

# INFORMATION REPORT

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> July 11, 2012	
<b>SUBJECT/REPORT NO:</b> Chief Medical Officer of Health 2012 Oral Health Report (BOH12018) (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services	<b>PREPARED BY:</b> Dr. Chris Mackie (905) 546-2424 Ext. 5581  Glenda McArthur (905) 546-2424 Ext. 6607  Pat Tester (905) 546-2424 Ext. 7158
<b>SIGNATURE:</b>	

**Council Direction:** N/A

## Information:

On April 27, 2012, Dr. Arlene King, Chief Medical Officer of Health for Ontario, released the report, *Oral Health - More than Just Cavities*<sup>1</sup>. This report highlights the importance of oral health and equitable access to oral health services.

Dental caries (cavities) is one of the most prevalent and treatable diseases in humans. Other than the direct effects of pain, infection, and chewing problems, poor oral health in children has been associated with poor nutritional status and low self esteem, which leads to poor school performance. Periodontal disease (gum disease), which is more prevalent among adults, has been associated with serious health conditions such as cardiovascular disease, diabetes, bone related inflammatory diseases and low birth weight babies.

Ontario, in comparison to other Canadian provinces, spends the lowest per capita on dental care (\$5.67 compared to the national average of \$19.54). While the province and municipalities provide some publicly funded programs to assist families, sometimes these are difficult for clients to access. Dr. King states “the precariousness of access to dental preventive and treatment services, especially for low income Ontarians, makes little sense.”

Dr. King proposes four recommendations to improve oral health outcomes for Ontarians.

**Recommendation 1:** *Conduct a review of current policies and mechanisms to ensure that all Ontarians have access to optimally fluoridated drinking water.*

- Fluoridation is beneficial in reducing cavities and is equitably distributed to all through fluoridated drinking water.

**Recommendation 2:** *Conduct a review of how publicly funded oral health programs and services for Ontarians are monitored and evaluated. The review should include the quality, availability and appropriateness of current data and identification of missing data in order to improve programs and services.*

- Current data quality is inconsistent at a provincial level. As a result, data cannot be used to compare communities across Ontario. Currently, data collected is most useful at local levels.

**Recommendation 3:** *Explore opportunities for better integration and/or alignment of low income oral health services in Ontario, including integration and/or alignment with the rest of the healthcare system. This relates predominantly to the client journey, including making it easier for the client to access the care that is needed, when it is needed.*

- Publicly funded dental programs are described by Dr. King as a “patchwork” of services that are sometimes difficult for clients to access leaving many people falling through the gaps.
- Programs have different criteria and are difficult to navigate especially for people who struggle with low literacy and language barriers.

**Recommendation 4:** *Explore opportunities to improve access to oral health services as well as awareness of oral health services available to First Nations people in Ontario, with a focus on better integration and/or alignment of the variety of available dental programs.*

- Aboriginal communities have the poorest oral health outcomes of all Canadians as a result of poor access to oral health services and lack of awareness of the importance of oral health.

The Ontario Association of Public Health Dentistry (OAPHD) provided their response to the Chief Medical Officer of Health report in a letter dated May 28, 2012 (Appendix A). They support Dr. King’s recommendations and agree that more is needed to support all Ontarians to achieve better oral health. OAPHD has requested that they be included in the formal review of the oral health system.

Public Health Services Dental program will provide an Oral Health Status report for City of Hamilton citizens to Board of Health in Fall 2012.

**Reference:**

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<sup>1</sup> [http://www.health.gov.on.ca/en/public/publications/ministry\\_reports/oral\\_health/oral\\_health.aspx](http://www.health.gov.on.ca/en/public/publications/ministry_reports/oral_health/oral_health.aspx)



Dr. Arlene King  
Chief Medical Officer of Health  
11<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 1R3

May 28, 2012

Dear Dr. King,

I am writing to congratulate you on the April 2012 report, *Oral Health – More Than Just Cavities*, and to express support for the report's recommendations by the Ontario Association of Public Health Dentistry (OAPHD).

OAPHD recognizes there has been significant progress towards the advancement of oral health in Ontario in the last several years. The Healthy Smiles Ontario program is a major step forwards that makes sure children and youth from low-income families have access to basic dental care, including prevention. As well, the active support of the provincial government on fluoridation has been critical in making sure local governments know the importance of this safe and effective intervention. We thank you for your presentations at local Council and Board of Health meetings – you have been a positive difference maker in these decisions.

However, as indicated in your report, more is needed to ensure that all Ontarians have the opportunity to achieve optimal oral health. In particular, many low income adults lack the ability to access emergency dental treatment due to lack of coverage and/or funds; First Nations children experience very high rates of dental decay compared to the general population; and some residents with dental insurance may not be able to access care due to high deductibles, insurance which does not cover the necessary care, or insurance with low maximum thresholds (e.g., \$200 – which is barely enough to cover a check-up, cleaning, radiographs and a filling for one child). Thus, it is clear that significant gaps remain and need to be addressed.

OAPHD knows that Public Health can play a lead role in determining the future of Oral Health programs in Ontario. Health units have a long history of prevention, promotion and the provision of direct services. They also have worked together with community partners, such as local dental providers and Community Health Centers, to improve access for vulnerable populations who require dental care.

OAPHD would like to be part of the review process noted in the report recommendations and would look forward to working with other stakeholders in making the changes necessary to improve the oral health of Ontarians.

Yours sincerely,

A handwritten signature in cursive script that reads "Anna Gauthier". The signature is written in black ink and is positioned above the printed name and title.

Anna Gauthier  
President, Ontario Association of Public Health Dentistry