

aPHa RESOLUTION A13-2

TITLE: **The Healthy Smiles Ontario Program and the Overall Inequity within the Oral Health Care System**

SPONSOR: **Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit**

WHEREAS OHIP pays to provide medical care to every part of the body except the mouth and one in five Ontarians do not visit a dentist because of cost; and

WHEREAS working adults and seniors on fixed incomes do not have a government program to assist them with any dental care expenses; and

WHEREAS there are four provincial dental programs for children aged 0-17 each with a different set of eligibility criteria and fee guide, making access to them confusing to dental offices, administrators and families; and

WHEREAS children from families with partial insurance that cannot afford to pay the uninsured portion of their dental treatment do not qualify for these programs; and

WHEREAS Healthy Smiles Ontario, the preventive and early dental treatment program, is underutilized provincially and locally; and

WHEREAS there are different models of assisting in the delivery of provincially funded oral health programs including Community Health Centres; and

WHEREAS a number of recent provincial reports and initiatives have indicated the urgent need to move forward to transform the current oral care health system;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request the Government of Ontario to:

1. Increase the Healthy Smiles Ontario (HSO) income cut-off threshold, which is currently adjusted family net income of \$20,000 or less;
2. Remove the 'no dental insurance' eligibility criterion from the HSO program;
3. Streamline children's dental treatment programs to make them more efficient, effective and equitable as recommended in *Oral Health – More Than Just Cavities. A Report by Ontario's Chief Medical Officer of Health, April 2012*;
4. Extend provincial programs to include adults who need and cannot afford emergency dental care.
5. Continue to facilitate the partnerships between local health units and community health centres to assist with the delivery of provincially funded oral health programs;
6. Continue ongoing, stable and indexed 100% provincial funding of the HSO program beyond the sunset date originally announced (Fall 2013);

