

Recovering Oral Health, Preschool Speech & Language and Vision Programs during COVID-19

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.

Key Points

- Wellington-Dufferin-Guelph Public Health (WDGPH) programming around oral health, preschool speech and language and vision were suspended in early March, as staff were redeployed to support the COVID-19 response.
- These services address important health needs within Wellington, Dufferin and Guelph (WDG) and delays in accessing assessment or treatment may negatively impact clients.
- As recovery plans are developed for these service areas, WDGPH is considering how negative impacts of service interruption can be mitigated.

Discussion

Since late January, WDGPH has made preparing for and responding to COVID-19 its top priority. As agency staff were redeployed to support this work, non-critical programs and services were suspended in accordance with WDGPH's Continuity of Operations Plan (COOP). Most non-critical programs have been on hold since March 13, 2020, when the COOP was activated.

On March 19, 2020, Ontario's Chief Medical Officer of Health issued a Directive #2 requiring all regulated health professionals to cease all non-essential health services. Though the province has asked health service providers to plan for the resumption of non-essential health services, as of writing, this Directive is still in effect.

Programs in the Healthy Living Services portfolio include major components that are delivered in schools, licensed daycares and similar settings. These settings have been closed as a consequence of the provincial emergency declaration and dates for when these settings will re-open have not yet been announced.

As the impact of COVID-19's first wave begins to subside and the broader economy begins to re-open, WDGPH is transitioning to a new phase of its pandemic response. The Ministry of Health has indicated to health units that some routine programs will be expected to resume in the coming months. In order to prepare for this next phase, directors and managers are assessing the impacts of service interruption and considering how these impacts can be addressed during program recovery.

Oral Health

Most children's oral health programming has been suspended. All in-person dental exams (preventative or restorative visits) have been on hold since March 13, 2020 when the COOP was implemented. 430 booked appointments for the remainder of March, April, May and June have since been cancelled and no new visits will be booked until a date is set for program recovery. School-based oral health screening has also been on hold and will not resume until local elementary schools are back in session.

Screening visits for seniors, offered as part of the new Ontario Seniors Dental Care Program (OSDCP), have been on hold since March 13, 2020. Planned renovations to the Guelph and Orangeville offices began in March and are now complete. Further planning and recruitment activities linked to the OSDCP have been on hold and timelines for Stage 2 of the program will necessarily be postponed.

WDGPH's Dental Line facilitates referrals for dental emergencies to community dental providers. It has continued to run throughout 2020 and has made one emergency referral for a Healthy Smiles Ontario client.

The closure of WDGPH's dental clinics, though necessary during the first wave of the pandemic, has made it more difficult for children and seniors from low-income families to access needed care. Though dental emergencies are being addressed, preventive care is not being provided. This may lead to the progression of preventable oral health problems (such as dental caries) that impact people's physical and psychosocial wellbeing.

Planning for recovery of WDGPH's oral health programming will require consideration of:

- The 'backlog' of oral health issues needing assessment and care caused by the pandemic;
- How dental screening and care can be delivered safely, using appropriate PPE and physical distancing where possible;
- Whether portions of the program can be delivered remotely;
- The impact of the pandemic on community dental providers, who have faced financial hardship through having to suspend their own practices during the pandemic;
- Impact of the required PPE on the agencies supplies;
- Provincial plans for re-opening elementary schools and other settings where oral health outreach is usually provided; and
- Guidance and direction from the Chief Medical Officer of Health and the Ministry of Health.

Preschool Speech and Language (Wee Talk)

The Preschool Speech and Language program (Wee Talk) involves collaboration between WDGPH (as the lead agency) and Groves Memorial Community Hospital, St. Joseph's Health Centre Guelph and the Wellington Health Care Alliance (service delivery partners). Coordination activities between partners have continued to take place through 2020. However, service delivery has been significantly interrupted.

Speech and language assessments for children, provided by WDGPH, have been on hold since March 13, 2020. Booked appointments for the remainder of March, April, May and June have since been cancelled, and no new visits will be booked until a date

is set for program recovery. Treatment services, outreach and educational activities have similarly been suspended.

Children with speech or language disorders may experience delays in treatment due to the suspension of these services. Delayed intervention is linked to poorer outcomes for children, as the critical window of brain development may be missed. Service suspension may also result in increases to the wait list when services are resumed. Finally, some children who were eligible for Wee Talk Services may age out of the program.

Planning for recovery of Wee Talk will require coordination among services partners and will require consideration of:

- The 'backlog' of assessments and treatments caused by the pandemic;
- Whether portions of the program can be delivered remotely (e.g. video assessments);
- How portions of the program requiring in-person visits can be delivered safely using appropriate physical distancing;
- Provincial plans for re-opening licensed child care centres (where Inclusion Support Services are delivered in Wellington County); and
- Guidance and direction from the Chief Medical Officer of Health and the Ministry of Children, Communities, and Social Services.

Vision

The Vision program has been on hold since March 13, 2020. Vision screening of senior kindergarten students requires these students to be in the classroom, and elementary schools may not re-open until September 2020, or later.

Children may be negatively impacted if visual problems are not identified early. All children (0-19 years old) continue to be eligible for an annual, comprehensive eye examination covered by OHIP. This does not require a referral from WDGPH. If children are able to access comprehensive eye exams through their primary care providers, visual problems can be identified and negative impacts can be minimized.

Planning for recovery of WDGPH's Vision program will require consideration of:

- Whether portions of the program can be delivered remotely (e.g. education and outreach);
- How the in-person screening can be delivered safely using appropriate physical distancing, where possible;
- Provincial plans for re-opening elementary schools; and

- Guidance and direction from the Chief Medical Officer of Health and the Ministry of Health.

Conclusion

COVID-19 has forced all organizations, including public health units, to adapt to a 'new normal.' Recovery plans for oral health, preschool speech and language and vision programming will follow guidance from the provincial government and must consider how these services can be delivered safely and effectively. Continued suspension of these services may have a negative impact on eligible clients and it will be important to resume these services within an appropriate timeframe with consideration as to how and if any of the negative impacts can be mitigated.

Ontario Public Health Standard

Chronic Disease Prevention and Wellbeing

The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

Healthy Growth & Development

The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.

School Health – Oral Health

The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the Oral Health Protocol, 2018 (or as current) and the Population Health Assessment and Surveillance Protocol, 2018 (or as current). The board of health shall provide the Healthy Smiles Ontario (HSO) Program in accordance with the Oral Health Protocol, 2018 (or as current).

School Health – Vision

The board of health shall provide, in collaboration with community partners, visual health supports and vision screening services in accordance with the Child Visual Health and Vision Screening Protocol, 2018 (or as current).

WDGPH Strategic Direction(s)

- Health Equity:** We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.
- Organizational Capacity:** We will improve our capacity to effectively deliver public health programs and services.
- Service Centred Approach:** We are committed to providing excellent service to anyone interacting with WDG Public Health.
- Building Healthy Communities:** We will work with communities to support the health and well-being of everyone.

Health Equity

Multiple programs within the Healthy Living Services portfolio address the health needs of marginalized populations in the community. For example, the Healthy Smiles Ontario program ensures that children from low-income families are able to access dental services. Interruptions to these services may exacerbate health inequities, underlining the importance of recovering these programs in a safe and expeditious manner.

References

N/A

Appendices

N/A