

Word of Mouth: Oral Health in Oxford County, 2014



Woodstock and Area
Community Health Centre

Oral Health—Why is it Important?

Did you know that problems in your mouth can affect the rest of your body? An attractive smile is not simply a cosmetic issue; it's an important factor in keeping the rest of your body healthy. Cavities and gum disease can lead to many more serious conditions including diabetes, respiratory infection, cardiovascular disease, arthritis and osteoporosis.¹

Imagine trying to find work and when you open your mouth to speak, the potential employer sees you have no, few or visually unattractive teeth? Poor dental care has physical, economic and emotional impacts on the individual and on society as well.

Unfortunately, not all people have equitable access to dental health care. In Ontario over 58,000 individuals turned to hospital emergency rooms for their dental care needs in 2012, and a large portion of those were from South-Western Ontario.¹ While the Ontario government has, in recent years, implemented oral health programs benefiting children, there are currently few to no publicly funded programs for adults with low incomes.² Adults with low incomes often cannot afford to see a dentist, and if they are in pain with a serious dental issue, they end up going to hospital emergency rooms. This places an enormous pressure on emergency rooms, and yet hospital physicians are often not able to actually treat the issue, they are just able to prescribe pain medication.

In South-Western Ontario, approximately 20 people a day enter emergency rooms in hopes of receiving some form of dental care.¹ This has an economic impact on everyone, as it is estimated that it costs the health care

system \$513 for one simple visit to an emergency room.³ Based on this figure, in Oxford County it is estimated that over \$540,000 was spent on emergency room visits for dental care in 2012!



While 68% of Ontarians have dental insurance, among older adults and those with lower income and education, this number drops to 36%.² Nearly half of Ontarians aged 12 years and older experienced pain or discomfort in their oral/facial area.⁴ Socially and economically marginalized groups have more cavities, gum disease and oral issues.⁵ Dental care often proves too costly in the face of other needs, such as buying food or paying the rent. As a result, the individual's physical and emotional well-being suffers, as well as their ability to obtain and sustain work.⁵



“Better access to preventive oral health services could result in savings to the health care system.”

Presentation by Dr. Arlene King, Chief Medical Officer of Health, May, 2013.

Oral Health in Oxford County

According to Oxford County Public Health and Emergency Services 2009 Oral Health Status Report, one third of Oxford County residents don't have a dental plan or any form of dental insurance.⁶ At the Woodstock General Hospital in 2012, 418 individuals entered the emergency room for oral health issues with 503 overall visits. 140 of these cases were classified as urgent.³ Emergency rooms are not equipped to deal with dental issues, and therefore patients can often only get pain medication, not treatment.

The Public Health report states that optimal oral health is not distributed equally across the county.⁶ Oxford County residents without dental insurance were significantly more likely to report having poorer dental health than those with dental insurance.

- 19% of the population reported having five or more teeth removed because of tooth decay or gum disease.
- 7.5% of residents have none of their natural teeth
- 14.3% reported it has been 3 or more years since their last visit to a dental care provider.
- 10.6% reported the health of their mouth as fair, and 3.9% reported as poor.

1/3 of Oxford County Residents do not have any form of dental insurance⁶

Existing Government Programs

While there are some dental care programs for individuals in Ontario with low incomes, these only provide a patchwork of care and are difficult to navigate. There are two programs for children (up to 17 years of age), 1) The Children In Need of Treatment (CINOT) and 2) the Healthy Smiles Ontario (HSO).

- 1) CINOT covers treatment for children whose family has no dental insurance and can prove that the cost of dental treatment would result in financial hardship for the family. The plan only covers what is deemed "essential dental care"⁵.
- 2) The Healthy Smiles program covers prevention (cleaning) for children if they are members of a household with an adjusted family net income of \$21,513 per year or below with one child and \$1,513 for each additional child; and do not have access to any form of dental coverage.¹⁷ (This figure is the most recent update). Due to the very low eligibility levels, last year HSO served only 12,000 children even though the program has funding to serve approximately 120,000.⁸ The program was under spent by 4 million dollars.⁸ Expanding eligibility to more low income children would not cost tax payers more money since the program already has unused funds.⁸

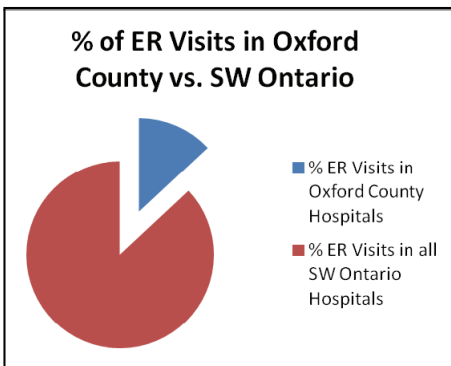
For adults there are currently two programs available, only if they are supported by Ontario Disability Support Program (ODSP) or Ontario Works (OW). ODSP allows participants, their spouses, and dependent children (up to age 18) basic dental care. Basic care does not involve emergency dental care such as extractions or root canals or extreme pain.⁹ OW works alongside dentists; however they will only reimburse about 60% of the cost to dentists for treatment, leaving individuals to pay the rest.⁵ Many people on OW cannot afford the reduced cost, so they just avoid going to the dentist.

In Oxford County, there is a special program through Community Dental Services that offers free dental cleaning to adults if they don't have dental insurance and their family income is less than \$20,000 or a charge of \$35 for those whose income is greater than \$20,000. ⁶ However, that is for prevention only. Currently middle-income families have some of the lowest rates of employment-based dental insurance among all income groups and they have more severe oral disease than do those on social assistance.⁴

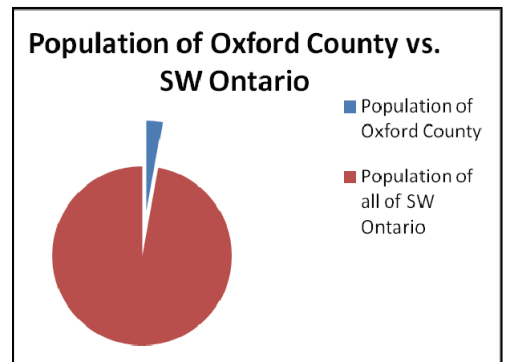
The Economics

The Canadian Dental Association believes that programs that target low income groups to prevent or diagnose and treat diseases before they escalate is a more effective use of public spending rather than paying for hospitalization.¹⁰ There needs to be a more financially responsible way to deal with these health issues both on a local, and provincial level.

In 2012, it is estimated that over \$540,000 was spent on individuals going to the emergency rooms in Oxford County for their oral health issues, based on a cost of \$513 per visit.³ In many cases, the only option is for the physician is to prescribe pain medication and/or antibiotics, which does not address the real dental health issue. The Ontario Health Insurance Program (OHIP) pays to provide medical care to every part of the body except for teeth.¹¹ In 2012 the Ontario Government spent approximately 30 million dollars on the cost of having a physician examine a patient with dental health concerns and generally being unable to help that person.⁵

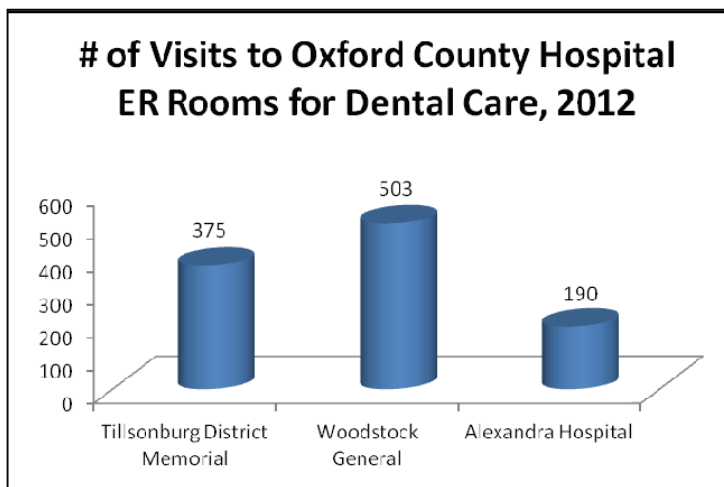


- There were 1, 068 emergency room visits to all three main Oxford County Hospitals out of a total of 7,242 visits for all of South Western Ontario.³
- Compare that with the population of Oxford County (106,000) to the whole of South Western Ontario (3,500,000).



This data shows that Oxford County has a much larger proportion of its population visiting emergency rooms than the rest of SW Ontario for dental care issues. Oxford County makes up 15% of SW Ontario health visits but has only 3% of the whole population .³ That \$540,000 Oxford County currently spends on emergency room dental visits could be used to help pay for treatment and long-term solutions that will in the long run save the government money and save individuals unnecessary pain and subsequent health issues. Imagine how many people could get proper treatment with a half million dollars!

There needs to be more effective and economical options to treat oral health issues. Funding a public dental program would allow for the most at risk individuals to get the care they need and would save tax payers money. Just as importantly, how can we continue to justify denying individuals the chance at relief of chronic pain when help is available for all other health issues?



1,068 total visits at \$513 each =
\$547,884

Your Teeth and Employment

Imagine trying to apply for a job when you have no, few or unsightly teeth? When hiring, employers are looking for an individual who is not only a good fit for the job, but one who would be able to engage with members of the public. When job seekers are missing or have rotten teeth they are more than likely going to be turned down over someone with the same qualifications, but better dental conditions. Many individuals on social assistance want to work but if they have poor teeth, even on a cosmetic level, it can lead to low self esteem. This can make it more difficult to go out and search of a job or to simply interact with other members in the community.

Last year, the Ontario Association of Public Health Dentistry began an oral health campaign which featured 5 Ontarians on a postcard who have obvious oral health issues. Chantal, one of the woman featured on this card, was asked if she had ever been to the hospital for her teeth because she was in pain. She replied, “plenty of times. There have been times when my face was swollen so much that I couldn’t sleep or eat anything. The physician would prescribe me with medication to make the swelling go down, but the pain medication didn’t help because of how badly infected my teeth are.”



Before her teeth decayed, and her mouth reached the state it’s currently in, Chantal worked at a popular fast food restaurant. She stated she was later fired from her employment based primarily on how her teeth looked. She has currently been looking for work for two years.

Your Teeth and Your Health

You may not even think about it, yet proper oral health and hygiene is important to your overall health status. Cavities and gum disease can lead to many more serious conditions including diabetes, respiratory infection, cardiovascular disease, arthritis and osteoporosis.¹²

In women, there is a risk of delivering pre-term, low birth weight babies.¹² Poor oral health can affect your appearance and your level of self esteem.¹² Vulnerable populations with low-income status are at an increased risk of oral health related issues due to their inability to afford and access proper dental healthcare.⁵ Prescription medication for chronic illness including neurological and psychological disorders can contain a large amount of sugar which disturbs the saliva, dries out the mouth, and promotes the growth of fungal infections and greatly increases the risk of dental caries and tooth loss.⁴

“It’s a strange truth of Canadian public policy: the care of our lips, tongues and throats is fully covered by public funding, but not our teeth and gums.” Armine Yalnizyan, CCPA

Gaps in Oxford County

In Oxford County, there is a program for **preventative** services such as cleaning, but there are limited to no services for actual **treatment** of dental issues. Unfortunately, what exists is a patchwork of care is for a limited number of qualified individuals. For example, if you are on Ontario Works and have a serious dental issue that requires extractions, Ontario Works can have all your teeth pulled yet there are minimal to no services for dentures and dentures are expensive.

“The current oral health system in Ontario is best described as fragmented, difficult to navigate, and missing large segments of the population.”¹⁴

According to a report published by United Way Oxford, 7,700 Oxford County residents living on social assistance (Ontario Works or Ontario Disability Support Program) or those classified as working poor are spending more than 30% of their income on housing. This means that they may not have funds for food, clothing, transportation or healthcare costs.¹³ Oxford County also has an average total income less than the Ontario average with both male and female annual average incomes being \$4,000-\$4,500 lower per year than other municipalities in Ontario.¹³

The Woodstock Salvation Army is, in some cases, able to help individuals most at risk with covering a portion of their dental needs, if they qualify. In some cases they can provide an individual with a loan upwards of \$200, but most times it is expect to be paid back. This still only covers a small portion of their dental costs. At a minimum, a subsidized cost for full dentures is \$900.

More recently, there has been increasing awareness of the challenges of the working poor. “These are individuals who have job, thus they cannot benefit from public programs that target unemployed families, yet their jobs do not provide dental benefit.”¹⁴ The recent Canadian Health Measure Survey showed that middle-income families have more severe oral disease than do those on social assistance and with low education.¹⁸



Middle income seniors are also often at risk of oral health issues due to a lack of benefits once they retire. With an aging population on the rise the number of seniors requiring dental care is going to increase. Senior dental care in Ontario is almost non-existent. Last year, about 45% of people aged 65 and older did not see a dentist.¹⁵ In some areas of the province, seniors with low income can be placed on waitlists for years just to receive simple dental services such as cleanings or checkups.¹⁴ Proper teeth are vital in achieving proper nutrition, which becomes even more important as this age group is a vulnerable population. While some colleges and universities offer programs aimed at seniors with a low income, due to popularity of the programs there are long waiting lists.

Dentures are an important part of dental care that is necessary and not affordable for many people with low incomes and for seniors. According to Health Canada, the loss of all natural teeth can lead to changes in eating patterns, nutrient deficiency and involuntary weight loss as well as speech difficulty.⁷ Dentures can cost anywhere from a few hundred dollars, to thousands of dollars.¹⁵ For someone living off social assistance this cost can be more than the amount they receive in a year.

Your Teeth and Public Health

The Association of Local Public Health Agencies (alPHA), recently released documentation providing resolutions for Ontario on how to improve the overall inequity within the oral health care system. OHIP pays to provide medical care to every part of the body except teeth, and one in five Ontarians do not visit a dentist because of cost.¹¹

There are different models to assist in the delivery of provincially funded oral health programs, some include services from Community Health Centres. A number of recent provincials reports have indicated the urgent need to move forward to transform the current oral care health system. The alPHA, suggests the following resolutions for oral care inequality:

- Remove the “no dental insurance’ eligibility criterion from the Healthy Smiles Ontario program.
- Streamline children’s dental treatment programs to make them more efficient, effective and equitable.
- Extend provincial programs to include adults who need and cannot afford emergency dental care.
- To continue to facilitate the partnerships between local health units and community health centres to assist with the delivery of provincially funded oral health programs.

The Ontario Dental Association (ODA) prides itself and its members on being a professional organization that represents dentists of Ontario. The ODA is “dedicated to the provision of exemplary oral health care and promotes that attainment of optimal health for all people of Ontario.”¹⁶ Their core values include excellence, accountability and social responsibility. While the ODA strives to provide quality oral health care to all of Ontario, implanting public programs allowing everyone to receive oral health care would truly be living up to their goals.

References

1. The London Free Press. (2014). Provincial Dental Plan Needed. Retrieved January 2014 from <http://www.lfpress.com/2014/01/14/provincial-dental-plan-needed-local-medical-officer-of-health-charges>
2. Health Canada. (2010). Canadian Health Measures Survey. Retrieved from www.hc-sc.gc.ca
3. Ministry of Health and Long Term Care. (2012). IntelliHealth Ontario
4. Public Health Ontario. (2012). Report on Access to Dental Care and Oral Health Inequalities in Ontario.
5. Canadian Centre for Policy Alternatives. (2011). Putting our Money Where our Mouth Is: Future of Dental Care in Canada. Retrieved from <https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2011/04/Putting%20our%20money%20where%20our%20mouth%20is.pdf>
6. Oxford County Public Health and Emergency Services. (2009). Oxford County Oral Health Status Report
7. Health Canada. (2009). Oral Health in Canada. Retrieved from <http://www.hc-sc.gc.ca/hl-vs/oral-bucco/index-eng.php>
8. Association of Ontario Health Centres. (2013). Consultation on Poverty Reduction
9. Ontario Ministry of Community and Social Services. (2013). Social Assistance in Ontario Monthly Report.
10. Canadian Dental Association. (2010). Position Paper on Access to Oral Care for Canadians
11. Association of Local Public Health Agencies. (2014). Overall Inequity within Oral Health Care System
12. Ontario Chief Medical Officer of Health. (2012). Oral Health—More Than Just Cavities. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf
13. United Way Oxford. (2008). The Oxford Social Report.
14. Ontario Association of Public Health Dentistry. (2012). Staying Ahead of the Curve: A unified Public Oral Program for Ontario? Retrieved January 2014 from http://www.oaphd.on.ca/images/stories/pdfs/DENTAL_REPORT_8_5x11_WEB.pdf
15. Ministry of Health and Long-term Care. (2014). Ontario Senior Secretariat: Dental Care
16. The Ontario Dental Association. (2014). History, Mission and Vision. Retrieved from <http://www.youroralhealth.ca/about-the-oda/history-mission-a-vision>
17. Ontario Ministry of Health and Long Term Care. (2014). Healthy Smiles Ontario. Retrieved from http://www.health.gov.on.ca/en/public/programs/dental/hso_eligible.aspx
18. Health Canada: Summary Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009. Ottawa, Canada: Health Canada.



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What Can You Do?



Contact our local MPP Ernie Hardeman at 12 Perry Street, Woodstock, Ontario N4S 3C2 or 519-537-5222 and let him know that you think oral health is an issue relevant to all Ontarians and is a concern that needs to be recognized at a Government level. Change needs to happen.



Support local efforts to be part of the solution! Let's design a solution that **creates wellness for all!** Call Linda at 519-539-1111 x 205 to find out how you can get involved.



Contact Ontario Premier Kathleen Wynne to discuss the issue of oral health for Ontarians at 416-325-1941, by email at premier@ontario.ca or by mail at Attn: Kathleen Wynne, Premier, Legislative Building Queen's Park Toronto ON M7A 1A1



Your ideas?