



TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2014 January 16

ACCESS TO DENTAL CARE FOR ADULTS

Recommendation

It is recommended that the Board of Health direct staff to advocate that the Ministry of Health and Long-Term Care develop a program that provides both publicly-funded dental treatment and prevention to low-income adults, including seniors.

Key Points

- Ontario's universal health care system does not include dental care for adults.
- Low-income adults are far less likely to have access to any form of dental care.
- Poor oral health has health and financial costs to the individual as well as costs to the health care system, the economy, and society.
- The provincial government has previously committed to fund a dental program which includes low-income adults, although no adult program has yet been developed.

Background

Oral health affects overall health. Dental disease can cause pain and infection. Gum disease has been linked to respiratory infections, cardiovascular disease, diabetes, poor nutrition, and low birth weight babies. When people suffer from poor oral health, the impact can extend beyond medical concerns. It can affect learning potential, employability, school and work attendance and performance, self-esteem, and social relationships.

Cavities and gum disease are largely preventable and can be effectively treated. However, Ontario's universal health care coverage does not include dental care despite the teeth and mouth being important parts of the human body. Publicly-funded dental programs and services are primarily limited to children and recipients of Ontario Works and the Ontario Disability Support Program. Other adults must pay for their own dental care, sometimes with the assistance of employer-sponsored dental benefits.

For low-income adults, who are less likely to have employer-sponsored dental benefits and are more likely to report poor oral health, the cost of dental care is prohibitive. Thousands of adults avoid seeking care from dentists for pain and infection in their mouths. Instead, they turn to medical doctors and emergency departments for antibiotics and painkillers which cannot address the true cause of the problem. In 2012, Ontario hospital Emergency Rooms had almost 58,000 visits for oral health problems. The South West Local Health Integration Network (LHIN), to which Middlesex-London belongs, had more visits than any other LHIN in Ontario at 6,822.

Political Context

When former Premier Dalton McGuinty announced his Poverty Reduction Strategy in 2008, he committed \$45 million annually to dental care for low-income Ontarians. Some money was directed to

expanding the Children in Need of Treatment Program (CINOT) to include older youth up to age 18, and to creating the Healthy Smiles Ontario (HSO) program which is also for low-income children and youth.

Dr. Arlene King, in her 2012 report entitled *More than Just Cavities*, recognized the health inequities created by income, education, and private dental insurance, and exacerbated by the lack of public funding for adult dental care. She called upon the Province to “explore opportunities for better integration and/or alignment of low-income oral health services in Ontario, including integration and/or alignment with the rest of the health care system”.

The Association of Local Public Health Agencies (ALPHA), the Ontario Oral Health Alliance, and the Association of Ontario Health Centres, along with Boards of Health across Ontario including Hamilton; Simcoe Muskoka; and Haliburton, Kawartha, Pine Ridge have since called upon the Province to expand publicly-funded care to include low-income adults. The ALPHA resolution on this subject and examples of efforts from other Boards are included in [Appendix A](#), [Appendix B](#) and [Appendix C](#).

Local Advocacy

Current programs and services that help the children of low-income adults bring many of these people and their stories into the Health Unit. The Health Unit is able to deliver affordable teeth cleaning services to Ontario Works recipients and parents of Healthy Smiles Ontario (HSO) children through the SmileClean program. This program provides cleaning at the low cost of \$30.00. However, the Health Unit and Province provide little else in terms of dental treatment or prevention to the more than 40,000 low-income adults in London and Middlesex County if they are not receiving Ontario Works. Dental treatment is often not available for those with acute dental needs. Those in pain often end up in emergency rooms where they may receive prescriptions for opioid drugs.

Staff members at the Health Unit and the Board of Health are well-positioned to advocate to the Province to include low-income adults, including seniors, among those eligible to receive publicly-funded dental care.

Conclusion

It is recommended that the Board of Health advocate that the Ministry of Health and Long-Term Care develop a program that provides both publicly-funded dental treatment and prevention (e.g. cleaning) to low-income adults, including seniors.

This report was prepared by Dr. Maria van Harten, Dental Consultant.



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This report addresses the Ontario Public Health Standards: Foundational Standard
