

June 7, 2017

VIA EMAIL

The Honourable Eric Hoskins
Minister – Minister's Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

RE: LGL Board of Health Letter in Support of Low Income Adult Dental Program in Ontario

In Ontario, there is no provincial dental program for low-income working adults and seniors. Despite the well documented importance of good oral healthcare, it is not covered by our provincial healthcare system. In 2014, the Ontario government promised to extend dental programs to low-income adults by 2025. This gap in our healthcare system cannot wait.

Untreated oral disease not only affects an individual's health, well-being, and self-esteem, but has significant cost implications on our health care system as well. Poor oral health is linked to diabetes, cardiovascular disease, respiratory diseases, adverse pregnancy outcomes, and poor nutrition. When tooth decay and periodontal disease are left untreated, chronic pain and/or infection may result.

In Ontario, an estimated 2-3 million people cannot afford to see a dentist (Ontario Oral Health Alliance, 2017). Limited dental coverage is available for adults in receipt of OW or ODSP benefits, but low-income working adults and seniors must pay for dental care. If they cannot afford to see a dentist, they may visit a hospital emergency department or family doctor for relief of pain.

- In 2015, there were almost 61,000 visits to hospital emergency rooms across Ontario for oral health problems. The most common complaints were abscesses and pain. At a minimum cost of \$513 per visit, the estimated cost was at least \$31 million (Ontario Oral Health Alliance, 2017).
- In 2014, there were approximately 222,000 visits to physicians for similar oral health problems. At a minimum cost of \$33.70 per visit, the estimated cost was at least \$7.5 million (Ontario Oral Health Alliance, 2017).

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Many of these locations are not staffed or equipped to deal with oral health concerns. Patients are provided with a “band-aid” solution of antibiotics and/or pain killers, referred to a dentist for treatment, and sent home. Still without the means to pay for dental treatment, the cycle begins again – the patient’s only option is to live in pain or return to the emergency room or doctor’s office for a short-term solution. Approximately \$38 million provincial health dollars, at minimum, are spent annually to address oral health problems, but not to treat them.

A commitment to a sustainable dental program that appropriately addresses the dental problems of those in need would deliver better value for the people and for the province. We recommend redirecting the funds currently spent in emergency rooms and physician’s offices to preventive care and dental treatment.

The Leeds, Grenville and Lanark District Board of Health looks forward to hearing from you regarding this important issue.

Sincerely,



Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc: Steve Clark, MPP Leeds-Grenville
Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
Jack MacLaren, MPP Carleton-Mississippi Mills
Ontario Boards of Health
Linda Stewart, Executive Director, alPHa