April 21, 2017

RE: Standards for Public Health Programs and Services Consultation

Dear Roselle Martino,

The Ontario Association of Public Health Dentistry (OAPHD) is pleased to provide the Ministry of Health and Long-Term Care (MOHLTC) our submission in regards to Standards for Public Health Programs and Services Consultation document. It is our membership’s hope that this process will better define public health’s role and contributions within the health system transformation already underway.

4 major areas of discussion

A. Oral Health and Population Health

Clarification

1. Population Health: Oral health is referenced in only one Program Outcome. This defines oral health in narrow terms. The oral health programs in public health are much broader and impact population health. This statement limits oral health to those who are income eligible for services and just one age group.

2. Community Water Fluoridation Protocol in Safe Water Standard: it should under chronic disease prevention and clearly linked with oral health in terms of who is responsible for dealing with public enquiries and with issues related to outages etc.

B. Oral Health and Healthy Growth and Development

Oral health is important at all stages of life, and it has a significant impact on a child’s growth and development. Early childhood caries (ECC) is a complex and multifactorial chronic disease that is greatly influenced by biomedical factors and social determinants of health (e.g., income and education).
Clarification

1. Despite being the most common chronic disease affecting young children, and a significant public health issue, under the proposed Standards for Public Health Programs and Services, oral health is not mentioned as one of the topics to be considered for local needs assessments.

Anticipated operational considerations

1. Ensuring oral health is a part of the overall prenatal health.
2. Screenings of children in childcare centers at the time of enrollment and at regular intervals after that (e.g., yearly).
3. Offering free first dental visit by first birthday (or within 6 months from the eruption of the first tooth).
4. Supporting a multidisciplinary approach for early detection of dental disease (early childhood educators, HBHC/home visitor staff/speech and language staff/immunization staff, etc.).
5. Increasing awareness of oral health among pregnant women, parents/caregivers and staff caring for young children (first dental visit, healthy diet/nutrition, oral hygiene practices, and early childhood tooth decay, public health programs).

C. Oral Health and School Health

While OAPHD acknowledges the need for a collaborative approach to public health programming and interventions, including oral health screening and promotion/curriculum support in school settings, there is a gap created by the current discrete positioning and descriptions.

Clarification

1. Operationally, we are concerned over potential interpretations from the wording of the School Health Standard are to be delivered only within schools, and only to those attending schools.
2. For oral health this appears to be further distilled to and outcome for “children and youth from low income families”. This appears to make Oral Health the only distinctly income based public health program and narrows the population served.
3. Unclear what “assisting with the implementation of health related curricular and health needs in schools, based on need…” means in terms of services and how need should be determined.

Anticipated operational considerations

1. Acknowledging oral health activities in non-school settings, as well as to children and youth in general to avoid risk to extensive programming beyond school boundaries.
2. Clarifying language related to expectations for implementation of health related curricula and health needs in schools as well as the mechanism to establish “need”.
D. Oral Health and Chronic Disease

Oral health disease is a chronic disease, especially when maintenance and treatment are unobtainable. Oral health is important throughout the entire life course, from proper prenatal development to adequate maintenance in older adults. It is well known that oral disease impacts several chronic diseases in critical ways. Diabetes, cardiovascular disease, and respiratory illnesses can be affected by an individual's oral health status creating complications that can further burden the healthcare system.

Anticipated operational considerations

1. Stronger clarification on how oral health is to be addressed outside of the school health age range is needed.
   a. Providing health units concrete program outcomes within this standard will strengthen the collaboration within these sectors and reduce the significant burden of disease as a result of poor oral health.

2. This standard mentions focusing on healthy living behaviours, skills and practices; however we feel that oral health should be mentioned as a specific example in this program outcome.

3. The recognition of oral health in this standard is an important step forward. However, clarification is needed regarding what services/activities would be provided and what ages would be eligible.
   a. If adults could be included, it should be stated that services could include adults. The oral health of adults and older adults should also be considered within this standard.

Thank you for this opportunity to provide feedback. OAPHD looks forward to being a part of this process. I can be reached via email at paul.sharma@peelregion.ca.

Sincerely,

Paul Sharma
President, OAPHD