


Working poor shut out of dental cash

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Ontario's Health Minister says there is no money to improve the oral health of Ontario's 500,000 working poor.

Deb Matthews said the province doesn't have the resources to keep a promise of providing a dental plan for Ontario's impoverished adults. Instead, the \$135 million earmarked three years ago for affordable, routine care for adults struggling to pay the pricey fees of licensed Canadian dentists, will go to their children.

"There are many ways we would love to be able to spend our money," Matthews said Thursday in an interview. "It would be wonderful to expand to adults. But it's at tremendous cost. We are facing a lot of challenges. We couldn't do everybody. We're focusing on children and I'm excited. I think it's a big step in the right direction."

This admission follows a [Toronto Star investigation](#) exposing a cottage industry of unlicensed and sometimes dangerous dentistry catering overwhelmingly to new immigrants who do not have dental insurance and cannot afford proper oral care. The *Star* went undercover and found people posing as dentists, working out of dank basements or bedroom-clinics delivering dental care. Matthews said the story raised an important issue, but said provincial coffers can't help.

Thirty two percent of Canadians do not have dental insurance and 17 per cent of residents across the country avoided seeing a licensed dentist last year because of cost, according to a recent Health Canada report.

The Liberals promised in the 2007 election campaign to bring in dental care for low-income Ontarians, following that up with a budget commitment in 2008 to provide \$45 million annually for three years to help about half a million of the working poor unable to afford private insurance coverage.

That promise was prompted by a previous *Star* investigation by reporter Moira Welsh that found serious problems, including a man whose teeth were so bad he couldn't get a job interview, revealing how poor dental care kept some people in poverty.

Up until recently, public health units across the province provided mainly emergency dental care to children. The expansion of the Children in Need of Treatment (CINOT) program, first announced late last year, will ensure children and young adults up to 18 years old will get more "in depth" care, Matthews said.

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Another barrier from keeping the dental care plan from expanding beyond children is that public health units across the province were asked to submit proposals. Those have only recently been completed and submitted to the ministry, Matthews said.

That doesn't sound great from a minister who led the government's task force on finding ways to fight poverty, said NDP health critic France Gelinias, noting that dental problems often lead to broader health concerns that require taxpayer-funded treatment under OHIP.

"Seldom does a week go by where I don't have someone in my office who needs dental work but can't afford it," Gelinias said. "It's humiliating to people. They've put their pride aside and they're desperate for help and often in pain."

Gelinias said she tries to contact "dentists with big hearts who do pro bono work" in hope they'll take on such cases.

Ontario's dental watchdog says that even though patients who visit imposter practitioners cite cost as their main reason for avoiding licensed Canadian practitioners, money is a secondary issue.

Irwin Fefergrad, registrar of the Royal College of Dental Surgeons of Ontario, says lack of education and advertising aimed at new immigrants is the main reason patients take risks with their oral health.

He says issuing multi-lingual warnings about the perils of visiting an unlicensed dentist is key to shutting down the industry and helping the vulnerable get proper care.

"There are 125,000 new immigrants coming to Ontario every year, we need to get the message out," he said. "It's key to reducing barriers."

Eager to collaborate on a communication strategy with the province, Fefergrad said the College would even kick in money.

The first message he wants out there is that if someone suffering trauma, pain, an infection or any dental emergency they can get affordable care, by first calling the College, which will find for them an appropriate practitioner.

"We're not talking fancy bridge work here but if somebody can't afford it, they will not be turned away," he said.

Hazel Stewart, director of dental and oral health services for the Toronto Public Health unit, says all levels of government need to develop policies and plans to ensure low income adults get appropriate dental care – the city can't do it alone.

"The city has tried its best to fill very blatant gaps," she said. "But we cannot expect the city to provide dental care for all the people who need it."

"We recognize there is a cohort of adults that is struggling," she says. "It's important to remind the government that they did promise a plan for low income Ontarians."

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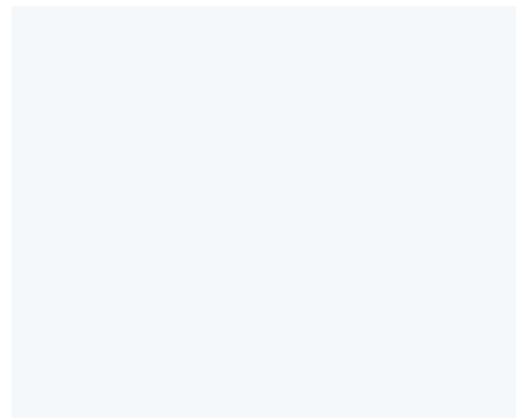
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