MINISTRY OF HEALTH PROMOTION SUBMISSION

PARENTAL PERCEPTIONS OF THE CHILDREN IN NEED OF TREATMENT (CINOT) DENTAL PROGRAM

Executive Summary

SUBMITTED BY THE PUBLIC HEALTH RESEARCH, EDUCATION & DEVELOPMENT (PHRED) PROGRAM

MARCH 27, 2008

PHRED
Public Health Research, Education & Development Program

REDSP
Programme de recherche, d'éducation et de développement en santé publique

Public Health Services City of Hamilton

Kingston, Frontenac and Lennox & Addington Public Health

Middlesex-London Health Unit

Ottawa Public Health

Sudbury and District Health Unit

Public Health Division, Ontario Ministry of Health And Long-Term Care

AUTHORS:

- Dr. Patricia Sealy, RN, PhD, Nurse Researcher/Educator, Public Health Research, Education & Development (PHRED) Program, Middlesex-London Health Unit (MLHU), and Visiting Assistant Professor, School of Nursing, The University of Western Ontario
- Dr. Piotr Wilk, PhD, Community Health Researcher/Educator, PHRED Program, MLHU, and Casual Associate Professor, School of Nursing, The University of Western Ontario
- Ms. Charlene Beynon**,** MScN**,** Director, PHRED Program, MLHU, and Associate Professor, School of Nursing, The University of Western Ontario
- Dr. Sandra Bennett, BDS, DDPH, MSc, DGrt, Senior Dental Consultant, Ministry of Health Promotion
- Dr. James Leake, DDS, DDPH, MSc, FRCD(C), Professor (retired), Faculty of Dentistry, University of Toronto
- Ms. Ashley Hartford, BA, Research Assistant, PHRED Program, MLHU

FOR CITATION:

Sealy, P., Wilk, P., Beynon, C., Bennett, S., Leake, J., & Hartford, A. (2008). *Parental Perceptions of the Children In Need Of Treatment (CINOT) Dental Program. Public Health Research, Education & Development (PHRED) Program,* London, ON.

FOR FURTHER INFORMATION CONTACT:

Ashley Hartford
Research Assistant
Public Health Research, Education and Development (PHRED) Program
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7

519-663-5317 ext. 2615
ashley.hartford@mlhu.on.ca

EXECUTIVE SUMMARY

Key Findings

- The majority (98%) of respondents perceived their overall CINOT experience as good, very good, or excellent, and 95% of the respondents rated their satisfaction with the CINOT dentist as good, very good, or excellent.
- The vast majority of respondents (94%) did not have any difficulty applying for CINOT.
- A letter from the health unit was the primary method that respondents became aware of their child's urgent dental problem (41%).
- Consistent with the eligibility criteria, the primary reason that respondents were unable to take their child to the dentist prior to having an urgent dental need identified, was a combination of their inability to afford treatment, and lack of dental insurance (92%).
- As a result of treatment under CINOT, respondents reported that their children were eating better (69%), sleeping better (36%), and having more energy (17%) and fewer illnesses (14%).
- Most respondents (89%) reported that they or their child received advice on dental health. Brushing teeth was the advice most frequently given (88%), followed by flossing (74%), regular check-ups (53%), and decreasing sugar intake (49%).
- A total of 29% of respondents reported that their wait time to see a CINOT dentist was longer than they would have preferred.
- A total of 97 respondents (31%) reported receiving additional charges for dental services.
- If CINOT was not available, almost half (45%) of respondents indicated that they would be unable to pay for their child's future dental care; over one-third indicated that they would take their child to the emergency department; and 20% reported that they would not be able to get treatment for their child.

Introduction

The Ministry of Health and Long-Term Care introduced the Children In Need Of Treatment (CINOT) dental program in 1987, in response to the recommendations of the Advisory Committee on Dental Care for Ontario Children. The objective of the program is to provide a basic level of dental care to children, from birth to 14 years of age or Grade 8 (whichever is later), who have identified dental conditions requiring urgent care, and are residents of Ontario. Children are eligible for this program if they have no dental insurance and their parent/guardian has signed a written declaration that the cost of the necessary dental treatment would result in financial hardship.

Purpose

The purpose of this study was to assess parental perceptions of the CINOT program. Specifically, this study examined the awareness of the CINOT program, barriers and facilitators to accessing CINOT, and the effect of CINOT on children's health. This research was the first evaluation of parental perceptions of CINOT since the program's inception.

Methods

This research used a survey with a convenience sample of parents from three health units whose children received dental care that was paid by CINOT in 2006: Haliburton Kawartha and Pine Ridge District Health Unit (HKPRDHU), Middlesex-London Health Unit (MLHU), and Northwestern Health Unit (NWHU). Data were collected through a mailed self-administered survey with respondents having the option of a telephone interview. A common protocol and survey were used across all three sites. MLHU Public Health Research, Education and Development (PHRED) Program coordinated the survey. Ethical approval was obtained from The University of Western Ontario Health Sciences Research Ethics Board, and the Ministry of Health and Long-Term Care funded the project.

***Sample Characteristics*:** Three hundred and twenty-two respondents whose children received dental treatment through CINOT in 2006 completed a mailed survey, representing a return rate of 28%. One hundred and sixty-eight surveys were returned due to changes in address since receiving CINOT. The majority of respondents were women (91%), parents (98%), married (64%) or living with a partner (10%), with a median age between 35 to 44 years, and a median level of education of some college or university. Almost one-third (32%) of respondents were employed or self-

employed full-time, and another one-third of respondents (33%) were employed or self-employed part-time.

There was a well-balanced gender distribution among the children (51% male, 49% female). The median age of the children was eight years, with only seven children under four years of age. All respondents lived in the catchment areas of the three participating health units: HKPRDHU, MLHU, and NWHU. The study was limited to respondents who could complete the survey in English.

Results

***Awareness of the CINOT Program*:** This study emphasized the importance of communicating information on CINOT through the dental screening program in elementary schools, since 49% of respondents identified that they had become aware of the CINOT program through a parent notification letter from the health unit, followed by other contact from the health unit (25%), the child's dentist (27%), and family (23%). Few respondents (8%) indicated that they became aware of CINOT through their child's teacher or doctor, churches, multicultural groups, or the Internet.

Respondents from MLHU were more likely to become aware of CINOT from their dentist (32%), as compared to respondents from NWHU (27%), and HKPRDHU (19%). Respondents from MLHU were also more likely to become aware of CINOT from their family (29%), as compared to respondents from HKPRDHU (23%), and NWHU (20%). Respondents who were born in Canada were more likely to reply to a letter from the health unit than those respondents born outside of Canada (55% and 28% respectively). When respondents were born outside of Canada, they were more likely to identify their child's dentist (32%), or family (32%) as their primary source of information on CINOT, as compared to respondents born in Canada (dentist 26%, family 20%). Some respondents suggested that CINOT should be better advertised in their communities.

Access to the CINOT Program and Dental Services: In keeping with the program eligibility criteria, the primary reason that respondents were unable to take their child to the dentist prior to CINOT was their inability to afford the dental services, and/or they did not have dental insurance (92%). The vast majority of survey respondents (94%) did not encounter problems applying for CINOT. Of the 18 (6%) respondents that reported problems, nine respondents found it difficult to "find out about finances." Respondents' inability to travel to the dentist was a barrier in NWHU (10%). Only 5% of respondents reported that they did not think their child's dental problem was serious enough to visit a dentist.

The majority of respondents (85%) reported that they did not have any difficulty finding a CINOT dentist. Of the 46 respondents that experienced difficulty, 14 respondents identified that they did not know a dentist; 13 respondents reported that they were unable to get an appointment; and 10 respondents reported that their family dentist refused to treat CINOT participants.

Almost half (48%) of the respondents indicated that their child was able to see a CINOT dentist within a week; 36% of respondents indicated that their child saw a CINOT dentist between one week and a month; and 16% of respondents reported that their child had to wait more than a month to see a CINOT dentist. A total of 29% of respondents reported that their wait time to see a CINOT dentist was longer than what they would have preferred. For those children that visited a pediatric dentist, 32% saw a pediatric dentist within a week; 34% of the children saw a pediatric dentist between one week and a month; and 33% of the children had to wait more than a month to see a pediatric dentist.

Ninety-seven respondents (31%) reported receiving additional charges for dental services during their child's treatment; 74% of these respondents indicated that they had been informed of these charges before receiving treatment. Even though some of the following services were covered by CINOT, 15 respondents reported being charged for anesthesia/gas during their child's treatment; eight respondents reported being charged for teeth cleaning; seven respondents reported being charged for teeth spacers; and four respondents reported being charged for fillings.

Almost 20% of respondents reported that they would not be able to get treatment for their child if CINOT was not available. If the CINOT program was not available, a large proportion (45%) of respondents indicated that they would be unable to pay for their child's future dental care. In addition, respondents indicated that they would pay the dentist over time (41%), or they would use credit card(s) (31%) to pay for their child's treatment. Seventeen respondents indicated that they would rely on family to help them pay for their child's dental treatment. Only 9% of respondents identified that they have taken their child to a hospital emergency department for dental care; however, over one-third (38%) of respondents indicated that they would take their child to a hospital emergency department for their child's urgent dental care; and 19% of respondents would not get treatment for their child if CINOT was not available.

Health Impact: Respondents indicated that the letter from the health unit was the most frequently identified source of information on whether their child had an urgent dental problem (41%). Some respondents were aware because they could see decay (28%), their child

experienced pain (26%), or a combination of seeing decay and their child experiencing pain (15%).

The majority of respondents (61%) reported an improvement in their child's health after receiving care paid by CINOT. Children were eating better (69%), sleeping better (36%), having more energy (17%), and having fewer illnesses (14%).

The majority of respondents (92%) reported that their child's present level of dental health is good, very good, or excellent; 8% of respondents reported that their child's present level of dental health is not very good, or poor. Respondents from MLHU (45%) were more likely to describe their child's present level of dental health as very good, as compared to respondents from NWHU (37%), and HKPRDHU (27%).

Most respondents (89%) reported that they or their child received advice on dental health. Brushing teeth was the advice most frequently given (88%), followed by flossing (74%), regular check-ups (53%), and decreasing sugar intake (49%). A total of 31% of respondents reported that their dentist provided advice on all four of these topics. Residents in NWHU were given advice more often about using fluoride (42%), as compared to residents in HKPRDHU (36%), and MLHU (26%). Qualitative data revealed that some parents were concerned that the dental advice they were given was not presented in an acceptable manner.

Satisfaction: Overall, the majority of respondents were very satisfied with the CINOT dentist and their overall CINOT experience; 95% of respondents rated their satisfaction with the CINOT dentist as good, very good, or excellent, and 98% of respondents rated their overall CINOT experience as good, very good, or excellent. Respondents who were born outside of Canada were just as likely as those respondents born in Canada to report their satisfaction with the CINOT dentist as good, very good, or excellent (95% and 94% respectively). Sources of dissatisfaction were categorized as: lack of awareness of CINOT, lack of access to dental services, restrictive eligibility criteria for CINOT, difficulty understanding the application process, experiencing extra-billing, and concerns about the approaches used to deliver preventive dental health messages.

Conclusion

CINOT offers a crucial service to parents whose children have urgent dental needs and to families who do not have the necessary financial resources/dental insurance to allow for basic dental services. Overall, parents were very satisfied with the CINOT program, with their major desire being an expansion of the program to include older children (up to 18 years of age) and extended services, for example, dental check-ups.

Recommendations

The recommendations were derived from discussion of the quantitative results with the Advisory Committee, consisting of the Dental Directors and Dental Managers from each of the three participating health units.

From the study results, it is recommended that:

1) Pamphlets about the CINOT program should continue to accompany all notifications for urgent dental care, based on the elementary school dental screening program.
2) This study should be replicated with additional health units to ensure its generalizability for policy implications, for example, Toronto Public Health, which has a large immigrant population and offers a dental clinic.
3) The research design should be expanded to specifically target caregivers of children under four years of age to understand their experiences with CINOT.
4) Additional research is recommended to identify the barriers/facilitators of accessibility of general and pediatric dentists, especially in rural and remote geographical areas.

Based on the qualitative comments offered by parents and the committee's experiences, the Advisory Committee members generated the following recommendations for the Ministry of Health Promotion (MHP) Chronic Disease Prevention and Health Promotion Branch:

5) Develop two distinct pamphlets in multiple languages.
   Pamphlet 1. Outline of the CINOT program, eligibility criteria, necessary documents that prove financial need, and a listing of supported services.
   *Pamphlet 2***.** Outline of preventive dental health care measures to assist dental and other health care providers promote dental health (brushing, flossing, consumption of sugary products, and regular check-ups).

These pamphlets should be accessible to clients and health care professionals in a number of ways, for example, on the MHP and health units web sites, as well as in multiple centres, including: dental offices, daycares, Best Start, Ontario Early Years Centres, doctor's offices, emergency departments, elementary schools, multicultural centres, Telehealth Ontario, etc.

6) Make a recommendation about the use of fluorides, especially fluoride in public water systems in rural and remote areas of Ontario.
7) Review the eligibility criteria and listing of funded services for CINOT, and extend the age criteria to 18 years of age or Grade 12 (whichever is later),

as well as increase the number of covered services, for example, preventive care.

8) Work with the appropriate stakeholders to ensure that hospital emergency departments are able to arrange for emergency dental care for children, for example, the appropriate use of antibiotics, pain relief, and how to access the services of a dentist.
9) Develop a benchmark to identify satisfactory wait times for urgent dental care in accordance with the Ontario Pediatric Wait Time Strategy.
10) Consider the provision of additional dental outreach services or transportation for northern Ontario, as well as rural and remote areas to increase accessibility. All dental care insured by Ontario Government-funded programs (e.g., CINOT) that is provided by a general or pediatric dentist in a hospital or private setting, should qualify a family from northern Ontario for reimbursement of travel costs under the Northern Travel Grants Program. Accessibility could be increased through the use of traveling dental clinics, and the use of travel subsidies for caregivers.