Ontario Public Health Association
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Position Statement on Poverty and Children's Oral Health

Position paper and resolution adopted by the
Ontario Public Health Association (OPHA)
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Submitted by the Ontario Association of Public Health Dentistry (OAPHD)

CONTENTS

Executive Summary

Oral health is more than the absence of pain and disease. Dental health plays an important role in the overall health and well-being of children. Inequalities in oral health exist due to differences in financial status and the ability to access dental care.

Findings from studies indicate that low-income children have higher disease rates, a higher percentage of unmet dental need, and lower utilization rates for dental care services. Dental care in early childhood is necessary to give every child a good start to life. Thus, steps must be taken to remove barriers to accessing dental care and thereby allow all children to achieve and maintain optimal health.

Whereas the Ontario Public Health Association (OPHA) recognizes that (1) poverty has a negative impact on oral health; and (2) oral health is necessary for overall health and well-being.

Be it resolved that the OPHA endorses four recommendations of the Ontario Association of Public Health Dentistry (OAPHD) to improve oral health and access to dental care among low-income children.

Position Statement

The Ontario Public Health Association (OPHA) is concerned about the oral health of children who live in poverty, and the need to improve the access to dental care for vulnerable groups in our society.

Oral health is necessary for all children to maintain their general health and sense of well-being. Steps must be taken to remove barriers to dental care access and thereby allow all children to achieve and maintain optimal health.

Methodology

A Medline search was conducted using combinations of key words: (1) poverty, low-income, poor, inequalities; and (2) dental, oral health, dentistry, dental caries. Manual searches of relevant journals and the reference sections of identified articles were also performed.

Background

Introduction

In Ontario, more than half a million children live in poverty – about one in every five children (Statistics Canada, 1996). Poverty is a health concern because of the strong association between health and income. For almost all reported conditions, mortality and morbidity rates are higher in people from lower socio-economic status (SES) groups (Lynch et al., 1998; Williamson and Reutter, 1999).

Oral health in particular is a concern because, unlike medical care, dental care is not covered by OHIP. Financial assistance programs exist, but these programs are primarily designed to address urgent needs. The purpose of this paper is to present an

overview of the relationship between poverty and children's oral health. Recommendations are made based on the findings.

Oral Health Status and Poverty

Dental caries is the most common infectious disease in childhood (Burt and Eklund, 1999). Studies in North America and Europe have confirmed that caries experience is more prevalent and severe in low-income populations (Burt and Eklund, 1999). Indeed, caries experience is concentrated among low income and minority groups. In the US, 25% of children experience 80% of all dental decay in permanent teeth (Kaste et al., 1996).

Overall caries prevalence has declined in North America since the 1950s and the greatest decline in caries experience has been among higher SES groups (Graves et al., 1986). The decline is especially noticeable among younger age groups – D, M, and F components of the DMFS are all lower among high SES children (USDHHS, 1997). (Note: DMFS = decayed, missing, and filled tooth surfaces.)

The negative relationship between caries experience and SES has been consistently reported in US studies during the 1990s - poor children experience a higher average number of treated and untreated carious teeth than do children who are above the poverty level (Brunelle and Carlos, 1990; Kaste et al., 1996; Brown et al., 2000). Decay can occur quite early in a child's life as surveys among young children have found that 20% of children from low-income families have early childhood tooth decay (ECTD), and over 40% of children from some First Nations populations have ECTD (Bruerd and Jones, 1996).

In the UK, a similar pattern has occurred with widening inequalities in oral health between social classes and for certain ethnic groups (Watt and Sheiham, 1999). The most significant differences have been found among preschool children.

Access to Dental Care and Poverty

The ability to access regular dental care is something that many residents take for granted. In Ontario, it is estimated that 70% of the population have at least one dental visit each year (Lawrence and Leake, 2001). Yet, those most in need of dental care, lower income groups, are less able to access dental treatment. Studies have found that lower income persons report fewer dental visits, tend to visit dental offices for emergency care only, and receive fewer preventive services (Newacheck and Halfon, 1988; Edelstein et al., 2000; Waldman et al., 2000). Poor persons are also more likely to have teeth extracted than restored (Carmichael et al., 1984).

Barriers to dental care access: A primary barrier to accessing dental care is financial. Lower income persons are less likely to have dental coverage and may rely on public assistance programs that do not provide comprehensive care.

However, even poor children who have dental insurance may not receive adequate care. Barriers to dental care for low-income children go beyond economics (Harrison et al., 2003). Other barriers to dental care access include:

- Knowledge and education level of parents and other caregivers
- Language and cultural differences

- Dental anxiety and phobia
- Geographical distribution of dental professionals and transportation problems
- Subgroups of children are at the greatest risk, such as street youth (Lee et al., 1994; Gaetz and Lee, 1995).

The Impact of Oral Health

Oral health is more than the absence of pain and disease. Dental health plays an important role in the overall health and well-being of a child. Poor dental health can lead to painful infections, premature loss of primary teeth, poor eating habits, speech problems, and expensive dental treatment. Dental pain, bleeding and infection can interfere with learning in school and lead to tooth loss; and impair the growth and development of children (Ayhan et al., 1996; Acs et al., 1999). A US study has reported that 52 million hours of school are missed each year due to tooth decay and other dental problems (Gift et al., 1992).

The impact of oral health problems on general health and quality of life has been described in a growing amount of literature. These include the links between periodontal disease and systemic diseases (Genco et al., 1998), periodontal disease and having preterm low-birth-weight children (Lopez et al., 2002), and oral diseases and diabetes mellitus and cerebrovascular incidents (Grossi and Genco, 1998; Loesche et al., 1998). In addition, problems with oral health affect a person's ability to function and quality of life as well as affecting the lives of their families (Locker et al., 2002; Filstrup et al., 2003). Healthy teeth and mouths are necessary for an individual to thrive in today's society.

Summary

Inequalities in oral health exist due to differences in financial status and the ability to access dental care. Poor dental health is more common in the most deprived sections of society - poor children are suffering from a "silent epidemic" of dental diseases.

Findings from studies indicate that low-income children have higher disease rates, a higher percentage of unmet dental need, and lower utilization rates for dental care services. Dental care in early childhood is necessary to give every child a good start to life. Although improved treatment services are required, they can never alone reduce the underlying causes. Efforts should focus on oral health promotion to reduce the burden of dental illness for future generations.

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Resolution

Whereas the Ontario Public Health Association (OPHA) recognizes that (1) poverty has a negative impact on oral health; and (2) oral health is necessary for overall health and well-being.

Be it resolved that the OPHA endorses the following recommendations of the Ontario Association of Public Health Dentistry (OAPHD) to improve oral health and access to dental care among low-income children:

- Government policies should be established that would provide universal dental care and thereby reduce the barriers to dental care access.
- Oral health promotion strategies should be advanced that would educate the public, policymakers, and health providers regarding the importance of oral health.
- Dental health professionals should work in partnership with a range of organizations and agencies to effectively promote health (e.g., Early Years Centres).
- Dental organizations should support initiatives of anti-poverty groups. These initiatives include the need for affordable housing, licensed childcare services, and raising the minimum wage.

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.