



Investing in oral health

During the election campaign, Doug Ford committed that "an Ontario PC government will support Ontario seniors by implementing a comprehensive dental care program that provides low income seniors with the quality care they deserve."¹ Will you support the quick implementation of this promise to increase access to public dental services for seniors living in low income?

Many Ontarians are unable to access oral health services because of cost. Will you support expanding access to public dental services for all Ontarians living with low income?

Oral health is a critical component of overall health and well-being.² Serious health conditions linked to poor oral health include cardiovascular disease, respiratory infections, diabetes, and poor nutrition.³ Oral health problems resulting in damaged and/or missing teeth can be associated with social isolation, diminished employment prospects and the loss of self esteem.^{4 5 6 7 8}

Today in Ontario there is a public dental program for low income children (Healthy Smiles Ontario⁹) and a patchwork of inadequate programs for some adults receiving social assistance. Improving access to oral health services for seniors living with low income is a welcome next step. It must be followed by increasing and improving access to public oral health services for Ontarians of all ages living with low income, including those who are precariously employed.

It is estimated that as many as three million Ontarians have not seen an oral health professional in the past year or longer, primarily due to the cost.¹⁰ Those who are only able to visit a dentist in cases of emergency are most likely to be Ontarians with lower income, less education, without dental benefits, and those over the age of 65 years.¹¹ Seniors living with low income, including many residents of long-term care homes, often have increased need yet limited access to oral health services due to cost.¹²

Adults with low income typically have low-paying jobs or precarious employment, do not have extended health benefits and cannot afford the cost of private dentistry. For people enrolled in the Ontario Works (OW) program, coverage is limited and not consistent across municipalities. Coverage can range from nothing at all to basic extraction of teeth for pain relief. Coverage for dentures is discretionary and also varies by municipality. While Ontario Disability Support Program (ODSP) recipients may be eligible for dental benefits, many are refused treatment by private dental providers due to discrimination and/or the low level of reimbursement dentists receive.^{13 14 15 16}

Those suffering from pain and infection are often forced to turn to hospitals or providers such as physicians who do not have the expertise to provide dental services. In 2015, there were nearly

61,000 visits to emergency rooms for dental problems at a cost to the system of at least \$31 million.¹⁷ In 2014, there were almost 222,000 documented visits to physicians for oral health problems at a cost of \$7.5 million.¹⁸ Instead of spending this money on visits to health providers who cannot provide treatment,¹⁹ ²⁰ these resources would be better spent on public dental services for people who need them.

The Registered Nurses' Association of Ontario (RNAO) looks forward to the realization of the campaign promise that the government will assist up to 100,000 low-income seniors each year with access to dental services through a \$98 million per year investment.²¹ This investment would improve the health of seniors and save the health system costs by diverting people who would otherwise go to emergency rooms. RNAO supports the implementation of this commitment by first increasing funding to public health units, community health centres, and aboriginal health access centres to "provide greater capacity for these services to assist low-income seniors with dental care."²²

RNAO also encourages the government to move swiftly and implement the promised second stage of investments "in new dental services in underserved areas, including increasing capacity in public health units and investing in mobile dental buses."²³ This could include capital funding so that dental clinics at public health units that currently provide only prevention services would be able to provide full treatment for seniors. Mobile dental buses would assist in improving access to oral health services for people living in long-term care homes, rural, and remote communities.

Public health units, community health centres, and aboriginal health access centres are a cost-effective way to deliver public oral health programs, with salaried dental staff working within defined budgets. The oral health program at the Gateway Community Health Centre in Tweed, for example, achieved a 108 per cent return on investment and diverted 412 people who would have gone to the emergency department for an estimated savings of \$242,688.²⁴ Community health centres and public health units, with their experience of working with vulnerable people,²⁵ ²⁶ are uniquely qualified to help low-income seniors overcome barriers to oral care such as transportation, need for language interpretation, and connections to other health and social services at the same location.²⁷

RNAO's long-term vision for universal health care includes universal oral health care. Addressing the oral health needs of all Ontarians will have physical, mental, and social benefits, and allow people to live with health, dignity, and hope.

RNAO's ORAL HEALTH ASKS

- Immediately implement the cost-effective plan of funding public health units, community health centres, and aboriginal health access centres to increase their capacity to provide public dental services to low income seniors.
- Expedite the second stage in improving oral health for low income seniors by investing in new public dental services in underserved areas, including mobile dental buses.
- Expand and improve access to public oral health services so that all Ontarians, regardless of income or age, can enjoy good oral health

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