TO: Mayor and Members  
   Board of Health  
WARD(S) AFFECTED: CITY WIDE

COMMITTEE DATE: May 25, 2010

SUBJECT/REPORT NO:  
Low Income Dental Program BOH10002(a) (City Wide)

PREPARED BY:  
Glenda McArthur ext. 6607  
Stacey Krestell-Goodman ext. 7156  
Dr. Peter Wiebe ext. 3787

SIGNATURE:  

RECOMMENDATION:

(a) That the revised application for new 100% Ministry of Health and Long-Term Care funding through the Low Income Dental Program (Appendix A) be endorsed;

(b) That staff be directed to implement whatever components of the Low Income Dental Program application are approved by the Ministry of Health and Long-Term Care, up to a one-time maximum of $500,000 (gross)/$0 (net), and an annual maximum of $1,450,144 (gross)/$0 (net), and 9.04 FTEs.

EXECUTIVE SUMMARY

This report is submitted as a follow up to the Low Income Dental Program Report submitted 25 January 2010 (BOH100002).

The original application was submitted on 28 January 2010. The Ministry of Health and Long-Term Care responded to the application with the following recommendations:

1. A portion of the operating budget should be allocated for fees paid to private dentists for work that cannot be done in the PHS clinic.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
2. The operating budget should be reduced to 60% of the original submission. The new budget target is $1,450,544.

The revised application submission meets the reduced target budget and prioritizes service to low-income families. The components of this revised application include:

1. Fees for private dentists to perform work that cannot be provided in PHS Dental clinics.
2. Increased capacity at 1447 Upper Ottawa clinic, with referral support.
3. Enhanced Dental Screening for children, ages 0-4 and youth 14-17 years.

### FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

**Financial:** The following 100% provincial funding would be requested through the application:

- **Ongoing Operating Costs:**
  - Fees for Service (private dentists) - $500,000
  - Salary Costs - $787,141
  - Non Salary Costs - $163,003

- **One-Time Costs:**
  - Leasehold Improvements - $200,000
  - Equipment and Supplies - $300,000

No net levy impact.

In determining the Fee for Service amount, The Ministry of Health and Long-Term Care directed us to consider factors such as Ontario Works utilization, CINOT expenses, the number of people under the LICO in Hamilton, and the expected percentage uptake of dental services.

However, they have not provided information about the eligibility criteria and the basket of services to inform our budget for this proposal. Overall, we lack confidence in the accuracy of the Fee for Service budget forecast and have communicated our concern to them about the impact on the community should demands exceed available funds.

PHS has advised the Ministry of Health and Long-Term care that if the Fee for Service budget is exhausted, the City of Hamilton will not cover these expenses.

**Staffing:**

9.04 FTE various dental staff

**Legal:** Not Applicable

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

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We have revised the application in accordance with the feedback provided. A budget amount has been added for Fee for Service, and the proposal for an additional Community Health Bus has been removed to allow us to stay within the operational budget. This revised application builds upon Hamilton’s current model and provides a significant increase in screening and treatment services for clients.

Revised application submissions for Phase II revision were due 7 May 2010.

**POLICY IMPLICATIONS**

No policy implications have been identified

**RELEVANT CONSULTATION**

Not applicable

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

The recommended funding request revision includes three components. The specific staffing and funding being requested for each of these options is listed in the application form (Appendix A).

1. **Fees for Service (private dentists)**

Clients would be referred to private dentists in Hamilton for treatments and interventions that cannot be provided through the Public Health Dental Clinic.

2. **Increased Capacity of 1447 Upper Ottawa Clinic, with Referral Support**

Proposed service levels have been reduced from the original application. Under the application, the PHS Dental Clinic will offer service 43 hours per week. This is 22 hours of service over the current 21 hours per week of dental treatment paid for by the City.

3. **Enhanced Screening Services for Children 0-4 years and Youth 14-17 years**

In order to fit into the available operating budget, we have reduced the Dental Hygienists from 4 FTE to 3 FTE and removed the Health Promotion 1.0 FTE position.
ALTERRATIVES FOR CONSIDERATION:
(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

A. No Application

The City of Hamilton could choose not to apply for the available funds. Given the unmet dental needs in Hamilton, that alternative is not recommended.

*Pro:* By choosing not to apply for the funding, the City would avoid having to discontinue services if funding was depleted.

*Con:* Lost opportunity to improve dental health for families in Hamilton with low incomes.

**CORPORATE STRATEGIC PLAN** (Linkage to Desired End Results)


The recommended application for new funding supports the Corporate Strategic Plan:

2. Financial Sustainability – New funding, if approved, would allow services to be enhanced at no cost to the City.

4. Growing Our Economy – By providing 10.2 FTE new well paying jobs, this program would help to increase employment rates in Hamilton.

7. Healthy Community – The proposed funding would result in the improvement of overall health by improving the dental health of families living with low incomes.

**APPENDICES / SCHEDULES**

Appendix “A” to report BOH10002: Low-Income Dental Program, Stage 1: Strategic and Program Planning Stage Business Case Template for Public Health Units.
# Low-Income Dental Program

## Stage I: Strategic and Program Planning Stage

### Business Case Template for Public Health Units

<table>
<thead>
<tr>
<th>Health Unit Name:</th>
<th>City Of Hamilton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>1447 Upper Ottawa Street</td>
</tr>
<tr>
<td>Project Title:</td>
<td>Low Income Dental Program</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td>Contact Name / Position Title:</td>
<td>Telephone Number:</td>
</tr>
</tbody>
</table>
INTRODUCTION:

This template was developed to assist Public Health Units in developing their business case to support implementation of the Low-Income Dental Program as part of the Ontario Poverty Reduction Strategy.

The Ministry will evaluate business cases from Public Health Units based on established criteria as set out in the companion document *Low Income Dental Program – Introductory Guide for Public Health Units*.

Business cases, signed by the Board of Health Chairperson, Medical Officer of Health/Chief Executive Officer, and Business Administrator, are to be submitted to the Public Health Planning & Implementation Branch at phdental@ontario.ca and must be received no later than November 30th, 2009. The original signed business case should be forwarded to:

Ministry of Health and Long-Term Care  
Public Health Division  
Public Health Planning & Implementation Branch  
1075 Bay St., Suite 810  
Toronto, ON M5S 2B1  
Attention: Donna Dupont

Please note that you are required to complete all sections, however if the options provided adequately describe your situation you are not required to add further description.

SECTION 1: ABOUT YOU - EXISTING DENTAL SERVICES AND PARTNERSHIPS

1. Select the statement(s) that best describes how dental services are currently delivered through your Public Health Unit?
   a. Clinics provided on Public Health Unit premises
   b. Clinics provided at another location in partnership with the Public Health Unit
   c. Services provided through mobile dental clinics
   d. Referral to fee-for-service providers
   e. Other (please describe)

   We currently deliver services through the following:
   a. Clinics provided on Public Health Unit premises
   c. Services provided through mobile dental clinics (Community Health Bus)
   d. Referral to fee-for-service providers (CINOT screening program)

2. For those Public Health Units that provide clinic services (above #1 a-c), what is the scope of services delivered?
   a. Preventive services only (Public Health Standards)
   b. Full treatment services (as outlined in the Children in Need of Treatment (CINOT) schedule)
      i. Does this include sedation and anaesthesia services?
The scope of services delivered is the following:

a. Preventive services including scaling, pit and fissure sealants, and topical fluoride application are provided to clients in the dental clinic.

b. Full treatment services including examination, radiographs, restoration, extraction and limited root canal therapy (anterior teeth only) are provided to clients in the dental clinic and on the Community Health Bus.

i. treatment with sedation and anaesthesia services is not provided in the public health clinic or on board the Community Health Bus. Clients who require sedation or anaesthesia services are referred to a provider in the community, and the client would be responsible for the associated treatment costs.

3. Briefly describe your existing physical dental infrastructure. Does your Public Health Unit have the ability to expand to accommodate delivery of a new program?

The current physical dental infrastructure is comprised of three components.

1. a three operatory stationary dental clinic
2. a one operatory mobile dental clinic combined with a one room treatment area for provision of public health nursing services (referred to as Community Health Bus)
3. three portable preventive dental units acquired through previous Federal funding

With additional funding, The City of Hamilton would have the ability to expand to accommodate the delivery of a new program

4. For those Public Health Units that are currently in partnership with community providers:
   a. Please identify the partner(s),
   b. Describe the arrangement of the partnership and role/responsibility of each partner?
   c. Does your community partner have experience serving the low-income population?

a. The City of Hamilton has many community partners that assist us in reaching our targeted populations to deliver services. The nature of each partnership is unique and will be explained further in section B of this question. Our current community partners include

1. Ontario Early Years Centres
2. Arrell Youth Detention Centre, Living Rock (youth centre), Notre Dame (youth centre)
3. Canadian Institute of Dental Hygiene (CIDH)
4. Beasley Recreation Centre, Dominic Agostino Riverdale Community Centre, East Kiwanis Boys & Girls Club, Pinky Lewis Recreation Centre, Neighbour to Neighbour, and Hess Street School.

b. Below, corresponding with the list above, is a description of each community partner and the arrangement with them.

1. **Referral** The nature of the partnership with Ontario Early Years Centres is a referral base and provision of oral health education. Clients are screened at the
centre and a variety of printed information is available to clients. Clients also benefit from the opportunity to speak with the Dental Hygienist during site visits.

2. **Referral** The agencies listed in item #2 of 4 (a) above assist youth in accessing care and resources in the community. They each have a unique client base which is challenging to reach through other venues.

3. **Referral** CIDH often refers clients to the public health dental clinic to access treatment services, and the CINOT program.

4. **On-Site service** The partners listed in item 4 of 4 (a) above receive on site services from the Community Health Bus. The Bus operates on a bi-weekly schedule (included below) and provides dental treatment and public health nursing services for clients in need.

**Bi-Weekly Community Health Bus Schedule:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beasley Recreation Centre</td>
<td>Riverdale Community Centre</td>
<td>Neighbour to Neighbour</td>
<td>East Kiwanis Boys and Girls Club</td>
<td>Hess Street School</td>
</tr>
<tr>
<td>Pinky Lewis Recreation Centre</td>
<td>Riverdale Community Centre</td>
<td>Neighbour to Neighbour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Does your Public Health Unit provide dental services for the following Government programs? (please select all that apply)
   a. Ontario Works: Dependent children whose parents are Ontario Works participants, or children whose guardian receives Temporary Care Assistance under Ontario Works
   b. Ontario Works: Discretionary Dental Benefits for Adults
   c. Ontario Disability Support Program (ODSP): Recipients, spouses and dependent children
   d. Assistance for Children with Severe Disabilities (ACSD)
   e. Non-Insured Health Benefits Program (Health Canada)
   f. None of the above

6. In terms of accessing current public health dental services, is wait time to access services currently an issue for your unit? If yes, please explain situation.

   **Wait times, and insufficient capacity, do present an issue to clients of the dental clinic and Community Health Bus.**
   A new clinic client can expect to wait up to 3 months for a new patient assessment visit.
Subsequent treatment appointments are up to 4 months in the future.

The Community Health Bus does not operate on an appointment basis, however due to need exceeding our capacity, clients are often turned away, or recommended to return another day, or at another site. In 2009, (January-December) 427 clients were unable to receive treatment due to demand exceeding capacity.

7. Does your dental clinic have infection prevention and control policy guidelines in place?

Yes. All staff of any discipline working in the clinic and on the Community Health Bus follow the Royal College of Dental Surgeons of Ontario (RCDSO) Infection Prevention and Control/November 2009 approved. December 2009 document distributed.

8. This question relates to the guideline on the Use of Sedation and General Anaesthesia in Dental Practice released by the Royal College of Dental Surgeons of Ontario on May 14th, 2009:

   a. According to the guidelines, are your dentists required to apply for a Facility Permit? 
      i. If yes, have they already applied? [please note: deadline is December 31st, 2009]

   b. Does your clinic provide anaesthetic techniques that require the need for gas analyzers?

   N/A. Sedation and General Anaesthesia services are not provided at Public Health facilities in the City of Hamilton.

9. Do you have staff dedicated to administration of public health dental programs? Please elaborate and identify challenges if applicable.

Current complement of staff supporting the dental program include the following:

   Non-clinical staff:
   • Receptionist
   • Clinical Data Entry Clerk

   Administrative staff:
   • Dental Program Manager
   • Public Health Dentist
   • Program Secretary

The challenges currently being faced are related to increased needs of the program resulting from increased volume of CINOT dental claims and inquiries from clients and community partners.

Further program expansion would require additional support from the following:

   • Data Entry Clerk
   • Clinic Reception
10. Please indicate how many dentists are currently working with your Public Health Unit to deliver dental services.

- three Dentists (1.6 FTE) to deliver services in the clinic and on the Community Health Bus
- one Public Health Dentist (not providing clinical service)

11. How are your dentists currently remunerated? Indicate the number of dentists, if applicable.

   a. Fee-for-service schedule (indicate #________)
   b. Salary (indicate #________)
   c. Sessional (indicate #________)
   d. Other (indicate #________)

   b. Salary
   - one Public Health Dentist
   - three Clinical Dentists 1.6 FTE

12. Please indicate how many dental hygienists are currently working with your Public Health Unit to deliver dental services.

   There are currently five dental hygienists, equal to 4.2 FTE working in the Public Health Unit to deliver dental services.
   - School screening 2 FTE, two people
   - Clinical 1.2 FTE, two people
   - Community Dental Hygienist 1.0 FTE, one person
13. How are your dental hygienists currently remunerated? Indicate the number of hygienists, if applicable.

   a. Fee-for-service schedule (indicate #______)
   b. Salary (indicate #______)
   c. Sessional (indicate #______)
   d. Other (indicate #______)

b. Salary
   - 4.2 FTE, five people

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14. Please identify other staff/providers working within your dental programs, indicate # and their role/responsibility.

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
<th>FTE</th>
<th>Role Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptionist</td>
<td>1 person</td>
<td>1.0 FTE</td>
<td>Book clinic appointments, greet clients</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>4 people</td>
<td>2.5 FTE</td>
<td>Assist Dentist and Dental Hygienist in clinic and on Community Health Bus</td>
</tr>
<tr>
<td>Dental Clerk</td>
<td>2 people</td>
<td>2.0 FTE</td>
<td>Assist Dental Hygienists in school screening process</td>
</tr>
<tr>
<td>CINOT Data Entry Clerk</td>
<td>2 people</td>
<td>1.0 FTE</td>
<td>Process CINOT dental claims (fee for service)</td>
</tr>
<tr>
<td>Bus Driver</td>
<td>1 person</td>
<td>0.6 FTE</td>
<td>Drive Community Health bus to community sites</td>
</tr>
</tbody>
</table>

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SECTION 2: ABOUT YOUR COMMUNITY

15. Please describe any unique characteristics of your community that require special program planning consideration (i.e. geography issues, servicing First Nation communities etc).

Hamilton has a high proportion of families living with low incomes. Many of these families have unmet dental needs. One quarter of Hamilton residents are immigrants and experience additional challenges in accessing dental care.

**Population**
In 2006, 504,560 people lived in Hamilton. This is just under a 3% increase from the population (490,270) at the time of the previous Census in 2001. Hamilton experienced
slower growth between the 2001 and 2006 Census years than what was observed between
the 1996 and 2001 Census years, where Hamilton experienced a 4.8% growth in
population. (Statistics Canada, 2006 Census). The population of Hamilton is projected to
increase until at least 2031. (Provincial Health Planning Database, Population Projections

Education
Education is an important social determinant of health. It is strongly associated with
earning power and job satisfaction, which can have significant effects on mental and
physical health (Health Nexus, 2008). Lower education level is associated with risk factors
such as lower levels of physical activity, smoking, and unhealthy weights (Health Nexus,
2008). It is also related to lower health literacy, which can impact access to, and use of,
health information (CCL-CCA, 2008). Hamilton has a higher percentage of residents with
less than a high school education and a lower percentage of residents with a university
degree compared to Ontario, overall (Statistics Canada, 2006 Census).

Language
The linguistic profile is an important consideration when planning programs and services
for a diverse community. It is a useful tool for assessing staffing requirements and other
support services that may be needed to reduce barriers to accessing services. Just over
87% of Hamilton residents speak an official language most often at home, with 87.1% and
0.4%, reporting that they speak English or French, respectively, most frequently at home.
Twelve and a half percent of residents (or 62,325 individuals) reported that the language
they speak most often at home is a non-official language (Statistics Canada, 2006
Census).

Immigration
Immigration status is another indicator that is important to consider when planning
programs and services for a diverse community. While many immigrants arrive in Canada
with better than average health (Ng et al, 2005), recent research suggests that immigrants
to Canada may face greater health risks over time (Lear & Mancini, 2008). This is
especially true for recent immigrants who may have difficulties accessing health services
because of language, culture, or other barriers. One quarter of the Hamilton population are
landed Canadian immigrants, with 13.1% of those residents (or 15,1750) having
immigrated to Canada within the last five years (Statistics Canada, 2006 Census) Trends in
immigration status remained similar between 2001 and 2006 (Statistics Canada, 2006
Census).

Income
The impact of poverty on health is widely acknowledged and has implications for the
health, quality of life and life expectancy of Hamilton residents. An estimated 69,000
Hamilton residents (or 14.0% of the city’s population) were members of a household who
lived below the Low Income Cut-off (LICO) based on 2005 after-tax earnings. Hamilton
has a higher percentage of people living in a low income household than the province of
Ontario, overall (11.1%) (Statistics Canada, 2001 Census).
16. If applicable, please identify other community dental clinics in your catchment area that currently provide dental services to the low-income population. Please describe the target population served and scope of services provided.

CIDH - Canadian Institute of Dental Hygiene, an Accredited Dental Hygiene Training Institute, provides assessment and preventive care. Treatment is provided by the school’s students, and is supervised by Registered Dental Hygienists and Licensed Dentists. There is a nominal registration fee; however it is often waived due to clients’ financial constraints.

Urban Core Community Health Center employs a “para-dentist” (a foreign trained dentist that does not have licensure in Canada) who provides oral health instruction and other non-regulated services. The “para-dentist” also engages in limited classroom education and health promotion activities.

Private dentists in the local community through fee for service arrangements treat CINOT, Ontario Works (OW), Ontario Disability Support Program (ODSP) clients. Clients who access care from private dental practices who do not meet eligibility for public funding do so through private financial arrangements with the dental practice.

Independent Dental Hygiene Practices operate in Hamilton. They provide preventive dental care to clients accessing care through multiple public funding programs and treatment at reduced cost for those accessing care privately, and operate on a for-profit basis.
17. Is your Public Health Unit already in partnership with these community dental clinics?
   a. If yes, please identify.
   b. If no, please indicate whether there are future plans for collaboration.

   a. City of Hamilton is currently in a referral partnership with CIDH, Urban Core Community Health Center and private dental practices that provide service through the CINOT program. Each of these agencies regularly refers clients to Public Health when in need of dental care they are unable to provide, or clients cannot afford.

   The City of Hamilton also offers placement/observation opportunities to dental hygiene students at CIDH. Observation in alternate practice settings is a requirement for students prior to graduation.

   An expansion of the current model would support enhanced partnerships and could include the provision of preventive services on site at various community locations.

SECTION 3: ABOUT DEVELOPING A COMMUNITY DENTAL MODEL

18. Please describe your Public Health Unit-Community Dental Model design:
   a. Identify community partners that you plan to work with to provide new program services.
      i. Do they have experience with providing services to the low-income population?
   b. Provide details on the nature of the partnership to facilitate service delivery, including role/responsibility of each partner.
   c. Clarify whether you intend to expand an existing dental infrastructure, or whether this is a new development?

   a. The community partners we hope to work with to provide new services would include the following:
      • Arrell Youth Centre, Living Rock, and other community locations
      • Ontario Early Years Centres
      • Family Health Teams, Dentists in private practice, Canadian Institute of Dental Hygiene

   Each of the above agencies has experience in providing service to low income, and multicultural populations.

   We recognize there may be other community partners who wish to come forward to explore the potential of forming a partnership. The potential of other partnerships not yet identified are welcome for consideration. Partnerships will be evaluated for fit with the program and reassessed as needed to ensure maximum service delivery to the targeted population.

   b. The partnerships would be shaped to match the needs of each contributor.

   **Referral**

   Partnership with all agencies listed would enable referral for oral health promotion.
prevention and treatment.

On Site Service

On site preventive service could be offered at locations including, but not limited to Centre de sante communautaire, Ontario Early Years Centres, Arrell Youth Centre, Living Rock, and other potential sites yet to be determined.

c. An expansion of our current dental infrastructure is a component of this plan to increase access and service for the target population.

This plan includes three components:

1. Increase Clinic Capacity and Referral Support

The stationary Public Health dental clinic in Hamilton currently operates with a dentist three days a week and 2 hygienists each working three days a week. An expansion of the current program would enable the clinic to increase treatment to 2 dentists each working five days a week, and preventive treatment would operate 5 days per week with expanded hours. Enhanced service in the clinic could also be achieved by increasing clinic hours to include morning and evening appointments.

Public Health is receptive to receiving referrals from a variety of partners and agencies. This portion of the plan will focus on building relationships with Family Health Teams, Public Health Nurses and Ontario Early Years Centres to expedite the referral process. One consideration is to improve the flow of information to these partners, and also raise awareness of the importance of early identification, early intervention and education through health promotion.

Often, the referral process is successful, however the barrier is transportation. Ideally, being able to support the referral process by assisting transportation either with bus tickets or taxi chits could further increase access to care. Budget for taxi fare has been included in the requested amount for operating funds.

This portion of the plan would require

- Leasehold improvements to convert a hygiene operatory to a treatment operatory, and purchase of additional equipment, supplies and a Panorex. Leasehold improvements may also include reconfiguration of the clinic to incorporate a dedicated screening room.

- Recruitment of additional staff (5.54 FTE): Dentist 1.85 FTE, Dental Assistant 1.57 FTE, Clinic Receptionist, 0.22 FTE, Program Secretary 0.4 FTE, Clinical Data Entry clerk 1.0 FTE, Program Manager 0.5 FTE

Current Staffing and Hours

<table>
<thead>
<tr>
<th>1447 Upper Ottawa Clinic</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operatory 1</td>
<td>rotating</td>
<td>Used daily for overflow of clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operatory 2</td>
<td>Dentist</td>
<td>8:30-4:30</td>
<td>11:00-7:00</td>
<td></td>
<td>11:00-7:00</td>
</tr>
<tr>
<td>Operatory 3</td>
<td>Dental Hygienist</td>
<td>8:30-4:30</td>
<td>11:00-7:00</td>
<td>8:30-4:30 (X2 hygienists)</td>
<td>11:00-7:00</td>
</tr>
</tbody>
</table>

Total current hours of service:
Dentist – 21 hours per week
Dental Hygienist – 42 hours per week
Proposed Staffing and Hours

Reconfiguring and upgrading Operatories 1 and 2 would allow all three Operatories to be completely operational for treatment and preventive services according to the schedule below. Community Health Bus hours would not be extended.

<table>
<thead>
<tr>
<th>1447 Upper Ottawa Clinic</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator 1</td>
<td>Dentist</td>
<td>8:30-4:30</td>
<td>8:30-6:00</td>
<td>8:30-4:30</td>
<td>8:30-6:00</td>
</tr>
<tr>
<td>Operator 2</td>
<td>Dentist</td>
<td>8:30-4:30</td>
<td>8:30-6:00</td>
<td>8:30-4:30</td>
<td>8:30-6:00</td>
</tr>
<tr>
<td>Operator 3</td>
<td>Dental Hygienist</td>
<td>8:30-6:00</td>
<td>8:30-4:30</td>
<td>8:30-6:00</td>
<td>8:30-4:30</td>
</tr>
</tbody>
</table>

*Total proposed hours of service:*
- Dentist – 86 hours per week
- Dental Hygienist – 43 hours per week

Increased Client Capacity

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Current Capacity</th>
<th>Proposed Capacity Increase</th>
<th>Potential Total Capacity After staffing increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>1,050</td>
<td>3,250</td>
<td>4,300</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>1,750</td>
<td>400</td>
<td>2,150</td>
</tr>
</tbody>
</table>

2. Mobile Preventive Equipment

We currently have three portable preventive dental units which were purchased with previous Federal funding. A number of community locations have expressed interest in hosting preventive dental services at their site. Interested agencies include Centre de Sante, Arrell Youth Centre and Living Rock. Other agencies may express interest.

The portable equipment would be used at designated community locations to provide the targeted population with preventive dental services.

The Dental Hygienists working in the community would also be responsible for health promotion, resource development, and community events. Regular contact with community partners could be maintained through a quarterly newsletter or fact sheet created by this team of Dental Hygienists.

This portion of the plan would require:
- 2.0 FTE Dental Hygienist
- purchase of instruments and supplies
- budget for transporting of portable equipment
- agreement between community partners and Public Health Services regarding the security and liability for equipment if stored on site

3. Enhanced Screening Services
Our current complement of staff assigned to elementary school screening is working to capacity and would be unable to dedicate time to screening 0-4 years and 14-17 years. Adding a Dental Hygienist would allow for focused efforts to screen the targeted population at community locations, Ontario Early Years Centres, Child Care Centres and Secondary Schools.

Preliminary communications with all four school board superintendents in our area indicate their unanimous support for dental screening in Secondary Schools.

This portion of the plan would require:

- 1 FTE Dental Hygienist
- 0.5 FTE Program Manager for Mobile Preventive Equipment and Enhanced Screening Services

19. Is the location of your Public Health Unit-Community Dental clinic easily accessible by the low-income community? Please describe approach to reduce access barriers.

As noted in Section 2 #15, Hamilton has a higher percentage of residents living below the LICO compared to Ontario, overall (Statistics Canada, 2006 Census). There are pockets of neighborhoods with high rates of low income dispersed throughout the Hamilton community, including the south Hamilton Mountain where our clinic is located. The south Hamilton Mountain is also home to high numbers of children and youth between 0-18 years of age (Statistics Canada, 2006 Census).

The Mountain clinic is accessible via public transportation and as noted earlier, support for public transportation in the form of bus tickets or taxi chits would further decrease barriers to accessing care.

The use of portable equipment and mobile outreach services placed in the downtown core, and other outlying locations will greatly serve an area where we see the most concentrated ‘clusters’ of neighborhoods with high rates of low income.

20. Is your Public Health Unit interested in providing mobile dental services? Please explain rationale to support the request.

Mobile preventive dental services are a consideration for the City of Hamilton. Currently we have three portable dental units acquired from previous Federal funding. These portable units will be utilized at various community locations to increase access for clients seeking preventive care.

The City of Hamilton currently operates a Community Health Bus which delivers dental treatment and public health nursing services. The bus visits six locations on a bi-weekly rotation. Clients are treated using a triage system. Clients of the Community Health Bus most often are seeking emergency dental care and cannot access care in any other manner due to financial and other barriers. Providing service in their community rather than requiring clients to make appointments or travel to an office has greatly increased their access to care.

The City of Hamilton will continue its current delivery of service through the Community Health Bus.
Health Bus.
21. Describe plan to include health promotion education as part of overall oral health service delivery. Do you require additional tools/resources to support your plan? Please explain.

Oral health promotion, disease prevention and outreach would be a component of the model. To ensure a successful health promotion strategy, the dental team would support the Provincial health promotion strategy and utilize the resources created. Embedded in the role of the Dental Hygienists working in the community would be promotion and education activities. It will be critical to maintain partnerships with community partners who will assist us in reaching the targeted population.

Distribution of the Paediatric Dental Screening Tool in conjunction with the 18 month Nippising developmental assessment will broaden the reach of health promotion efforts to the preschool population and their caregivers.

Upstream prevention is far more effective and less costly than downstream treatment. With early intervention it is anticipated that oral health and hygiene will be greatly improved.

22. Please describe your health promotion outreach strategy for the low-income community to raise awareness regarding oral health and link to existing public health dental programs.

Our outreach strategy would include promotion of referrals to the stationary clinic from primary care and other settings, and mobile services delivered in strategically identified locations. Registered Dental Hygienists would use the mobile preventive dental units, and provide consistent oral health messages for clients.

23. Describe how your program will collaborate with primary care providers for dental screening, oral health counselling and to facilitate referral to public health dental programs where appropriate.

Collaboration with primary care providers could include, but would not be limited to the following:

- Communication and regular contact with partners such as Family Health Teams: Hamilton and McMaster, Physicians, Pharmacists, Ontario Early Years Centres, Family Visitors, Children’s Aid, Public Health Nurses, Nutritionists and Dietitians and others.
- Distribution of Paediatric Screening Tool to above partners and others will assist with early identification and raising awareness of families with young children.
24. Please identify, in your model, dental care providers and plans to create an interprofessional dental model of care.

Staffing for this model would include a combination of the following professionals:
- Dentist
- Dental Hygienist
- Dental Assistant
- Administrative support

25. Please describe the type of remuneration being considered for the new dental program (i.e. Fee-For-Service/salary/per diem/sessional)

For staff, a salary remuneration model is being considered. Fee for service would also be incorporated to remunerate dental providers treating clients referred from the Public Health Dental Clinic.

26. Please identify if recruitment of dental care providers to deliver program services is an issue for your Public Health Unit? If yes, explain situation and strategy to improve health human resources.

Recruiting dental care providers to deliver program services does not currently appear to be an issue. We have had success in the past recruiting Dentists by posting on the ODA Annual Conference job site, with the local dental society, and at University of Toronto, University of Western Ontario and McGill University. Dental Hygienists and Assistants are frequently making inquiries about potential vacancies. With a nearby accredited dental hygiene training institute and multiple dental assisting training facilities, there is a robust supply of these professionals.

27. Will your Public Health Unit explore partnerships to encourage recruitment of new dental graduates? If yes, please describe.

Yes.
- Through discussions with the nearby training facilities, there is ample opportunity to
encourage new graduates to explore career options with in Public Health.

- Students at the Canadian Institute of Dental Hygiene (CIDH), complete a rotation of observation at the Health Unit. This serves as an introduction to Public Health programs
- City of Hamilton’s Public Health Dentist teaches part time at University of Toronto, Dental Faculty and through this partnership could facilitate recruitment of newly graduated Dentists

28. What additional support does your Public Health Unit require to assist implementation of this program? Please explain.

To implement this program we would benefit from support in the following manner:

**Accommodations**
Approval of this business plan will translate to a significant increase in staff. Our current office space is not able to accommodate additional staff. Additional office space would need to be acquired at an estimated cost of $17/sq ft; 100 sq ft/staff person.

**Province-wide promotional campaign**
Although each Health Unit will be designing a program specific to their local needs, a single message shared across the Province could assist in raising awareness and drawing support and engagement for the program.

**Information**
Developing a program in the absence of key information is a challenge. It is essential to know eligibility criteria, basket of services, fee guides, operational budget dollars that will be available and for what duration, etc.

SECTION 5: GUIDELINES

29. This question relates to the guideline on the Use of Sedation and General Anaesthesia in Dental Practice released by the Royal College of Dental Surgeons of Ontario on May 14th, 2009:

   a. According to the guidelines, will your community dental model require your dentists to apply for a Facility Permit?
      A. No
      B. No

   b. Will your community dental model provide anaesthetic techniques that require the need for gas analyzers?
      A. No
      B. No
SECTION 6: ABOUT YOUR READINESS TO OPERATE

30. Please provide your anticipated timeline to become operational and required planning activities. Please provide as much detail about the factors that will affect the length of time to become operational. The goal is to achieve operational status within 12 months or less.

   a. Within 1-5 months
   b. Within 6-9 months
   c. Within 10-12 months
   d. 12 months and beyond

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Required Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 1-5 months</td>
<td>• Recruit staff for Mobile Prevention and Enhanced Screening, Program Secretary and Manager</td>
</tr>
</tbody>
</table>
| Within 6-9 months | • Purchase of equipment and supplies  
                         • Secure additional office space to accommodate staff  
                         • Develop legal agreements with community partners that will be sites for Mobile Prevention services  
                         • Initiate Mobile Prevention services and Enhanced Screening  
                         • Recruit remaining staff |
| Within 10-12 months | • Convert hygiene operatory to full treatment operatory and complete other leasehold improvements  
                           • Increase clinic hours and staffing levels |

SECTION 7: ONE-TIME FUNDING REQUEST TO SUPPORT STAGE II PROGRAM IMPLEMENTATION

Please identify start-up funding required to support program implementation and provide as much detail as possible to support the request.

31. Category of Request

(Check all that apply):

( ) Major Capital ( ) Leasehold Improvement  ( ) Office Equipment  ( ) Other
32. Description of Request

Describe how the funding will be used.

Funds will be used to enhance services in the following manner:

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvement</td>
<td>To convert a hygiene operatory to a full treatment operatory, create an additional screening room</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>Panorex, Dental instruments</td>
</tr>
<tr>
<td>Other</td>
<td>Purchase of office furniture</td>
</tr>
</tbody>
</table>

33. Will this project have an impact on service delivery and programming by the health unit?

This project will significantly enhance service delivery and improve access to care.

There is a huge segment of the population that is un-insured or under insured, along with a large number of under employed people. The dependents of these families (0-17) are lacking access to oral health care and education. This is not just dental knowledge but general health knowledge that contributes a great deal to oral health, and how their general health impacts oral health. CINOT only allows for urgent dental needs however, there is a large segment of the 0-17 years of age population that have vast unmet dental needs that do not qualify as urgent need under CINOT. Left untreated, these needs develop into urgent needs and become much more costly and invasive to treat. Early identification and treatment will reduce costs later.

34. Indicate any implications this project will have on other organizations or services within your district/region and identify persons you have consulted in support of this request.

The proposed program would complement existing health services in Hamilton, and address significant gaps in dental care.

Youth Centres have expressed an interest in mobile preventive services: Arrell Youth Centre, Living Rock and Notre Dame House.

The Hamilton Family Health Team and McMaster Family Medicine have expressed an interest in working together to refer clients for dental care.

Consultation was undertaken with Hamilton’s four Community Health Centres:

- Urban Core Community Health Centre – Denise Brooks, Maciej Kowalski
- Centre de sante communautaire Hamilton/Niagara – Joanne Chalifour
- De dwa da dehs nye>s Aboriginal Health Centre – Dennis Compton
- North Hamilton Community Health Centre – Kathy Allen-Fleet, Beth Beader

It was hoped that a partnership could be developed in which Oral Health Promoters,
employed by the Community Health Centres, would provide oral health promotion and prevention services, working with an Oral Health Coordinator. Unfortunately, after some discussion, we agreed not to proceed with such a partnership at this time, since we were not able to agree on the staff qualifications and reporting relationships.

- Hamilton Public Health Services strongly supports a requirement that Oral Health Promoters be Dental Hygienists. We believe that this approach would allow the most comprehensive services for clients and fit with best practices. The Community Health Centres indicated that while they were not opposed to hiring Dental Hygienists, they would prefer to also be able to hire staff that are not Dental Hygienists.

- The Community Health Centres stated that the Oral Health Promoters must report only to Community Health Centres. Public Health Services believes that a joint reporting model, with the Oral Health Promoters reporting both to Community Health Centres and to the Public Health Service Oral Health Coordinator, while not ideal, is necessary to allow us to meet our accountabilities for this program. This model would also create a clinical relationship between the Oral Health Promoters and the Public Health Dentist, allowing provision of services through standing orders and thereby maximizing resources.

- Lastly, we proposed a graduated approach, beginning with one or two Community Health Centres and then extending to all Community Health Centres. This was not agreeable to the Community Health Centres.

We have offered the Mobile Prevention services component of the program to Community Health Centres, with Dental Hygienists providing prevention services on-site at their facilities.

Meetings to consult with Ontario Early Years Centres and Hamilton’s Poverty Roundtable have been booked, but could not be scheduled before the application deadline. Partnerships with emergency shelters are being explored, but consultation has not yet taken place.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
</table>
| Leasehold improvements      | $300,000 | • Reconfigure dental clinic to accommodate a designated screening room and work space for additional reception staff. This would require the removal of two walls to extend the reception area, and construction of an additional room for screening and client consultation  
• Add Panorex room, including all requirements to ensure |
36. Additional One-Time Start-Up Funding to support a Mobile Dental Clinic if applicable.

Provide a detailed breakdown of the projected costs.

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Equipment and Supplies</td>
<td>$200,000</td>
<td>Radiation safety codes are met during construction</td>
</tr>
<tr>
<td></td>
<td>$80,000</td>
<td>Convert hygiene operatory to a treatment operatory. Additional plumbing and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>radiography set up is required</td>
</tr>
<tr>
<td></td>
<td>$50,000</td>
<td>Cabinetry, dental chair, operator stools, dental light, digital x-ray</td>
</tr>
<tr>
<td></td>
<td></td>
<td>equipment, amalgamator</td>
</tr>
<tr>
<td>Digital Panorex unit</td>
<td>$30,000</td>
<td>Instruments, restorative kits: amalgam and composite, forceps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instruments for use with portable dental units</td>
</tr>
<tr>
<td></td>
<td>$40,000</td>
<td>Sterilizing system including Lisa sterilizer with digital recording, Hydrim</td>
</tr>
<tr>
<td></td>
<td></td>
<td>instrument cleaning system with digital recording and instrument cassettes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protective transportation cases for portable dental units</td>
</tr>
<tr>
<td>Estimated Total Cost</td>
<td>$500,000</td>
<td></td>
</tr>
</tbody>
</table>
37. Total one-time funding requested from MOHLTC

$500,000

38. Will the project impact operating costs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>(if yes, provide details below)</th>
</tr>
</thead>
</table>

**Annual operating costs**

<table>
<thead>
<tr>
<th>Fees for Service Costs</th>
<th>$500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual clinic operating costs</td>
<td>$575,069</td>
</tr>
<tr>
<td>Annual Mobile Equipment operating costs</td>
<td>$375,075</td>
</tr>
<tr>
<td><strong>Total Operating Budget</strong></td>
<td><strong>$1,450,144.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional FTEs</th>
<th>Number</th>
<th>Cost (including benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>9.04 FTE</td>
<td>$787,141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodations</th>
<th>Cost</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>$15,368</td>
<td>2-3% annual increase for wages and operational budgets</td>
</tr>
</tbody>
</table>

| (9.04 FTE @ $1,700 per FTE) | |

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39. Will funds be spent by March 31, 2010?

<table>
<thead>
<tr>
<th>Signature – Business Administrator</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature – Medical Officer of Health / Chief Executive Officer</td>
<td>Print Name</td>
<td>Date</td>
</tr>
<tr>
<td>Signature – Chair of the Board of Health</td>
<td>Print Name</td>
<td>Date</td>
</tr>
</tbody>
</table>