
Dental Care in Canada



Coalition *for*

Dentalcare

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ORAL HEALTH

“Multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex (head, face, and oral cavity).”



DENTAL CARE IS HEALTHCARE

- Associations

- Poor oral health linked to higher rates of:

- heart disease
- diabetes
- low birth weight
- aspiration pneumonia
- erectile dysfunction
- osteoporosis
- metabolic syndrome
- stroke



DENTAL CARE IS HEALTHCARE



- Causations
 - **Improves diabetic control** similar to an additional oral diabetes medication
 - **Reduces aspiration pneumonia risk**
 - **Reduces cardiovascular risk** category
 - **Increases completion** of substance use disorder treatment, employment, drug abstinence and decreased homelessness



DENTAL CARE IS HEALTHCARE

Dental infections can lead to **sepsis** and **death**



**Overall
Health**

The diagram consists of a large outer circle labeled 'Overall Health' and a smaller inner circle labeled 'Oral Health' positioned in the bottom right corner of the larger circle, illustrating that oral health is a component of overall health.

Oral
Health

- An infection of an upper tooth can spread to the brain
- An infection of a lower tooth can cause swelling and compression of the airway



Local News

Girl, 9, nearly died from dental infection while on Alberta child welfare officials' watch: report

Understanding How a Dental Infection May Spread to the Brain: Case Report

[Mitchell Levine](#), DDS, Dip Endo, MRCD(C)

Cite this as: *J Can Dent Assoc* 2013;79:d9



Tooth issues can cause life-threatening conditions, advocates say, as feds move on dental care



1% of annual emergency room visits made by patients with dental care needs



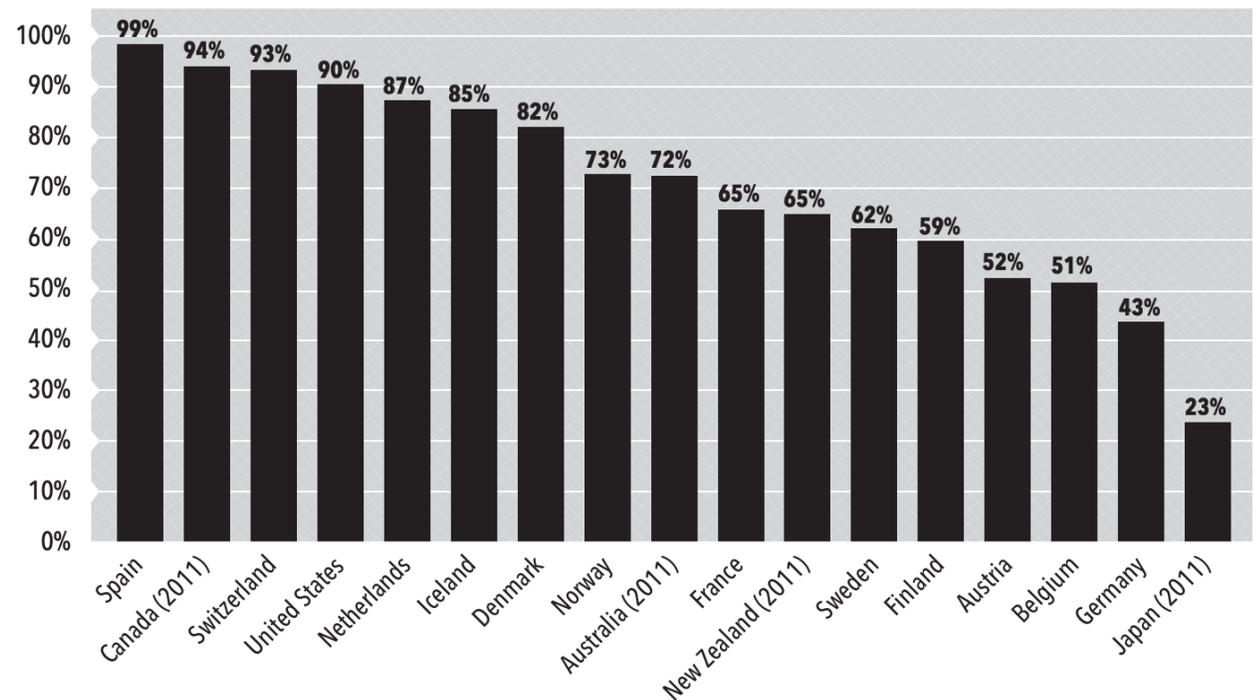
Sioux Lookout-area First Nations in 'dental crisis,' health authority says

First Nations health authority says one person died for lack of proper treatment.

ACCESS TO DENTAL CARE IN CANADA

- Dental care is **primarily privatized** in Canada with approximately **6%** from public spending on specific programs
- This reality places us at the bottom of public spending for dental care among OECD countries

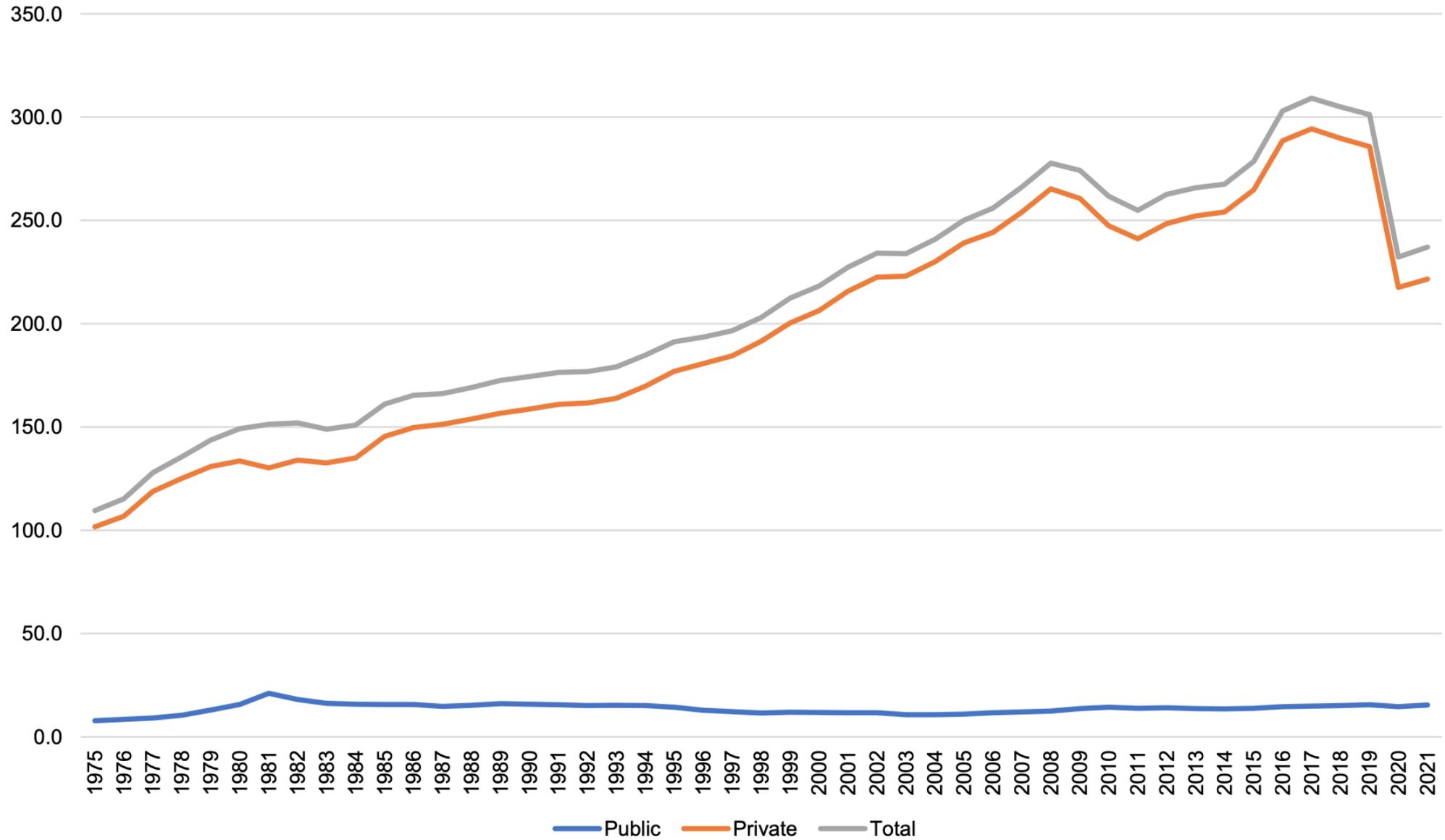
Percentage of dental care spending financed by private sources, various OECD countries, 2012



Source: Organisation for Economic Co-operation and Development, Database of health statistics.



Figure 1. Total, private, public per capita dental care expenditures, Canada, 1975-2021 (constant dollars)

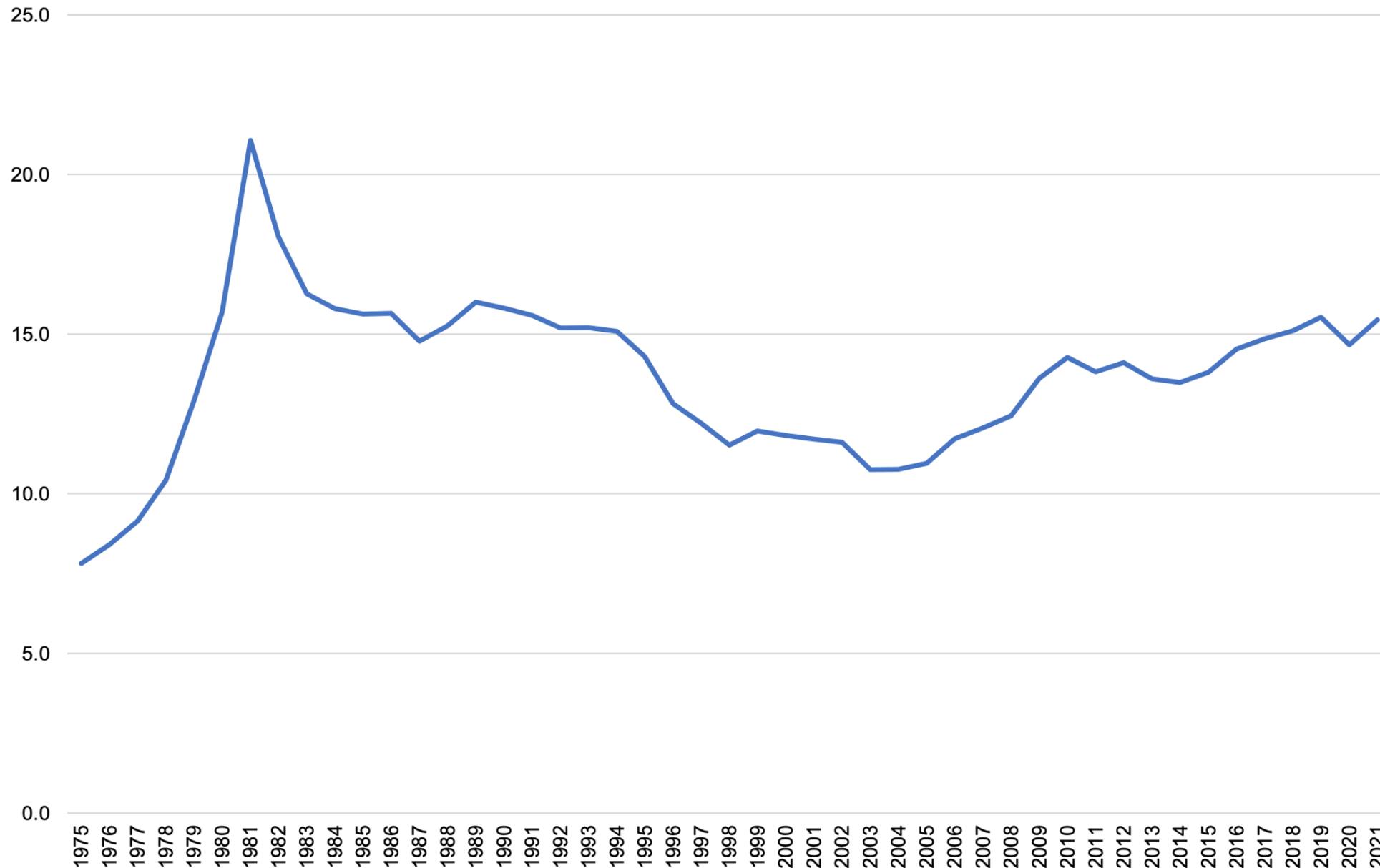


Source: National Health Expenditure Database, Canadian Institute for Health Information.

*2020 and 2021 estimates are forecasts

Environmental scan of publicly financed dental care in Canada: 2022 update.

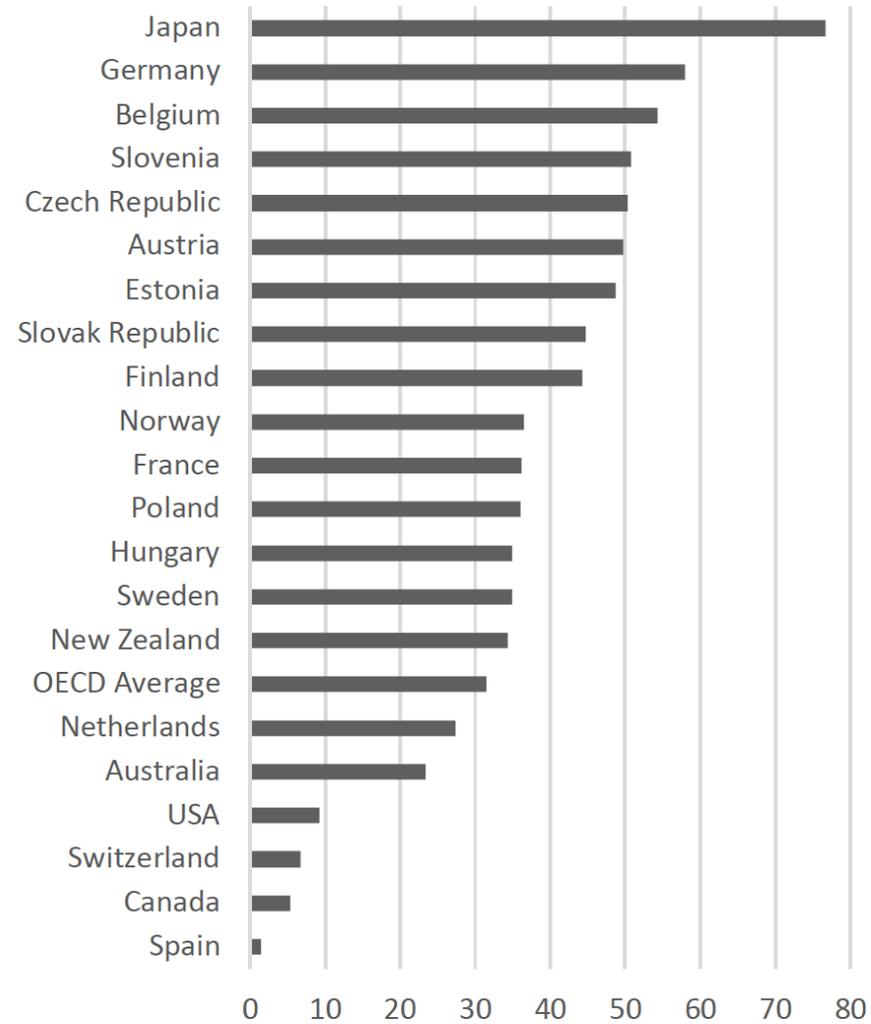
Figure 2. Public per capita dental care expenditures, Canada, 1975-2021 (constant dollars)



Source: National Health Expenditure Database, Canadian Institute for Health Information.

*2020 and 2021 estimates are forecasts

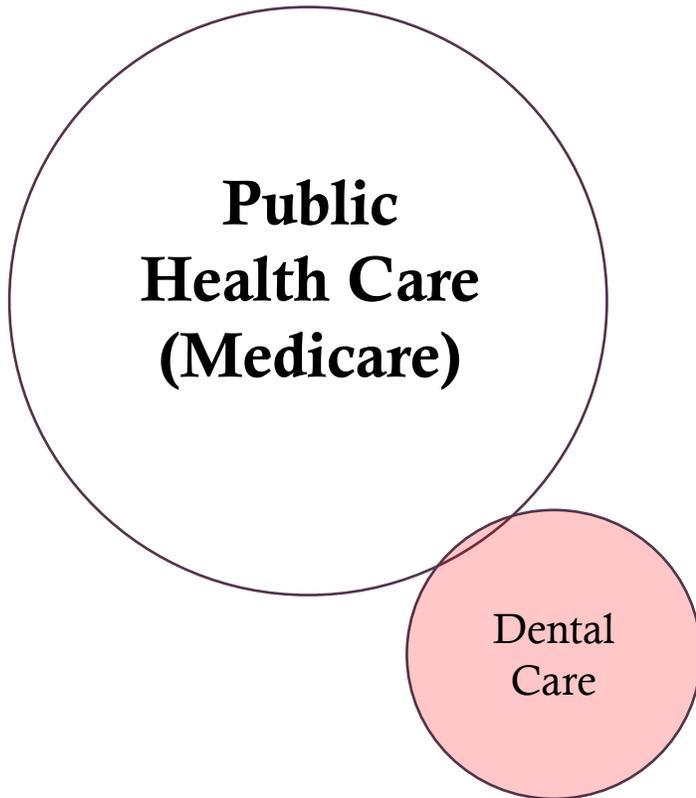
Environmental scan of publicly financed dental care in Canada: 2022 update.



Public dental spending as a share of total dental spending among OECD countries

Source: Marion Devaux, Income-related inequalities in health care services utilization in 18 selected OECD countries

THE ISSUE



- 5% PUBLIC SPENDING
- Privately: \$335 CAD per capita
- PUBLICLY: \$21.40 CAD PER CAPITA



- 11% PUBLIC SPENDING
- Privately: \$351 USD per capita
- PUBLICLY: \$38.61 USD PER CAPITA



CONSEQUENCES

- Over 1 in 5 Canadians avoid seeing a dentist because they cannot afford it
- 1 in 3 Canadians lack dental insurance
- 1.8 million Canadians are unable to chew



ACCESS TO DENTAL CARE IS GETTING WORSE

- Fewer employers providing work related dental insurance (e.g. gig economy)
 - Full-time low-income workers in Waterloo 56% less likely to have dental insurance than a decade ago
- More people are retiring and losing work related benefits
- Financial downturns (e.g. COVID-19)



CONSEQUENCES

- Visits to the Emergency Department for non-traumatic dental pain:
 - ~1% of all visits
 - Costs \$150 million dollar per year
 - Increased reliance on opiate and antibiotic prescriptions

Visits to ED per year

- **Ontario: 68,000**
- **Alberta: 35,000**
- **BC: 12,000**



CONSEQUENCES

- Early childhood caries is the leading cause of day surgery for children under 6
 - 19,000 per year

 **CBC** | MENU 

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Wait-list for children's dental surgery in Nunavut has doubled to 1,000

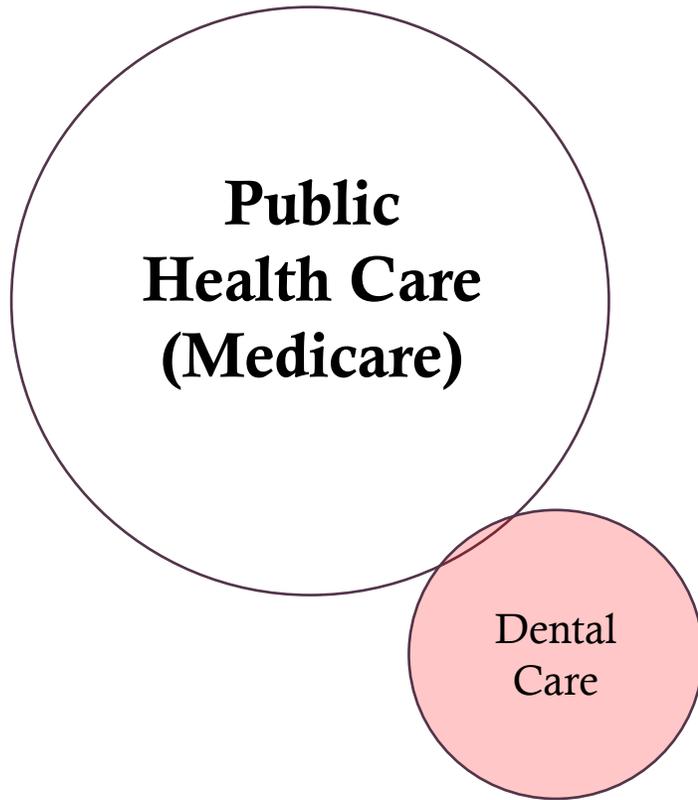


NDP DENTAL PLAN?

- End goal or stepping stone?
- Benefits and shortcomings?



CURRENTLY



- 5% PUBLIC SPENDING



THE NDP DENTAL PLAN



- 15-20% PUBLIC SPENDING

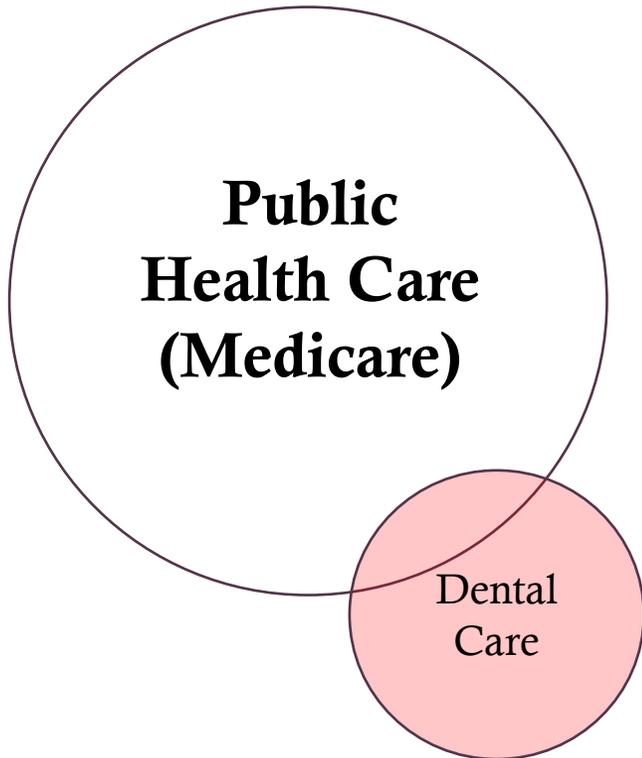


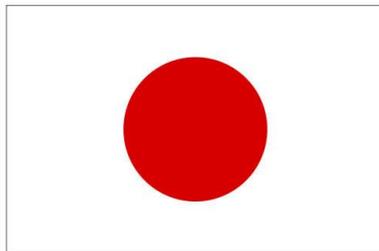
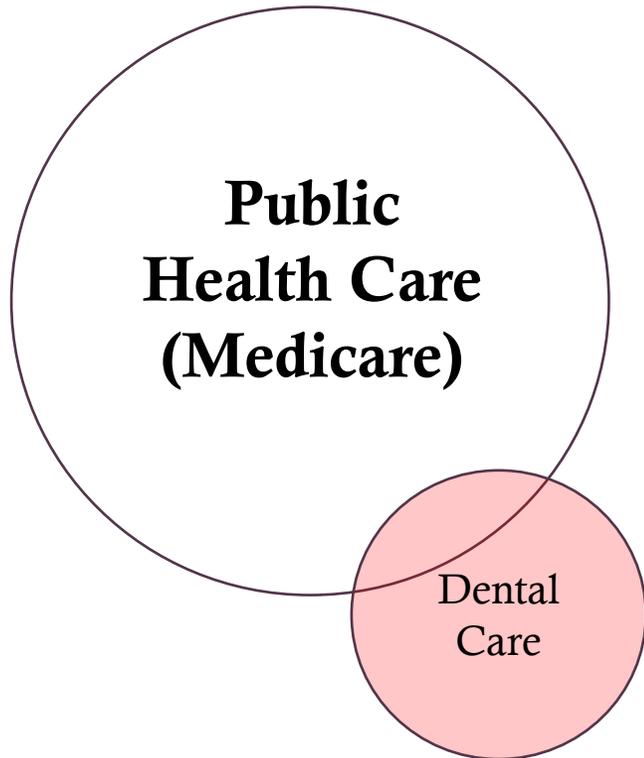
Figure 5.1: Proposed timeline for implementation of federal dental program for those with family income below \$90,000 per year (no copayments below \$70,000).^v

Source:

YEAR	GROUPS INCLUDED
2022	12 and under
2023	18 and under Seniors People living with a disability
2025	Remaining uninsured people below income cut-off



THE NDP DENTAL PLAN



- 15-20% PUBLIC SPENDING
- 11% PUBLIC SPENDING
- 76% PUBLIC SPENDING



The Solution: Universal Dentalcare

The Coalition for Dentalcare is promoting an alternative system that is guided by 3 main principles:

- Universal dental insurance
- Public ownership of some dental clinics
- Using mid-level dental providers
 - e.g. dental therapists



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Universal Dental Insurance

- Dental insurance that is free at the point of access provided to 100% of Canadians
 - Providing dental care based on need for care rather than ability to pay.
- Cost Savings
 - Remove the profit incentive for medically necessary dental insurance
 - Lowers spending in other areas of healthcare



TARGETED PROGRAMS

- As Walter Korpi and Joakim Palme put it, this

“creates a zero-sum conflict of interests between the poor and the better-off workers and the middle classes who must pay for the benefits of the poor without receiving any benefits.”



The Solution: Universal Dentalcare

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- Universal dental insurance
- **Public ownership of some dental clinics**
- **Using mid-level dental providers**
 - **e.g. dental therapists**



Public Ownership

- The private practice model has resulted in large numbers of dentists setting up in urban areas and focusing on luxury and cosmetic procedures leaving many communities with no dental providers.
- Public delivery seeks to guarantee access to a provider.
 - Public financing removes cost barriers to accessing care, but does not guarantee access to a provider.



Dental Therapy

- Provide dental procedures (e.g. cleanings, fillings, simple teeth extractions, pulpotomy, SSC)
- Numerous studies show dental therapists provide equal quality care as dentists at a lower price¹⁻⁴.
- 54 Countries utilize dental therapists⁵



1- Clinical technical performance of dental therapists in Alaska. J Am Dent Assoc. 2011;142:322–326.

2- Assessment of treatment provided by dental health aide therapists in Alaska: a pilot study. J Am Dent Assoc. 2008;129:1530–1535

3- A quality evaluation of specific dental services provided by the Saskatchewan dental plan: final report. Regina: Saskatchewan Department of Public Health; 1976.

4- An assessment and evaluation of dental treatment in the Baffin region. Ottawa: Medical Services Branch, Health and Welfare Canada; 1989.

5- Dental therapists: a global perspective. *International dental journal* 58.2 (2008): 61-70.

Saskatchewan Dental Plan

- **Saskatchewan** had universal school-based children's oral health plans (SDP) with dental therapists from 1974-87 for children aged 3-12 (later 15)
 - At its peak it treated 90% of school aged children
- Having dental clinics in schools resulted in more children using it.
 - Acceptance of the SDP twice as high as private practice based programs



The SDP was a Success

“A relatively small proportion of the population is receiving dental care, and that much of this care is received by those in higher socio-economic groups...the results of this study tend to support the contention that changes in the nature of the dental care delivery system are such that inequalities in the receipt of care are eliminated.”



NDP DENTAL PLAN

Pros	Cons
Rapidly fill gaps in coverage	Discrimination against targeted programs
Triple public dental spending	Eroding of program over time
	Private delivery
	Private insurance remains
	Limits to insurance



Questions?

If anyone is interested in joining the Coalition for Dentalcare please email us at coalitionfordentalcare@gmail.com

