



Canadian Association of Public Health Dentistry  
Association canadienne de la santé dentaire publique

## **Position Statement on Access to Oral Health Care, June 2019**

The Canadian Association of Public Health Dentistry (CAPHD) is committed to achieving equitable oral health care for all Canadians. The CAPHD last updated the position statement on access to oral health care in July 2006. Since then, more evidence with regards to oral health care utilization of Canadians has emerged, prompting this update.

- Oral health care in Canada is delivered through the collaborative efforts of various oral health professionals including general dentists, dental specialists, dental hygienists, dental assistants, denturists, and dental therapists (depending on the jurisdiction) (1). Non-dental professionals such as physicians, pediatricians, nurses, personal support workers, and other health workers also champion oral health and engage in improving oral health in certain communities (2-4).

- Oral health care in Canada is mainly privately funded, either through employer-based insurance (approximately 62%) or out-of-pocket (32%). Only 5-6% of oral health care is publicly funded (5,6). Employer-based insurance coverage often changes based on employment status, i.e. full-time, part-time or contract employee. Additionally, over time, insurance companies have gradually reduced the service coverage under dental plans and have increased premiums and deductibles (7-11).

- Access to appropriate oral health care is a crucial determinant of oral health; however, not all Canadians have the same level of access (12,13). Factors both external and internal to an individual influence variation in access to oral health care. Along with the degree of availability of oral health professionals, other important contributors to the level of access to care include the ability to pay for care, the perceived need for care, language barriers, cultural preferences, and the acceptability of patients by oral health professionals (14).

- Availability of oral health professionals in rural and remote regions is still challenging, as evidenced by significant differences in dentist to population ratios across regions (15,16). Also, there is strong evidence that people of lower socioeconomic status, immigrants, Indigenous populations, the working poor, and the elderly make fewer visits to oral health professionals than those of higher social and economic status (5,12, 17-20).

- There are some publicly funded programs that address gaps in access to oral health care; however, most of these initiatives focus on children, especially those from low-income families and socially marginalized populations. There is considerable variation in publicly funded programs by province and territory based on population groups (14,21).

- The CAPHD advocates for a more coordinated and integrated approach at all levels of government to reduce disparities in access to oral health care. To gain more equitable oral health outcomes in our communities, a greater commitment is required from government, oral health professional organizations, and academic institutions (14,21).

### **Major conclusions:**

- Gaps in access to oral health care still exist among Canadians, especially those of lower socioeconomic status, immigrants, Indigenous populations, the working poor, people with disabilities, and the elderly.

- Ongoing assessment is required to monitor the trends in oral health care utilization of Canadians.

- Innovative interventions and approaches are needed at various levels of government and health organizations, and better communication and collaboration between all stakeholders is crucial for change to be effective and sustainable.

### **To achieve equitable access to oral health care for all Canadians, the CAPHD supports the following:**

- Inclusion of oral health care as a core or essential healthcare service for all Canadians.

- Exploration into options that facilitate equitable access to oral health care for vulnerable populations in Canadian society.

- Innovative approaches tailored to the oral health needs of populations living in areas that are underserved by oral health professionals.
- Models of financing and delivery that include both public and private provision of oral health care services.
- Improved education and training for oral health professionals in the treatment of vulnerable populations including medically compromised patients living in community settings and long-term care facilities.
- Improved oral health education and training for non-oral health professionals, facilitating their contribution to improving the oral health of communities.
- Promotion of awareness about the importance of oral health and accessing oral health care earlier in life; for example, promoting the concept of first visit by first birthday and establishment of dental home.
- Expansion of the scope of practice for oral health professionals, such as dental hygienists and dental therapists, to address gaps in oral health care.
- Preventive strategies in both oral health care settings and in non-traditional practice settings; for example, fluoride varnish applications in daycare centers, physician offices, or schools.

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