

# **Responding to the COVID-19 Pandemic: Time to Ensure Dental Care for All**

## **Submission to the House of Commons Standing Committee on Health**

July 2020

**From:**

Ontario Oral Health Alliance  
Contact: Jacquie Maund  
[jacquie.maund19@gmail.com](mailto:jacquie.maund19@gmail.com)



The Ontario Oral Health Alliance is a network of public health professionals, community health workers and community dental coalitions which seeks to ensure equitable access to dental care. Formed in 2007, the Ontario Oral Health Alliance is concerned that too many people in our communities cannot afford dental care and we believe that government must play a role to improve access to care. We work closely with national partners and organizations such as the Canadian Association of Community Health Centres and the Canadian Association of Public Health Dentistry.

## **Introduction**

Canadians are very fortunate to live in a country with a universal healthcare system and a strong social safety net. But Canada's response to the COVID-19 pandemic has exposed a number of weaknesses in those systems including: a lack of paid sick days for all workers in all provinces and territories; weak standards of care, including oral health treatment, in many long term care homes; and the lack of access to prescription drugs and dental care for people without workplace health benefits.

The Health Committee has the opportunity to review these and other shortcomings in public policies as it prepares recommendations to the federal government to build a strong and healthier Canada that will be more resilient and resistant to risks from COVID-19 and future health pandemics.

This submission will focus on access to dental care as a health issue. As pandemic restrictions are lifted and dental services resume we must not forget that 1 in every 5 Canadians cannot get oral health care because they cannot afford dental services.<sup>i</sup>

As the government examines how to fix gaps in our healthcare system and social safety net we urge the Health Committee to ensure that expanded public dental programs are part of the recommended changes in order to ensure dental care for all Canadians.

### **The Problem: Unequal access to dental care**

According to the Canadian Dental Association “dental caries (which includes all stages of tooth decay) is the most common, yet preventable, chronic disease on the planet and constitutes a major global public health challenge”.<sup>ii</sup> Across Canada every year almost seven million Canadians do not see a dentist because they cannot afford it.<sup>iii</sup> Too many people experience dental pain and suffering because they cannot afford basic oral health care.

You cannot work or look for a job if you have a dental abscess or are missing front teeth. You cannot eat properly if you are a live in a long term care home with decayed or missing teeth because of inadequate care. You cannot be truly healthy if you have diseased or painful teeth and gums. But Medicare does not cover the cost of care for our teeth and gums.

According to 2018 data from the Canadian Community Health Survey, 22.4 per cent of Canadians avoid dental care due to the cost. This means that more than 1 in every 5 Canadians are not able to afford dental care.

Canadians aged 18-34 are the group most likely to find cost a barrier to care, with 28 per cent of people in that age category affected. A study by the Commonwealth Fund in 2016 found that almost half (41 per cent) of low income Canadians did not get dental care or a checkup due to the cost of private dental care.<sup>iv</sup>

Approximately one-third of Canadians (35.4 per cent) do not have dental insurance.<sup>v</sup> We can expect that figure to grow rapidly in the next decade as the baby boom generation retires and loses workplace dental benefits, and the gig economy grows offering precarious employment which rarely includes employer dental benefits.

## **Health Impacts**

Oral health diseases are some of the most prevalent chronic diseases in Canada, yet they are largely preventable through upstream interventions.

There are links between poor oral health and the severity of other chronic conditions such as diabetes, cardiovascular and respiratory diseases.<sup>vi</sup> The most common surgery performed on preschool children at most pediatric Canadian hospitals is treatment of dental decay.<sup>vii</sup>

In seniors, poor oral health is a risk factor for aspiration pneumonia, dehydration and infirmity.<sup>viii</sup>

Getting oral health care is often a challenge for seniors and other residents in many retirement and long term care homes due to cost and access issues.

Few dental providers offer mobile dentistry or deliver care in long term care settings. Not all homes have established and maintained strong oral health policies and procedures to ensure dental care for residents.<sup>ix</sup> Public dental hygienists working in long term care facilities report problems including:

- insufficient staff to conduct routine and proper daily oral care;
- lack of staff training to provide effective oral health hygiene;
- lack of funding for dental treatment;
- lack of affordable providers of dental treatment;
- lack of in-house dental treatment facilities.

## **Current Status of Public Dental Programs**

There are some limited public programs for specific populations at the federal, provincial and territorial levels. All provinces and territories have limited programs they fund for people on welfare, for low income children, and in some cases for low income seniors.<sup>x</sup>

At the national level, the federal government funds private and public dental programs. It funds the largest national private dental insurance plan (the Public Service Dental Care Plan) for public servants and their dependents spending over \$328M in 2019. It also funds public dental programs for specific groups: First Nations and Inuit People (NIHB program), refugee claimants (IFH), veterans, the armed forces and inmates of federal penitentiaries.

But these public programs are clearly not meeting the need when 1 in 5 Canadians cannot afford to visit a dental office for oral health care. Low income working families are in great need of access to free public dental programs. High dental costs, wage stagnation, and the growth of precarious work are all factors that make access to dental care a growing concern for middle income Canadians as well.

## **Impact of COVID-19: More Canadians struggling to afford dental care**

The pandemic and economic shutdown has disproportionately affected specific populations in our communities: low wage workers working in multiple jobs or congregate settings; residents of retirement and long term care homes; homeless people; and people from racialized communities living in high density neighbourhoods.

These are many of the same populations that studies show struggle the most to get access to dental care and who have the highest levels of dental decay. The 2014 study by the Canadian Academy of Health Sciences found that vulnerable groups with the greatest difficulty accessing dental care include: low income families; young adults and others working with no dental benefits; seniors living in institutions or with low income; refugees and immigrants; people with disabilities; people living in rural or remote regions; and First Nations and Inuit people.<sup>xi</sup>

The problem will now be worse. Low income people who have lost their jobs due to COVID-19 shutdowns or who have lost income due to temporary business closures will find it very difficult to afford the high cost of private dentistry. Workers who have lost jobs with health benefits may not be able to afford basic dental care.

We know from past experience that many will turn to hospital emergency rooms and put pressure on that part of the healthcare system, even though they are unable to get treatment in hospitals. For example, in Ontario there are approximately 282,000 visits annually to physicians offices and to hospital emergency rooms for dental problems. This costs the healthcare system at least \$38 million annually but people cannot get dental treatment there, only get painkillers and antibiotics.<sup>xii</sup>

The struggle to pay for dental care will only get worse for many Canadians due to job and income losses during the pandemic.

## **Recommendations**

It is not fair that only people who can afford private dental care can have healthy teeth and gums. All Canadians should have access to the dental care they need to be pain free, healthy and well.

After the pandemic the need to invest in public dental programs will be stronger than ever.

We urge the Health Committee to recognize access to dental care as a health issue.

The federal government should step up to help fill the gap in access to oral healthcare experienced by 1 in every 5 Canadians who cannot afford private dental care.

The federal government should support expanded public dental programs – this could be through direct allocation of funding, and also through funding to support provincial/territorial dental plans for people not covered by private plans and who cannot afford dental care.

The federal government should develop policies that define the minimum level of oral health care that provinces and territories must make available to residents.

This would include working with the provinces and territories to ensure mandatory oral health standards in long term care facilities for daily oral care and annual access to professional dental care are met.

The federal government should seize this opportunity to take concrete steps that move Canada forward to ensure dental care for all.

---

i <https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00010-eng.htm>

- 
- ii <https://www.cda-adc.ca/stateoforalhealth/ files/TheStateofOralHealthinCanada.pdf>
- iii <https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00010-eng.htm>
- iv <https://www.commonwealthfund.org/publications/surveys/2016/nov/2016-commonwealth-fund-international-health-policy-survey-adults>
- v <https://www.commonwealthfund.org/publications/surveys/2016/nov/2016-commonwealth-fund-international-health-policy-survey-adults>
- vi [http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral\\_health/oral\\_health.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf)
- vii <https://www.cps.ca/documents/position/oral-health-care-for-children#ref6>
- viii [http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral\\_health/oral\\_health.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf)
- ix [http://cahs-acss.ca/wp-content/uploads/2015/07/Access\\_to\\_Oral\\_Care\\_FINAL\\_REPORT\\_EN.pdf](http://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)
- x <http://www.caphd.ca/sites/default/files/FINAL%20-%202015%20Environmental%20Scan%20-%20ENGLISH%20-%202016%20Feb%202016.pdf>
- xi [http://cahs-acss.ca/wp-content/uploads/2015/07/Access\\_to\\_Oral\\_Care\\_FINAL\\_REPORT\\_EN.pdf](http://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)
- xii [https://www.oaphd.on.ca/images/stories/pdfs/OOHA\\_Fact\\_Sheet\\_2019.pdf](https://www.oaphd.on.ca/images/stories/pdfs/OOHA_Fact_Sheet_2019.pdf)