

Determining Family Dental Health

Family dental health in Ontario: A snapshot of community stories

2004

The Ontario Coalition of Community Action Programs for
Children (CAPC) and Canadian Prenatal Nutrition Programs
(CPNP)

Catholic Family Counselling Centre(Region of Waterloo)
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Why this research:



∞ To determine

- The social inclusiveness of current dental health policy
- Barriers to accessing dental health services
- The impact of lack of access on families

∞ To develop recommendations for a policy that is socially inclusive, creates oral health awareness and promotes access to dental health services

How we gathered information:

∩ Key Informant Interviews	(10)
∩ Focus Group Interviews	(5)
· 77 family members	
∩ Mail-In Surveys	(243)
∩ Total Participants	(330)

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What we asked people about...

- ∩ Current dental policy
- ∩ Family dental health concerns
- ∩ Barriers and facilitating factors
- ∩ Impact of lack of access to services
- ∩ Suggestions for improvements

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Findings: Current dental policy

∩ Lack of coherent policy

“...for the working poor, for seniors, for the community as a whole, there is no particular policy --- well I guess there is a policy --- there is a policy not to have any.” Key Informant

∩ However people acknowledged the existence of some national and provincial programs

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Who has access ?

- ∩ People with dental plans/ insurance
- ∩ People who can afford to pay and who give priority to dental health
- ∩ People who have access to the national and provincial programs
 - First Nations and Inuit people through NIHB
 - Children 14 years and under through CINOT
 - Children under the cleft lip and cleft palate program
 - People on ODSP and Ontario Works (limited dental care)
 - Refugees and people in prison (emergency care)
 - RCMP, Canadian Forces, veterans

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Who doesn't have access ? People falling between the cracks

- ∩ The working poor / Low-income families
- ∩ Seniors
- ∩ People in long-term care facilities
- ∩ Small businesses' employees
- ∩ Homeless people
- ∩ The unemployed / underemployed / self-employed
- ∩ People who have lost dental coverage
- ∩ New Canadians

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Factors aiding access

- ∩ Availability of dentists / dental clinics in the community
- ∩ Financial resources
- ∩ Awareness and individual priority
- ∩ Positive early experience with dental services

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Barriers to access

- ∞ High cost of dental services
- ∞ Fear of dentists from previous negative experience
- ∞ The stigma of accessing service through social assistance

"It is very hard to get in to [see] a dentist when you are on social assistance. I called 25 dentists in Thunder Bay [when I was on social assistance] before a dentist would take me. It is too embarrassing. After the third one I was like, do I really want to keep calling? I feel stupid. They are not taking me because I am in this class."

Focus group participant

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Barriers to access

- ∞ Additional costs of going to the dentist
 - Transportation in rural and remote communities
 - Travel time and loss of day's pay from work
 - Having to take children out of school
- ∞ Non-availability of pediatric dentists
- ∞ Cultural barriers

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Impacts of poor dental health

∞ Association between oral health and general health

"Communities where there is high incidence of damaged children's teeth [there is also] high incidence of other problems like diabetes and cardiovascular diseases in later life." Key informant

∞ Poor nutrition

- Reduced appetite
- Restricted food choices
- Inability to chew and digest food properly

∞ Social and psychological impacts

- Low self-esteem
- Decreased self-confidence

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Impacts of poor dental health

∞ Economic effects

- Reduced employability

∞ Disrupted sleeping patterns

∞ Increased family stress

∞ Negative effects on children's development

- Reduced ability to reach developmental milestones
- Reduced readiness for school

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Policy suggestions

- ∞ Need for policy that is socially inclusive
 - Must clearly outline its objectives and create viable programs for achieving them
 - Must promote access to community-based dental services
 - Must enhance access to restorative and maintenance dental care
 - Must ensure that programs do not stigmatize users
- ∞ Need to make existing dental services more effective and accessible
- ∞ Need to create and promote affordable dental plans/insurance for small businesses

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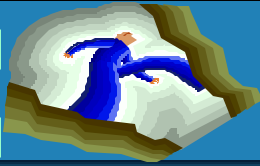


Policy suggestions

- ∞ Need for universal dental care under OHIP or a separate global fund for universal dental care
- ∞ Need for increased focus on preventive dentistry
- ∞ Need to link dental health with the broader social determinants of health
 - Income, social status, education and literacy, employment / working conditions, personal health practices and coping skills, health services and culture

"It comes down to the biggest influencing factor on oral health, [which] in our opinion, is poverty." Key Informant

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Challenges

- ∞ Lack of political will and awareness
- ∞ Perceived high cost associated with a universal access model
- ∞ Resistance to change

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What we can do

∞ Advocacy

“Advocacy should be undertaken by everyone and should be aimed at all levels of government (including elected representatives and policy makers), medical and dental professionals and the general public.”

Project steering committee

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Need more information? How can you get involved?

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