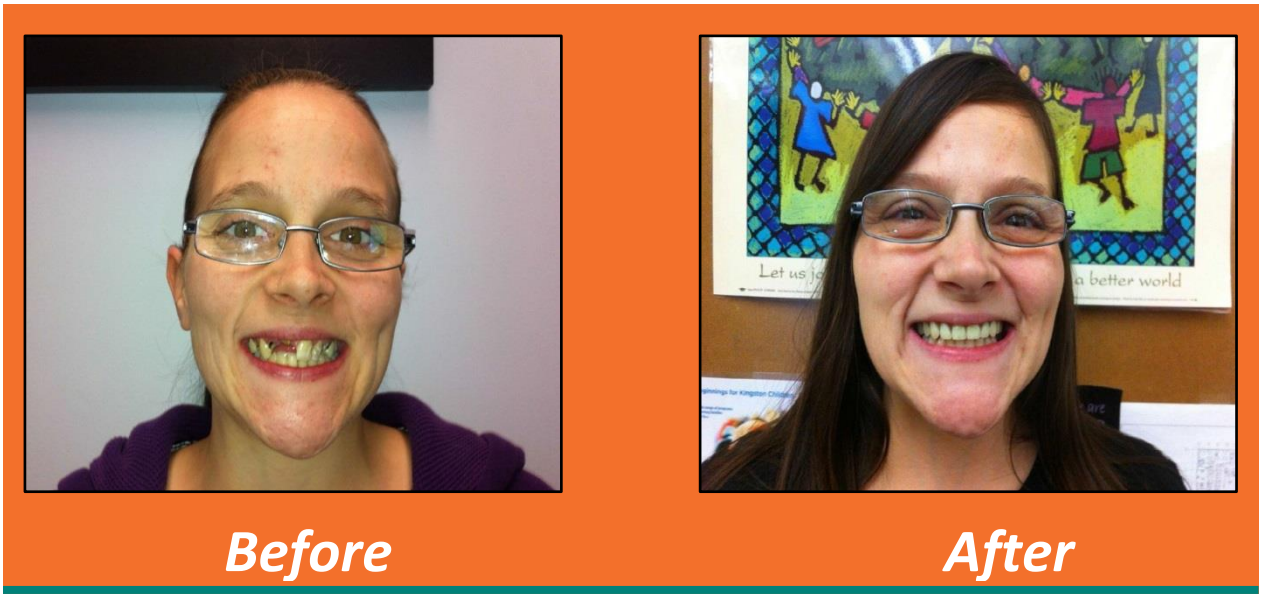
2017 Ontario Budget Submission from the Ontario Oral Health Alliance

December 8, 2016



Contact:
Jacquie Maund, Policy and Government Relations Lead
Association of Ontario Health Centres / Association des centres de santé de l'Ontario
jacquie@aohc.org Tel 416-236-2539x234

Affordable dental care: A gaping hole in Ontario's health care system

Chantal was a single mother in Kingston looking for work in the food service sector but couldn't get a job because she was missing two of her front teeth. She had inherited a gum disease that led to tooth loss, but could not afford the expensive dental treatment needed to fix her teeth and restore her ability to smile.

Mike had just started a new job in Toronto when he was diagnosed with cancer and had to quit. He had no health benefits and few savings. In addition to struggling with cancer, he had dental problems and one night, in desperate pain, he sterilized a sewing needle and pierced the abscess on his gum to get some relief. He couldn't afford to see a dentist.

Chantal and Mike know first-hand how important it is to have access to oral health care. Teeth and gums are part of our body but OHIP does not cover the cost of care. Oral health is an essential part of overall health and wellbeing. Cavities, tooth decay and gum disease can case infection, pain and chewing problems that contribute to poor nutrition. Research shows there is a link between poor oral health and diabetes, cardio-vascular and respiratory diseases. Poor oral health also affects our self- esteem, and ability to get and maintain a job.

The 107 members of the Association of Ontario Health Centres have a special mandate to serve vulnerable people who face barriers accessing health care. As such our members serve many people like Chantal and Mike who cannot afford dental care and we see the impact on their health. Twenty two Community Health Centres and Aboriginal Health Access Centres do have dental suites, so we also see the benefits when people can access oral health care.

This experience led us to be active members of the Ontario Oral Health Alliance, a network of public health professionals, community health workers and local oral health coalitions from communities across the province with a shared vision of a health system which includes primary care for the entire body including the mouth.

This budget submission to the Standing Committee on Finance and Economic Affairs will review how lack of access to oral health care is costing our health care system, and recommend an investment of $10 million in the 2017 Ontario budget to support the first phase of a public program to meet the needs of low income adults and seniors in Ontario.

The current provincial situation: gaps in care

Ontario has a very limited patchwork of public dental programs. According to Public Health Ontario, government spending on oral health services represents only 1.3 per cent of all oral health spending in the province — the lowest in Canada.

Public dental programs include: "Healthy Smiles Ontario" for low income children and youth under 18, basic dental services for people receiving Ontario Disability Support Program (ODSP), and emergency dental care for people who qualify for Ontario Works (OW) — though it's at the discretion of the municipality where they live. Emergency dental care typically means pulling out the offending tooth.

These programs are delivered in public dental clinics at Public Health Units, Community Health Centres and Aboriginal Health Access Centres, and in a number of private dental clinics.

There are no public programs for low income adults and seniors, or for low income kids where family income is just above the cut-off. The high cost of private dentistry, the lack of public oral health programs, and the limitations of employer dental benefits means that many people do not visit a dentist. In Ontario it is estimated that 2-3 million people have not seen a dentist in the past year, mainly due to cost (College of Dental Hygienists of Ontario, 2014).

The most vulnerable people have the highest rate of tooth decay, pain and gum disease: low wage workers and their children, new Canadians, Indigenous people and the elderly. The vast majority of oral health care is delivered by private dentists, but the private sector model is not a good model to provide care to these vulnerable groups according to a recent report by the Canadian Academy of Sciences. Research shows that low income people prefer to be treated in public dental clinics where they are welcomed and valued, and that many private dentists are frustrated because people on public programs cannot pay and often miss appointments (Quinonez et al, 2010 and Bedos et al, 2013).

When the Ontario government first introduced the Healthy Smiles Ontario program in 2010 the Province made an investment in public dental clinics in a number of Community Health Centres as part of its commitment to poverty reduction and in recognition of the importance of access to oral health care. A modest investment in these clinics could further increase access to much needed primary mouth care for the most vulnerable residents of Ontario.

Lack of access: the cost to the health care system

Many of the 2-3 million people who cannot afford dental care in Ontario turn in desperation to hospital emergency rooms and doctors' offices when problems flare up.

In 2014, there were 61,000 visits to hospital emergency rooms across Ontario by people with dental problems (Association of Ontario Health Centres using data from Ministry of Health & Long Term Care IntelliHEALTH ONTARIO). But they could not receive treatment there, only painkillers. This means that approximately every nine minutes someone in Ontario shows up in a hospital emergency room with a dental problem. The main reasons are that they have no insurance and cannot afford to pay for treatment (Ramraj et al, 2013).

Similarly there were approximately 218,000 visits to physician offices for dental problems in one year, but doctors could not provide treatment (Association of Ontario Health Centres using data from Ministry of Health & Long Term Care IntelliHEALTH ONTARIO).

The estimated cost to the Ontario's health care system for these visits is at least $37 million annually, with no treatment provided for the problem (Association of Ontario Health Centres). Taxpayers spend approximately $37 million each year to have physicians acknowledge that patients have dental disease which they cannot treat.

Recommendations for 2017 Ontario Budget

In 2014 the Ontario government committed to extend public dental programs to low income adults by 2025. But we do not see any progress on this promise. Lack of access to oral health care is an urgent situation where people in pain cannot wait nine more years for treatment.

The MOHLTC has committed to reduce avoidable visits to hospital Emergency Rooms (ER) as part of a move to contain health care costs and ensure "the right care at the right time in the right place". Health Links have been set up in many parts of the province to ensure that high users of the health system are not going to ER when they could be more appropriately treated in the community.

Some health care system players are taking proactive steps by making upstream investments now that tackle both these issues. One Local Health Integration Network (LHIN) is supporting five local CHCs with dental suites to provide dental care to low income adults and seniors. Analysis of services provided at one of these CHCs, Gateway CHC in Tweed, shows a return on investment of 234%. For every $1 invested by the LHIN in 2015/16 there was a saving of $2.34 to the health care system by diverting people from ER and providing a more cost efficient service through salaried providers than the fee –for- service private dentistry model.

We need to extend this model and make better use of public dental infrastructure by opening up access to low income adults and seniors.

The Ontario Oral Health Alliance recommends:

- The 2017 Ontario budget invest $10 million to support the first phase of a public program to provide oral health care to low income adults and seniors in the province;
- This funding should be flowed to maximize use of existing public investments in dental clinic infrastructure in Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs) and Public Health Units so that they could extend their services to low income adults and seniors;
- CHCs and AHACs are already providing primary health care and support services to vulnerable people, so it makes sense to include oral health services for low income adults as part of their circle of care.
- This would be first phase of a broader program to ensure access to public oral health services for all low income adults and seniors in Ontario by 2025.

********* ********** **********

References:

Public Health Ontario. *Report on Access to Dental Care and Oral Health Inequalities in Ontario*, by Laleh Sadeghi, Heather Manson, and Carlos R. Quiñonez. 2012

College of Dental Hygienists of Ontario, *Review of Oral Health Services in Ontario*, 2014. Prepared by Optimus/SBR. http://www.cdho.org/otherdocuments/OHSReview.pdf

Canadian Academy of Health Sciences. *Improving Access to Oral Health Care for Vulnerable People Living in Canada.* 2014 http://cahs-acss.ca/improving-access-to-oral-health-care-for-vulnerable-people-living-in-canada/

Quiñonez C, Figueiredo R, Azarpazhooh A, Locker D. *Public preferences for seeking publicly financed dental care and professional preferences for structuring it*. Community Dental Oral Epidemiology. 2010 Apr;38(2):152-8.

Bedos C, Loignon C, Landry A, Allison PJ, Richard L. *How health professionals perceive and experience treating people on social assistance: a qualitative study among dentists in Montreal, Canada.* BMC Health Serv Res. 2013 Nov 5;13:464.

Association of Ontario Health Centres, “Information on Hospital Emergency Room Visits for Dental Problems in Ontario” and “Information on Physician Visits for Dental Problems in Ontario” http://www.aohc.org/oral-health

Ramraj CC, Quiñonez CR. *Emergency room visits for dental problems among working poor Canadians.* Journal of Public Health Dentistry. 2013 Summer; 73(3):210-6.