

## • Issues in Brief • .....

### Poverty: A Challenge for Our Society, a Challenge for Oral Health Care Professionals

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#### Introduction

October 17 marks the 16th edition of the International Day for the Eradication of Poverty, adopted by the United Nations to raise consciousness and mobilize nations in the fight against poverty. This brief is an introduction for oral health professionals to the issue of poverty and oral health.

#### Specific objectives

- Inform oral health care professionals about poverty in Canada.
- Describe the challenges poverty represents for public health and for health professionals.

#### What is poverty?

- The United Nations defines poverty as “a human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.”<sup>1</sup>
- Statistics Canada provides several indicators of low income, among them, before-tax low-income cut-offs, according to which a person living alone with less than \$21,666 per year is considered poor in a big city such as Toronto or Vancouver.<sup>2</sup>

#### Who is poor in Canada?

- In 2006, 4.6 million people were living in poverty in Canada according to before-tax low-income cut-offs. These people represent 14.5% of the population, though this rate varies from province to province.<sup>2</sup>
- Poverty rates also vary greatly from one population category to another. For example, single women leading households with children had a poverty rate of 42.6% in 2006.<sup>2</sup>
- In over 25 years, little ground has been gained with regards to the national poverty rate, which is currently only 1.7 percentage points less than what it was in 1990.<sup>2</sup>
- Canada does not compare very well with many industrialized countries such as Denmark and Finland, where child poverty rates are less than 4%. Canada lags behind, with a rate of 14%.<sup>3</sup>
- Though their economies and gross national products are much smaller than Canada’s, these European countries minimize poverty rates through strong and generous social programs (including health, social, unemployment security) and progressive taxation schemes.<sup>4</sup>

#### Why is poverty a challenge for public health and for the profession?

- There is considerable evidence that low socioeconomic status and poverty constitute the main determinants of poor health in industrialized societies. The poorer people are, the more they are at risk of developing diseases, and ultimately, of dying prematurely.<sup>5</sup>
- Poor people are also more at risk of developing caries and periodontitis, and consequently, of losing their teeth. In Quebec, for example, children 5–6 years of age from low-income families (< \$30,000/year) have more than twice the caries rates of children from more affluent families (> \$50,000/year).<sup>6</sup> These disparities continue into adolescence and adulthood.

- Despite higher needs, impoverished people tend to visit the dentist less frequently for preventive treatment, wait longer when a dental problem occurs and are more at risk of requiring dental extractions when visiting the dentist.<sup>7</sup>
- Studies show that difficult relationships with oral health professionals is one of the reasons why the poor visit the dentist less often. On the one hand, impoverished people feel they are perceived negatively and experience shame in their relationships with dental professionals.<sup>8</sup> On the other hand, dentists admit to feeling frustrated with some of their clients' health behaviours and general way of living.

### Conclusion: Looking toward the future

- Fighting poverty has been justified for reasons ranging from human rights and social justice to economic, political and even religious concerns. Recent efforts on the part of a few provinces (Quebec as well as Newfoundland and Labrador have both developed poverty reduction plans) are fuelling Canadian momentum for the reduction of poverty.
- In addition, the 2002 Royal Commission on the Future of Health Care in Canada stated that social disparities in oral health are contrary to the values of our society, namely equity, fairness and solidarity.<sup>9</sup>
- Oral health professions and their members must embark on the national movement toward poverty reduction and contribute to alleviating its consequences. Efforts must aim to:
  - 1) improve relationships with underserved members of society
  - 2) develop strategies for positive and effective interactions
  - 3) improve access to dental services for poor populations. ✦

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