

National Oral Health Month

A Time to Make Oral Health a National Issue

April is National Oral Health Month. While individually we may simply forget to floss, as a nation we tend to ignore how critical oral health is to the overall health of Canadians.

Just as we cannot separate the jaw from the body, we cannot separate oral health care from health care. And yet, throughout the year, citizens, policy makers and governments engage in critical debates about universal health care in Canada, and absolutely ignore oral health. Spending on oral health care in Canada exceeds seven billion dollars annually, which is over seven percent of all health expenditures. The direct cost of dental health care ranks a close third behind cardiovascular disease and mental disorders in Canada.

One clear example of this omission is the recent Romanow Commission. Although many of us sent submissions, there is little mention of oral health in the 356-page *Future of Health Care* report. Canadians go to great lengths to protect universal health care, but we do not include oral health care. Somehow, the arguments for universal health care leave out our teeth and gums. And yet, oral health care is critical to general health and dental care should be a critical part of universal health care.

The result of excluding oral health from universal health care is that access to dental care in Canada is determined by the ability to pay rather than the need for care. In Canada, people with higher incomes purchase good oral health services and people with lower incomes pay the greater price of losing their teeth and compromising their overall health.

The inequity is unquestionable and yet totally ignored. Only one in four low-income Canadians have dental insurance and less than half visit the dentist within a year. With high income earners almost three in four are insured and almost twice as many report visiting a dentist in the previous year. Fully 98 percent of the highest income earners in Canada have their natural teeth, while one out of every four persons living on low-incomes are edentate – they have absolutely no remaining natural teeth.

Dental care is as essential to people living in poverty as it is to all Canadians, yet dental treatment is not considered to be essential. When oral health is excluded from universal health care we are omitting a significant health service necessary to all Canadians.

The impacts of untreated oral infections and pain spread far beyond the individual's gum line. According to the Canadian Dental Association, there is a link between oral diseases and other health problems, such as diabetes, heart disease and stroke, as well as pre-term and low-birth-weight babies. Although researchers are just beginning to understand how this link works, evidence is mounting that a healthy mouth is essential to a healthy life.

Untreated dental problems have enormous impacts on a person's life and the well being of our communities. The effects of poor oral health can complicate one's overall health and can result in days of needless pain and suffering. Affordable dental care is also an

employment issue. Dental problems are a barrier to getting work and keeping a job. Our communities' well-being is affected by individuals' lower quality of life, loss of self-esteem, restricted activities in our schools, work and at homes. Poor oral health compromises people's efforts to live a full life and results in further marginalization and humiliation for people on low incomes.

Possibly one-third of all Canadians cannot afford dental care through the current private, fee-for-service delivery system in our country. Through inadequate access to dental care low-income Canadians are denied full participation in Canadian life. By upholding inequitable oral health policies, we are creating a less equitable Canada.

During the National Oral Health Month of 2004, let us indeed address oral health as a national issue. Canada needs an Oral Health Strategy. We are one of few industrial nations without oral health goals and strategies. Provincially, health funds need to be allocated to provide oral health services to those who cannot afford them. Locally, some of us have been involved in establishing reduced-fee dental clinics. These clinics are effective in treating a small number of low-income people, but unable to address the structural issues raised in this article, namely, the policies that create and sustain the inequity.

In a country that champions universal health care for all, inequitable oral health care should not continue to be ignored.

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Bruce Wallace is the Research Coordinator at the Vancouver Island Public Interest Research Group (VIPIRG) and has written two reports on the issue of poverty and dental care in Victoria BC, reports that assisted in the development of a reduced-fee dental clinic in the downtown.