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Public Health

October 18, 2019

Hon. Christine Elliott  
Minister of Health  
10th Flr, 80 Grosvenor St,  
Toronto, ON M7A 2C4

Dear Minister Elliott,

**Re: Low Income Seniors' Dental Plan**

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to confirm alPHa's support for the recommendations for the design and implementation of the Ontario Seniors' Dental Care Plan (OSDCP) that were submitted to you in July by the Ontario Association of Public Health Dentistry, Alliance for Healthier Communities, and Ontario Oral Health Alliance (attached).

alPHa's long-standing position is that overall health is impossible without oral health, and we remain strong advocates for publicly funded programs that remove financial barriers to prevention and treatment services for low-income Ontarians of all ages.

Poor oral health impacts children's speech development, ability to thrive and readiness to learn, compromises the employability of working-age adults and diminishes quality of life at any age. For low-income families, the prohibitive costs of preventive and acute dental care can lead to measurable deterioration of overall health and in many cases leave emergency rooms in Ontario's hospitals as their only option.

Ontario has made great strides in making oral health services more accessible to those in greatest need and the implementation of the OSDCP will be a welcome next step. We have reviewed the recommendations in the attached paper and agree that they constitute the best advice from oral health experts with years of experience in supporting vulnerable populations with accessing dental care. We believe that this advice will strongly contribute to effective program design and implementation.

We hope that you will take these into careful consideration and we look forward to lending our own expertise. To discuss this further or to schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Yours sincerely,



Carmen McGregor  
alPHa President

**COPY:** Dr. David Williams, Chief Medical Officer of Health  
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**Ontario Seniors Dental Care Program:  
Recommendations to Ensure Program Effectiveness**

**Submitted to the Ministry of Health**

**Authored by members from Ontario Association of  
Public Health Dentistry, Alliance for Healthier  
Communities, and Ontario Oral Health Alliance**

**July 18, 2019**

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## Executive summary

This white paper was written in response to the government's announcement of the new provincially-funded Ontario Seniors Dental Care Program (OSDCP). It was written by a group of experts on seniors' oral health programming; Ontario Association of Public Health Dentistry members from public health units (PHUs), the Alliance for Healthier Communities (representing Community Health Centres and Aboriginal Health Access Centres), and the Ontario Oral Health Alliance. The paper provides the Ministry of Health (MOH) with recommendations to ensure effective implementation of the OSDCP.

Low-income seniors are a particularly vulnerable population with unique oral health needs. The OSDCP will provide needed dental services to this population group. We applaud the Province for this, as it will help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for senior's in Ontario. At the same time there is value for the MOH to consider insight and recommendations from experts in the field, which is the purpose of this paper.

For the design of the OSDCP, the group recommends the following to the MOH:

- 1) *Create a technical advisory committee with experts from the oral health field to support planning the program and its implementation*
- 2) *Offer seniors multiple enrollment options in the OSDCP*
- 3) *Provide a comprehensive basket of services that meet the preventive and ongoing treatment need of seniors*
- 4) *Add an emergency stream/discretionary funds to the OSDCP to support seniors in need of urgent care*
- 5) *Address the unique accessibility needs of seniors throughout the planning and delivery of the OSDCP*

For areas of concern, the group recommends the following as requiring provincial support during implementation:

- 1) *Consider utilizing private dental providers to reduce geographic inequities and mobility barriers in underserved areas and to improve access to specialized services.*
- 2) *Ensure all seniors on treatment of care plans with municipal dental care programs will continue with their treatment during and after the transition to the OSDCP*
- 3) *Continue supporting PHUs during the changeover to regional public health entities*
- 4) *Support PHUs and Alliance for Healthier Communities members in the collection of robust surveillance data*
- 5) *Implement an overarching health promotion campaign along with a program evaluation for use during implementation*

In closing, we commend the province for creating the OSDCP and addressing the oral health needs of low-income seniors. We look forward to continuing to work with the province on the design and implementation of the OSDCP and ensuring all low-income seniors have access to the dental care they need.

## Purpose

This white paper was written in response to the government's announcement of the new provincially-funded Ontario Seniors Dental Care Program (OSDCP). This paper was written on behalf of a group of oral health experts from public health units (PHUs) and the Alliance for Healthier Communities (representing Community Health Centres and Aboriginal Health Access Centres). This group has many years of experience and broad expertise on supporting vulnerable populations with accessing dental care. In addition, this group has significant experience managing municipally-funded dental programs for low-income seniors. This experience will offer valuable insight, ensuring effective program design and implementation of the OSDCP.

Overall, the purpose of this white paper is two-fold:

- To provide the MOH with practical advice for designing the OSDCP
- To bring forward to the MOH some areas of concern that require provincial support during implementation

Acting on the advice and recommendations provided will increase the OSDCP's effectiveness in meeting intended program objectives.

## Background: Ontario Seniors Dental Care Program

Evidence shows that poor oral health in seniors can lead to adverse health outcomes.<sup>1</sup> Many Ontario seniors have limited to no dental insurance coverage and generally higher dental care needs.<sup>2</sup> This leaves many low-income seniors without access to free care for their oral health needs. This can increase the financial burden on the broader healthcare system.

In April 2019, a \$90 million investment in a new publicly-funded dental program for low-income seniors was announced during the 2019 Ontario budget. We applaud the Province for creating the OSDCP, which will help reduce these issues. This investment is operational funds to support program planning and implementation. Capital investment funding for the 2019/ 2020 fiscal year will be made available to PHUs through a one-time application process.

The new OSDCP is intended to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. It will provide basic dental care at no cost to eligible seniors (see Appendix A for OSDCP eligibility). These services will reduce the complications of untreated dental conditions and restore reasonable function for seniors in need across the province.

## OSDCP Program Design: Recommended Advice

The OSDCP program design is to help improve access for seniors and ensure effectiveness in meeting program objectives. Our recommended advice fills in some gaps and is based on research evidence, evaluation data and comprehensive input from representatives experienced in running and/or supporting municipal dental care programs for vulnerable populations, including low-income seniors.

## Technical Advisory Committee

Seniors have unique needs and require complex services when it comes to oral health care. Several PHUs in Ontario have been implementing dental care programs for this population, making program improvements over the years. The OSDCP is the first provincially-funded dental care program intended to meet the oral health needs of this population. The MOH should utilize the wealth of expertise available from across the province (e.g., PHUs and Alliance for Healthier Communities' members who are running municipal dental care programs for vulnerable populations) to ensure effective design and implementation of the new program.

### *Recommendation:*

- 1) *Create a technical advisory committee with experts from the oral health field to support planning the program and its implementation.*
  - Ideally, this committee should include members from across the province, with many years of experience and broad expertise supporting and managing dental programs for low-income seniors

## Program Enrollment Options

Enrollment in the OSDCP should be seamless for Ontario's low-income seniors. Many seniors may not be computer literate and/or do not have access to technology (e.g. internet access). In addition, many seniors prefer oral communication, face-to-face interactions and in-person support.<sup>3,4</sup> Other barriers to enrollment and access for low-income seniors could include language, physical and/or mental barriers, literacy levels, and cultural barriers. Addressing these barriers is crucial for ensuring equitable access to the OSDCP for all low-income seniors.

### *Recommendation:*

- 2) *Offer seniors multiple enrollment options in the OSDCP.*
  - This should include both online and in-person enrolment. Face-to-face support and navigators for OSDCP enrollment can alleviate many of the above-mentioned barriers. In-person support should be offered at PHUs, CHCs, AHACs and seniors community centres.
  - Consider employing seniors as navigators to support other seniors.<sup>5</sup>
  - Add a mobile application process for enrollment to further reduce barriers.

## Basket of Services

Providing a comprehensive basket of services meets the basic needs of seniors through restoring reasonable function and having a positive impact on physical, social and mental wellbeing. This can positively influence overall health and further reduce hospital visits. The basket of services offered by the OSDCP will need to be wide-ranging to meet the needs of this population. In addition, frequency limitations should be respectful of preventive and ongoing treatment needs. For example, dentures are an important part of these services and may also require additional services to ensure continuing function given the high need amongst this population. Special attention should also be given to preventive services to reduce the cost of dental care later in life.

*Recommendation:*

3) *Provide a comprehensive basket of services that meets the preventive and ongoing treatment need of seniors.*

- By providing eligible seniors with access to the services they need, the MOH is ensuring they are doing all they can to achieve equitable access, as well as improving oral health and oral health-related quality of life.

### **Emergency Stream**

Many seniors without dental insurance are often left with little choice but to access emergency departments for dental care, especially when the pain becomes unbearable. According to the Alliance for Healthier Communities, it is estimated that it costs Ontario's healthcare system at least \$38 million/year in emergency room and physician visits for dental issues, with little to no treatment of the problem.<sup>6</sup> This money could be better used to fund an emergency stream that would actually address and treat their dental issue. Similar to the emergency stream in the Healthy Smiles Ontario (HSO) program, there is also a need for an emergency program for low or low-middle incomes seniors (above the OSDCP eligibility income threshold) who are suffering financial hardship.

*Recommendation:*

4) *Add an emergency stream/discretionary funds to the OSDCP to support seniors in need of urgent care.*

- Seniors with urgent dental conditions such as pain, trauma, infection or clinical pathology that is causing pain or will cause pain in the foreseeable future should have access to an emergency stream for services.
- Access to an emergency stream should be based on oral health need as opposed to financial eligibility. This stream would not be for all seniors, but for those who are uninsured and treatment would present a financial hardship for them.
- Similar to the HSO program, this would include clients on government-sponsored dental programs (e.g. Ontario Works, Ontario Disability Support Program, Interim Federal Health Program, Non-insured Health Benefits).

### **Seniors' Accessibility to Reaching the Dentist**

In addition to financial barriers, seniors are also more likely to have physical barriers to dental care, due to generally higher rates of disability.<sup>8</sup> It is important to ensure that seniors' mobility and accessibility concerns are addressed in the design of the program. Those who have mobility issues and live in rural and/or northern areas may find it very difficult to access the OSDCP as there may be limited transportation options for this population.

*Recommendation:*

5) *Address the unique accessibility needs of seniors throughout the planning and delivery of the OSDCP.*

- It is important to provide services on site for non-community dwelling seniors, such as through dental clinics located in long term care facilities.
- This may include tailored customer service arrangements for older people, such as separate queues or service counters for seniors with mobility issues.

- Consider the cost of delivering care in rural and remote communities in the OSDCP funding formula and the need for a strategy for PHUs with large geographical areas. This can include discretionary funds for travel since many northern residents would not qualify for the northern travel grant to go between northern communities.

## OSDCP Implementation: Areas Requiring More Provincial Support

The group values the phased approach to implementation as it utilizes current infrastructure and allows time for getting new clinics into underserved areas. However, there are some areas of concern with implementation that will require provincial support. The group proposes recommendations for these areas of concern.

### Service Delivery Model, Including Access to Specialists

Currently, there is limited capacity within Ontario's public clinics to meet the needs of low-income seniors. In particular, rural areas have few public dental clinics. In addition, there are likely to be difficulties in the recruitment and retention of dentists and dental hygienists outside of the urban areas, or interest to join partnership contracts. With no immediate plans for the MOH to utilize any private dental providers, some seniors will have to travel long distances to access dental care through public clinics. Also, seniors value relationships when accessing health services.<sup>5</sup> Some current low income seniors have an existing relationship and history of care with a dentist close to their home. By only offering a single delivery model (e.g. public clinics), there is likely to be an immediate and extensive waitlist for services when the program is initiated.

Under service delivery, it is also important for the MOH to consider a funding mechanism to access specialist care. Without such funds, PHUs will be at risk for not being able to provide full treatment within operational budgets. Access to specialised services is costly but imperative to the success of the new program. The MOH also needs to ensure PHUs have access to dentists and/or specialists with OHIP privileges, to refer medically compromised seniors. This includes eligibility requirements for treating patients under OHIP.

#### *Recommendation:*

1) *Consider utilizing private dental providers to reduce geographic inequities and mobility barriers in underserved areas and to improve access to specialized services.*

- This includes:
  - Simplifying the process for providing access to dental services within additional environments such as hospitals and long-term care facilities.
  - Obtaining support from practitioners with OHIP privileges to ensure they will accept referrals for medically compromised seniors.
  - Initiating service-level agreements between PHUs institutions and/or specialty practice groups that can provide specialist care to eligible seniors.

### Transition Planning

There are a number of seniors who are currently on a treatment of care plan within their own jurisdiction. No senior should go without seamless access to needed dental care while transitioning

between the municipal dental care programs and the OSDCP. A transition plan by the MOH ensures the dental care of low-income seniors is not impacted by the transfer of administrative duties from one jurisdiction to another.

*Recommendation:*

- 2) *Ensure all seniors on treatment of care plans with municipal dental care programs will continue with their treatment during and after the transition to the OSDCP.*
  - This includes seniors already on municipal dental program waitlists who should be transitioned to the OSDCP by a predetermined date.

### **Public Health Modernization**

The 2019 Ontario provincial budget also outlined the government's plan to modernize Ontario's PHUs. This includes combining the existing 35 local PHUs into ten regional public health entities (RPHE) with new boards of health, as of April 1, 2020. OSDCP implementation will need to switch over to a RPHE model. This will impact OSDCP service delivery. It will take time for PHUs to move into these new RPHEs and try to align their program delivery approaches into one entity.

*Recommendation:*

- 3) *Continue supporting PHUs during the changeover to RPHE.*
  - Long term planning for the OSDCP within the new RPHEs needs to be aligned and done in consultation with the current PHUs.
  - Transition costs associated with moving OSDCP services and infrastructure into the new RPHEs should be funded by the MOH and not out of the operational budget for the OSDCP.
  - Additionally, the MOH should provide data needs to support the transition planning process.

### **Seniors' Surveillance Data**

Robust disaggregated surveillance data on seniors' oral health allows PHUs to better understand this population's oral health needs. This will ensure that the program is designed to address their actual oral health needs and to determine if segments of this population are being missed entirely.

*Recommendation:*

- 4) *Support PHUs and Alliance for Healthier Communities members in the collection of robust surveillance data.*
  - Explore the option of PHUs utilizing the same cloud-based Electronic Medical Records so the client has one clinical record that is accessible no matter where they receive care in Ontario.
  - Include IT support services or secure file transfer protocols that allow PHUs to upload data required for MOH program evaluation.

### **Program Planning: Health Promotion and Evaluation**

Not only do PHUs play a role in health promotion and community outreach, but the MOH also plays a role in overarching health promotion communication campaigns for consistent messaging across the province. In addition, the MOH plays a role in evaluating provincial programs to allow for program enhancements. Including program objectives and strengthening the data collection component of the

program will allow us to better understand this oral health issue for low-income seniors and ensure more accurate evaluation. Potential indicators to measure can include:

- Is the program meeting its objectives?
- Is there a reduction in the number of seniors accessing emergency departments for care?
- Is there an improvement in oral health and quality of life?
- Can the program be improved?

*Recommendation:*

5) *Implement overarching health promotion campaign and evaluation for use during program implementation*

- Data should be reported and evaluated on an ongoing basis.

## **Conclusion**

Low-income seniors are a particularly vulnerable population with unique oral health needs. The group commends the Province for making it a priority to provide access to dental care to low-income seniors with oral health needs. There is opportunity for enhancements to ensure program effectiveness, by applying the recommendations mentioned in the white paper. We look forward to continue working with the MOH on the design and implementation of the OSDCP and ensuring all low-income seniors have access to the dental care they need.

## References

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- 5) Peel, Nancye (2009). Using senior volunteers as peer educators: What is the evidence of effectiveness in falls preventions? *Australasian Journal on Ageing/Volume 28, Issue 1*. Retrieved at: <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1741-6612.2008.00320.x>
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- 7) Accessibility Services Canada (2019). About the AODA: Definitions. Available from: <https://accessontario.com/aoda/definitions/>
- 8) Association of Ontario Health Centres (2017). *Lack of access to dental care: Facts and figures on visits to emergency rooms and physicians for dental problems in Ontario (2017)*. Available from: <https://www.aohc.org/oral-health>

## Appendix A – OSDCP Eligibility

Seniors will have continued access to the program at any publicly funded clinic in Ontario as long as they meet the eligibility criteria. Seniors will qualify for the program if they:

- Are 65 years of age or older;
- Are a resident of Ontario;
- Meet the Ontario Drug Benefit low income thresholds (i.e. \$19,300 or less for a single senior, combined income of \$32,300 or less for a couple); and
- Have no access to other forms of dental benefits.

## Appendix B – The Group

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Paul Sharma	Director, Chronic Disease and Injury Prevention, Peel Public Health	Ontario Association of Public Health Dentistry
Dr. Faahim Rashid	Dental Consultant, Peel Public Health	Ontario Association of Public Health Dentistry
Jennifer Snow	Manager, Oral Health, Peel Public Health	Ontario Association of Public Health Dentistry
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Dr. Robert Hawkins	Manager, Child & Family Health, York Region Public Health	Ontario Association of Public Health Dentistry
Dr. Pat Abbey	Director, Oral Health Division, Durham Region Public Health	Ontario Association of Public Health Dentistry
Michael Solanki	Registered Dental Hygienist & President of Ontario Association of Public Health Dentistry	Ontario Association of Public Health Dentistry
Kate Mulligan	Director of Policy & Communications	Alliance for Healthier Communities
Nancy Kennedy	Program Manager, Dental Health, Ottawa Public Health	Ontario Association of Public Health Dentistry
Taryn Rennicks	Director of Corporate Services	Port Hope Community Health Centre
Pat Armstrong	Manager, Dental Program, Hamilton Public Health	Ontario Association of Public Health Dentistry
Dawn Suave	Manager, Dental Health, Northwestern Public Health	Ontario Association of Public Health Dentistry
Jacque Maund	Former Policy and Government Relations Lead (retired)	Ontario Oral Health Alliance
Sane Dube	Policy and Government Relations Lead	Alliance for Healthier Communities
Anna Gibson	Supervisor, Community Dental Program, Hamilton Public Health	Ontario Association of Public Health Dentistry
Sebastian van Gilst	Research & Policy Analyst, Chronic Disease and Injury Prevention, Peel Public Health	Ontario Association of Public Health Dentistry
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