



OPHA RESOLUTION: Adults in Dental Pain

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A Resolution Paper adopted by the
Ontario Public Health Association

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OPHA RESOLUTION: Adults in Dental Pain

WHEREAS oral health ailments such as tooth decay, periodontal disease and oral cancer occur more frequently among priority populations including the elderly, the homebound, people with disabilities, Aboriginal people, individuals living in isolated areas, “transitional youth” and those with the inability to pay¹; **and**

WHEREAS dentistry is an example of the inverse care law, which states that individuals with the *greatest need* for services will be those with the *least ability* to pay for services²; **and**

WHEREAS unresolved oral health problems have a negative impact on an adult’s ability to gain and maintain viable employment and a senior’s ability to eat nutritious foods, and socialize with peers; **and**

WHEREAS the consequences of unresolved oral health issues can negatively influence our economy through related medical costs and the compromised employability of people with dental problems; **and**

WHEREAS in March 2008 the Ontario Government made a commitment to invest \$135 million dollars over three years in a dental program for low income Ontarians as part of its Provincial Poverty Reduction Strategy; **and**

WHEREAS to date no announcement has been made by the provincial government with regard to implementing a dental program to provide basic dental care or at the very least pain relief for adults and older adults who are unable to access dental care.

THEREFORE BE IT RESOLVED THAT OPHA send a letter to the Minister of Health and Long Term Care to request a meeting with OPHA representatives to express concern over the lack of action taken thus far regarding granting ‘pain relief for all’ for Ontario’s low income adults and seniors.

Adults in Dental Pain Background

One third of the residents of Ontario do not see a dentist on a regular basis³. Some of the reasons for not accessing primary oral health services include fear of going to a dentist, trouble getting to or finding a dentist, shame of seeing a dentist if on social assistance, or perception that going to the dentist is not that important. Since dental treatment is not a universal service in Ontario covered under the Ontario Health Insurance Program and is very expensive to pay for out of pocket, cost is the most common and serious barrier to accessing dental care.

Similar to many diseases, oral health ailments such as tooth decay, periodontal disease and oral cancer occur more frequently among priority populations including the elderly, the homebound, people with disabilities, Aboriginal people, individuals living in isolated areas, “transitional youth” and those with the inability to pay⁴. Importantly, dentistry is an example of the inverse care law, which states that individuals with the *greatest need* for services will be those with the *least ability* to pay for services⁵. Thus, only those with dental insurance through their places of employment or those that have the financial means to pay for treatment themselves are able to access regular dental care services.

An inability to access regular and affordable dental care can affect one’s overall health and quality of life. Researchers believe that the build-up of oral bacteria through poor oral hygiene practices can lead to serious health concerns. Current studies have shown an association between the health of the gums and diabetes, and have suggested that there may be a link between gum disease and cardiovascular disease, respiratory disease, and pre-term and low birth weight births.^{6 7 8 9}

Furthermore, unresolved dental problems can result in infection and debilitating pain that can impact one’s ability to eat, speak, sleep, and confidently fulfill everyday activities. This in turn can affect a child’s growth, development and ability to learn at school and a senior’s ability to eat nutritious foods and socialize with peers. What’s more, poor oral health can have a negative influence on our economy through related medical costs and the compromised employability of people with dental problems.

The Children In Need of Treatment (CINOT) program, administered by the health unit is available to children and youth up to and including 17 years of age with urgent dental treatment needs. Children whose parents are recipients of Ontario Works (OW) are eligible for basic dental care, as are Ontario Disability Support Program clients. While dental coverage for OW recipients varies depending on place of residence, most are eligible for some discretionary dental treatment per year to get them out of pain. There are no financial assistance programs available however, to assist working adults or seniors to access required dental care or at the very least to get out of pain.

On March 17, 2008, the provincial budget speech indicated that the government plans to invest \$135 Million over three years to provide Oral Health services to low-income Ontarians and work with Public Health Units, Community Health Centres, dentists and dental hygienists to deliver prevention and treatment programs to all Ontarians. In July

2008, the Ontario Association of Public Health Dentistry (OAPHD) developed a document outlining its recommendations for how the proposed funds could be used to improve access to dental care for low-income residents across Ontario and presented this to (the former Minister of Health) George Smitherman and the Minister of Community and Social Services, Madeleine Meilleur. They proposed that the first priority of dental care should be provided to achieve “pain relief for all” where services would be limited to emergency services and pain relief.

Since the budget speech in March 2008, CINOT has been expanded to include youth up to and including 17 years of age. While this will assist Ontario children to obtain and maintain good oral health, low-income adults are still suffering from the ravages of untreated dental problems. No news has been announced to date with regard to the implementation of a dental program to provide basic dental care or at the very least pain relief for adults and older adults who are unable to access dental care.

Regarding Resolutions, Position Papers, and Motions:

Status: Policy statements (resolutions, position papers, and motions) are categorized as:

Active, if:

1. The activities outlined in the policy statement’s implementation plan have not yet been completed,
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

Archived, if:

1. The activities outlined in the policy statement’s implementation plan have been completed, or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supercedes the latter.

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REFERENCES

¹ Ontario Association of Public Health Dentistry. Proposal for Improving Access to Dental Care for Low Income Residents of Ontario. July 21, 2008

² Webb E. Children and the inverse care law. *BMJ* 1998; 316:1588-1591

³ Matear D, Locker D. Oral disorders, systemic health, well-being and the quality of life. Community Dental Health Services Research Unit. Faculty of Dentistry, University of Toronto; 2000

⁴ Ontario Association of Public Health Dentistry. Proposal for Improving Access to Dental Care for Low Income Residents of Ontario. July 21, 2008

⁵ Webb E. Children and the inverse care law. *BMJ* 1998; 316:1588-1591

⁶ Canadian Dental Association. CDA Position on association between periodontal disease and systemic disease (February 2005)

⁷ Canadian Dental Association. News Release - Are you as healthy as you think? (March 2005)

⁸ Matear D, Locker D. Oral disorders, systemic health, well-being and the quality of life. Community Dental Health Services Research Unit. Faculty of Dentistry, University of Toronto; 2000

⁹ Ontario Dental Hygienists' Association. Oral health guide – How safe is your mouth? (April 2003)