May 21, 2014

The Honourable Deb Matthews
Minister – Minister’s Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, Ontario
M7A 2C4

Dear Minister Matthews:

Re: Maintaining Preventative Dental Services in the Ontario Public Health Standards

In April 2014, the province of Ontario began an integration of oral health programs resulting in an increase in the numbers of children who receive free dental care to 70,000 more low-income children and youth aged 17 and under and will improve access to dental care. This expansion of eligibility will occur as part of an integration of six publicly funded dental programs.

As a result of these announced changes, one of the six publicly funded dental programs the Preventive Oral Health Services Protocol, 2008, is slated to be removed from the Ontario Public Health Standards. The protocol states “the board of health shall provide or ensure the provision of essential clinical preventive oral health services at least annually in accordance with the Preventive Oral Health Services Protocol, 2008”. Preventive services include: professionally applied topical fluoride, pit and fissure sealants and scaling.

As of August 2015, children at high risk of dental decay, whose families do not meet the financial eligibility cut-off for Healthy Smiles Ontario, and lack the resources for private preventive care, will no longer be able to obtain preventative dental services that would have been offered under the OPHS.

Last school year (2012-2013) Simcoe Muskoka District Health Unit (SMDHU) staff screened 23,995 children and were able to provide 1,065 children with fluoride varnish applications, 1,298 with pit and fissure sealants and 146 had scaling. These children were not enrolled in the Healthy Smiles Program. Currently, under the OPHS, children aged 17 and younger are eligible for the provision of public health delivered preventive services based on meeting clinical criteria that demonstrate caries risk, have no dental coverage, and that the cost of seeking preventive care on their own would create a financial hardship. On an average day, SMDHU staff members provide 8 children with pit and fissure sealants and fluoride varnish as needed, along with an additional 10 children receiving fluoride varnish applications. Removal of preventive services for children at high risk of dental disease, who previously had access to school and community-based preventive clinics, creates a service gap and an oral health disparity for these vulnerable individuals.

There is a substantial body of evidence that supports both the benefits of applying topical fluorides and school-based and school-linked prevention programs, in particular for children in
low-socio economic areas as an effective population based intervention. The Centre for Disease Control (CDC) Task Force on Community Dental Services strongly recommends school based or school linked pit and fissure delivery programs for prevention and control of caries.

Removal of preventive services for children at high risk of dental disease, who previously had access to school and community based preventive clinics, creates a new service gap that will result in an oral health disparity for these vulnerable children. This is a departure in Ontario’s Public Health service that generally takes an inclusive, population health based approach; some examples include prenatal classes, sexual health clinics, car seat clinics and immunization clinics that do not screen out clients based on financial status.

Anticipated impacts of the removal of Preventive Dental Services from the OPHS are numerous, including the following: the overall decline of oral health status of children and teens that cannot access alternative preventive services, an increased demand for publicly-funded emergency dental care, and increased visits to non-dental urgent care providers such as physicians and emergency departments.

While public health units will continue to have a role in oral health screening and surveillance, oral health promotion clinical services for HSO participants, and assisting with access to care there is strong evidence for the effectiveness of school and community based preventive dental services especially for the vulnerable children and youth who are not eligible for HSO. For this reason we urge you to reconsider the removal of Oral Health Preventative Services from the Ontario Public health Standards.

Sincerely,

ORIGINAL SIGNED BY

Barry Ward
Chair, Board of Health

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c Chief Medical Officer of Health of Ontario
  Assistant Deputy Minister
  Ontario Boards of Health
  Association of Local Public Health Agencies
  Ontario Public Health Association
  Local Members of Parliament in Simcoe Muskoka
  Central Local Health Integration Network
  North Simcoe Muskoka Local Health Integration Network