# ORIGINAL POSITION STATEMENT

by

# CANADIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

# ACCESS TO ORAL HEALTH CARE

**Endorsed by OAPHD November 30, 2007**

## Access to Oral Health Care

## Position Statement

All Canadians should have access to preventive and restorative oral health care, regardless of their employment, health, gender, race, marital status, place of residence, age, or socio-economic status.

## Issue

The Canadian Association of Public Health Dentistry (CAPHD) recognizes the importance of oral health to the general health and well-being of individuals and communities. Many Canadians have access to dental care because of employment and or availability of resources. However there are a significant number of Canadians who are unable to access appropriate dental care.

The CAPHD believes that access to dental care should be universal and should not be dependent on a person's employment, health, sex, marital status, place of residence, age, or socio-economic status.

Dental care should be appropriate to the needs of the individual with the emphasis on prevention, early detection and basic primary care.

## Background

Oral diseases are almost universal. Most people in the industrialized world have experienced some form of oral disease. While many Canadians enjoy good oral health due to the effects of community water fluoridation, prevention practices, and access to regular dental care, there are still communities and individuals whose health is compromised due to lack of access to affordable dental care. In contrast, Canadians have access to medical services through universal Medicare

From the 1996/97 National Population Health Survey (NPHS) interview, 59% of Canadians aged 15 and older report visiting a dentist in the previous year. From the survey, it is also apparent that visits to the dentist is most strongly influenced by 1) level of income, with those in the highest bracket being 2.8 times more likely to report a visit than those in the lowest, 2) dental insurance, the insured being 2.7 times more likely to visit the dentist than the uninsured, and, 3) place of residence, people living in Toronto were 2.6 times more likely to visit the dentist than those in Newfoundland.

The comparison of access to dental care and medical care done by Sabbah and Leake showed that visiting a dentist was more likely for those who are young, have higher education, and high income. Visiting a dentist is less likely for the elderly, the less educated, or the poor.( Sabbah W, Leake JL. Comparing characteristics of Canadians who visited dentists and physicians during 1993/94:a secondary analysis. Journal of the Canadian Dental Association 2000; 66:90-95) It has been shown that seniors and people of low socio-economic status usually have a higher incidence of oral diseases. With the aging population and a higher percentage of older adults retaining their natural teeth, there will be an increased demand among seniors for access to affordable dental care.

The following is a list of position statements by some Canadian and international associations on the issue of access to dental care.

**<u>American Dental Association</u>**

The American Dental Association's (ADA) position statement on access to care states that:

Basic preventive and restorative dental services are within economic reach of most Americans, whether they have dental insurance or not. Baby boomers and succeeding generations now can expect to keep their natural teeth for a lifetime—if they care for them properly, get regular check-ups and receive preventive and restorative dental care.

Nevertheless, access to care remains difficult for too many Americans. In his landmark 2000 report on the nation's oral health, U.S. Surgeon General, David Satcher, M.D., wrote: "There are profound and consequential disparities in the oral health of our citizens," and added that dental disease, restricts activities in school, work, and home, and often significantly diminishes the quality of life."

The ADA is committed to reducing these disparities by supporting initiatives that broaden access to dental care for people who otherwise cannot afford it and encouraging more dentists to practice in designated under-serviced areas.

<u>American Dental Association: Working For You; Access to Care</u>
<u>http:/www.ada.org/public/manage/you/workingaccess.asp Accessed 19/04/2004</u>

**<u>National Centre for Chronic Disease Prevention and Health Promotion Fact Sheet : Oral Health In America: Summary of the Surgeon General's Report</u>**

The major message of this report is that oral health means much more than healthy teeth, and is integral to the general health and well-being of all

Americans. Oral health must be included in the provision of health care and the design of community programs.

Safe and effective means of maintaining oral health and preventing disease have benefited the majority of Americans over the past half-century. However, many experience needless pain and suffering, complications that can devastate overall health and well-being, and financial and social costs that significantly diminish the quality of life.
"Action at all levels of society, from individuals to communities and the Nation as a whole, are needed to maintain the health and well being of Americans already enjoying good oral health and to address the disparities in oral health status. A coordinated effort can overcome the educational, environmental, social, health systems and financial barriers that have created vulnerable populations whose oral health is at risk."

CDC Oral Health Resources Fact Sheet.
http:/www.cdc.gov/OralHealth/fact sheets/sgr2000-0.5.htm
Accessed 19/04/2004

**The Canadian Dental Hygienists Association(CDHA)**

It is the position of the CDHA that oral health care----a significant component of overall health----is the right of all Canadians. Lack of access to oral health care is a critical issue and dental hygienists are vital in order to solve this problem and ensure high quality, accessible oral health care for all Canadians. CDHA promotes access to affordable oral health care through alternative practice settings and by working in cooperation with governments, health agencies, public interest groups, and other health professionals.

The Canadian Dental Hygenists Association: Access Angst: A CDHA Position Paper on Access to Oral Health Services. March 23,2003http://www.cdha.ca/pdf/position_paper_access_angst.pdf

**The American Dental Hygienists Association (ADHA)**

It is the position of the American Dental Hygienists Association that oral health – a full component of total health care—is the right of all people. Lack of access to oral health care is a critical issue in the United States due to disparities in the health care delivery system. Dental hygienists must play a vital role in the solution to eliminate these disparities and assure quality health care for all.

American Dental Hygienists Association: Access to Care Position Paper, 2001
http://www.adha.org/profissues/access_to_care.htm

**Alberta Public Health Association**

Resolution 5: Improving Oral Health of Albertans: Access to Dental Public Health Services

**WHEREAS** Alberta's Framework for Health Reform calls for a recognition of the importance of helping people be healthier, choosing good health behaviors and reducing the risk of disease through improved lifestyle choices and increased access to prevention: and
**WHEREAS** oral health is an integral part of total health, and oral health care is and integral part of comprehensive health care, including primary care; and
**WHEREAS** dental caries is one of the most prevalent, chronic diseases of childhood; and
**WHEREAS** many Albertans still experience needless pain and suffering due to oral disease, complications that devastate overall health and wellbeing, and financial and social costs that diminish the quality of life and burden society; and
**WHEREAS** many Albertans have difficulty accessing appropriate dental care, particularly preventive services: and
**WHEREAS** safe and effective disease prevention measures exist to improve oral health and prevent disease, and these services can be provided through dental public health programs to members of the population for whom accessibility is difficult; and
**WHEREAS** dental public health programs in parts of the province have experienced reductions, elimination or threatened elimination,
**NOW THEREFORE BE IT RESOLVED** that the Albertan Public Health Association take action to encourage Alberta Health and Wellness and Regional Health authorities, as charged with provision of health services and improving health of Albertans, to maintain, support and strengthen access to funded dental public health services in Alberta and
**BE IT FURTHER RESOLVED** that the Alberta Public Health Association endorse the development of a provincial direction for oral health and improving access to preventive dental services and encourage Alberta Health and wellness to take steps in that direction.

Alberta Public Health Association Resolutions Approved by APHA Membership May 13, 2003.
http://www.apha.ab.ca/Resolutions/DentalPublicHealth.pdf

**British Dental Association**

- All patients should be entitled to access to National Health Services dentistry. Patients should be directed to and encouraged to use the most appropriate services, thus facilitating self-help to reduce overall inequalities.
- In England the number of Personal Dental Services pilots should be increased to improve access and should now be more focused on reducing oral health inequalities
- The British Dental Association (BDA) recommends that a system of dental networks be developed across the UK to deliver NHS services at primary care level. To ensure that a dental strategy is fully incorporated into local health-care service plans, dentistry must be a part of NHS decision-making at national and local level.

British Dental Association, BDA Policy On Tackling Oral Health Inequalities.
http://www.bda-dentistry.org.uk/about/policy.cfm?ContentID=135

**Evidence**

Several reports document the presence and effects of inequities in access to dental care in different segments of the population. The communities most negatively affected are low income families, seniors, ethnic and racial minorities, people with severe disabilities.

Canadian Association of Public Health Dentistry CAPHD, The need for an examination of, and recommendations to address, inequities in oral health and access to oral health care in Canada. A brief to the Commission on the Future of Health Care in Canada. October 11,2001.

This report states that " Many Canadians enjoy good oral health, but large numbers do not. Dental care services continue to stand outside Canada's universal publicly-funded health care system. In contrast to medical care, access to oral health care is disproportionately the domain of people who are affluent, younger, and who are covered by employer- sponsored dental plans. The disparities in oral health and access to oral health care are stark. These disparities are inconsistent with enabling all Canadians to achieve their full potential in life."
The report further goes on to state that the disparities in access to dental care are historic and continuing. Even though the prevalence of oral health diseases exceeds other health problems, oral health care is not included in Canada's publicly funded, universal, health care system. Many developed countries and some developing nations include dental care at the very least, as part of their maternal and child health programs.
http://www.caphd-acsdp.org/Romanow%20brief.pdf

Toronto Oral Health Coalition: Dental Care Who Has Access? 2001

The Toronto Oral Health Coalition (a group of community-based agencies, academic institutions, private dental practitioners and public health sponsored qualitative research on the problems in accessing dental care faced by socially and economically disadvantaged populations in east downtown Toronto. This report documents the human side of the problem and how various social agencies struggle to address the dental care needs of their clients.
http://www.dentalcoalition.com/files/Toronto%20Dental%20Report%20(Feb%203%202003).pdf

Wallace, B. Victoria Cool Aid Society in cooperation with the Vancouver Island Public Interest Research Group: Towards a Downtown Community Dental Clinic in Victoria, (2001)

In this report it was estimated by health and social service providers in the Capital region of British Columbia, that 95% of people coming to their services required dental care. Adults in working families whose income exceed the cut-off for B.C.'s Healthy Kids program, were not eligible to receive publicly funded dental care. The report identifies affordability as the main barrier to accessing dental care in Victoria. Other barriers are the exclusion of oral health from universal healthcare, inequitable public dental coverage and the absence of alternatives to the private fee-for service model of dental care.
http://www.vipirg.ca/assets/publications/research_reports/dental_report.pdf

Federal/ Provincial/ Territorial/ Dental Directors Oral Health: Its Place in a Sustainable Health Care System for Canadians. A Submission to the Commission on the Future of Health Care in Canada, January 2002

The objective of this submission was to identify the problems and barriers facing Canadians in achieving their own optimal oral health. In addition some of the problems inherent in the current method of delivery of oral health care services were documented. Canada as a nation does not have a national oral health strategy, plan or leadership from the federal level, and no relevant, recent, coordinated national database or monitoring of oral health or disease. The Federal/Provincial/Territorial/ Dental directors felt that the lack of central leadership and planning constitutes a major gap in the health care system. The report states that oral health has been viewed separately from general health and has been excluded from the health care system. "An infection in any part of the body would be treated under Medicare, except if the infection is in a tooth or its surrounding structures. The reasons for this exclusion are not clear."
http://www.caphd-acsdp.org/fptddsub.pdf

Donner, Lisa et al: Women, Income and Health In Manitoba. Revised January 2001

This study states that the link between income and health has a special importance for women. In Manitoba (as in the rest of Canada), poverty discriminates, striking women substantially more frequently and more severely than men. The study looks at that disparity and how income inequality affects the health not only of women living in poverty but also of everyone in our society.
One of the recommended actions in the report is providing non-insured health benefits, such as dental care to all those living in poverty
http://www.cwhn.ca/resources/women_poverty/summary.html

Farran, Haidar Dr.: A Framework For Community Oral Health " Oral Health Promotion Infrastructures to Improve Oral Health of Communities. Saskatoon 2002,
In this presentation Dr. Haidar states that one of the greatest needs of our communities is primary health care. It has been shown by studies that all communities who need primary health care, also, need primary oral health care. Community Health Centers have been implementing programs to enhance the delivery of community health services across the country. Much less has been done to improve access and delivery of community oral health care.
http://www.aohc.org/Articles/Workshop_no.23_-_A_Framework_for_Community_Oral_Health1.ppt

Nova Scotia Advisory Council on the Status of Women: Women and Healthcare: A Brief to the Commission on the Future of Health Care in Canada (The Romanow Commission) June 2002
http://www.gov.ns.ca/staw/pubs2002-03/womenandhealthcare0602.htm
This document states that dental care, eye care and speech/language/hearing care are essential to the maintenance of good health and should be considered vital components of a real universal healthcare system. In recent years, however, dental and eye examinations and most treatments, including those for children over the age of 10, have been de-listed in Nova Scotia. It further states that although people with private work related health care plans may have access to dental and eye care, many people who work in low-wage jobs, who are outside of the formal labor market, or who have retired, do not.
http://www.gov.ns.ca/staw/pubs2002-03/womenandhealthcare0602.pdf

Association of Dental Surgeons of British Columbia Media Release: Thousands of Kids Without Access to Dental Care.

In this media release the Association of Dental Surgeons of British Columbia maintained that the recent closure of two clinics and one program resulted in 6,000 low income children in the Lower Mainland losing access to free or low- cost dental care.
The association supported collaboration among the various government ministries and stakeholders so that there is a cohesive plan to help high risk children, since the predominance of tooth decay is associated with socio-economic factors. The long term benefits of eliminating programs that provide prevention, early intervention, or complex treatment to high-risk children were questioned. It was also stated that these children would eventually end up being treated in a hospital setting as the decay progresses, costing the health care system more money in the end and extending already extensive waiting lists at hospitals.
http://bcdental.org/public/mediaArchive-detail.jsp?item=1

Marvin, F Melladee: Access to Care For Seniors- Dental Concerns, Journal of the Canadian Dental Association October 2001, Vol.67,No. 9

The reason given most frequently by seniors and their caregivers for low utilization of dental services among seniors was, no perceived need. Other reasons include, poor overall health, decreased cognitive abilities, limited ability to tolerate procedures, anxiety, fear, attitudes developed over a lifetime, transportation issue and existing esthetic factors such as missing teeth which might deter seniors from going out in public. The author stated that the cost of dental care, public health cutbacks and lack of dental insurance may influence access to care, but are not major deterrents.
Of the Canadians surveyed about financial security, 28% reported and an annual income of less than $15,000; 36% $15,000 to $60,000; and 32% would not disclose their income. A separate survey revealed that 60% of Ontarians 15years of age and older had some dental insurance. Yet another survey of disabled elders found that 60% of respondents who had an annual income of less than $10,000 would be willing to pay for dental treatment if the cost was reasonable. A lack of willingness by dentists to treat elderly patients was also cited as a barrier to care.

The author recommended that education focused on the quality of life is a relatively inexpensive, but effective method of addressing some funding concerns. Fee-for-service, private insurance and innovative funding models were stated as being integral to dental health care initiatives to even maintain, let alone improve, access to dental care for seniors. It was also recommended that dental associations - national provincial and local- must continue in their most important and effective role, lobbying.
http://www.cda-adc.ca/jcda/vol-67/issue-9/504.html

Consumers' Association, June 2002 The Gap in Scotland's Dental Care

The Consumers Association in Scotland claimed that their research uncovered a serious gap in NHS dental service across Scotland. Access to NHS dental treatment had turned into a geographic lottery, with patients. Ability to access treatment is increasingly dependent on where they live. One third of all Scottish dental practices were no longer taking on any NHS patients. The reason given by practices for closed lists, were that they were too busy, the lists were too long, and they hadn't done NHS work for years or there was a shortage of dentists. Several recommendations were made on how to rectify the problem.
http://www.which.net/campaigns/health/dentistry/0206scotsdentistry_br.pdf

World Health Organization: What Is The Burden Of Oral Disease

The World Health Organization (WHO) recognizes that despite great achievements in oral health of populations globally, problems still remain in many communities all over the world- particularly among under-privileged groups in developed and developing countries. Dental caries and periodontal diseases have historically been considered the most important global oral health burdens. At present, the distribution and severity of oral disease vary among different parts of the world and within the same country or region. The significant role of socio- behavioral and environmental factors in oral disease and health is evidenced in an extensive number of epidemiological surveys.

In 1983 WHO declared oral health as part of the "Strategy for Health for All" (resolution WHA36.14). As well in 1989, the promotion of oral health as an integral part of " Health for All by the year 2000" (WHA 42.39) was endorsed by WHO. This reflects the importance attached to this issue by WHO.
http://www.who.int/oral_health/disease_burden/global/en/print.html

McNally, Mary; Lyons, Renee: The Silent Epidemic of Oral Disease: Evaluating Continuity of Care and Policies for the Oral Health Care Seniors. Oral Health of Seniors Project: Canadian Health Services Research Fund Final Report, April 2004.

The purpose of this research was to determine the key components of a health service model, based on continuity of care that will improve the oral health status of seniors, using Nova Scotia as the geographic focus.

The following policy implications related to access to dental care were identified in the research findings:

1) Oral health must be explicitly recognized as an essential component of overall health and quality of life.
2) There is no infrastructure at the provincial and federal levels of government responsible for oral health care for seniors.

3) Clear guidelines must be developed for private and public continuing care facilities regarding standards of oral health and the provision of required services.
4) The lack of accessible oral health care services was identified as a key challenge for rural dwelling seniors, those who are homebound, and those residing in long term care facilities.
5) The traditional fee-for service, private practice delivery of oral health care does not ensure adequate service delivery for all seniors.
6) Non-traditional models for delivering oral healthcare, such as the use of mobile dental clinics to accommodate care needs outside of a traditional office setting, must be included as regular components of dental education.

http://www.caphd-acsdp.org/NS-seniors%20final%20rpt.pdf

**Comments**

From the foregoing it is apparent that access to affordable dental care services is problematic for a significant number of Canadians right across the country. The importance of resolving this issue cannot be overstated since recent research identifies the possible link with some chronic illnesses and low birth weight babies. As stated in the United States Surgeon General's Report on Oral Health, one cannot be healthy without good oral health.

**Policy Recommendations 14 Points Toward Access to Care**

Adapted From the American Public Health Association Access to Care Fact Sheet.

1. Universal dental care coverage for all Canadians.
1. Comprehensive dental benefits including health maintenance, preventive diagnostic, therapeutic and rehabilitative services for all oral illnesses.
2. Elimination of financial barriers to care.
3. Sustainable financing for community dental programs.
4. Organization and administration of dental care through publicly accountable mechanisms to assure maximum responsiveness to public needs, with a major role for federal, state, and local government health agencies.
5. Incentives and safeguards to assure effective and efficient organization of services and high- quality care.
6. Fair payment to providers of care using mechanisms, which encourage appropriate treatment by providers and appropriate utilization by consumers.
7. Ongoing evaluation and planning to improve the delivery of oral health services with consumer and provider participation.
8. Priority and emphasis on oral disease prevention and health promotion programs.
9. Support of education and training programs for all dental health professionals.

10. Inclusive strategies to foster racial, ethnic, religious, sexual orientation and other diversities in the training, employment and promotion of dental health care workers.
11. Non discrimination in the delivery of services.
12. Education of consumers about their health rights and responsibilities. Attention in the organization, staffing, delivery, and payment of care to the needs of all populations including those confronting geographic, physical, cultural, language, and other non-financial barriers to service.

http://www.apha.org/legislative/factsheets/__FactSh1-AccessCare.pdf

In closing the following statements summarize the current situation and suggest a framework for action.

> " In all countries the dental profession and governments place most emphasis on the curative and technological aspects of dentistry rather than promoting prevention and community programs for oral health which are more effective at improving oral health and would have greater impact on the oral health of dentally deprived communities. (Berlin Declaration on Oral Health and Oral Health Services)"
> http://www.ibiblio.org/taft/cedros/english/newsletter/n5/Berlin.html

The Federation Dentaire Internationale is deeply concerned with the negative impact poor oral health has on the quality of life of people, and directs the attention of governments world-wide to the gravity of this situation and encourages all of them to assign additional political and economic support to dental services, with the emphasis on prevention of dental disease, particularly as it relates to the underprivileged. (Resolution Adopted by the FDI General Assembly)