

VIEW FROM THE (Public Health) FIELD

OAHPP Public Health Dental Symposium

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Why I'm here

- 30+ different leaders – foci can be different
- My background:
 - The mouth is part of the body
 - Oral care best practices
 - Inequity is a reality
 - Centralization/universality vs. multiple programs

Stories can be dangerous

- “You didn’t grow up here”
- Slices
 - Data
 - Literature
 - Emphasis/training
 - Money
 - Political radar/agenda



Our framework

- Need
- Impact
- Capacity
- Partnerships/Collaboration

Ontario Public Health
Standards 2008

VIEW FROM THE FIELD



CAPACITY

Questions about Capacity

- 2005 Maps
- People
 - Role, manpower, placement within org structure of PHDs
- Clinics
 - Including clinics in schools
- Funding
 - Medicare
 - Provincial strategy

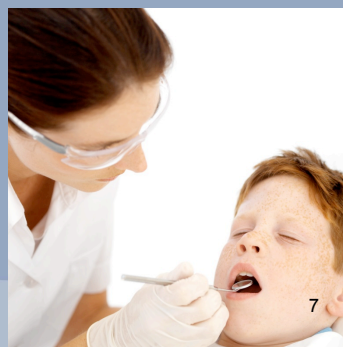
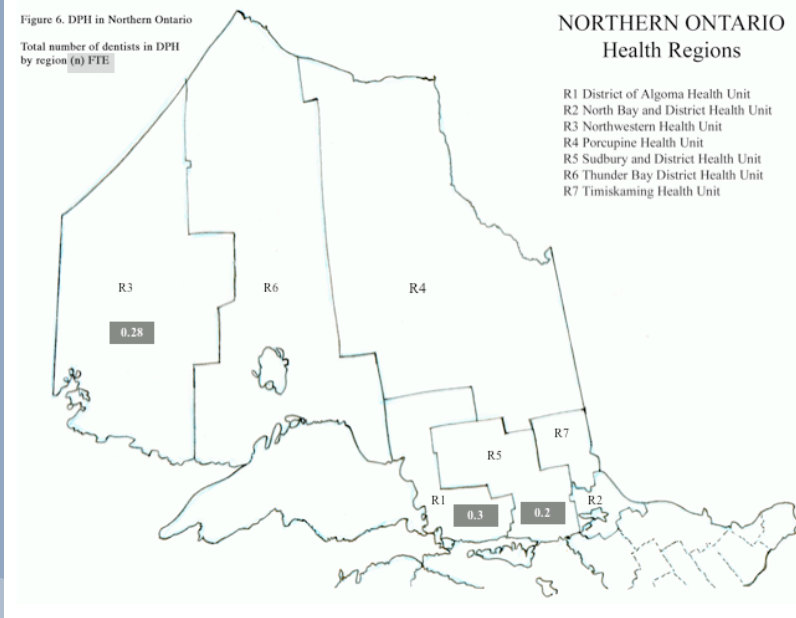


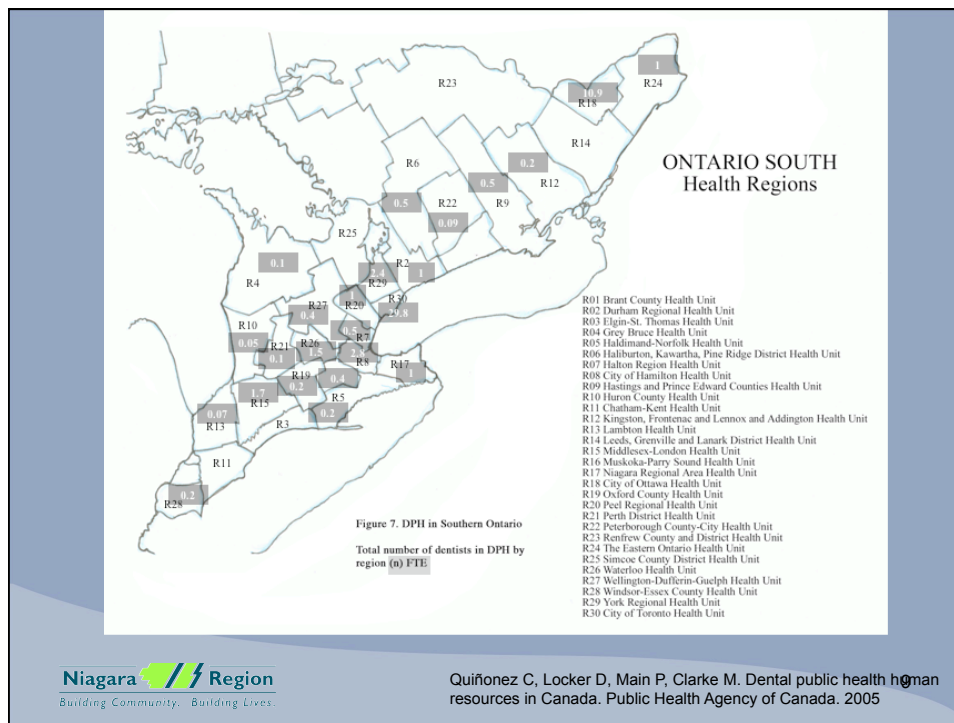
Figure 6. DPH in Northern Ontario

Total number of dentists in DPH by region (n) FTE



NORTHERN ONTARIO Health Regions

- R1 District of Algoma Health Unit
- R2 North Bay and District Health Unit
- R3 Northwestern Health Unit
- R4 Porcupine Health Unit
- R5 Sudbury and District Health Unit
- R6 Thunder Bay District Health Unit
- R7 Timiskaming Health Unit



Capacity: People (role)

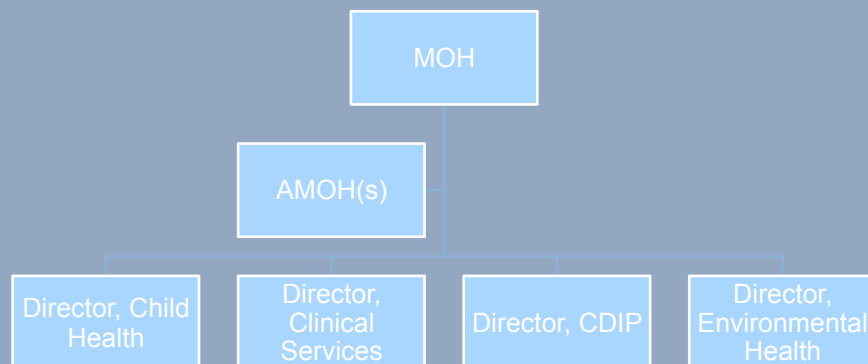
- Role varied (n=17/18)
 - CINOT requirements to full and varied roles
 - Clinical services/oversight
 - Information and support:
 - Public
 - Community providers and stakeholders
 - Program staff
 - Program evaluation
 - Design and evaluation of dental PH strategies
 - Management

Capacity: People (manpower)

– Needs? (n=13/18)

- Salary, recruitment, training, designation, programs/program delivery
- Regional specialists?
- Broader provincial dental “system”
 - Surveillance, data systems (OHSS)
 - Provincial management structure
 - Continuing education

Sample Public Health Org Chart



Capacity: People (within org structure)

- Org Structure:
 - Executive Team? (n=17/18)
 - Majority said “No” – broader set of responsibilities and oversight among members, but program needs to be represented
 - Those that said “yes” mostly said because scope matched others on team

Capacity: Clinics

- Do you want your own clinics, or do you want to outsource? (n=18/18)
 - Most said mix of PHD clinics and outsourcing
 - Best access
 - ODA fee schedule
 - Hosting clinics
 - Preservation of data, surveillance, and prevention role of PH mentioned


Capacity: Clinics in Schools


- Dental clinics in schools? (n=16/18)
 - 7 Yes (many: preventive and simple only)
 - 5 No
 - 4 Maybe/Don't know



Capacity: Funding

- Should dental care be included in Medicare? (n=16/18)
 - 12 said Yes
 - 4 said No
 - Not enough money
- Provincial PH strategy
 - Needs to be defined, visioned, planned, then implemented



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Questions about Need

- Data
- Affordability
- Evidence/Science
- Approach

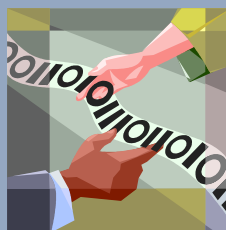


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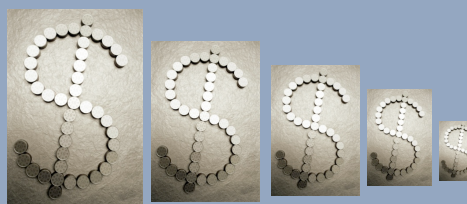
Need: Data

- DATA and surveillance
 - DIS
 - Provincial oral health status report



Need: Affordability

- Is dental care becoming cost-prohibitive?
(n=18/18)
 - 17 said Yes
 - Marginal/Low income, seniors, underinsured
 - 1 said Possibly (citing data around insurance status)




Need: What's the evidence?

- Oral Health Need
 - Periodontal disease and CV disease/ inflammation
 - Parental oral health and child oral health relationship
 - Healthy eating and oral health relationship
 - Social impacts

Need: Approach

- Universal approach
 - Needs of over-17 population
 - High risk children in low risk schools
 - Seniors





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Questions about Impact

- Fluoridation
- Primary Care/other role
- Evidence/Science
 - Aka “what works”



Impact: Fluoridation

- Do you want to see your community fluoridated? (n=17/18)
 - Yes
- Do you want the province to take a stronger stance on water fluoridation? (n=17/18)
 - Yes (YES)

Impact: Primary Care role

- Should the medical sector be involved in delivering dental care interventions (e.g. fluoride varnish)? (n=16/18)
 - 8 said Yes
 - 5 said No
 - 3 said Don't Know or Need more info

Impact: What's the Evidence?

- Oral Health promotion strategies
- Oral Health prevention strategies
- Accessibility
- Significance of targeted gap “filling”
- Data from Ontario (e.g. fluoridation)
- Universal screening
- Insurance coverage



Impact: What's the Evidence? (more detailed)

- Fluoridation
- Fluoride Varnish
- Sealants
- Xylitol
- Access
- Models that don't work well
- School entry requirement





In Summary

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What are the answers around Need/Impact/Capacity?

- Services/interventions?
- Limited v. universal?
- Approaches?
- Capacity?
- Data/Ongoing surveillance?

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