TORONTO

STAFF REPORT
ACTION REQUIRED

Improving Access to Dental Care for Low Income People

Date:	February 11, 2008
To:	Board of Health
From:	Medical Officer Of Health
Wards:	All
Reference Number:	

SUMMARY

For almost 100 years Toronto Public Health (TPH) has been providing dental services to children in low income families. Dental services are not included in the provincial health insurance plan which means that these children would find it difficult, if not impossible, to access basic dental services if their families do not have dental insurance. Since 1993 Toronto Public Health has also been providing basic dental treatment services to eligible low income seniors, to low/no income parents enrolled in some public health programs, and seniors living in long-term care facilities. These health services are not mandatory under Provincial standards/guidelines and are fully funded by the municipality.

In 1987 the Provincial government introduced the Children In Need Of Treatment dental program for children of low/no families who have urgent dental problems and in 1998 introduced a dental program for dependent children of Ontario Works recipients. These programs are cost shared between the Province and the municipality.

Since 1999, the Board of Health (BOH) has been advocating to the Minister of Health and Long-Term Care for provincial funding for dental care for marginalized populations. The current provincial government committed during the recent election to spend $45 million to improve access to dental care for low income families. The BOH should join other advocates in advising the provincial government on the most effective use of these funds based on public health's extensive experience in the delivery of basic dental care for low income families.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1) the Board of Health write to the Premier of Ontario, the Minister of Health and

Long-Term Care (MOHTLC) and the Ontario Cabinet Committee on Poverty Reduction:

a) commending them on their acknowledgement in the last provincial election that access to basic dental care is essential for Ontarians who do not have dental insurance through employment and who cannot afford to pay.

b) requesting that the $45 million promised in the election campaign be used to improve access to basic dental care and improve the health of Ontario's children and adults who are suffering from dental diseases.

c) reiterating that local Public Health Units play an important role in oral health in schools and in their communities and therefore should be included in the planning process for the allocation of these funds.

d) informing them that since this important health issue has been neglected for so long, health and social services agencies in some municipalities have developed local charity solutions to assist the most vulnerable members of their community access dental care for the relief of pain and infection. This model of providing dental care is not sustainable.

e) recommending that the $45 million be used to build on existing infrastructures in local communities that already serve low/no income people and so maximize the health benefits for low/no income Ontarians.

f) endorsing the recommendations in the Toronto Oral Health Coalition Proposal (see Attachment 2).

g) stating that while this is a good initial step to address unmet needs for basic dental care, a comprehensive approach is necessary to ensure equitable access to basic dental care for Ontarians.

Financial Impact

There is no financial impact to the City of Toronto arising from this report.

DECISION HISTORY

The Board of Health has approved several motions requesting the MOHLTC to include dental services in Ontario Health Insurance Plan (OHIP) and or fund dental services for low/no income people as follows:

- Recommendation #5
  http://www.toronto.ca/legdocs/1999/minutes/committees/hl/hl990125.htm
- Recommendation #1
  http://www.toronto.ca/legdocs/2000/minutes/committees/hl/hl000403.pdf
- HL2.13
  http://www.toronto.ca/legdocs/mmis/2007/hl/minutes/2007-02-26-hl02-mn.pdf

- HL4.13
  http://www.toronto.ca/legdocs/mmis/2007/hl/minutes/2007-05-14-hl04-mn.pdf
- HL6.13
  http://www.toronto.ca/legdocs/mmis/2007/hl/minutes/2007-07-09-hl06-mn.pdf

While the MOHLTC has never formally indicated that the BOH's requests were being considered, in the last Ontario provincial election, the Ontario Liberal Party promised that, if elected, they would spend $45 million to improve access to dental care for children. The Board of Health can play a key role in advocating that the Province fulfil this promise.

ISSUE BACKGROUND

When Medicare was introduced, dental care was excluded. Access to dental care has therefore become a benefit of employment or one must have adequate financial resources to pay for care.

This has resulted in longstanding differences in the oral health status of different segments of the population. Low income families, unemployed, underemployed and retired people without dental benefits tend to visit the dentist less frequently and have poorer oral health than people who have dental insurance or adequate disposable income. These differences are persistent over one's lifespan.

Poor oral health reduces a person's quality of life, employability and sociability. Untreated dental infections can also contribute to chronic diseases such as cardiovascular, and respiratory illnesses, and diabetes.

In response to this health need, Toronto Public Health provides dental treatment for children and adolescents enrolled in schools, who live in low/no income families and who do not qualify for provincial dental programs, low/no income mothers enrolled in some public health programs, and low/no income seniors. These programs are not mandated by the Province and are 100% funded by the City of Toronto.

Attachment 1 gives examples of the experiences of some adult clients who use the Scarborough Urban Health Outreach dental clinic and the barriers they face in seeking basic dental care. These clients are not currently eligible for the Toronto Public Health dental program.

COMMENTS

To address the gap in access to dental care for Toronto's low/no income adults, several health and social services agencies formed the Toronto Oral Health Coalition (TOHC). Since 2000, the Coalition has been advocating to the provincial government for access to dental care for this population. In addition, the Toronto Star's series on Poverty in Ontario demonstrated the impact of lack of access to affordable dental care, resulting in increased public awareness of this issue.

Some member agencies of TOHC (e.g. Scarborough Dental Working Group, Regent Park Community Health Centre, SHOUT and Parkdale Health Network) have tried to fill this gap in health care services by operating charitable funded dental clinics. Except for Regent Park

Community Health Centre, dental services are provided by volunteer professionals with agency staff managing the clinics in addition to their regular jobs. Maintaining these dental clinics has been challenging since recruitment of volunteer dentists is difficult and demand for services greatly exceeds the capacity of these volunteer clinics. For example, the Parkdale Health Network clinic has one volunteer dentist who works one half- day per month at the dental clinic in St. Joseph's Hospital. This clinic has a waiting list of over two months. This means that people with toothaches and oral infections must wait 2 or more months for care. It is becoming clear that this model of dental care delivery is unsustainable and does not meet the dental health needs of low/no income people in Toronto.

Since the current provincial government has promised to spend $45 million to improve access to dental care for poor families, TOHC has submitted the attached proposal (see Attachment 2) to the provincial government recommending how these funds could be spent. Since $45 million is not sufficient to address the backlog of needs province-wide, it is the Coalition's position that these funds should be spent to develop local solutions to assist the most vulnerable members of our communities. In addition, the existing infrastructure of volunteer clinics and other agencies such as Community Health Centers and Public Health that provide limited dental care to this segment of the population, should be strengthened and given the resources to meet the dental health needs in their communities. Since most dental diseases are preventable, it is TOHC'S position that oral health promotion and dental disease prevention should be integral to whatever measures the provincial government introduce to address this issue.

The Medical Officer of Health is recommending that the Board of Health endorse the recommendations of TOHC, of which TPH is a member, to the Premier, the Minister of Health and Long-Term Care and the members of The Ontario Cabinet Committee on Poverty Reduction.

CONTACT

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SIGNATURE

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Dr. David McKeown
Medical Officer of Health

ATTACHMENTS

Attachment 1: Case Histories of Patients Who Use the Scarborough Urban Health Outreach Dental Clinic
Attachment 2: Proposal to Provide Basic Dental Care to No/Low Income Ontarians, Jan 28, 2008

Attachment 1

Case Histories of Patients Who Use the Scarborough Urban Health Outreach Dental Clinic

57 year old female – citizen

A personal support worker by profession, moved to Toronto a few years ago from the North. She wears a partial denture, has decayed upper teeth which are breaking off and a boil/ cyst with pus on her lower gum. She cannot find a job. She feels that this is due to her decayed teeth which give her a bad appearance when she smiles and talks. In order to make ends meet, she is currently working as a courier driver.

19 year old female – no status

A young woman with a two year old child has been working odd jobs (house work, baby sitting etc) since the age of six to support her family and herself, and now her baby. She was in excruciating dental pain. Unable to afford dental care, she applied to SHOUT dental clinic and University of Toronto, but didn't qualify. She went to Regent Park for an emergency examination and was told that she required root canal treatment which the clinic doesn't do. She received a temporary filling to relieve her pain, then came to the Urban Clinic to have the root canal done. She still needs extensive dental work, including root canals and fillings for multiple deep cavities and gross decay.

30 year old male – citizen

A newcomer to Toronto from the North, he is working at a minimum wage job trying to support his young son and himself. He had severe pain and swelling due to an impacted wisdom tooth. Unable to afford dental care, he put a heated screw driver against his tooth to relieve pain. This aggravated the infection further. He traveled from one place to another for three hours searching for help. Finally a hospital referred him to the Urban Clinic. The clinic took x-rays, checked the tooth, and gave him antibiotics for the infection. The volunteer dentist personally booked and appointment for him with an oral surgeon who provided pro bono care.

37 year old female – citizen

A stay at home mother who has young children – twins and a newborn, was urgently in need of root canal treatment. Her low-income family cannot afford dental care. Her toothache made it impossible for her to take care of her children and function well. She had not eaten for a few days due to severe pain and teeth sensitivity. In her pain and frustration, she wanted to just pull the teeth herself.

43 year old female- citizen

A female with children to support, she is working at a minimum wage job, and sometimes has to go to food banks. She has had a toothache for a year, with occasional swelling and abscess under the tooth. She cannot afford to see a dentist or purchase medication (antibiotics) and so she has

been applying over-the-counter topical anaesthetic or crushed Tylenol powder over the tooth and around the gums to relieve the pain.

19 year old female- no status

A young woman with an eight month old baby was living with family friends after being thrown out of home for her behaviour. She is not in school, not working, and has no income. She has never been to a dentist. She was in severe pain from a deep cavity with exposed root canals. Ineligible for SHOUT clinic or Toronto Public Health, she came to the Urban Clinic pleading for help.

21 year old male – citizen

This homeless young male was living on the streets until he recently found shelter and is attending a youth employment program. Through the program, he obtained a minimum wage job. He cannot afford medication or dental care, and sometimes transit fare. Erupting wisdom teeth are causing him severe pain and swelling, making it hard for him to work and concentrate. Even if he went to a walk-in medical clinic, he could not afford to buy prescribed antibiotics to at least ease the infection/ swelling. His youth employment worker adds that young people like him seem to always fall through the cracks and may turn to drugs or other means to relieve the pain and feelings of helplessness.

42 year old female – citizen

This very distressed woman has had a severe toothache. The gum around her upper right molar is swollen, and the tooth is breaking off because of deep decay. Unfortunately the tooth is the anchor tooth for her partial denture which is now losing support. Her teenage child has leukemia and requires constant care. Her husband works at minimum wage, and sometimes has to work overtime in order to buy food. She has very little time and no money to see a dentist. At the hospital where her daughter receives treatment, she asked for dental care but could not afford the $65 for assessment and treatment. The hospital performed an emergency exam, detected swelling and an infection, prescribed antibiotics and referred her to the Urban Clinic. The Urban clinic gave her the necessary antibiotics which has eased the swelling and pain in the interim.

Attachment 2

PROPOSAL TO PROVIDE BASIC DENTAL CARE TO NO/LOW INCOME ONTARIANS

By: Toronto Oral Health Coalition
and
The Ontario Oral Health Alliance
January 28, 2008

Statement of Purpose

This proposal is in response to a request from the Ontario Minister of Health, The Honourable Mr.George Smitherman, for a proposal with options to address the issue of lack of access to basic dental services for low/no income adults in Ontario.

Executive Summary

The impact of oral health on general health is well documented, yet primary oral health care is not covered under the Ontario Health Insurance Plan (OHIP). Poor oral health has been linked to a variety of systemic conditions including: diabetes, cardiovascular diseases, respiratory illnesses and pre-term low birth weight babies. The burden of dental diseases is concentrated in populations who have limited access to care. These people are usually low income, do not have dental insurance, may be socially disadvantaged and/or are newcomers to Canada. Oral health has also been shown to have an impact on a person's quality of life, with low income groups reporting poorer self-perceived oral health and dissatisfaction with their oral health status.

There are significant gaps in the provision of dental care in Ontario. In addition a large percentage of Ontarians (40%) do not have coverage for dental care by either private insurance or public programs. This proposal presents an overview of dental services in Ontario and provides options to improve access to basic dental care for no/low income Ontarians. These options include extending government dental programs to include age groups not currently covered; incorporating dental services as a primary health service in Community Health Centres and other community agencies and public-private partnerships.

Recommendations

The Toronto Oral Health Coalition and the Ontario Oral Health Alliance are recommending the following:

1) That the Ontario government develops policies on the provision of dental care for those who do not have access to care because of lack of finances.
2) That the Ontario Government standardize the services covered under government funded dental programs.
3) That an effective community education-prevention component be included in the program.
4) That funding is provided for local public health units to work in partnership with local health and social service agencies including community health centres, to develop models of care in their local municipalities to provide dental services that are accessible, affordable, and sustainable. These services are targeted to the residents in most need of care.
5) That funding is dependent on compliance with accountability measures to ensure residents most in need are receiving the services.
6) That the different models of care are evaluated to inform decision makers.
7) The Ontario Government establishes a Dental Advisory Committee to provide advice and support in the development of appropriate dental programs to address the inequity in access to primary dental care. The Dental Advisory Committee should include representatives from Ontario residents who would benefit from these dental programs, The Toronto Oral Health Coalition, The Ontario Oral Health Alliance, dental care providers e.g. dental hygienists, Community Health Centres, other stakeholders who provide health and social services to the target group.
8) That the $45 million promised by the Ontario government be allocated as follows:
   a) $2 million to screen preschool children to identify those at risk for dental caries
   b) $10 million to extend the Children in Need of Treatment dental program to 18 year old children enrolled in high school.
   c) $33 million to provide dental care for low/no income adults and seniors

OUTLINE

1) The Importance of Oral Health

2) Impact of Untreated Oral Disease

3) Oral Health Status and Access to Care

4) Dental Insurance Coverage

5) The Reality of Living in Poverty

6) Dental Services in Ontario

7) Options to Provide Dental Care/ Improve Access to Care

8) Recommendations

The Importance of Oral Health

It is undeniable that the mouth, as part of the body contributes to the health and well being of an individual. One cannot be healthy without a healthy mouth. Recent research links poor oral health to other chronic diseases e.g. diabetes, cardiovascular diseases, respiratory illnesses etc. Yet primary oral health care is not included in the services covered by the Ontario Health Insurance Plan (OHIP). For adults, access to primary oral health care is primarily a benefit of employment or wealth.

Many families and individuals who cannot afford regular dental care go without regular care and seek episodic care for the relief of pain. This leads to deterioration in their oral health, loss of vital teeth, and persistent infections from dental caries (tooth decay) and gum disease. The presence of persistent infections in a person's mouth may contribute to other more severe, life threatening conditions elsewhere in the body (1).

The purpose of this review is to summarize findings from recent scientific literature that highlight the need to incorporate oral health care into the public health care system in Ontario. There is very little data on the oral health status of adult Ontarians and so inferences have to be made from data that is available in other jurisdictions.

To that effect, the status of availability and access to oral health care from various studies is summarized. Also, findings that emphasize the impact of untreated oral and dental conditions are listed. Special attention is drawn to the effect on the working poor who shoulder the highest burden of oral diseases and yet have least access to care.

According to the US Surgeon General's Report on Oral Health (2), dental decay is one of the most common diseases in childhood. Among 5 to 17 year-olds, dental decay is five times as common as asthma and seven times as common as hay fever. According to a review by Locker and Matear (1), common oral disorders can have a significant impact on systemic health and the quality of life. Oral disorders affect both the well-being of individuals and society as a whole.

Impact of Untreated Oral Disease

The following is a summary of the key findings in Locker and Matear's review.

Pain

Pain is a common consequence of oral disease. Canadian studies(3, 4) have indicated that in a given month, between one third and two-fifths of the general population experienced oral or facial pain; between 6% to 9% had pain that was moderately severe to severe; the daily activities of one in seven were affected by this pain (5).

Functional problems

According to a study by Locker and Miller reporting on the oral health status in an

adult population aged 18 years and over, 13% were unable to chew a complete range of foods and 10% had problems with speech. Among the elderly, problems with chewing and speech were most common among those with no teeth and those wearing dentures.

Systemic Complications

Periodontal Disease and Pre Term Low Birth-Weight Babies

Studies in animals and humans have linked oral infection in mothers to pre-term low birth-weight (PLBW) babies. After controlling for other risk factors and covariates, mothers with severe periodontal (gum) disease were seven or more times at risk of PLBW (6).

Periodontal Disease and Heart Disease

Prospective studies have also found an association between periodontal (gum) disease and heart disease

1. A national study of Canadians aged 35 to 69 years found that those with severe periodontal (gum) disease had between three to seven times the risk of fatal coronary heart disease (7).
2. Case-control and prospective studies have also suggested that periodontal disease and tooth loss are associated with stroke (8). These studies also indicated that those with poor oral health may have up to three times the risk of stroke.

Periodontal Disease and Respiratory Disease

Poor oral hygiene in residents of long-term care facilities may place them at risk for colonization by respiratory pathogens (9). This is supported by the observation that rates of aspiration pneumonia are higher in those with natural teeth (10). One study reported that poor oral hygiene may be a major risk factor for respiratory tract infection in the institutionalized elderly (11).

Oral Health Status and Access to Care

Poor oral health is concentrated within low income, disadvantaged groups, new immigrants and those without dental insurance coverage. Within Ontario, rates of edentulism (people without teeth) among those 12 years and older, were 22% in the lowest income group and 5% in the highest income group (12). The main risk factors for high levels of dental decay (4 or more decayed crown surfaces) were low family income, no visit to a dentist in the last year and no insurance. According to a study in Quebec, the lowest income group had four times the risk of severe disease than the highest income group (13).

Among dentate(those with teeth) older adults in Ontario, the lowest income group had fewer teeth, fewer functional pairs of teeth, more decayed crown and root surfaces and more periodontal attachment loss than the highest income group (14). The lower income group also had poorer self-perceived oral health, were more likely to report that poor oral health impacted on their quality of life and were more dissatisfied with their oral health status. Over a three-year period 33% of those

living in households with an annual income of less then $20,000 lost one or more teeth compared to 19% of those in households with incomes of $40,000 or more(15). The lower income group lost on average three times as many teeth as the higher income group.

The most disadvantaged group was new immigrants; 22.9% needed restorations and 10.4% need urgent care (16).

Dental Insurance Coverage

The National Population Health Survey of 1996/97 indicated that a considerable proportion (40%) of Ontarians were not covered by private or public dental health insurance plans and programs(17). It is estimated that approximately 20% of the population do not seek dental care except on an episodic basis, because of lack or inadequate dental insurance and lack of enough disposable income to pay for dental care.

The Reality of Living in Poverty

The working poor are defined as individuals aged 18 to 64 who have worked for pay a minimum of 940 hours in a year, who are not full time students and have a low family income according to the Market Basket of Low Income (When Working is not Enough to Escape Poverty 2006). In addition to having lower wages, working poor individuals typically had jobs offering fewer benefits than other workers. For example, less than 25% of individuals living in a working poor family have access to a dental care plan, while this proportion was close to 75 % among individuals living in higher income families. In Canada households spend on average close to $1,200 annually on health care with the largest share going to health insurance premiums and dental care.

Low income individuals, people without dental insurance and adequate income often try to access dental care only when there is an emergency. They usually go to emergency rooms in the hospitals where they get prescriptions for pain relief and infections, are told they need to see the dentist and then discharged.

In addition there are Ontarians who are in the process of seeking employment and other marginalised groups including people who are under-housed, homeless, mentally ill who are without dental benefits and so are unable to access dental services. Their lack of access to dental care further disadvantages them when they try to gain/regain self sufficiency and independence.

Dental Services in Ontario

There is a lack of policy on the provision of dental care in Ontario. So even where residents have private dental insurance, benefits may vary from 40% to 100% of a standard fee guide. Depending on the agreement, the fee guide on which the benefits are based, may be out of date. It is then the responsibility of the employee to pay the difference in fees. In large families even though they may have benefits, paying the extra billing fees may be prohibitive to accessing dental care.

The Ontario Works dental program for dependents (age 0-18 years) of Ontario Works recipients, are cost shared 80: 20 by the Province and Municipalities. This program is a province wide, fee for service program, administered by municipalities. In some municipalities, the Public Health unit administers the program. In other municipalities, private administrators are contracted to pay claims according to the fee schedule.

The Children in Need of Treatment (CINOT) Dental Program for children (0 – 14 years or Grade 8) of working poor families is also cost shared 75: 25 by the Province and Municipalities. This program is a province-wide, fee-for-service program, administered by local public health agencies. There are differences in the coverage between the provincial dental programs for children. In addition the fees paid to dentists for CINOT and OW is approximately 60% of the suggested fee schedule used in the private sector. This contributes to some dentists choosing not to treat clients who are eligible for these programs. Therefore, for clients on CINOT or OW, access to dental services may be restricted to those dentists who accept families in these programs.

For children in the foster-care system, there are a variety of models for providing care. These models include volunteer dentists, fee for service, and clinics owned and operated by the agency. For example Jewish Family Services uses a volunteer model, Catholic Children's Aid uses a fee for service model and Children's Aid Society of Toronto has operated their own dental clinic for 30-35 years.

Dental services for adult recipients of Ontario Works are discretionary programs and the level of coverage is determined by the municipalities. As such, across the province there is a range of benefits, from no benefits, to emergency only, to basic dental care. Where municipalities provide dental benefits there are different models of care. Some municipalities have their own dental clinics to treat adults on social assistance e.g. Ottawa, while other municipalities have a fee for service model e.g. Toronto.

Dental Services for people on The Ontario Disability Services Plan is funded 80% by the Province and is a fee for service model of care.

In some municipalities there are small municipally funded programs to assist the neediest. In these municipalities these programs are mainly targeted at adolescents and seniors who are in dire need.

In addition there are approximately 10 local coalitions made up of health and social services agencies, and service clubs, who use a variety of fundraising means to assist some of the neediest residents in their communities. Some of these coalitions also operate clinics using volunteer dentists, hygienists and clerical staff. The main difficulties with volunteer clinics is attracting enough volunteers and raising adequate funds to sustain these clinics. Service to the community is therefore unpredictable.

Toronto Public Health, (TPH) the largest municipality, in addition to administering the provincially mandated programs for children also offers dental services in 14 community clinics. Those who are eligible for the TPH program include children and adolescents who do not meet provincial criteria for CINOT and OW, independent living, low income seniors 65 years and older, and parents enrolled in some public health programs.

From the foregoing, it is apparent that there is recognition by Ontarians of the importance of access to dental services. However, because of the lack of clear policy, there has been no systematic method of ensuring access to care.

The evolution of dental care for underprivileged residents of Ontario, has been a mix of government funding, health and social service agencies and clubs responding to local needs. Therefore, there is the beginning of an infrastructure that exists in some municipalities to provide dental care to those in greatest need. With additional investments, these infrastructures could become sustainable entities for the provision of dental care for vulnerable groups.

In areas where no infrastructure exists funding should be provided to agencies in those communities to develop models of care that are suitable for those communities.

Options to Provide Care/Improve Access to Care

1) Standardize the services covered under Government Funded programs.

2) Extend CINOT/OW Program to cover age groups not currently covered.

3) Include dental services in the list of primary health care services provided in Community Health Centres and other agencies serving the working poor and other marginalised groups.

4) Develop public-private partnerships between Public Health Units, Community Health Centres, other stakeholders, including private dentists and hygienists at the local level to improve access and case management.

Recommendations

The Toronto Oral Health Coalition and the Ontario Oral Health Alliance are recommending the following:

1) That the Ontario government develops policies on the provision of dental care for those who do not have access to basic dental care because of finances.
2) The Ontario Government standardise the services covered under government funded programs.
3) That an effective community education-prevention component be included in the program.
4) That Funding is provided to local public health units to work in partnership with local health and social service agencies including community health centres, to develop models of care in their local municipalities. Dental services must be accessible, affordable, and sustainable.
5) That accountability measures are associated with the funding to ensure the neediest residents receive dental care.
6) That the different models of care are evaluated to inform decision makers.
7) That the Ontario Government establishes a Dental Advisory Committee to provide advice and support in the development of appropriate dental programs to address the inequity in access to primary oral health care. The Dental Advisory Group should include

representatives from the communities who would benefit from these programs, The Toronto Oral Health Coalition, The Ontario Oral Health Alliance, dental care providers e.g. dental hygienists, Community Health Centres, other stakeholders who provide health and social services to the target group, University of Toronto-Faculty of Dentistry, George Brown College-School of Dental Hygiene

8) That the $45 million promised by the Provincial Government be allocated to provide dental care to low/no income families as follows:
    a) $ 2 million to screen preschool children for early identification of children who are at risk for Early Childhood Tooth decay, a very rampant form of dental caries that affect children 0-6 years
    b) $10 million to extend the Children in Need of Treatment provincial dental program to include eligible adolescents enrolled in school
    c) $33 million to include dental services in Community Health Centres and other venues where health and social services agencies provide services for low/no income families. The attached Table 1 provides details on this recommendation.

It must be recognised that there is a backlog of dental needs province wide. So unless there is a major infusion of funding, it will take several years to address the inequity in access to dental services and so improve the oral health status of Ontarians. In the early stages of any dental program it should be anticipated that most of the funding may be used to relieve pain and infection and replace teeth in those individuals who are edentulous (without teeth). Since dental caries, the most prevalent form of dental disease in children and young adults, and periodontal disease the most prevalent form of dental disease in adults, are preventable, the Coalitions are recommending that community oral health promotion and prevention programs are strengthened province-wide.

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The Toronto Oral Health Coalition

The Toronto Oral Health Coalition was formed in 2002 with representatives from agencies, hospitals, private dentists, and public health dentistry in response to the growing need for oral health services for marginalized persons living in Toronto who desperately require this care and cannot access it. The Coalition's mandate has been to increase access to oral health care for low income persons, newcomers to the country, and homeless and under housed persons. Members of the Coalition continue to express great concern about the lack of dental services for their clients, and members regularly get calls from other agencies and clients learning of the work of the Coalition and seeking low/no cost dental care. There are NO programs available for low income persons from the ages of 18 to 64 in Toronto that are not based on volunteer dentists. These few programs, which rely on fundraising and/or dentists volunteering time and expertise, are difficult to sustain without stable funding. In addition, the demand for the service greatly exceeds the capacity to provide the service. These programs have waiting lists of several months.

Members of the Toronto Oral Coalition include:

Toronto Public Health, HIV & AIDS Legal Clinic, South East Toronto Project (Seto), Street Health Nursing Foundation, Inner City Health Program - St. Michael's Hospital, Regent Park Community Health Centre, Sherbourne Health Centre, Faculty of Dentistry - University of Toronto, George Brown College –School of Dental Hygiene, Dentists, South Riverdale Community Health Centre, Peel Public Health, and Parkdale Partners for Oral Health which includes representatives from Parkdale Community Health Centre, St. Joseph's Hospital, Toronto Western Hospital .

The Ontario Oral Health Alliance

The Ontario Oral Health Alliance is a partnership of provincial coalitions and advocacy groups who share the common goal of improving the health of Ontarians by increasing access to primary oral health care. The mission of the Ontario Oral Health Alliance is to advocate for a continuum of oral health for everyone. The continuum of oral health care must include oral health promotion, disease prevention and timely access to primary dental care.

Members of the Ontario Oral Health Alliance include the following organizations and geographic groups:

Victoria Order of Nurses, Public Health Units, Community Health Centers, Long Term Care Homes, Social Services, Ontario Association for Public Health Dentistry, Dental Professionals, General Public, Hastings, Prince Edward, Kingston Northumberland Ottawa Peterborough

PROPOSAL TO PROVIDE BASIC DENTAL CARE TO NO/LOW INCOME ONTARIANS

Age Group	Current Government Funded Dental Services	Financial Criteria for Determining Eligibility	Health/ Social Criteria for Determining Eligibility	TOHC Recommended Services	Comments	Service Delivery	Estimated Cost Projected Number of clients
0-4 years	Children in low/no families who are aware of Children in Need of Treatment (CINOT) program, if eligible, may access necessary dental treatment services	Families must declare financial hardship	Pain trauma, obvious decay etc	Children 0-4 years screened for early identification and referral of those with Early Childhood Tooth Decay (ECTD)	ECTD is an aggressive form of tooth decay that affects children 0-4 years old. This condition may result in loss of teeth giving rise to problems in speech, eating etc ECTD is increasing in some communities. Screening will allow early identification and intervention for those children who are at risk for dental decay and access to parents/ caregivers to increase their knowledge and ability on how to prevent dental diseases.	Public Health	$2 million Hire 30 hygienists province wide to screen not- for-profit daycares, Early Years Centers and other sites where families with young children visit

Age Group	Current Government Funded Dental Services	Financial Criteria for Determining Eligibility	Health/ Social Criteria for Determining Eligibility	TOHC Recommended Services	Comments	Service Delivery	Estimated Cost Projected Number of clients
5-14	Screened in high and medium risk schools as defined by Public Health Mandatory Program Guidelines Dependent children of Ontario Works (OW) recipients may access basic dental care. Children in low/no families may be eligible for CINOT.	Determined by Social services Families must declare financial hardship	None Must have pain, trauma, obvious decay	Standardization of services covered for both dependent children of OW recipients and children eligible for CINOT	CINOT and Ministry of Community and Social Services (MCSS) dental programs should be merged so eligibility criteria for treatment services are the same and there is one schedule of dental services for children who are eligible for government funded dental programs. This would eliminate current differences in eligibility and covered services. Depending on eligibility criteria and level of service, this could result in cost savings	Public Health Administered by Public Health. Services delivered by public health and private dentists	No additional funds

Age Group	Current Government Funded Dental Services	Financial Criteria for Determining Eligibility	Health/ Social Criteria for Determining Eligibility	TOHC Recommended Services	Comments	Service Delivery	Estimated Cost Projected Number of clients
18 – 64 years	For adult recipients of OW, dental services are at the discretion of municipalities. Some municipalities do not provide any services; others provide services ranging from emergency[1] to basic[2] services.	Determined by Social Services. Must be eligible for Ontario Works	Pain Ability to eat Infection Employability	Low Income Families and individuals in particular, parents of young children. Eligibility could be linked with public health programs for mothers e.g. Healthy Babies, Healthy Children, Healthiest Babies Possible, Canadian Prenatal Nutrition Program (CPNP) and or Community Action Program for Children CAPC etc Minimum - Emergency dental services with emphasis on prevention. If there is adequate funding, basic dental services.	Poor oral health negatively affects people's ability to gain employment. It also affects their self esteem and ability to socialize positively. The oral health of children is closely linked to the oral health of their mothers. The bacteria which cause dental caries have been shown to be transmissible from mothers to young children	To compensate for limited funding, local partnerships between Community Health Centers, Public Health units, private dentists, teaching institutions to develop the most cost effective, accessible method of providing care to clients with the greatest need.	$26 million 70,000 adults

Age Group	Current Government Funded Dental Services	Financial Criteria for Determining Eligibility	Health/ Social Criteria for Determining Eligibility	TOHC Recommended Services	Comments	Service Delivery	Estimated Cost Projected Number of clients
64+ years	Some municipalities provide basic dental services	Low income independent-living and institutionalized seniors.	Pain, Infection, maintain ability to eat, maintain ability to socialize,	Minimum-emergency dental services. If funding available, emphasize prevention and provide basic dental services	Dental disease has been shown to contribute to chronic diseases e.g. heart disease, gastrointestinal diseases, lung disease, diabetes etc	To compensate for limited funding, local partnerships between Community Health Centers, Public Health units, private dentists, teaching institutions to develop the most cost effective, accessible method of providing care to the most vulnerable clients.	$7 million 20,000 seniors

(1) Emergency dental services in this context is defined as dental services to relieve pain and infection.
(2) Basic dental services includes: examination, prevention services, fillings, extractions, root canal therapy and replacement of critical teeth e.g. front teeth