



PHRED
Public Health Research, Education
& Development Program



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

Parental Perceptions of the Children In Need Of Treatment (CINOT) Dental Program

Ontario Public Health Association
November 2, 2009

Research Team

- Dr. Pat Sealy * – Middlesex-London Health Unit
- Dr. Piotr Wilk – Middlesex-London Health Unit
- Charlene Beynon – Middlesex-London Health Unit
- Dr. Sandra Bennett – Ministry of Health Promotion
- Dr. James Leake – Faculty of Dentistry, University of Toronto (retired)
- Ashley Hoogenboom – Middlesex-London Health Unit

Funder: Ministry of Health and Long-Term Care

Ethical Approval: The University of Western Ontario

* Principal Investigator



PHRED
Public Health Research, Education
& Development Program



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

Practice Partners

- Dr. Peter Cooney and Dawn Sauve:
Northwestern Health Unit
- Dr. Neil Farrell and Joan Carrothers:
Middlesex-London Health Unit
- Dr. Bill Ryding and Kay Nicholas:
Haliburton, Kawartha and Pine Ridge
District Health Unit

At a Glance

- Background
- Evaluation
 - Purpose
 - Method
 - Results
 - Conclusions
- Recommendations
- Since the Research
- Questions/Comments



Background – CINOT Program

- Introduced in 1987 by the Ministry of Health

Aim: to provide a basic level of dental care to Ontario children, from birth to their 14th birthday (or grade 8) who require urgent dental care

- Children with urgent dental needs are at risk of developing health problems, including oral diseases, impaired growth and development, septicemia, and cellulitis. This is an important child health and public health issue.

*** as of 2009, the age range has been extended to include teens up to their 18th birthday*



PHRED

Public Health Research, Education
& Development Program



REDSP

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

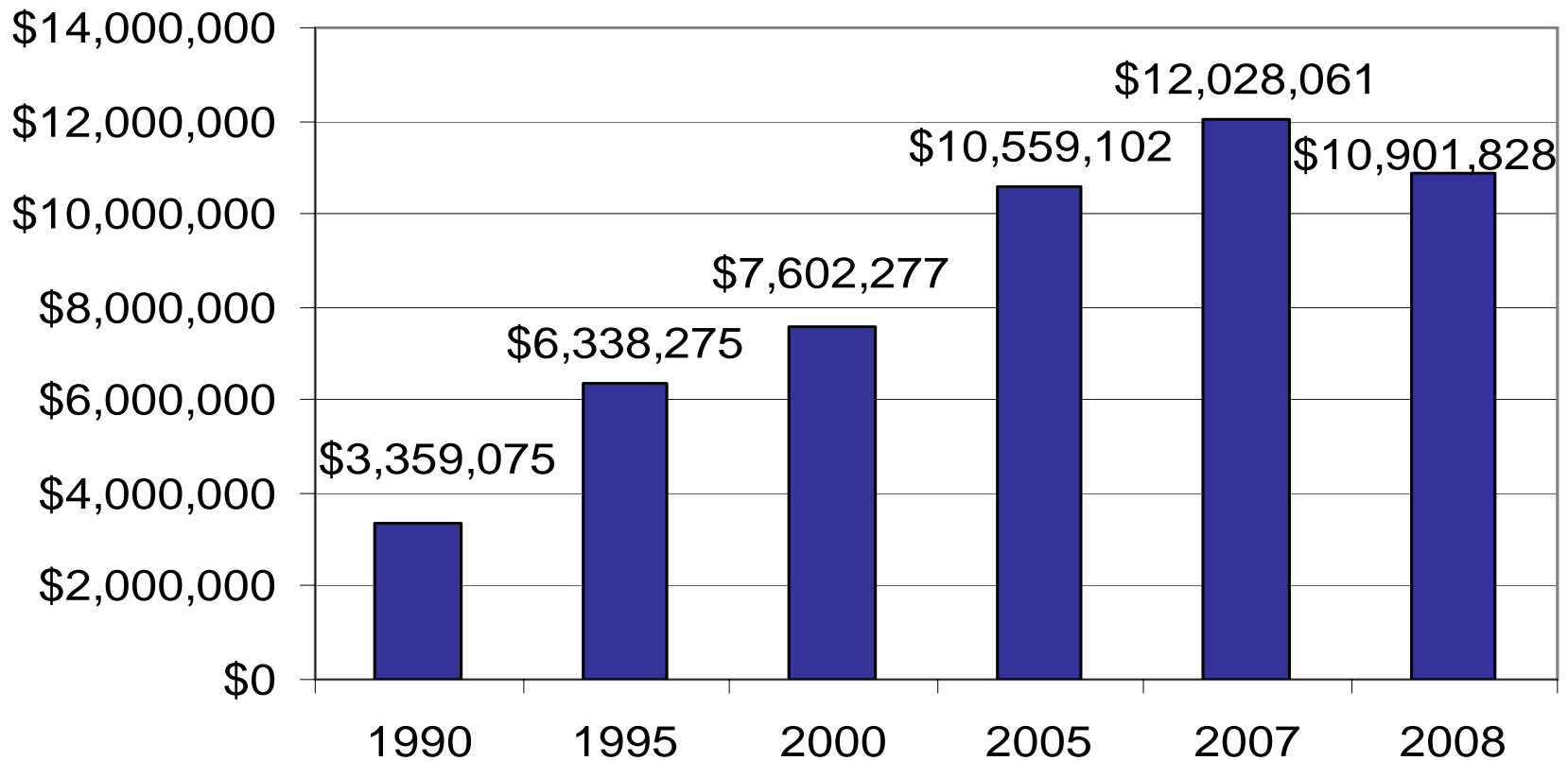
Background – CINOT Program

Financial eligibility:

- Children are eligible for CINOT if they have no dental insurance and their parent/guardian has signed a written declaration that the cost of the treatment would result in financial hardship

Background – CINOT Program

Cost of CINOT Dental Program – 1990 to 2008



Evaluation - Purpose

Purpose: to assess parental perceptions of CINOT, including:

- Awareness of the program
 - Impact of CINOT on children's health
 - Parental satisfaction with treating dentist and administration of CINOT
 - Barriers/facilitators that may affect access to the program
- First study of parental perceptions of CINOT

Evaluation - Sample

- Desired sample size from each health unit: 400 participants whose children received dental care paid by CINOT in 2006
- Three health units in Ontario:
 - two rural or remote settings and one urban setting that offered a dental clinic
- Data were collected using a systematic random sample from May to September 2007

Evaluation - Questionnaire

- Self-administered survey
- 41 closed- and open-ended questions
- Participants were able to comment on CINOT in general, as well as provide suggestions to improve the program

Sample Demographics

- 322 respondents completed surveys (28% response rate)
 - 91% were female
 - 98% were parents
 - 85% spoke English at home
 - Median age of respondents – 35 to 44 years
 - 51% of children were male
 - Median age of children – 8 years (only 2.7% under 4 years)



Results – Prior to CINOT: Awareness of Dental Problem

- 72% of parents were aware of their child's dental problem
 - Sources of awareness included:
 - Visible decay – 28%
 - Pain – 26%
 - Combination of decay and pain – 15%
 - Broken teeth – 11%



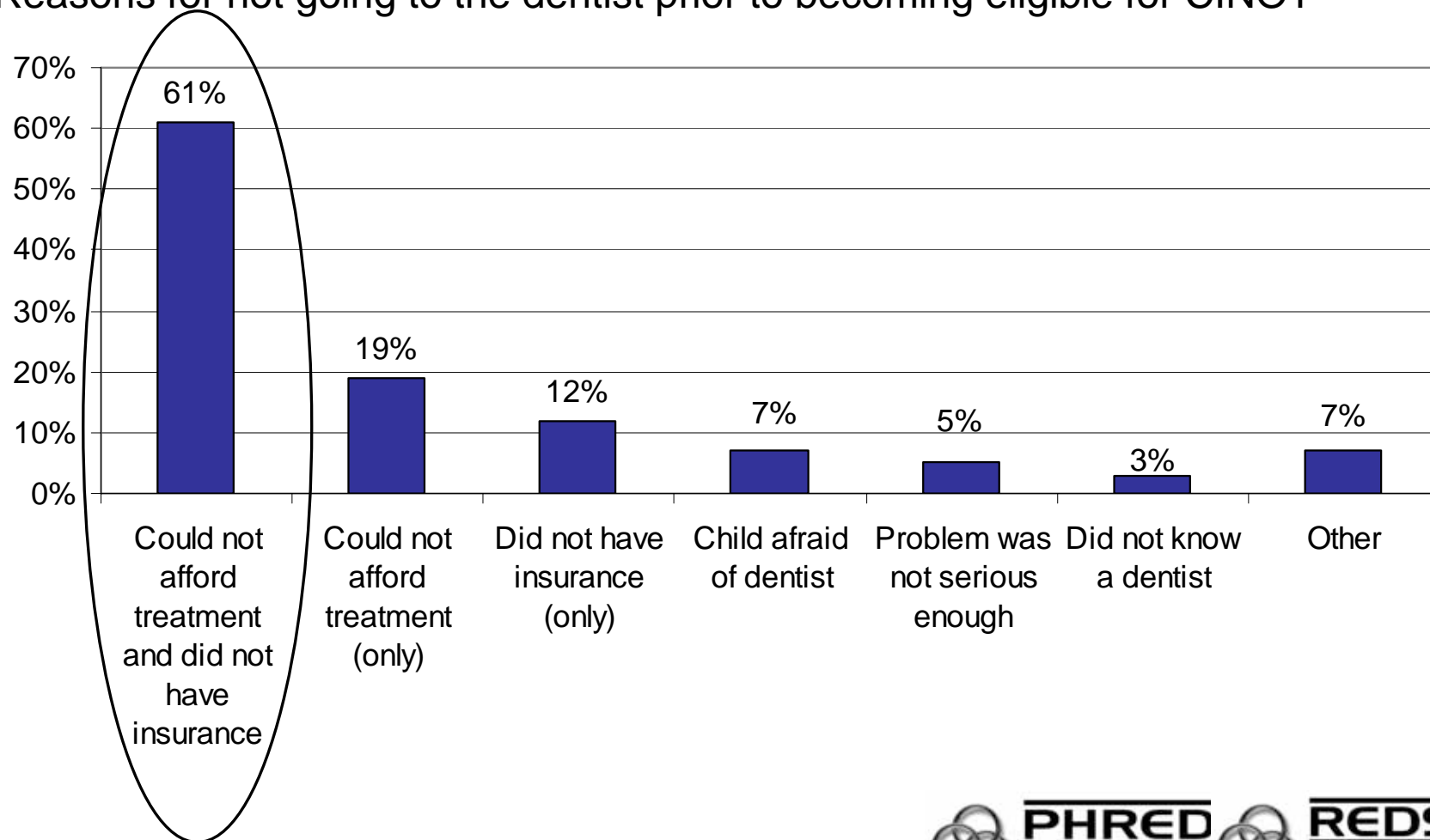
Results – Awareness of CINOT

- 49% of parents became aware through a parent notification letter from the health unit
 - Others became aware from:
 - their child's dentist – 27%
 - other contact from the health unit – 25%
 - family members – 23%
 - their child's teacher or doctor, churches, multicultural groups, or the Internet – <8%



Results – Access to CINOT

Reasons for not going to the dentist prior to becoming eligible for CINOT

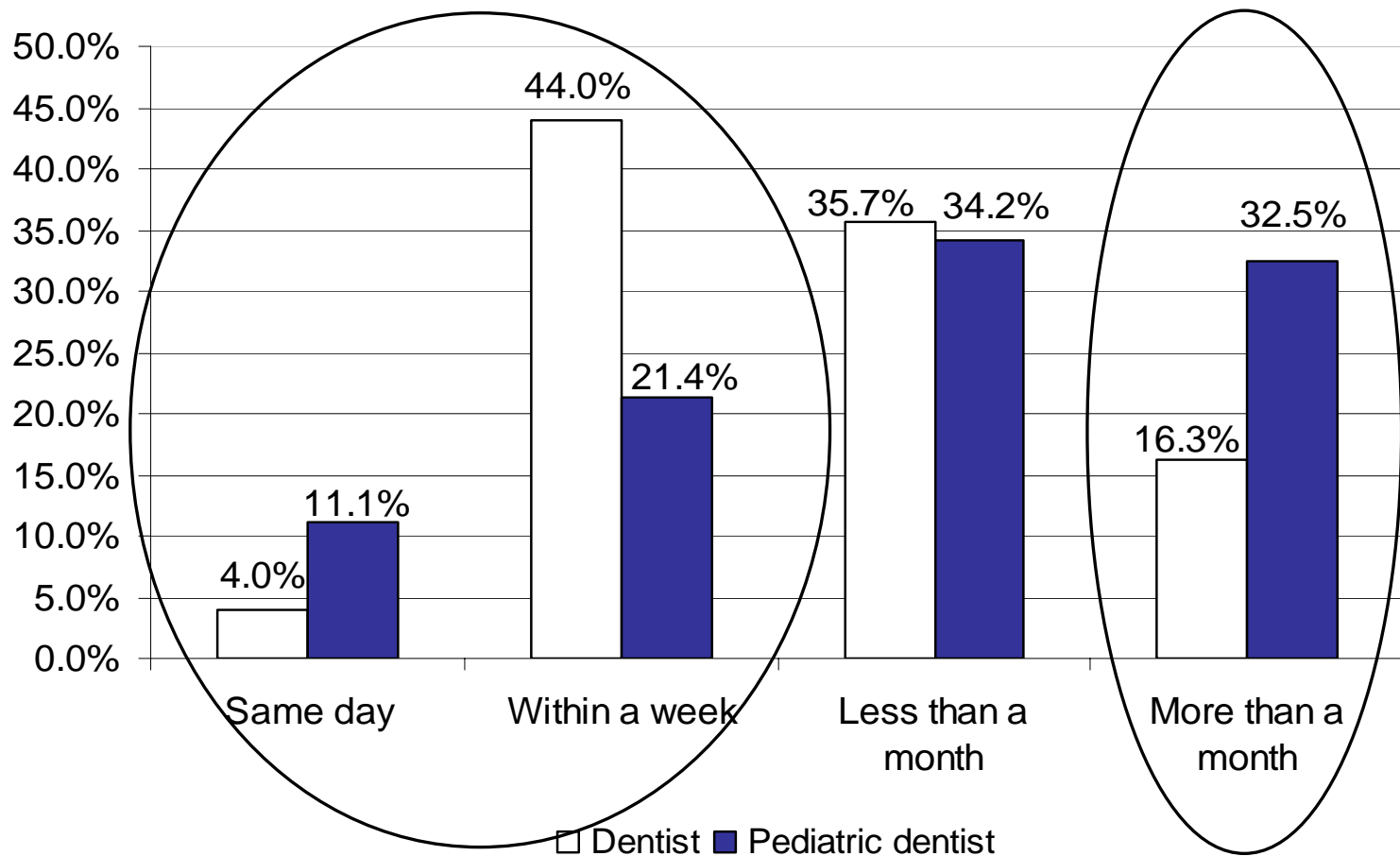


Results – Access to Dental Services

- 85% did not have difficulty finding a dentist to provide treatment
- 39% reported that their family dentist provided their child's care under CINOT
- 94% did not experience problems in applying for CINOT
 - Problems that were cited included: difficulty understanding the forms and the eligibility criteria, and/or not being able to contact the health unit



Results – Wait Times to Access Dental Services



Results – Access to Dental Services

- 97 respondents (31%) reported being billed for additional charges during their child's treatment; the majority were aware of these charges before treatment

Results – Alternative Places for Dental Treatment

- If CINOT was not available, respondents indicated that they would seek alternative places for treatment:

Hospital emergency rooms – 38%

Would not get treatment – 19%

Medical doctor – 17%

Other – 26%

Results – Method to Pay for Dental Treatment

- 45% of respondents indicated that they would be **unable** to pay for their child's future dental care
- Reported payment methods for treatment (if CINOT was not available):
 - Pay dentist over time – 41%
 - Credit card – 31%
 - Don't know – 17%
 - Loan – 15%
 - Welfare – 13%
 - Community group – 5%



Results – Health Impact

After CINOT:

- Child's present level of dental health:
 - good – 40%
 - very good – 37%
 - excellent – 15%
- Changes in child's health:
 - eating better – 69%
 - sleeping better – 36%
 - more energy – 17%
 - fewer illnesses – 14%

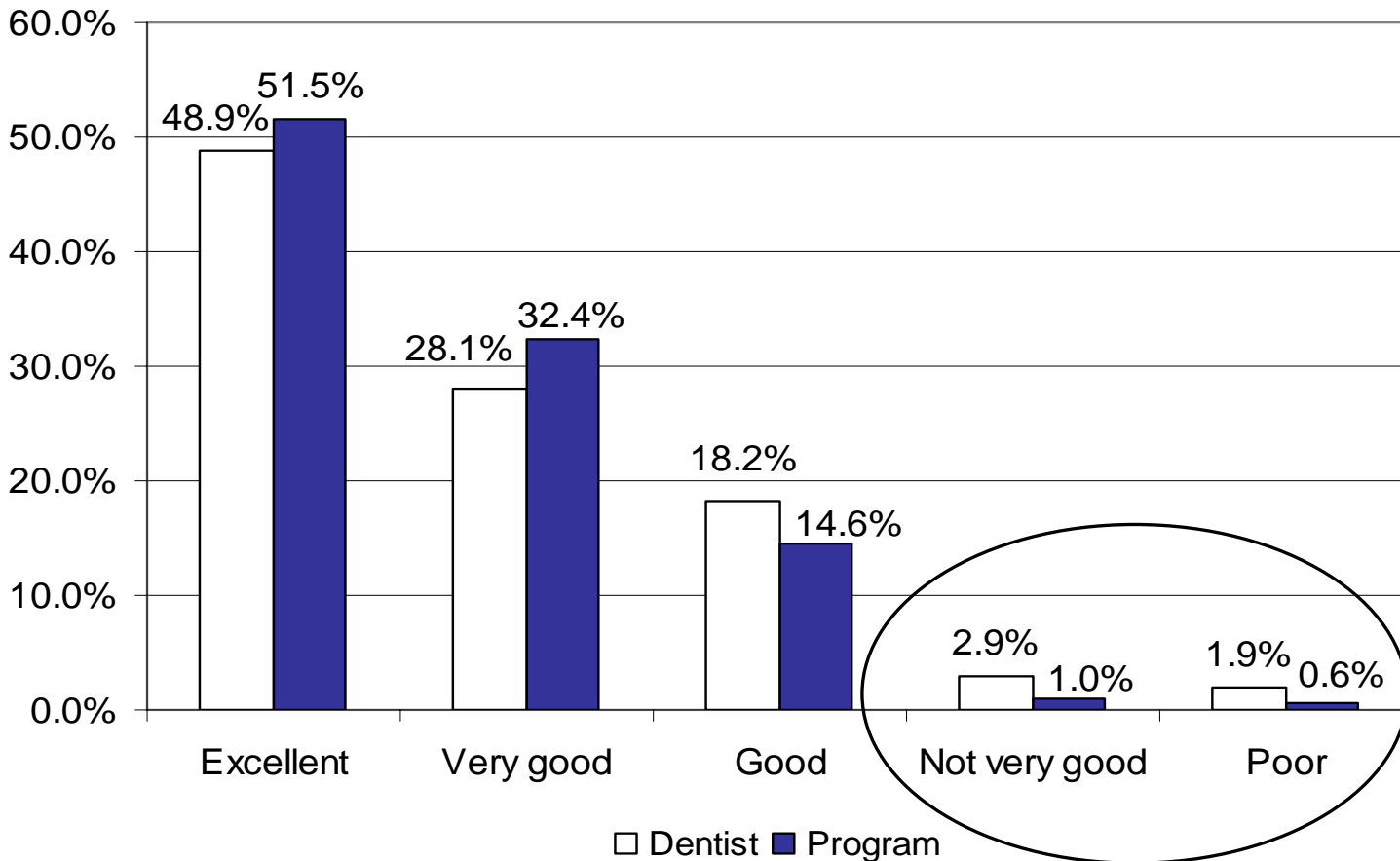


Results – Health Impact

- Respondents reported receiving advice on various dental health topics, including:
 - brushing teeth – 88%
 - flossing – 74%
 - regular check-ups – 53%
 - decreasing sugar intake – 49%
 - all four topics – 31%



Results – Satisfaction with CINOT and Treating Dentist



Results – Suggestions from Parents

Suggestions to improve CINOT:

- Improve access to information
- Provide information on how to demonstrate financial need
- Expand services to include:
 - Children up to 18 years of age
 - Dental check-ups
 - Braces



Recommendations

- Ministry of Health Promotion Chronic Disease Prevention and Health Promotion Branch:
 - Review eligibility criteria

Since the Research

- January 1, 2009: CINOT was expanded to include teens 14 to 17 years of age (up to their 18th birthday)
- General anaesthetic services are now available to children 5 to 17 years of age

Recommendations

Ministry of Health Promotion Chronic Disease Prevention and Health Promotion Branch:

- Pamphlets published in multiple languages on eligibility criteria, support services, and preventive dental health care
- Use of fluoride – in rural areas



PHRED
Public Health Research, Education
& Development Program



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

Since the Research

- Resources aimed at both parents/caregivers and teens have been created:
 - 2 posters (English and French) with corresponding fact cards (18 languages)
 - 2 resource pamphlets (10 languages)
 - Fridge magnet: “Baby teeth are important” (English and French)
- May 26, 2009: memo on the value of water fluoridation sent by CMOH to MOHs and AMOHs

Recommendations - cont'd

- Ensure hospitals are equipped to handle emergency dental care for children
- Develop a benchmark for appropriate wait times
- Consider outreach services to increase accessibility for individuals in rural or remote areas (travel reimbursement)

In Summary

- Parents/guardians were most satisfied (98%) with their CINOT experience.
 - CINOT dentist
 - Administration of the program
- Positive impact on children's health
- 29% of parents reported that their wait time to see a CINOT dentist was longer than they desired.
- Many recommendations derived from the research have been implemented

Questions/Comments



Thank You!



PHRED
Public Health Research, Education
& Development Program



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