



Niagara Region Adult Dental Health Care Barriers Survey Report 2017

A snapshot of those who face barriers to accessing dental care



The Niagara Dental Health Coalition conducted a survey in early 2017 looking at barriers faced by Niagara region residents aged 18 and over when accessing dental health care services. The survey was developed to help quantify anecdotal stories from local health and social service agencies to provide a more complete picture of the ways lack of dental care access impacts the lives of numerous Niagara region residents.



The survey was available both online and in paper copy from January 16 to March 10, 2017 and 1,334 responses were received.

Key survey findings include:

1. The top three reported barriers to dental care access: (1) cannot afford, (2) insurance does not cover, and (3) did not know where to go/had difficulty finding a dentist who will serve me.
2. The majority of survey respondents experienced negative impacts on their dental health outcomes and quality of life due to the barriers faced in accessing dental care.
3. Barriers to accessing dental care services often led survey respondents to use non-dental health care services or no health care services at all when faced with an oral health emergency.
4. The majority of survey respondents had no access to any dental insurance; this corresponded to lower dental health care utilization and worse self-rated dental health among those respondents.
5. The majority of survey respondents who were employed reported having no dental insurance.
6. Survey respondents who receive Ontario Works (OW) reported lower utilization of dental health services and worse self-reported oral health than respondents who receive Ontario Disability Support Program (ODSP).

The report concludes with a set of recommended actions aimed at reducing barriers to accessing dental health care services.

“Imagine your worst toothache ever. Then imagine you had to contemplate living with that for the rest of your life. My pain at least sometimes comes and goes, but I don’t know how much longer before it gets worse. This situation is inhumane.” - survey respondent

BACKGROUND

The Niagara Dental Health Coalition (NDHC) formed in 2015 and has been actively advocating for expanded access to dental health care services for adults and seniors living on low incomes. As part of its education and advocacy work, the coalition launched a Niagara-region wide survey for residents aged 18 and over to identify key barriers they faced when accessing dental health care services and the impacts of these barriers on their well-being.

The need for improved access to dental care has been well documented:

- Teeth and gums are not part of the Canada Health Act, leaving publicly funded oral health services very limited. Of Canada's national dental care expenditures, 4.9% are publicly funded, while Ontario is the lowest of all provinces and territories at 1.3%¹. This leaves those who do not receive oral health care as a benefit of employment or the ability to pay directly out of pocket struggling to pay for needed care.
- Income and insurance are the strongest determinants of utilizing dental health care².
- Dental insurance has an independent effect on utilization, meaning regardless of income level, the insured utilize more dental care than the uninsured².
- The ability to pay for dental health care or for insurance covering dental care is directly related to employment status, earnings and wealth³.
- The probability of receiving dental care is higher among individuals with higher levels of income and dental insurance coverage³.
- Individuals with poorer self-reported oral health are less likely to receive dental care and more likely to have cost-prohibitive dental needs².
- One-third of paid employees in Ontario do not have employer-provided medical or dental benefits. People with low earnings have lower levels of employer-provided health benefit coverage than those with higher earnings indicating most people working at or near minimum wage do not have access to health benefits. This low level of benefit coverage is consistent with Statistics Canada's finding that lower income households pay a larger proportion of their total after-tax income on out-of-pocket health expenses compared to higher income households⁴.
- In the absence of public or private coverage for uninsured health services, rising out-of-pocket health care expenses can limit access to crucial health supports and, as a result, compromise overall health⁴.
- The lack of access to dental care has implications for Ontario's health care system. An analysis of hospital emergency room visits for dental problems in Ontario in 2013 found 58,882 visits cost \$30 million, while an analysis of visits to Ontario physicians' offices for oral health problems in 2012 totaled 217,728 visits at a cost of \$7.3 million⁴. Additionally, in most circumstances, visiting the emergency department or physician's office does not resolve the issue, as these types of providers can only provide treatment that temporarily manages the symptoms of the dental concern.

¹ Canadian Academy of Health Sciences, 2014. Improving access to oral health care for vulnerable people living in Canada.

² Thompson, B., Cooney, P., Lawrence, H., Ravaghi, V. and Quiñonez, C. (2014). Cost as a barrier to accessing dental care: findings from a Canadian population-based study. *J Public Health Dent*, 74: 210–218. doi:10.1111/jphd.12048

³ Duncan, L., Bonner, A. (2014). Effects of income and dental insurance coverage on need for dental care in Canada. *J Can Dent Assoc*; 80:e6

⁴ S Barnes, V Abban, and A Weiss, "Low Wages, No Benefits: Expanding Access to Health Benefits for Low Income Ontarians," The Wellesley Institute (2015).

Limited access to oral health services by underserved populations is associated with poor oral health; in fact those reporting more oral health problems also have the greatest difficulty accessing care. Underserved populations include:

- individuals with no dental insurance who cannot afford oral health care services, for example: the working poor, retired seniors, unemployed, contract and part time workers;
- individuals living in remote communities with a lack of access to oral health care professionals;
- vulnerable populations including First Nations, individuals experiencing homelessness, immigrants, refugees, residents of institutions (e.g. long-term care homes), individuals who are gender and/or sexually diverse; and
- individuals living on a low income who have dental insurance, but cannot afford the deductible.⁵

Need for a Niagara Region-Wide Adult Dental Health Care Barriers Survey:

The demonstrated need for a survey that identified barriers to accessing dental health care as experienced by adults living in the Niagara region can be seen in the points below:

- Bridges Community Health Centre highlighted dental care issues in its catchment area of Fort Erie, Port Colborne, and Wainfleet in 2014⁶;
- Local health and social service agencies have anecdotally recalled frequent encounters with people across Niagara region who face challenges accessing dental care;
- InCommunities has documented unmet adult dental care needs in Niagara region, with examples including: the need for a list of dentists who will accept Ontario Works (OW) and Ontario Disability Support Program (ODSP) clients, the need for financial assistance for complex dental surgery, and ineligibility for the Brushed Aside Program, a dental loan program for Niagara region residents delivered through the United Way of St. Catharines⁷;
- Access to dental services is influenced by having access to dental insurance. Roughly 35% of Niagara region residents are without dental insurance⁸; and
- The ability to access private dental insurance is greatly influenced by income. Approximately 14% of Niagara region residents live below the low income cut off⁹.

Key Survey Objectives:

- To better understand and quantify barriers to dental health care access for adults in the Niagara region;
- To better describe and quantify the impacts of these barriers to dental health care have on issues such as overall health, social interactions, and employability;
- To expand upon the findings in the Canadian Community Health Survey (CCHS) by taking a targeted approach to explore dental health care barrier issues and impacts in Niagara region;
- To keep the issue of dental health care access barriers on the radar with current data and information to present to decision makers; and
- To work in partnership with key stakeholders to raise community awareness, provide guidance, and advocate for expanding publicly-funded adult dental programs.

⁵ College of Dental Hygienists of Ontario. (2014). Review of Oral Health Services in Ontario. Retrieved from <http://www.cdho.org/docs/default-source/pdfs/oral-health-rpt/ohsreview51dfeb2345546ecf8212ff0000bff24c.pdf?sfvrsn=6>

⁶ R Barron and L Kleinsmith, "Bridges Community Health Centre Dental Health Report" Bridges Community Health Centre (2014).

⁷ INCommunities. (2017). Unmet Needs in Niagara: 211 Central South Report. Retrieved from <http://www.niagaraknowledgeexchange.com/wp-content/uploads/sites/2/2017/07/Niagara-Unmet-Needs-2016.pdf>

⁸ Statistics Canada. (2010) Canadian Community Health Survey.

⁹ Statistics Canada. (2016). Retrieved from [http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?](http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3526&Geo2=PR&Code2=35&Data=Count&SearchText=niagara&SearchType=Begins&SearchPR=01&B1=All&TABID=1)

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SURVEY METHODOLOGY

A total of 1,334 surveys were collected between January 16 and March 10, 2017, with representation from all twelve Niagara region municipalities. The survey was targeted at adult residents aged 18 and over who experienced barriers to accessing dental care.

The survey was available in both paper and online formats. Community partners from across Niagara region were approached to promote the survey and over 20 supported this work. The survey was promoted online via Facebook and Twitter. Paid Facebook boosts and Kijiji ads were particularly effective in extending the reach. Two print media articles ran in local newspapers promoting the survey ([Why Can't You Get Good Dental Care?, Survey to Unearth Barriers to Dental Care Accessibility](#)) as well as a blog on the Niagara Knowledge Exchange ([Niagara Dental Health Coalition Running Region-Wide Survey on Dental Care Barriers](#)).

Survey Respondent Demographics:

Gender

Male	29.7%
Female	69.8%
Other	0.5%

Age

18-24 years old	9.3%
25-34 years old	20.3%
35-44 years old	19.0%
45-54 years old	16.7%
55-64 years old	18.5%
65 years old or older	16.1%

Survey Limitations:

- The self-report method used to obtain information from respondents relied upon their willingness to complete all survey questions, as some survey questions were optional, as well as their perception and understanding of the survey questions;
- Although efforts were made to allow residents throughout the Niagara region who experienced barriers to dental health care to complete the survey, the responses received and further findings are not representative of regional Niagara demographics or the individual municipalities;
- The gender breakdown of the survey is not uniform as 70% of the respondents identified as female;
- The results of the survey are not reflective of all adults' dental care experiences across the Niagara region, but rather of those who already face barriers to accessing dental care. Therefore, the results cannot be generalized to all adults across the region; and
- The survey asks about adults in general, and does not ask specific populations to identify themselves. Therefore, the survey is not able to speak to the experiences of vulnerable populations, such as seniors, for example.

Thirteen survey questions were generated with support from Niagara Region Public Health SHARE (Surveillance, Health Assessment, Research and Evaluation) unit and explored several areas including:

- Barriers or problems accessing dental health care services;
- Dental benefit access;
- Last visit to dentist;
- Dental health concerns;
- Impacts on quality of life;
- Self-reported dental health status; and
- Socio-demographic information, such as gender, age, employment status, and household income.

KEY SURVEY FINDINGS

1. The top three reported barriers to dental care access:

- 68.5% of survey respondents cannot afford care.
- 29.2% of survey respondents indicated dental care was not covered by their insurance; and
- 18.7% of survey respondents did not know where to go or had difficulty finding a dentist who will serve me.

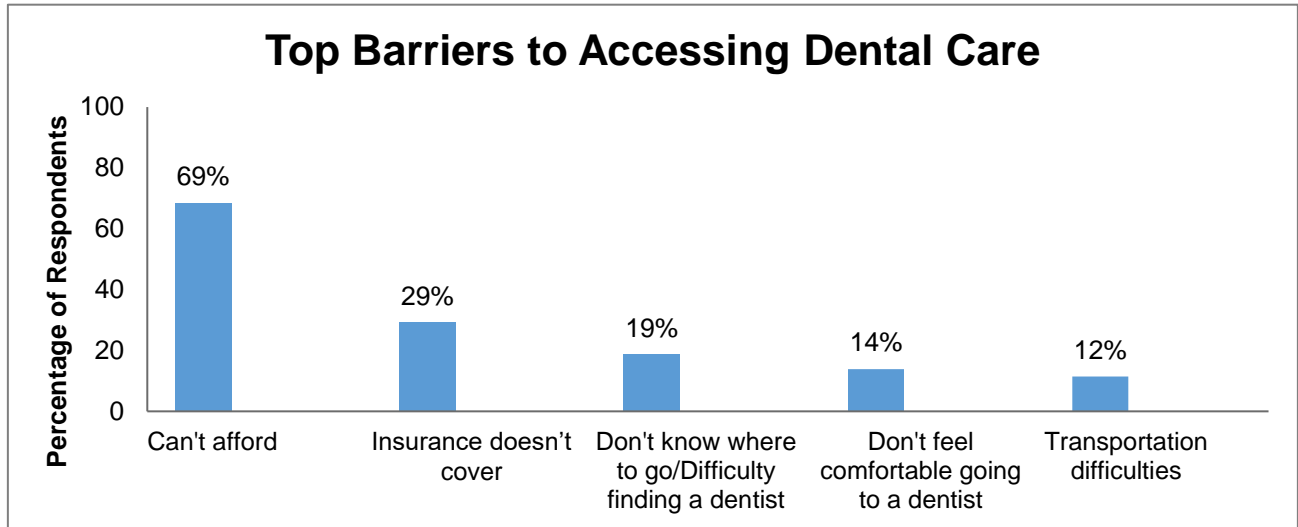


Figure 1. Top Barriers to Accessing Dental Care.

Note: Respondents were able to select as many options as apply.

2. The majority of survey respondents experienced negative impacts on their dental health outcomes and quality of life due to the barriers faced in accessing dental care.

- 62.2% of survey respondents self-rated their dental health as poor or fair.

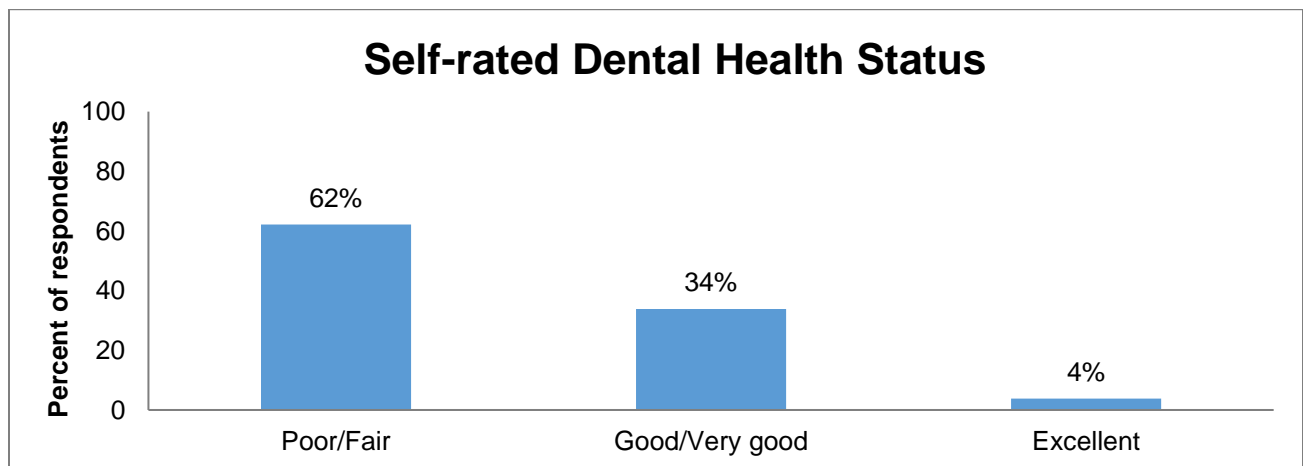


Figure 2. Self-rated Dental Health Status

- Top three reported dental concerns in the past year:
 - Tooth pain – 54.7%;
 - Cavities – 46.1%; and
 - Missing, loose or broken teeth – 44.2%.

Note: 85% of respondents reported having dental concerns in the past year. In addition to those listed other dental concerns include swollen or bleeding gums, abscesses, issue with dentures and rotting/breaking teeth.

- Top three reported quality of life impacts:
 - Eating – 55.7%;
 - Self-esteem – 42.4%; and
 - Sleeping – 29.5%.

Note: 75% of respondents reported their dental health impacted their quality of life, with 50% of respondents reporting their quality of life being impacted in many ways. In addition to those listed, other quality of life issues include socializing, talking and finding or maintaining work.

3. Barriers to accessing dental care services often led survey respondents to use non-dental health care services or no health care services at all when faced with an oral health emergency.

During an oral health emergency:

- 27.9% of survey respondents “did nothing”;
- 21.7% of survey respondents visited the family doctor, walk-in clinic, urgent care or emergency department; and
- 9.6% “addressed it on my own”.

Note: Some respondents who indicated they “addressed it on my own” did so by pulling out their own teeth and taking over-the-counter medication among other methods.

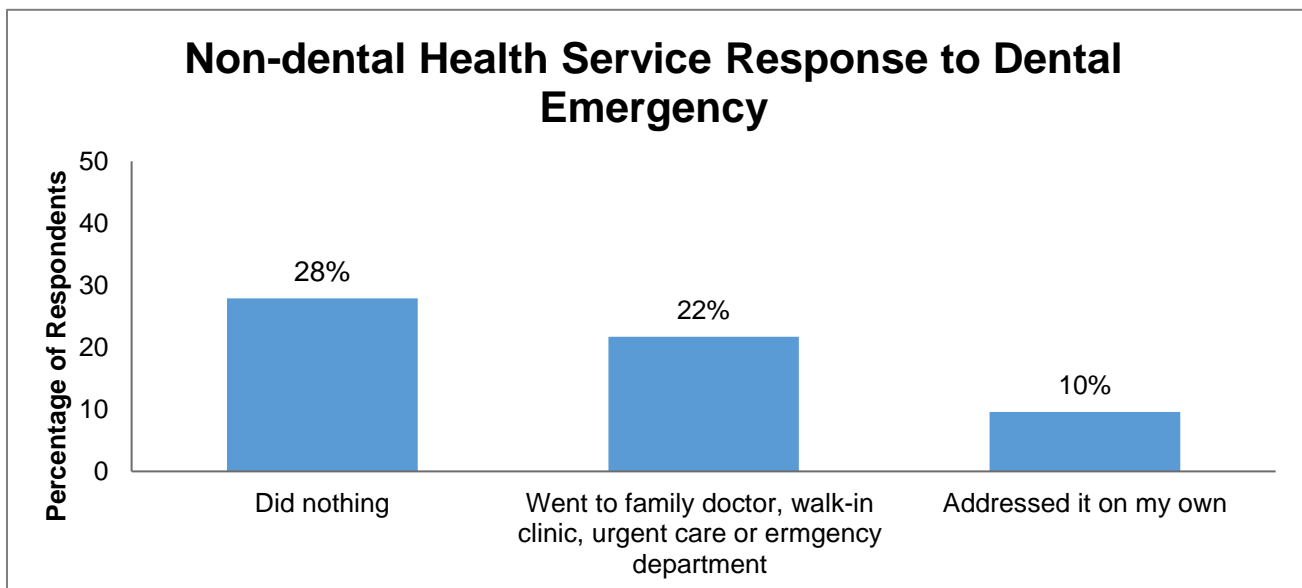


Figure 3. Top Non-Dental Health Service Response to Dental Emergency.

Note: Respondents were able to select as many options as apply.

4. The majority of survey respondents had no access to any dental insurance; this corresponded to lower dental health care utilization and worse self-rated dental health among those respondents.

- 52.6% of survey respondents reported having no access to workplace or publicly funded dental care benefits and could not afford to buy private insurance.

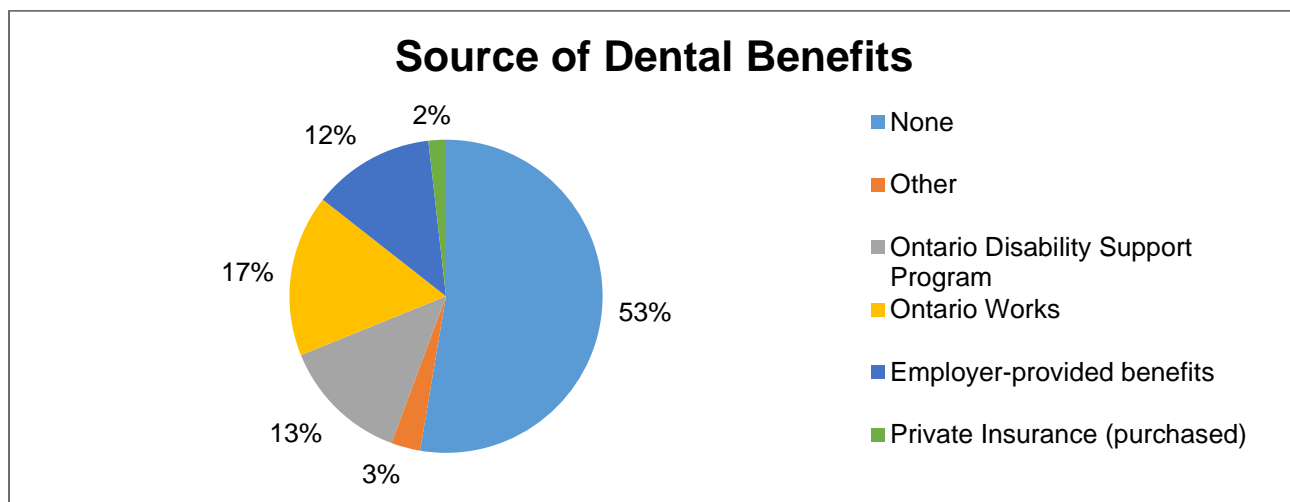


Figure 4. Sources of Dental Benefits

- 59.3% of survey respondents who reported having no dental insurance (*none*) indicated they had not visited a dentist in two or more years compared to 17% of respondents who reported having *employer-provided benefits*.

Note: There is a positive correlation between access to dental health benefits and frequency of visits to the dentist. As the dental benefits coverage increases, the proportion of people who have seen a dentist in the past 2 years increases, as seen in Figure 5.

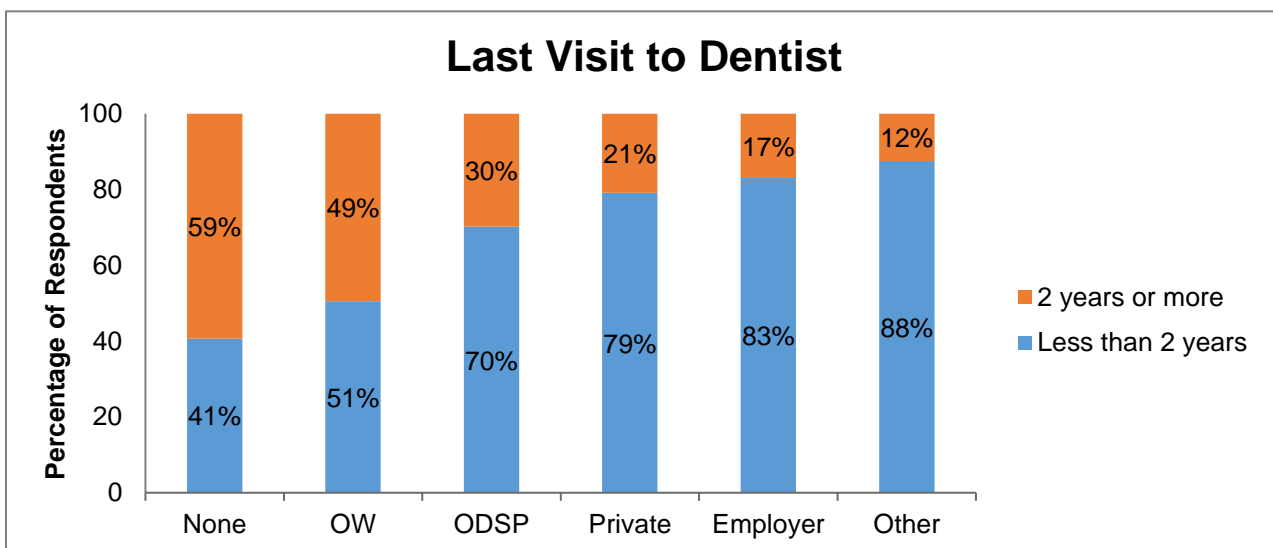


Figure 5. Last Visit to a Dentist by source of dental benefit.

- 72.3% of survey respondents who reported having no dental insurance reported their self-rated dental health status as “poor” or “fair” compared to 62.3% of respondents overall.

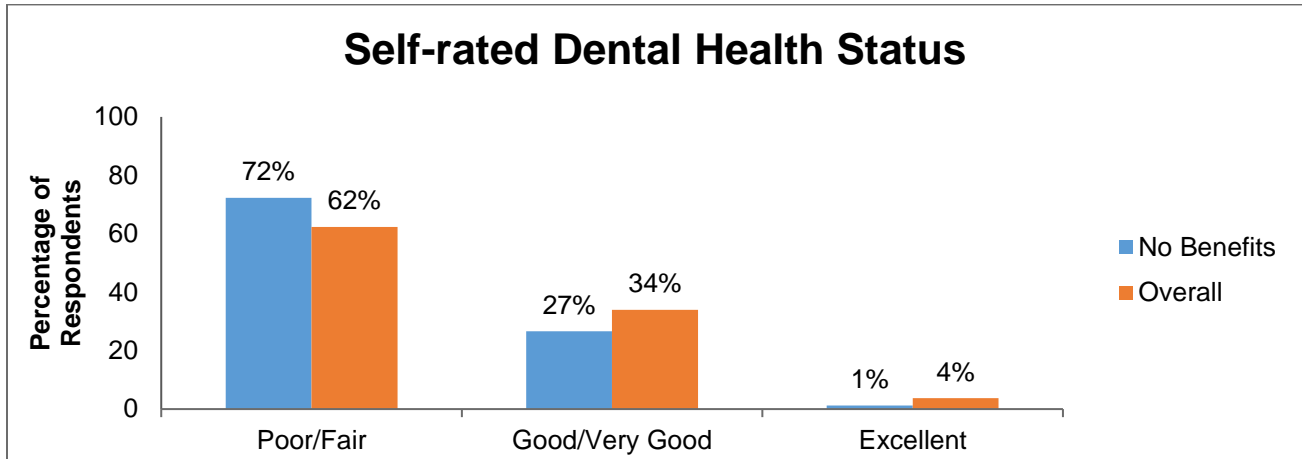


Figure 6. Self-rated Dental Health Status for respondents without benefits.

Note: The “overall” group includes all respondents, even those without benefits, as the sample size was too small to directly compare “No Benefits” and “Benefits” groups. The disparities between these two groups would be even more exaggerated given that “No Benefits” makes up a large proportion of the “overall” group.

5. The majority of survey respondents who were employed reported having no dental insurance.

- 65.2% of part-time workers and 57.0% of full-time workers reported having no dental insurance.

6. Survey respondents who receive Ontario Works (OW) reported lower utilization of dental health services and worse self-reported oral health than respondents who receive Ontario Disability Support Program (ODSP).

- 49.5% of respondents who receive OW have not visited the dentist in two or more years compared to 29.8% of ODSP. (see Figure 5).
- 65% of survey respondents who are recipients of OW reported their self-rated dental health status as “poor” or “fair” compared to 58.9% of respondents who are recipients of ODSP.

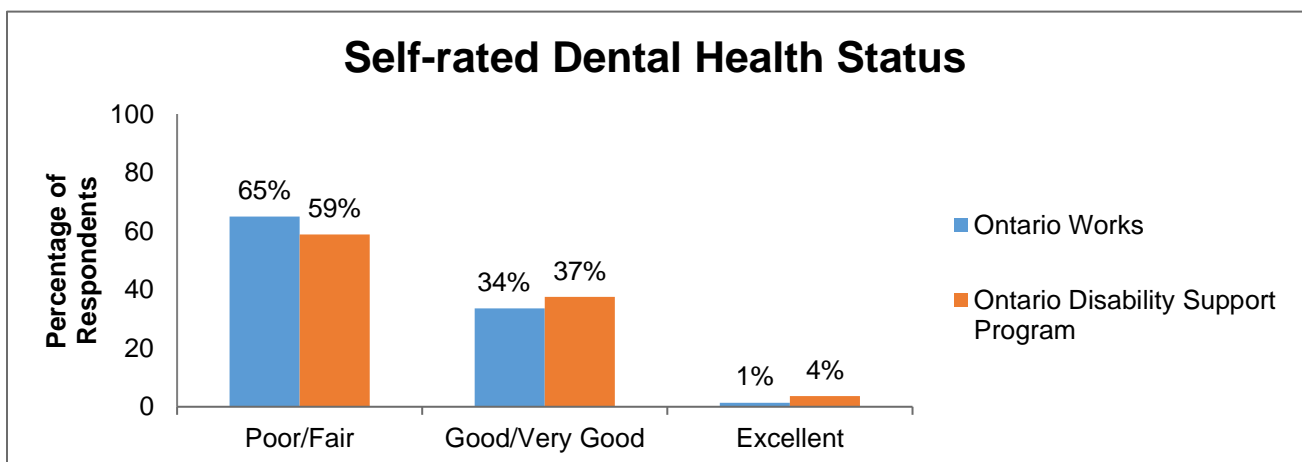


Figure 7. Self-rated Dental Health Status for respondents who are recipients of OW and ODSP.

DISCUSSION

Lack of income and access to insurance are preventing survey respondents and some of the most vulnerable members of the community from receiving oral health care. These survey findings are consistent with research findings presented in the background of this report.

*"I have no dental insurance, I'm a senior."
~ survey respondent*

Additionally, knowing where to go for dental care or finding a care provider who will serve them are among the most cited challenges for survey respondents who are experiencing barriers to accessing dental care in Niagara region.

"My dentist told me to find another dentist" ~ survey respondent

Limited access to dental care is resulting in poor dental health. Without access to preventive care, respondents often require restorative procedures, extractions and dentures. These procedures often end up being more costly, more complex and impact both the individual and the broader community. Two of the top three reported dental concerns, tooth pain and cavities, could be well managed by preventive treatments, while routine dental screenings could prevent and mitigate the third leading concern of missing, loose or broken teeth.

Psychosocial impacts on individuals experiencing poor dental health were presented earlier in this report and expressed further by one survey respondent:

"I have major dental work that needs to be done, but Ontario Works benefits say I have to get it done a little bit each month over 16 months. Multiple procedures like this significantly raises my risk of opioid relapse, which would also put my son's well-being at risk". ~ survey respondent

Poor dental health impacts the broader community economically as it can lead to missed work opportunities and missed days at work or school or other civic engagements. This economic impact can also be seen in costly emergency room visits that are increasing year over year in Niagara. Data from Niagara Region Public Health indicated there were over 2,300 visits pertaining to oral health to Niagara Health emergency departments in 2015 costing the system approximately \$1.2 million, up 3% since 2012. The top two reasons for visits were pain and infection (Niagara Region Public Health, 2016).

ODSP recipients across Ontario receive a mandatory basket of preventive and restorative dental services. For recipients of OW, access to dental health benefits is discretionary only and coverage varies widely from municipality to municipality. In Niagara region, current coverage is for the relief of pain and suffering only and is limited to \$136 per month. Both OW and ODSP recipients in Niagara may apply for coverage for dentures through the local discretionary fund on a case-by-case basis. The mandatory entitlement of dental benefits for ODSP can be seen to improve their access to dental care as ODSP survey respondents indicated they visited the dentist more frequently than OW survey respondents and also self-reported their oral health as better.

*"Ontario Works doesn't cover root canals so if you have a chipped tooth, they'll just pull it instead of fixing it"
~ survey respondent*

Despite having some access to publicly funded dental care benefits, both OW and ODSP adult recipients often struggle to receive needed treatment. This is often due to private dentists not accepting their benefits program because the reimbursement rates for most procedures are far lower than the provincial dental fee schedule. This shows a need for increasing alternate publicly funded dental care delivery sites to create more equitable access.

Lastly, while the survey explored the type of dental concerns experienced, respondents presented additional concerns not captured by the response options provided. These additional concerns included issues with ill-fitting or old dentures and wisdom tooth complications.

RECOMMENDATIONS AND NEXT STEPS



Niagara Dental Health Coalition (NDHC)'s vision is to achieve the integration of oral health care into the provincial and federal systems, policies and programs to improve the health and wellbeing of all Ontarians. Until that is achieved we recommend the following actions:

- Disseminate the results of the survey with stakeholders in the health and social service sectors. This will help to create a better understanding of dental health barriers that many Niagara region adults face and how this impacts other aspects of their lives. Additional efforts should include education and outreach to the general public regarding the significance of poor oral health and overall health, as well as barriers to dental care, and engage them in advocacy efforts;
- Continue to update and promote the NDHC's list that highlights no- or low-cost and publicly funded dental services available to Niagara region residents;
- Conduct ongoing, targeted, region-wide surveillance of dental health barriers in order to identify any emerging issues or changes related to accessing dental health care in Niagara region;
- Conduct a scan of local dental practices to determine which ones are accepting OW and ODSP adult patients for dental health care services;
- Initiate discussions with local employers about the importance of providing dental health care benefits;
- Advocate for the dental benefits provided to Ontario Works adult recipients to include coverage of both preventive and restorative services as well as dentures; and for these to be mandatory benefits; and
- Ongoing expansion of provincial publicly funded dental health care programs that can be equitably accessed.