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

COMMITTEE DATE: January 25, 2010

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

SUBMITTED BY:  
Elizabeth Richardson, MD, MHSc, FRCPC  
Public Health Services

PREPARED BY:  
Dorothy Barr-Elliott x3536  
Stacey Krestell-Goodman x7156  
Dr. Peter Wiebe x3787

SIGNATURE:  

RECOMMENDATION:

(a) That the 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 $900,000 (gross)/$0 (net), and an annual maximum of $2,816,657 (gross)/$0 (net), and 29 FTEs.

EXECUTIVE SUMMARY

As part of Ontario’s Poverty Reduction Strategy, new funds are being made available to public health departments to provide dental services for families with low incomes, focussing on children 0-17 years of age. The new program is intended to allow children from families with low incomes to access dental services at the onset of need, and also receive health education to increase oral health awareness and motivate behavioural changes to maintain oral health.

New capital funds and ongoing operating funds may be requested, all funded 100% by the Ministry of Health and Long-Term Care.
The recommended application includes five components:

1. Increased capacity at 1447 Upper Ottawa clinic, with referral support
2. Health Promotion in collaboration with Community Health Centres
3. Mobile Preventive Services
4. Enhanced Screening Services for Children 0-4 years and Youth 14-17 years
5. Enhanced Bus Services

Applications are due to the Ministry of Health and Long-Term Care on 29 January 2010. The eligibility criteria and specific services to be funded have not yet been determined by the Ministry of Health and Long-Term Care; they are expected prior to implementation.

The Ministry of Health and Long-Term advises that ongoing 100% provincial funding will be provided for the Low Income Dental Program, at least through 2012/2013. There are no plans to cost share this program. If provincial funding is reduced, services would be reduced to current levels to avoid increasing net levy costs. The one-time capital improvements proposed for the 1447 Upper Ottawa clinic would be of ongoing benefit, even if an unanticipated disruption to operating funds is experienced.

The Low Income Dental Program would not only address significant dental needs for families with low incomes, but would also align with the corporate priority of increasing employment in Hamilton by creating 29 well paying jobs.

If funding is approved as outlined in the application (Appendix A), in whole or in part, the Board of Health will be advised by Information Update. If funding is approved for a program that is different than described in the application, a Recommendation Report will be presented to the Board of Health.

Alternatives for Consideration – See Page 9

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

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

Ongoing Operating Costs:
- Salary Costs - $2,297,357
- Non Salary Costs - $519,300

One-Time Costs:
- Leasehold Improvements - $200,000
- Equipment and Supplies - $300,000
- Community Health Bus - $400,000

No net levy impact.
Staffing:

29 FTE various dental staff

Legal: Service level agreements would be required for the Oral Health Coordinator and Oral Health Promoters working within Community Health Centres, detailing service levels and monitoring approaches. Agreements with community partners regarding Mobile Preventive Services would also be required, since Public Health Services’ dental equipment would be stored at community locations.

HISTORICAL BACKGROUND (Chronology of events)

As part of Ontario’s poverty reduction strategy, $45M per year have been committed to provide greater access to dental services for families with low incomes.

Phase I of this program included the expansion of the Children in Need of Treatment (CINOT) program to include children 14-17 years of age, which took effect in January 2009.

Phase II of the strategy includes a new dental program that will expand services, starting with children and youth as the first priority. The new program is intended to support a proactive approach for the delivery of dental services. It is intended that children from families with low incomes will be able to access dental services at the onset of need, and also receive health education to increase oral health awareness and motivate behavioural changes to maintain oral health.

The Ministry of Health and Long-Term Care has stated that Phase II will:

- “Build upon the current dental screening and services provided under the Ontario Public Health Standards;
- Provide access to additional preventive and early treatment services to low-income children ages 0-17 years through Public Health Unit-Community Dental Service Models based on need; and
- Link with the Children in Need of Treatment (CINOT) program for emergency oral health services to facilitate continuity of care”

The goal is to create sustainable models of service delivery aimed at improving oral health outcomes for people living with low incomes over the long term. Each public health department is eligible for $500,000 in capital funds, to be spent by 31 December 2010. Additional capital funds may be requested for mobile units. New ongoing operating costs will be provided effective 1 April, 2010, ongoing until at least 2012/2013. All funds would be 100% from the Ministry of Health and Long-Term Care.

The Ministry of Health and Long-Term Care has not yet specified the financial eligibility criteria to be used, or the specific services that are to be provided.
Applications from public health departments for Phase II are due 29 January 2010.

POLICY IMPLICATIONS

No policy implications have been identified

RELEVANT CONSULTATION

Public Health Services staff have consulted with:

- Hamilton Urban Core Community Health Centre
- North Hamilton Community Health Centre
- Centre de sante communautaire
- De dwa da dehs nye>s Aboriginal Health Centre
- Arrell Youth Centre
- Living Rock (youth centre)
- Notre Dame House (youth centre)
- McMaster Family Medicine
- Hamilton Family Health Team
- Canadian Institute of Dental Hygiene (a privately operated school for Dental Hygienists).

ANALYSIS / RATIONALE FOR RECOMMENDATION

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

Combined, the five components would maximize the service impact of the available funds:

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

The dental clinic at 1447 Upper Ottawa is familiar with providing dental preventive and treatment services to families living with low incomes. The south east Hamilton Mountain is home to high numbers of children and youth between 0-18 years of age (Statistics Canada, 2006 Census). The office is accessible by HSR bus.

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

Values: Honest, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
The clinic has long wait times for clients, and the number of clients served could be greatly increased by:

- Upgrading the existing Operatories
- Increasing staffing from one Dentist to two Dentists per clinic
- Extending clinic hours

**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></td>
<td></td>
<td></td>
<td></td>
<td>Used daily for overflow of clients</td>
</tr>
<tr>
<td>Operatory 2</td>
<td>Dentist</td>
<td>8:30-4:30</td>
<td>11:00-7:00</td>
<td>11:00-7:00</td>
<td></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</td>
<td>8:30-4:30</td>
</tr>
</tbody>
</table>

*Total current hours of service:*
Dentist – 21 hours per week
Dental Hygienist – 35 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. The 8 AM - 8 PM clinic day would be staffed by two teams. A team of full-time staff would work 8-4, and a team of part-time would staff the clinic from 3-8. 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>Operatory 1</td>
<td>Dentist</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
</tr>
<tr>
<td>Operatory 2</td>
<td>Dentist</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
</tr>
<tr>
<td>Operatory 3</td>
<td>Dental Hygienist</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
<td>8:00-8:00</td>
</tr>
</tbody>
</table>

*Total proposed hours of service:*
Dentist – 110 hours per week
Dental Hygienist – 55 hours per week

**Increased Client Capacity**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Current Capacity</th>
<th>Proposed Capacity</th>
<th>Increased Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>1,700</td>
<td>8,900</td>
<td>7,200</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>3,200</td>
<td>5,000</td>
<td>1,800</td>
</tr>
</tbody>
</table>

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

Values: Honest, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
Many community agencies and organizations see clients that might benefit from dental services for families with low incomes. Public Health Services plans to work collaboratively with such agencies and organization to ensure that referrals for dental service at 1447 Upper Ottawa are made when appropriate.

Work to support referrals will be undertaken with many agencies, including but not limited to:
- Family Physician offices, through the Hamilton and McMaster Family Health Teams
- Ontario Early Years Centres
- Community Health Centres

2. Health Promotion in Collaboration with Community Health Centres

There are four Community Health Centres in Hamilton:
- Hamilton Urban Core Community Health Centre
- North Hamilton Community Health Centre
- Centre de santé communautaire
- De dwa da dehs nye>s Aboriginal Health Centre

All four Community Health Centres have expressed interest in working together within the Low Income Dental Program, particularly in the area of oral health promotion.

Four Oral Health Promoters, one working within each of the four Community Health Centres, would provide oral health education, prevention, counselling regarding choices to support oral health, referrals and client advocacy. Oral Health Promoters would be registered Dental Hygienists. Supervision for the Oral Health Promoters would be provided by 1.0 FTE Oral Health Coordinator.

This collaboration would provide a strong emphasis on oral health promotion and build on established community relationships. The intention is to develop detailed service agreements and to provide funding to Hamilton Community Health Centres for this service delivery. However, in order to ensure that the partnerships will be positive, it is intended to begin this component gradually, piloting in one or two Community Health Centres initially. If this pilot is not successful, this component would not continue. Also, if mutually acceptable service agreements are not developed, this component of the program will not proceed.

In addition to the five staff listed above, one Oral Health Promoter would work to address needs outside of Community Health Centres.

3. Mobile Preventive Services

Public Health Services has three preventive dental equipment units which were provided through Federal funding, without operating funds. Dental Hygienists funded by the current proposal would use this equipment to provide preventive services at community locations.
To date, the following community organizations have expressed interest in receiving preventive services on-site:

- Urban Core Community Health Centre
- Centre de santé communautaire
- De dwa da dehs nye>s Aboriginal Health Centre
- Aboriginal Health Centre
- Arrell Youth Centre
- Living Rock

It is anticipated that other organizations may request preventive services on-site once they become aware of this opportunity.

Criteria to determine sites for mobile prevention services require further development, but would address issues including the following:

- Need - number of clients with low incomes in need of dental services that regularly attend the facility, or live close-by and could comfortably access
- Physical site for service delivery available, with reasonable access for delivering/removing equipment and a means of securing the equipment when not in use
- Proximity to other mobile prevention sites
- Operational considerations, such as scheduling

There is a cost to moving the portable equipment; it is not designed to be moved daily.

Community locations would likely change over time, with changes made as required in response to uptake at the various sites and operational efficiency considerations. The program would begin with three sites as a pilot, and would be assessed for service demand and operational considerations on an ongoing basis.

It is estimated that this approach would provide the capacity to screen for approximately 1,600 clients each year. The actual number of clients served would be determined by the selection of appropriate sites and the success of efforts to increase awareness of the service.

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

Dental staff currently screen elementary school children as a mandated program under the Ontario Public Health Standards. New funding would be used to hire staff to also screen children aged 0-4 years (at Ontario Early Years Centres, Child Care Centres and other community locations) and 14-17 years (at Secondary Schools).
Evidence supports early screening as an effective means of preventing health problems in later life:

- Dental diseases are extremely prevalent. In fact dental caries is the most common chronic disease of childhood in Canada. (Wayne Halstrom, CMAJ • January 16, 2007; 176 (2).)

- In the general population approximately 31% of 5 year olds in Ontario have experienced dental decay (Source: Ontario Ministry of Health and Long-Term Care, Dental Health Indices Surveys, 1972–1994 as cited in Peel Health Status Report, Children’s Dental Health, 2003)

- In first nations children, aged 2 to 5, 72% have early childhood decay (Presentation to Standing Committee on Health, First Nations Oral Health, April 30, 2003, Presenter: Dr. Louis Dubé, President-Elect, Canadian Dental Association)

- Oral care accounts for 7% of all healthcare expenditures in Canada. (Canadian Institute for Health Information. National health expenditure trends, 1975–2005. Ottawa: Canadian Institute for Health Information; 2005. as cited by Wayne Halstrom, CMAJ • January 16, 2007; 176 (2).)

- A study conducted at the hospital for Sick Children in Toronto found that many of the pre-school children who were sent to the operating room (OR) for the treatment of severe dental caries had blood chemistry similar to children who have borderline and/or low nourishment. The children with early childhood tooth decay had extremely low levels of hemoglobin and serum ferritin. This is of concern because of the role of iron in brain development. Ferratin is also important in the development of permanent teeth, which may explain why preschoolers with dental problems tend to have dental problems in their permanent teeth as well. (Clarke et at., Malnourishment in Children With Severe Early Childhood Caries, Pediatric Dentistry- 28:3 2006)

It is difficult to predict the number of children and youth in need that would be screened and identified in need of treatment through this approach, given the lack of precedent in this area. The age groups of 0-4 and 14-17 years are anticipated to be more resource intensive to reach than are elementary school age children. It is estimated that an additional 8,000 children and youth would be screened annually.

5. Enhanced Bus Services

Funding will be requested for the purchase and operation of a second Bus. However, the Ministry of Health and Long-Term Care has indicated that there are limited funds for this type of service and presumably geographic areas without such existing services would be identified as a higher priority.
Currently, approximately 1,600 dental client visits are provided annually on the Community Health Bus. It is anticipated that a second Bus would serve a similar number of clients. Hours for the second Bus would also be 8:30-4:30.

**ALTERNATIVES 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:* None identified

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

B. Advocacy for Fee Increases

The Hamilton Academy of Dentistry has suggested that instead of increasing infrastructure, the Province should instead increase the fees paid to community Dentists to provide Children in Need of Treatment (CINOT) services. Dentists are currently paid less than 60% of the ODA (Ontario Dentists' Association) fee schedule for CINOT work. In some areas, this makes it difficult for clients to locate Dentists willing to provide treatment under the CINOT program.

*Pro:* Many areas of Ontario, where clients can’t find Dentists, would benefit from this approach.

*Con:* Finding a Dentist does not appear to be a significant problem for Hamilton CINOT clients, so there would be limited benefit to Hamilton residents from a fee increase. A fee increase would likely result in increased utilization of the CINOT budget, which would increase expenses to net levy portion of the budget. The CINOT program for elementary school age children is cost-shared 75/25. The CINOT program for secondary school age children was funded 100% provincially in 2009 but will also be cost-shared as of January 2010.

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


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

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

Values: Honest, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
2. Financial Sustainability – New funding, if approved, would allow services to be enhanced at no cost to the City. However, staff and Council need to be prepared to make difficult decisions whether to continue these services should 100% provincial funding be discontinued in the future.

4. Growing Our Economy – By providing 29 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</td>
</tr>
<tr>
<td>Project Title:</td>
<td>Low Income Dental Program</td>
</tr>
<tr>
<td>Contact Name / Position Title:</td>
<td>Stacey Krestell-Goodman Manager, Dental Program</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>906/546-2424 x7156</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 #3 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</td>
<td>Riverdale</td>
<td>Neighbour</td>
<td>East Kiwanis Boys and Girls</td>
<td>Hess Street</td>
</tr>
<tr>
<td>Recreation</td>
<td>Community Centre</td>
<td>to Neighbour</td>
<td>Club</td>
<td>School</td>
</tr>
<tr>
<td>Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinky Lewis</td>
<td>Riverdale</td>
<td>Neighbour</td>
<td>East Kiwanis Boys and Girls</td>
<td>Hess Street</td>
</tr>
<tr>
<td>Recreation</td>
<td>Community Centre</td>
<td>to Neighbour</td>
<td>Club</td>
<td>School</td>
</tr>
<tr>
<td>Centre</td>
<td></td>
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</tr>
</tbody>
</table>

c. All partners referenced above have experience serving low income clients. Their experiences also encompass a variety of multi-cultural client interactions.

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 demand exceeding capacity.

   **Community Health Bus – Dental Clients Treated and Turned Away**

<table>
<thead>
<tr>
<th>1 January – 17 December 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental clients treated</td>
</tr>
<tr>
<td>Dental clients turned away</td>
</tr>
</tbody>
</table>

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*
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.

   Staff currently dedicated to the administration of public health dental programs include the following:
   • Dental Program Manager
   • Public Health Dentist
   • Data Entry Clerks
   • Program Secretary
   • Clinic Receptionist

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

   Further program expansion would require additional administrative support including the following:
   • Additional Program Manager x2
   • Additional Clinic Receptionist x2
   • Additional Data Entry Clerk x1
   • Additional Clerical support x1

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

   Five Dentists are currently working in the Public Health Unit to deliver dental services.
   • one Public Health Dentist (1.0 FTE)
   • four Dentists (1.6 FTE) to deliver services in the clinic and on the Community Health Bus

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 #________)
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

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

<table>
<thead>
<tr>
<th>Role</th>
<th>#</th>
<th>FTE</th>
<th>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>1.5 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>
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 2008-2007, Extracted October 2008).

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 15,175) 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.

**Ontario Dental Works** is an Independent Dental Hygiene Practice recently established 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. Ontario Dental Works is a for profit organization that utilizes mobile equipment.

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.

   b. There are no future plans for partnership with Ontario Dental Works.
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 intend to work with to provide new program services would include the following:

   • Urban Core Community Health Centre, Centre de santé communautaire Hamilton/Niagara, De da dehs nye>s Aboriginal Health Centre and North Hamilton Community Health Centre
   • Arrell Youth Centre, Living Rock
   • Ontario Early Years Centres
   • Family Health Teams, Dentists in private practice, CIDH

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 evaluated for fit with 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.

Health Promotion

Health Promoters, working within each of the four Hamilton Community Health Centres, would provide oral health education, early detection, preventive services, counselling regarding choices to support oral health, referrals and client advocacy.

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 Urban Core Community Health Centre, Centre de santé communautaire, Aboriginal Health Centre, 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 five 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 a hygienist three days a week. An expansion of the current program would enable the clinic to increase treatment to five days a week in two operatories, and preventive treatment would increase to five days a week in one operatory. Enhanced service in the clinic could also be achieved by increasing clinic hours to include early morning and late 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: 1.5 FTE Manager, 2.0 FTE Dentist, 2.0 FTE Dental Hygienist, 2.0 FTE Assistant, 2.0 FTE Receptionist and 1.0 FTE clerical/data support

Current Staffing and Hours

<table>
<thead>
<tr>
<th>1447 Upper Ottawa Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operatory 1</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Operatory 2</td>
</tr>
<tr>
<td>Operatory 3</td>
</tr>
</tbody>
</table>

*Total current hours of service:*
Dentist – 21 hours per week
Dental Hygienist – 35 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. The 8 AM -8 PM clinic day would be staffed by two teams. A team of full-time staff would work 8-4, and a team of part-time would staff the clinic from 3-8. Community Health Bus hours would not be extended.

<table>
<thead>
<tr>
<th>1447 Upper Ottawa Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Operatory 1</td>
</tr>
<tr>
<td>Operatory 2</td>
</tr>
</tbody>
</table>
Total proposed hours of service:
Dentist – 110 hours per week
Dental Hygienist – 55 hours per week

Increased Client Capacity

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Number of Annual Client Visits</th>
<th>Current Capacity</th>
<th>Proposed Capacity</th>
<th>Increased Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>1,700</td>
<td>8,900</td>
<td>7,200</td>
<td></td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>3,200</td>
<td>5,000</td>
<td>1,800</td>
<td></td>
</tr>
</tbody>
</table>

2. Health Promotion in Collaboration with Community Health Centres

There are four Community Health Centres in Hamilton:

- Hamilton Urban Core Community Health Centre
- North Hamilton Community Health Centre
- Centre de santé communautaire
- De dwa da dehs nye>s Aboriginal Health Centre

All four Community Health Centres have expressed interest in working together within the Low Income Dental Program, particularly in the area of oral health promotion.

Four Oral Health Promoters, one working within each of the four Community Health Centres, would provide oral health education, prevention, counselling regarding choices to support oral health, referrals and client advocacy. Oral Health Promoters would be registered Dental Hygienists. Supervision for the Oral Health Promoters would be provided by 1.0 FTE Oral Health Coordinator.

This collaboration would provide a strong emphasis on oral health promotion and build on established community relationships. The intention is to develop detailed service agreements and to provide funding to Hamilton Community Health Centres for this service delivery. However, in order to ensure that the partnerships will be positive, it is intended to begin this component gradually, piloting in one or two Community Health Centres initially. If this pilot is not successful, this component would not continue. Also, if mutually acceptable service agreements are not developed, this component of the program will not proceed.

In addition to the five staff listed above, one Oral Health Promoter would work to address needs outside of Community Health Centres.

3. 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 Urban Core Community Health Centre, Centre de Sante, Aboriginal Health Centre, Arrell Youth Centre and Living Rock. Other agencies may express interest.

The portable equipment would be used at designated community locations to treat the targeted population.

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 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

4. 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 two screening teams each comprised of a Dental Hygienist and Dental Clerk would allow for focussed 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 boards superintendents in our area indicate their unanimous support for dental screening in Secondary Schools.

This portion of the plan would require:

- 2 FTE Dental Hygienist
- 2 FTE Dental Clerk

5. Enhanced Bus Services

The City of Hamilton currently has a dental treatment and nursing bus service. The bus visits six locations in the downtown core on a biweekly schedule (see question 4) and is accessible to residents of Hamilton seeking urgent dental care. Dental treatment is provided on a triage system and is limited to basic dental care including, examination, radiographs, restorations, extractions and anterior root canal therapy.

Unfortunately, on a daily basis clients are turned away from the bus without receiving treatment. This is due to a higher demand than capacity to treat. It is recommended to clients that they return on another day, or at a different bus site.

Client Visits to Community Health Bus

<table>
<thead>
<tr>
<th>Period of Service</th>
<th>Clients treated on Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 January-December</td>
<td>1,488</td>
</tr>
<tr>
<td>2009 January-November</td>
<td>1,594</td>
</tr>
</tbody>
</table>

Summary of staffing requirements for all program enhancements

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Current staff FTE</th>
<th>Staff required to expand clinic</th>
<th>Staff required for portable preventive services and health promotion</th>
<th>Staff required for screening</th>
<th>Staff required for additional health bus</th>
<th>Total requested FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>1.6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Title</td>
<td>Level</td>
<td>FTE</td>
<td>Annual Hours</td>
<td>Salary</td>
<td>Benefits</td>
<td>Total Salary Cost</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------</td>
<td>-----</td>
<td>--------------</td>
<td>---------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Dentist</td>
<td>6M</td>
<td>3.0</td>
<td>1820</td>
<td>$60,819</td>
<td>24%</td>
<td>$411,768</td>
</tr>
<tr>
<td>Dental Asst.</td>
<td>G</td>
<td>5.0</td>
<td>1820</td>
<td>$27,854</td>
<td>24%</td>
<td>$314,304</td>
</tr>
<tr>
<td>Hygienist</td>
<td>J</td>
<td>6.0</td>
<td>1820</td>
<td>$33,317</td>
<td>24%</td>
<td>$451,138</td>
</tr>
<tr>
<td>Receptionist</td>
<td>E</td>
<td>3.0</td>
<td>1820</td>
<td>$24,242</td>
<td>24%</td>
<td>$164,128</td>
</tr>
<tr>
<td>Data Entry Clerk</td>
<td>E</td>
<td>1.0</td>
<td>1820</td>
<td>$24,242</td>
<td>24%</td>
<td>$54,709</td>
</tr>
<tr>
<td>Secretary</td>
<td>F</td>
<td>1.0</td>
<td>1820</td>
<td>$26,032</td>
<td>24%</td>
<td>$58,749</td>
</tr>
<tr>
<td>Manager</td>
<td>7</td>
<td>2.0</td>
<td>1820</td>
<td>$52,604</td>
<td>24%</td>
<td>$237,433</td>
</tr>
<tr>
<td>HP Specialist</td>
<td>M</td>
<td>1.0</td>
<td>1820</td>
<td>$37,875</td>
<td>24%</td>
<td>$85,476</td>
</tr>
<tr>
<td>Bus Driver</td>
<td>C</td>
<td>1.0</td>
<td>1820</td>
<td>$21,660</td>
<td>24%</td>
<td>$48,859</td>
</tr>
<tr>
<td>Oral Health Promoter</td>
<td>J</td>
<td>5.0</td>
<td>1820</td>
<td>$33,317</td>
<td>24%</td>
<td>$375,949</td>
</tr>
<tr>
<td>Oral Health Coordinator</td>
<td>5</td>
<td>1.0</td>
<td>1820</td>
<td>$42,026</td>
<td>24%</td>
<td>$94,844</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>10</td>
<td>11.5</td>
<td>8.5</td>
<td>4.5</td>
<td><strong>29</strong></td>
</tr>
</tbody>
</table>

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 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 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.

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 can not 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.

On an average day, five clients are turned away without receiving treatment. In 2009, January-November, 427 clients were turned away. This is due to demand exceeding the staff’s capacity. Having an additional mobile dental clinic in the form of a Community Health Bus would reduce wait times, return visits by clients, and would increase the capacity to deliver service. An additional bus could also increase the number of sites serviced and include neighborhoods not previously visited by the 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 significant component of the model.

As described in Q18, health promotion would be provided collaboratively with Community Health Centres.

In addition, to ensure a successful health promotion strategy, a Health Promotion Specialist would be recruited to shape the campaign. 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.

Additional resources required would include:

- Health Promotion Specialist for one year period
- 2.0 FTE Dental Hygienists, 4.0 FTE Oral Health Promoters and 1.0 Oral Health Coordinator (mentioned in Q18)
- promotional budget for materials
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 health promotion in collaboration with Community Health Centres, promotion of referrals to the stationary clinic from primary care and other settings, and mobile services delivered in strategically identified locations in combination with a comprehensive communication plan which would be developed by a Health Promotion Specialist.

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 not be limited to the following:

- Communication and regular contact with partners such as Family Health Teams: Hamilton and McMaster, Physicians, Pharmacists, Family Visitors, Children’s Aid, Public Health Nurses, Nutritionists and Dietitians and others
- Distribution of Paediatric Screening Tool to above partners and others

SECTION 4: DENTAL CARE PROVIDERS AND PROGRAM ADMINISTRATION

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
- Health Promotion Specialist
- Administrative support

There is also the potential to mentor a bi-lingual dental hygienist, seeking self-initiation status, currently working for the Centre de Sante.

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 for clients treated in the 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?
   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

| Within 1-5 months                                      | • Recruit staff for Mobile Prevention and Enhanced Screening, Health Promotion Specialist, Program Secretary and two Managers  
                                                        | • Order health bus (9-12 months for delivery) |
|--------------------------------------------------------|-----------------------------------------------|
| 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  
                                                        | • Launch communication campaign |
| 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.

<table>
<thead>
<tr>
<th>Funds will be used to enhance services in the following manner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvement</td>
</tr>
<tr>
<td>Office Equipment</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Other</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, or also how their general health impacts their 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.

Through brief consultations, this plan is supported by all agencies and partners highlighted. This plan is not thought to have any negative effects on other organizations in the City of Hamilton. However, it will have many positive effects for the above organizations by improving the dental health of their clients.

35. One-Time Start-Up Funding (maximum $500,000)

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>Leasehold improvements</td>
<td>$200,000</td>
<td>• Reconfigure dental clinic to accommodate a designated screening room and work space for additional reception staff. This would require the removal of 2 walls to extend the reception area and construction of an additional room for screening and client consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Add Panorex room, including all costs to ensure radiation safety codes are met during construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Convert hygiene operatory to a treatment operatory. Additional plumbing and radiography set up is required</td>
</tr>
<tr>
<td>Equipment and Supplies</td>
<td>$300,000</td>
<td></td>
</tr>
<tr>
<td>Estimated Total Cost</td>
<td>$500,000</td>
<td></td>
</tr>
</tbody>
</table>
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>Mobile Dental Treatment Bus</td>
<td>$400,000</td>
<td>• equipped with two dental operatories, waiting room, reception area and lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated Total Cost</td>
<td>$400,000</td>
<td></td>
</tr>
</tbody>
</table>

37. Total one-time funding requested from MOHLTC

$900,000

38. Will the project impact operating costs?

No   Yes X (if yes, provide details below)

**Annual operating costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Clinic operating costs</td>
<td>110,000</td>
</tr>
<tr>
<td>Annual bus operating costs</td>
<td>100,000</td>
</tr>
<tr>
<td>Annual repairs/equipment replacement</td>
<td>60,000</td>
</tr>
<tr>
<td>Oral health promotion/education</td>
<td>200,000</td>
</tr>
<tr>
<td>Total operating budget</td>
<td>470,000</td>
</tr>
</tbody>
</table>

**Additional FTEs**

<table>
<thead>
<tr>
<th>Additional FTEs</th>
<th>Number</th>
<th>Cost (including benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>29</td>
<td>$2,297,357</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accommodations</th>
<th>Cost</th>
<th>Increase %</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>$49,300 (29 staff $1,700 per person)</td>
<td>2-3% annual increase for wages and operational budgets</td>
</tr>
</tbody>
</table>

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

Capital funds would be spent by December 31, 2010 as per extension announced during Web-conference on Dec 15, 2009.
## Health Unit Approvals

<table>
<thead>
<tr>
<th>Signature – Business Administrator</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Klumpp</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature – Medical Officer of Health / Chief Executive Officer</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Elizabeth Richardson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature – Chair of the Board of Health</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayor Fred Eisenberger</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>