# The 2-Tier Dental Health Care System

***William H. Ryding,*** *BDS, DPD, MBA*

**Contact Author**

*Dr. Ryding*
*Email: bryding@hpechu.on.ca*

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Recently, I presented to the Board of Health of the Hastings and Prince Edward Counties Health Unit the results of a survey of dental care among what are classified as high-risk families in one of the health unit's programs.

The survey was piggybacked on the Healthy Babies, Healthy Children (HBHC) Program, which is offered under the Mandatory Health Programs and Services Guidelines of the Ontario Ministry of Health and Long-Term Care. One component of the HBHC Program is a lay home visiting program for high-risk families either before or just after the birth of a child. This contact with high-risk families was identified by the Dental Department of the health unit as an opportunity to obtain information on their access to dental care. With the cooperation of the Department of Nursing and the lay home visitors, families were invited to participate in a short dental questionnaire. To make the questionnaire easy to both administer and complete, it consisted of just 5 questions:

IN A SURVEY OF HIGH-RISK FAMILIES, 84% OF RESPONDENTS SAID THEY WOULD ATTEND A HEALTH UNIT CLINIC FOR A FREE DENTAL EXAMINATION IF SUCH WERE AVAILABLE.

1. Do you have a dentist?
2. When did you last go to your dentist?
3. Do you think you need to see a dentist now?
4. What, if anything, has stopped you from going to a dentist?
5. If you could get a free [dental] check-up at the health unit, would you go?

The survey started in May 1999 and ended in July 2004. During this period there were 1,186 home visits, and 251 parents (21%) agreed to participate in the survey. The results of the survey can be summarized as follows:

- 53% of respondents had an established relationship with a dental practice
- 28% had seen a dentist in the past year
- 31% had not seen a dentist in the past 3 years
- 40% had not seen a dentist in the past 4 years
- 74% believed that they needed to see a dentist at the time of the survey
- 74% identified cost as the main barrier to obtaining dental care
- 84% would attend a health unit clinic for a free dental examination if such were available.

On an annual basis, Canadians spend in excess of $7 billion on dental care. In 1998, direct costs for dental care in Canada were second only to the costs of treating cardiovascular disease.[1] These figures suggest that dental care is important to our society in general. Although the survey gathered only limited information, it provides further evidence that vulnerable members of our communities are excluded from a level of care that society considers important.

As a profession, we defend the existing private-sector dental health care system, which is based on the ability of individuals to pay for care on a fee-for-service basis. However, we know that only 53% of Canadians are covered by a dental benefit program; 80% of high-income individuals 25 to 44 years of age but only 11% of low-income elderly patients have dental coverage[2]; and factors influencing visits to physicians (including age, income and

health status) have become barriers to accessing oral health care.[3] It is argued that keeping oral health care out of the universal health care system has created a 2-tier oral health care system to which wealthy people and employed individuals with dental benefits have easy access but which presents barriers to care for others in our community, most notably the unemployed, the working poor, single-parent families, members of First Nations communities, recent immigrants and elderly people. In fact, our dental health care system serves a continuum ranging from those who can readily access care to those who cannot. Regrettably, dentistry is an example of the "inverse care law," whereby those with the greatest need of services tend to be those with the least ability to pay for them.

The existence of an inequitable dental health care system is not the only ramification of dentistry operating outside the universal health care system. Access to hospital facilities has been reduced or eliminated, research funding for dentistry is limited, the cost of tuition has increased and the resulting debt load carried by newly qualified dentists affects their ability and interest in following careers in lower-paying specialties and academia. Our profession faces a real challenge in working toward equitable access to dental health care for all Canadians and integration of the dental health care system into our general health care system.

## THE AUTHOR

***Dr. Ryding** is the dental officer of health with the Hastings and Prince Edward Counties Health Unit, Belleville, Ontario.*

***Correspondence to:** Dr. William H. Ryding, 179 North Park Street, Belleville, ON K8P 4P1.*

*The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.*

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