appointments

Depending on the service needed, clients are booked into appointments with either a dentist or dental hygienist. Figure 6 provides the number of visits to Public Health Dental Clinics by provider by location.

Figure 6: Number of clinic appointments, by provider, by location, 2011-2014.



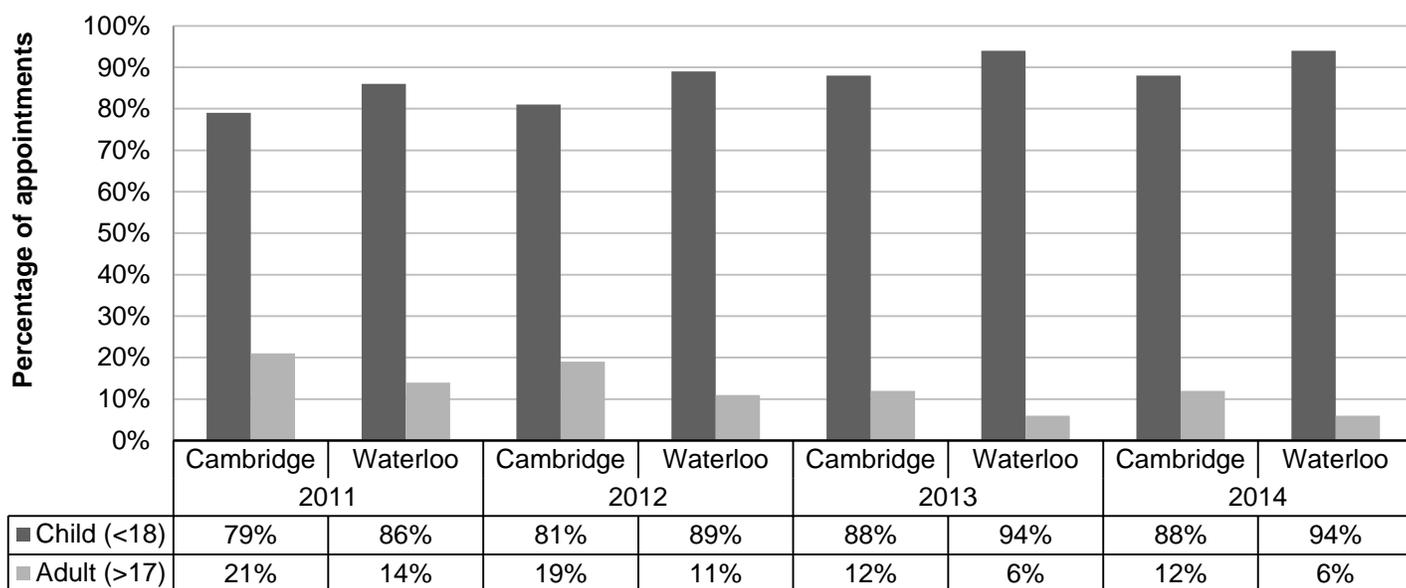
Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

The number of clinic appointments varies each year, but is more consistent between 2012 and 2014. Some of this is due to natural variation in the type of appointments booked and the number of clients that require care. A big difference in 2011 compared to the other years is noted due to human resource constraints that calendar year.

5.2 Age of Clinic Clients

While appointments for children typically represent a much larger proportion of all clinic appointments, the proportion of child clients has increased steadily in every year from 2011 to 2014 (see Figure 7).

Figure 7: Proportion of child and adult dental appointments, by clinic location, 2011-2014.

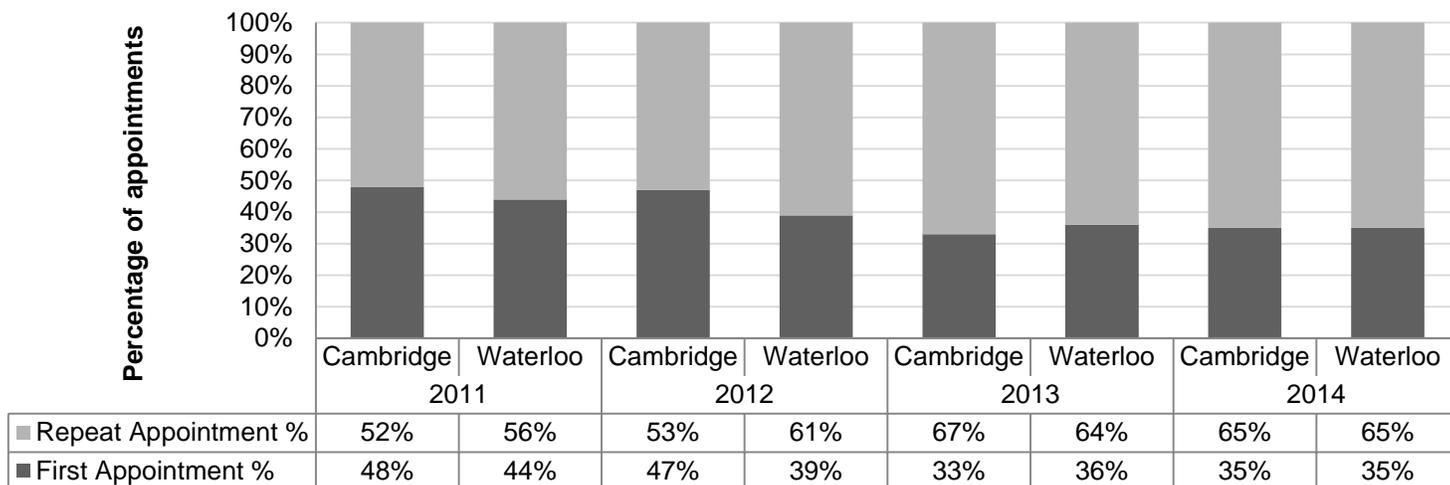


Source: Region of Waterloo Public Health Dental Health Program Statistics (2011-2014)

5.3 Proportion of First Versus Repeat Appointments

First appointments are used to determine client eligibility for treatment, and for screening and assessment of clients. Treatment is provided to clients at subsequent appointments (categorized as repeat appointments). A higher proportion of repeat visits overall indicates more clients with dental care needs requiring multiple appointments (i.e. more dental health issues). Figure 8 shows that repeat appointments have consistently accounted for over half of all clinic appointments in both the Cambridge and Waterloo clinics. In 2013 and 2014, repeat visits accounted for almost two thirds of all clinic appointments.

Figure 8: Percentage of first and repeat appointments, by location, 2011-2014.



Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

5.4 Preventive Services

Providing preventive dental services is required as per the OPHS, which states, “the board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008”⁵. Preventive dental services include sealants, scaling and fluoride treatment. Table 5 provides the number of clients who received preventive services in a Public Health clinic. The number of clients served is consistent over the three-year time period.

Table 5: Number of clients who received preventive services, 2012-2014.

Year	# of clients who received preventive services
2012	837
2013	907
2014	884

Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

5.5 Reason for Visits

Table 6 shows the proportion of procedures provided to clients by year. Dental restorations (fillings) account over one third of all procedures received by dental clinic clients for all of the years reported.

Table 6: Percentage of visits by first procedure type, 2011-2014.

Procedure	2011	2012	2013	2014
Restoration	35.2%	35.9%	40.0%	39.2%
New Client Exam	16.2%	16.0%	13.0%	11.5%
Program Eligibility Screening	16.1%	14.7%	14.0%	12.8%
Oral Hygiene Instruction	14.3%	12.4%	13.1%	11.5%
Returning Client Visit (Routine)	5.6%	9.0%	10.5%	14.6%
Emergency	7.7%	7.9%	6.8%	7.6%
Extraction	3.4%	2.3%	1.5%	2.0%
Root Canal Therapy	1.1%	1.0%	0.7%	0.7%
Other ⁱⁱⁱ	0.2%	0.3%	0.3%	0.2%

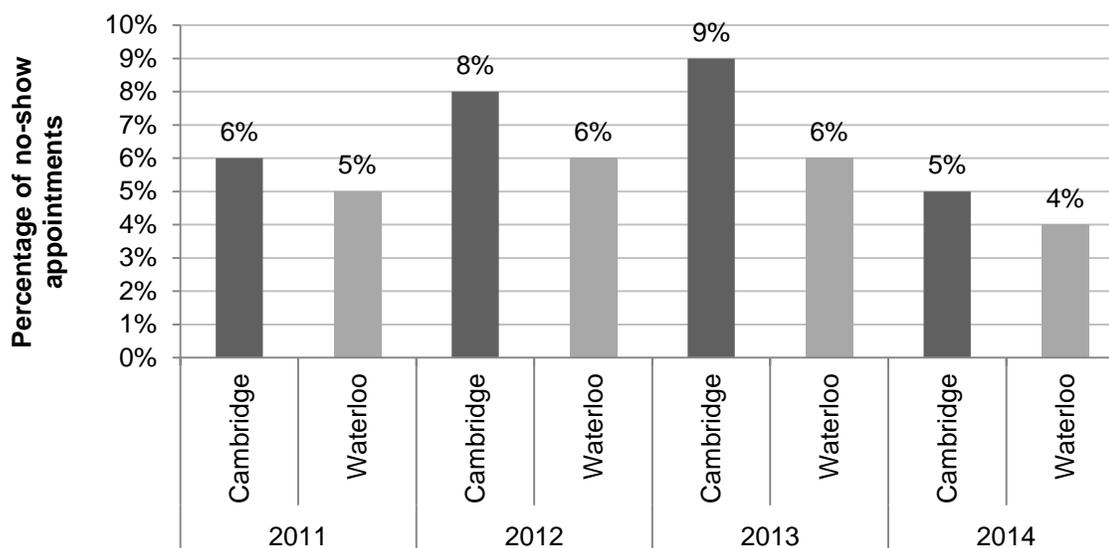
Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

ⁱⁱⁱ The other category includes dental appliance fitting and checking, impressions and spacers

5.6 No-Show Rates

The Dental Health program tracks the number of clients who do not show up for their scheduled clinic appointment (labelled a no-show) for program planning purposes. Overall, the no show rate for clinic appointments is low. This is likely due to the support Public Health staff provide in facilitating client entry-to-care. As seen in Figure 9, the no-show rate ranged between 4 and 9 per cent each year and the location of each office (rates are higher in Cambridge). These rates are consistent or lower than the no show rates for other clinical services provided by Public Health.

Figure 9: Client appointment no-show rate, by location, 2011-2014.



Source: Region of Waterloo Public Health Dental Clinic Stats Master File (2011-2014).

6.0 Health Promotion

Health promotion is defined as “the process of enabling people to increase control over and to improve their health”.⁶ It involves “a process of implementing a range of social and environmental interventions includes promoting healthy behaviours, creating supportive environments and encouraging healthy public policies”.⁷ The Dental program regularly participates in Child Health Fairs and Prenatal Health Fairs to provide screening and health education to families planning a pregnancy, expecting a child, or with children zero to six years of age. In addition, oral health educator resource kits are also available to the public. The kits contain information props and teaching guides on various oral health topics designed to meet the needs of teachers, dental health professionals, etc.

Region of Waterloo Public Health also created a video on preventing Early Childhood Tooth Decay. The video can be accessed at <http://tinyurl.com/WRdentalvideo>

6.1 Child Health Fairs

Child Health Fairs are community events where service providers come together in one location to provide health screening of children ages 0-6. The screening services available to families include dental, nutrition, speech, vision, hearing, and developmental screening. Screening is imperative to early identification of issues so that appropriate early intervention can take place. Approximately five Child Health Fairs are held per year. From 2011 to 2014, a total of 970 children received dental screening from a dental hygienist, and of that number, 184 were referred to a dentist. Table 7 provides the number of children that received dental screening from 2011 to 2014 at Child Health Fair locations.

Table 7: Number of children screened at Child Health Fairs, 2011-2014.

Year	# of Child Health Fairs held	# of children that received dental screening at Child Health Fairs	# of children that received a referral to a dentist
2011	6	361	73
2012	5	264	40
2013	4	118	16
2014	5	227	55

Source: Region of Waterloo Public Health Child and Family Health Program Statistics (2011-2014)

6.2 Multicultural Prenatal Health Fairs

Multicultural Prenatal Health Fairs are offered on an annual basis and aim to support women and families who are new to Canada and are pregnant or planning a pregnancy. At the fairs, parents have access to health care providers and businesses whose services relate to prenatal, maternal and infant health. Language translation services and workshops in multiple languages are available, and resources are printed in the prevalent languages found in Waterloo Region. Topics covered at the fairs include planning for pregnancy, pregnancy, preparing to become a parent, feeding your baby, keeping your baby safe, and information about programs and services relating to child and family health.

Each year, Multicultural Prenatal Health Fairs are planned and delivered through the combined efforts of over 40 different community organizations including ROWPH. Table 8 provides the approximate number of attendees at Multicultural Prenatal Health Fairs for 2013 and 2014.

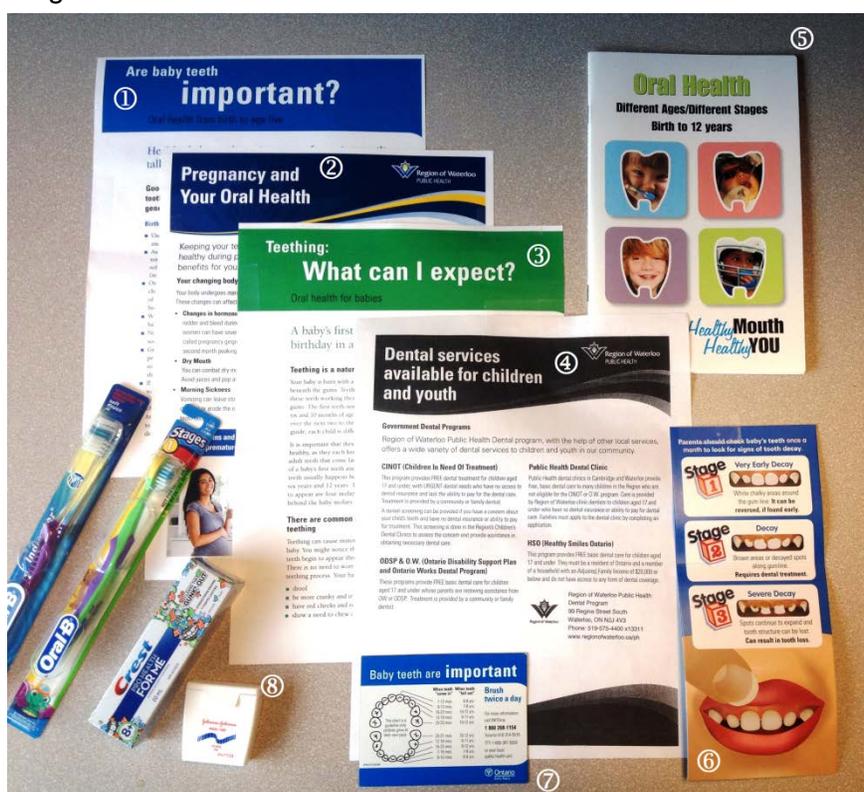
Table 8: Number of Multicultural Fair attendees, 2011-2014.

Date of Multicultural Prenatal Health Fair	# of attendees (approx.)
2011	unavailable
2012	unavailable
2013	220
2014	150

Source: Region of Waterloo, Reproductive Health Program Statistics (2013-2014)

Dental health kits are distributed to participants at Prenatal Health Fairs, and include information, resources and oral health supplies to help parents and guardians support their child(ren)'s oral health (see Figure 10). The kit also includes information on financial assistance programs that are available in the region.

Figure 10: Contents of dental health kits



Kit contents:

1. Information sheet: "Are baby teeth important: Oral health from birth to age five"
2. Information sheet: "Pregnancy and your oral health"
3. Information sheet: "Teething: What can I expect? Oral health for babies"
4. Information sheet: "Dental services available for children and youth: Government Dental programs"
5. Resource book: "Oral Health: Different ages/Different stages. Birth to age 12"
6. Resource: "Lift the lip to check baby's teeth"
7. Magnet: "Baby teeth are important"
8. Adult and child toothbrushes, toothpaste and floss

6.3 Educator Resource Kits

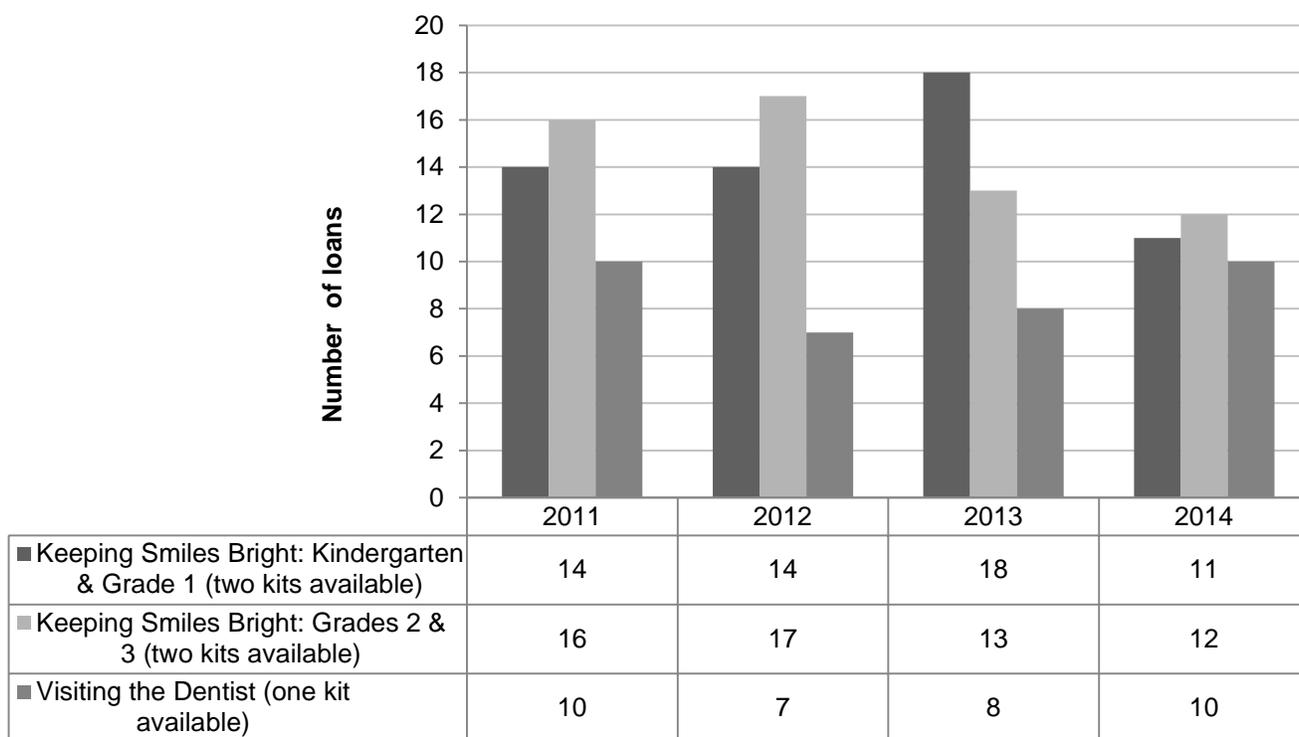
Oral Health educator resource kits are available to the public through the Region of Waterloo Public Health Resource Centre. The kits contain information, props, and teaching guides on various topics related to dental health and are designed to meet the needs of educators for use

in the classroom setting, but can they also be used by members of other organizations and the general public. The following kits are currently available:

- Keeping smiles bright in Waterloo Region : teachers' dental education resource : kindergarten and grade one
- Keeping smiles bright in Waterloo Region : teachers' dental education resource : grades two and three
- Visiting the dentist

Figure 11 provides the number of times each dental health kit has been loaned from 2011 to 2014.

Figure 11: Number of times dental health kits have loaned, 2010-2014



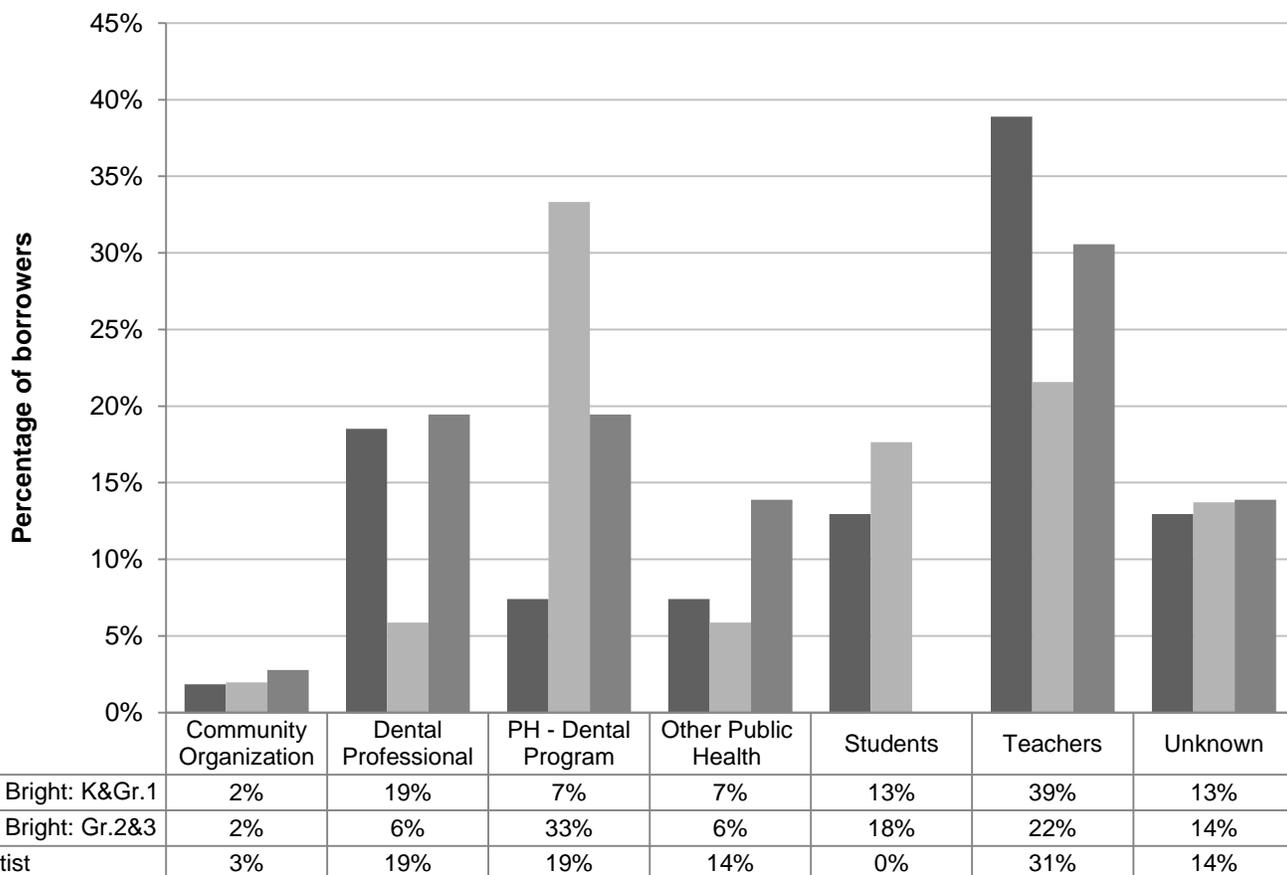
Source: Region of Waterloo Public Health Resource Centre statistics (2010-2014). Extracted January 19, 2015

The Region of Waterloo Public Health Resource Centre tracks information about the borrower's employment sector when a kit is signed out. On analysis of the statistics, borrowers were sorted into the following categories:

- Community organizations (e.g. social worker, community centre employee)
- Dental professional (e.g. dentist, hygienist, oral health worker)
- Region of Waterloo Public Health staff
- Students (e.g. nursing and education programs)
- Teachers
- Unknown (no organization noted)

Figure 12 provides the percentage of borrower type for 2011, 2012, 2013 and 2014 combined. Teachers and Public Health staff (dental program and other) represented the highest proportion of borrowers for all of the kits. Dental professionals also represented a high proportion of borrowers for two of the kits (Keeping smiles bright: kindergarten and grade one and Visiting the dentist).

Figure 12: Percentage of borrower type for 2011 to 2014 combined



Source: Region of Waterloo Public Health Resource Centre statistics (2010-2014). Extracted January 19, 2015

7.0 Future Planning

7.1 Provincial Dental Program Integration

In December 2013, the Ministry of Health and Long-Term Care announced its intent to integrate six publicly funded dental programs by August 2015. This will mean that the following programs will be integrated into one funding program aimed to help families with children in need of dental services:

- Healthy Smiles Ontario
- Children in Need of Treatment Program
- Oral health preventive services provided by Public Health Units
- Ontario Works
- Ontario Disability Support Program Income Support
- Assistance for Children with Severe Disabilities Program

The new integrated model is currently under development and is pending approval by the Minister of Health and Long-Term Care. The Ministry of Health and Long-Term Care has indicated that under the new program children of social assistance recipients will be automatically enrolled, while all other low-income families will be able to apply through a “simplified and streamlined application process”.⁸

Public Health Units have been consulted, but await final decisions on the following aspects of the integrated approach:

- The consolidation of eligibility and claims processing for provincially funded dental programs by a third party provider
- Changes to the Healthy Smiles Ontario, preventive services and financial assistance programs

Overall, implications of this integration for Public Health Units, including Region of Waterloo Public Health, and the children and families that access these programs are still to be communicated by the Province and understood.

In addition, the Ministry plans to review and update the oral health components of the Ontario Public Health Standards and Protocols.

APPENDICES

Appendix A: Board of Health Outcomes – Child Health Standard

Board of Health Outcomes specific to oral health in the Child Health Standard are:

- The board of health achieves timely and effective detection and identification of children at risk of poor oral health outcomes, their associated risk factors, and emerging trends.
- Priority populations are linked to child/family health information, programs, and services. Children urgently in need of oral health care have access to such care.
- Children in need of preventive oral health services receive essential clinical preventive oral health services.
- The board of health achieves timely and effective detection and identification of communities with levels of fluoride outside the therapeutic range (applicable to health units where water is fluoridated).

Appendix C: Healthy Smiles Ontario Income Eligibility Requirements Table

Number of Dependent Children in Household	1 Child	2 Children	3 Children	4 Children	5 Children	6 Children	7 Children	8 Children	9 Children
Adjusted Family Net Income (AFNI)	\$21,638	\$23,275	\$24,913	\$26,550	\$28,188	\$29,825	\$31,463	\$33,100	\$34,738

Note: add \$1,638 for every additional child per household

Appendix D: Citations

¹ Region of Waterloo Public Health. (2007). A glance at oral health in Waterloo region.

² Region of Waterloo Public Health (2012). A Review of Priority Populations for Dental Health in Waterloo Region

³ Region of Waterloo Public Health (2012). A Review of Priority Populations for Dental Health in Waterloo Region

⁴ Ministry of Health and Long-Term Care (2008). Children in Need of Treatment (CINOT) Program Protocol.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/cinot.pdf

⁵ Ministry of Health and Long-Term Care (2008). Preventive Oral Health Services Protocol.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/preventive_oral_health.pdf

⁶ World Health Organization (2013). Ottawa Charter.

<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

⁷ Public Health Ontario. Health Promotion. Retrieved on January 12, 2015 from

http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Health-Promotion.aspx#.VLP9Y9LF_M.

⁸ Ministry of Health and Long-Term Care (December 2014). Thousands More Children and Youth to Receive Free Dental Care. Retrieved on January 12, 2015 from

<http://news.ontario.ca/mohltc/en/2013/12/thousands-more-children-and-youth-to-receive-free-dental-care.html>