

Background Paper

Dental decay is one of the most prevalent chronic diseases to afflict children. Sixty per cent of 5 to 17 year olds are affected by this disorder. A rapid type of dental decay is early childhood tooth decay (ECTD), which affects preschool aged children and can impact negatively on the quality of their lives. ECTD can lead to pain, along with troubled sleeping and eating habits. This in turn can play a causative role in ‘failure to thrive’, in which children demonstrate lower than average weight and height for their age¹.

Clearly, oral health contributes to overall health. Nevertheless, coverage for dental treatment is excluded from the Ontario universal health care system. Since dental services are so expensive, cost is one of the most serious and common barriers to accessing regular dental care, particularly for persons with lower incomes. These individuals are less likely to have dental insurance and more likely to have to rely on public assistance programs, which often cover only ‘emergency’ treatment². Furthermore, dentistry operates under the “Inverse Care Law”, which states that “those with the least ability to pay for services have the greatest need for care”³.

There *are* programs in Ontario that will cover the cost of dental treatment for *eligible* children. As a result, most children with urgent dental treatment needs have access to dental treatment. Essentially, children who are dependents of social assistance recipients qualify for dental treatment coverage through Ontario Works. In addition, the Children In Need of Treatment Program (CINOT), a financial assistance program administered by the health unit, covers the cost of treatment for children aged 0-14 (and in some areas 0-17), with urgent dental treatment needs, whose parents are not on social assistance, do not have any insurance, and are unable to pay for treatment on their own.

Thus, while *most* children with urgent dental treatment needs are able to access dental coverage through existing financial assistance programs, there are still some children whose needs are left unmet.

For example, children with urgent dental treatment needs are only eligible for CINOT if their parents have no insurance. This means that families with partial insurance coverage will not qualify for the CINOT program, even if they cannot afford to pay for the uncovered portion of the dental treatment. As a result, some children with urgent dental treatment needs may be left without treatment.

In addition to this, there are many children with cavities (not considered urgent), who do not have access to dental treatment. For instance, in the 2004/2005 school year 8.1 per cent of children in the communities serviced by the Haliburton, Kawartha, Pine Ridge District Health Unit were assessed as having cavities that were not serious enough to meet the criteria for CINOT⁴.

The new Ontario Best Start Strategy is dedicated to ensuring that “many more children and parents have access to services and supports, regardless of individual economic or

social circumstances”⁵. In addition, the plan includes a commitment to strengthen “early and ongoing screening of Ontario’s children to identify potential issues, needs and risks”⁶.

In order to ensure that these goals are achieved and all children in Ontario, from all economic and social backgrounds have the best start early in life, the ability for all children to access regular comprehensive dental care and screening must be considered. When bearing in mind the prevalence of childhood dental decay and the poor effects serious decay can have on a child’s growth and development; and when bearing in mind that there are children in Ontario with dental treatment needs who are not eligible for existing assistance programs, it is evident that a dental care services component within the Best Start program is necessary.

References

1. Matear D, Locker D. Oral disorders, systemic health, well-being and the quality of life. Community Dental Health Services Research Unit. Faculty of Dentistry, University of Toronto; 2000.
2. Ontario Association of Public Health Dentistry, Hawkins R. Ontario Association of Public Health Dentistry position paper on poverty and children’s oral health, 2004.
3. Webb E. Children and the inverse care law. *BMJ* 1998; 316:1588-1591.
4. Haliburton, Kawartha, Pine Ridge District Health Unit (2005). Oral health screening results 2004/2005.
5. Ministry of Child and Youth Services (2005). Best start helping young children get the best start in life. Retrieved on January 10, 2005 from: <http://www.children.gov.on.ca/CS/en/programs/BestStart/default.htm>
6. Ministry of Child and Youth Services (2005). Best start helping young children get the best start in life. Retrieved on January 10, 2005 from: <http://www.children.gov.on.ca/CS/en/programs/BestStart/default.htm>