Canadian Association of Public Health Dentistry
Position Development Committee

A brief analysis of position statements on oral health and access to care

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Preface

At last year's annual conference, and subsequently through listserv activity, Sharon Melanson proposed a change of wording to the CAPHD's position statement on access to dental care.

As it stands, the CAPHD states:

"All Canadians should have access to preventive and restorative oral health care, regardless of their employment, health, gender, race, marital status, place of residence, age, or socio-economic status."

In paraphrasing Sharon's listserv correspondence:

"My comment is to remove the words "preventative and restorative" [...] by listing [these] services, [...] you exclude other services [...]. I do not believe extractions are considered […] preventative or restorative [...] it would be dangerous to think all necessary services [are] covered under these terms. Better not to leave any ambiguity, which opens the door to misinterpretation."

The change in position statement would then read:

"All Canadians should have equitable access to oral health care, regardless of their employment, health, gender, race, marital status, place of residence, age or socio-economic status."

As per the CAPHD's Position Statement Development Process, the request was formally accepted by the Executive and passed on to this committee.

While the change requested does not lend itself to an evidence-based review, an analytical comparison of the CAPHD's position statement to others in the public health community was possible and warranted. This submission constitutes such a review, and is submitted for consideration at this year's annual conference.

Respectfully,

Carlos R. Quiñonez DMD MSc
Co-Chair
Position Development Committee
Canadian Association of Public Health Dentistry

Introduction

Inequalities in oral health and access to care are long recognised in Canada (1-3). Arguably, the last quarter century's decreases in public financing for those at the social margin have worsened such disparity (4,5).

It is also the long held logic that in order to improve oral health (in part, and if simply by relieving pain), increased access is needed (through financing and/or other associated means).

To this effect, organisational positions statements are important in creating, motivating, and/or changing governmental policy. Surely, an organisation does not take a formal position unless change is viewed as necessary.

But what change?

Change, in this case, is linked to the idea of equity. Yet what constitutes equity in dental care or oral health care services? Namely, what do we mean when we speak of access? Should everyone have access to everything? Do we expect the public purse to finance treatments that are neither medically necessary nor warranted (as can be the case in market-based health care)?

It is here that we encounter the two key aspects of this problematic:

What do we mean by access? and;

What do we mean by dental care/oral health care services?

While these issues extend well beyond this review, they are fundamental to the requested change in position statement, and ultimately guide any measured discussion of equity in this sector of Canada's health care system.

Whatever the case, it is indeed clear that access to some basic level of care is necessary to achieve a medical, if not a social minimum.

So from the point of view of achieving the most advantageous and effective social statement relative to any potential future policy changes, and to establish what the CAPHD position on access to care should be, organisational regulations, position and/or policy statements are presented for review.

Methods

Using the terms "access", "dental care", "position statement", "policy", and "resolution", the EMBASE 1980 to 2006 Week 29), CINAHL (1982 to July Week 2 2006), Ovid MEDLINE(R) (1966 to July Week 2 2006), and Ovid OLDMEDLINE(R) (1950 to 1965) databases were queried. 128 articles were reviewed by title and abstract, with none meeting the purposes of this review.

The same terms were used to search Google™ and Google Scholar™, and on the majority, this led to specific organisations and their position/policy statements and/or regulations concerning access to care. These organisations' links further allowed review of other organisations and their statements.

Some organisations were also sought out purposefully relative to previous knowledge of existing statements.

Searching largely focused on Canadian and American organisations, but did include international organisations of mention.

It is noted that this search is not exhaustive, in that not all located organisational statements are included, nor have all statements been found. This becomes fully evident with recent work (5) that lists position statements not included herein (as they were not available electronically).

This search also stopped at the state or local level in the US, and at the local level in Canada, excluding recent resolutions in cities and/or health regions/units (e.g., Kingston, Ottawa, Vancouver). The search also excludes provincial dental regulatory authorities and/or associations.

Results

Table 1. Organisational resolutions, position and/or policy statements

Organisation	Resolution, position and/or policy statement
Ontario Association of Public Health Dentistry (OAPHD) OAPHD. Position statement on poverty and oral health, 2004. http://action.web.ca/home/oaphd /readingroom.shtml	The OAPHD is concerned about the oral health of children who live in poverty, and the need to improve the access to dental care for vulnerable groups in our society. Oral health is necessary for all children to maintain their general health and sense of well-being. The OAPHD strongly recommends that steps should be taken to remove barriers to dental care access and thereby allow all children to achieve and maintain optimal health.
Canadian Dental Association (CDA) CDA. Position statements, 2005. http://www.cda-adc.ca/en/dental_profession /practising/position_statements.asp	Position on funding of health and dental care The CDA believes that all Canadians should have timely access to affordable health care. The CDA supports optimal oral health for all Canadians, provided through a delivery system which is open and flexible. Public funding has been most appropriate where ability to pay is a barrier to access. The CDA will continue to work with government and other stakeholders to provide affordable access to oral health for all Canadians and believes that this can be best accomplished through improvements to the existing private and public delivery systems. No fundamental changes to the current delivery systems in Canada should take place without full parliamentary consultation with all stakeholders. Position on provincial funding of hospital-based dental services and postgraduate dental education Health care policy planners must recognize that the provision of oral health care is an integral part of the concept of accountability to the community, comprehensive care to patients, and the standard of care for many disease processes and medical diagnoses. Changing population demographics and disease patterns are increasing the numbers of patients who face barriers to accessing basic oral health care in the traditional dental office setting. Hospital dental programs serve the special needs of these patients, and also provide a safety net for indigent patients. These programs should continue to receive provincial funding.
Canadian Dental Hygienists Association (CDHA) CDHA. Access angst: a CDHA position paper on access to oral health services. Ottawa, 2003.	It is the position of the CDHA that oral health care—a significant component of overall health—is the right of all Canadians. Lack of access to oral health care is a critical issue and dental hygienists are vital in order to solve this problem and ensure high quality, accessible oral health care for all Canadians. CDHA promotes access to affordable oral health care through alternative practice settings and by

	working in cooperation with governments, health agencies, public interest groups, and other health professions.
Toronto Oral Health Coalition Toronto Dental Coalition. Brief to the Commission on the Future of Health Care in Canada, 2002.	The Coalition considers dental health to be integral for overall health and well-being. Its goal is to ensure access and equity for people in Toronto that experience ongoing poverty and lack access to basic dental care.
Canadian Public Health Association (CPHA) CPHA. Resolutions and motions, 1971, 1956, 1942. http://www.cpha.ca/english/policy/resolu/archive.htm	1971 - Prevention of dental diseases 1956 – Dental programs 1942 - Dental hygiene
Alberta Public Health Association (APHA) APHA. Resolutions. Annual General Meeting, 2003, 1992, 1998. http://www.apha.ab.ca/Resolutions /resols.htm	2003 - Improving oral health of Albertans: access to dental public health services. Whereas Alberta's Framework for Health Reform calls for a recognition of the importance of helping people be healthier, choosing good health behaviours and reducing the risk of disease through improved lifestyle choices and increased access to prevention; and Whereas oral health is an integral part of total health, and oral health care is an integral part of comprehensive healthcare, including primary care; and WHEREAS dental caries is one of the most prevalent, chronic diseases of childhood; and Whereas many Albertans still experience needless pain and suffering due to oral disease, complications that devastate overall health and well-being, and financial and social costs that diminish the quality of life and burden society; and Whereas many Albertans have difficulty accessing appropriate dental care, particularly preventive services; and Whereas safe and effective disease prevention measures exist to improve oral health and prevent disease, and these services can be provided through dental public health programs to members of the population for whom accessibility is difficult; and WHEREAS dental public health programs in parts of the province have experienced reductions, elimination or threatened elimination, Now Therefore Be it Resolved that the APHA take action to encourage Alberta Health and Wellness and Regional Health Authorities, as charged with provision of health services and improving health of Albertans, to maintain, support and strengthen access to funded dental public health services in Alberta, and Now Therefore Be it Resolved that the APHA endorse the development of a provincial direction for oral health and improving access to preventive dental services and encourage Alberta Health and Wellness to take steps in that direction. 1992 - Dental health care for children 1988 - Recognition of the need to identify dental public health programs under the mandatory section of the Public Health Act

Ontario Public Health Association (OPHA) OPHA. Position statement on poverty and children's oral health, 2005. http://www.opha.on.ca/advocacy/list.html	The OPHA is concerned about the oral health of children who live in poverty, and the need to improve the access to dental care for vulnerable groups in our society. Oral health is necessary for all children to maintain their general health and sense of well-being. Steps must be taken to remove barriers to dental care access and thereby allow all children to achieve and maintain optimal health.
Association of Local Public Health Agencies (alPHa) alpha. Resolution A05-5, 2005. http://www.alphaweb.org/dental_health.asp	Access to dental care Whereas dental care is not an included service under the publicly funded medical care system and must be financed by individual Canadians; Whereas low income (lower socio economic) individuals tend to suffer higher rates of dental disease and decay; Whereas the current system of publicly funded dental programs varies from community to community, but is very limited for low income families and adults who do not typically have access to private dental benefits packages; Now therefore be it resolved that alPHa supports the action of the Federation of Canadian Municipalities and calls on the Government of Canada, in consultation with Provincial, Territorial and Local Governments, to develop a comprehensive National Oral Health Strategy that would have, as its goal, providing universal access of both preventive and treatment services to all Canadians.
Federation of Canadian Municipalities (FCM) FCM. Resolutions. Annual General Meeting, 2005. http://www.fcm.ca/english/policy/ac2005.html	Access to dental care: a national dental care strategy Be it resolved that the FCM call on the Government of Canada to develop a comprehensive National Oral Health Strategy that would have as its goal, providing universal access of both preventive and treatment services to all Canadians; and Be it further resolved that the Government of Canada, in developing a comprehensive, universal, national dental strategy be asked to evaluate the following four key areas of possible action, and to assess the effectiveness of each in either increasing the range of specific dental services or reducing the portion of the population excluded from access to dental care: a) increase the level of service to ensure that all Canadians have access to a basic level of dental care; b) change the eligibility for access into the programs so that more residents could access the current level of dental services; c) examine access to care and the factors leading to under utilization of existing programs, […] and d) continue to develop programs that target adults or children that have a direct impact on the other determinants of health and indirectly support oral health.
American Academy of Public Health Dentistry (AAPHD) Beck J, Burt B, Dumbaugh R, Fishman S, Niendorff W. Access to dental care: summary and recommendations. *J Public Health Dent* 1984;44(1):39-41.	Resolution on access to care Whereas oral disease are a public health problem in that most of the population has had some form of oral disease, be it resolved that: the AAPHD promotes and supports the concept of equal access to oral health services for all population

AAPHD. Resolutions and statements. *J Public Health Dent* 1996;56(2):102.	groups. This access should include, but not limited to, preventive services for all population groups and treatment services for high-risk populations such as the urban and rural poor, the elderly and homebound, the handicapped and institutionalized populations, migrants and American Indians. In reaching this goal, the AAPHD should work and cooperate with organized dentistry, national, state, and local public and private programs and organizations in planning, priority setting, and evaluation. Resolution on the need for formal demonstration programs to improve access to preventive and therapeutic oral health services Whereas, the AAPHD views access to preventive and therapeutic oral health services as vitally important for all Americans, Whereas, the AAPHD desires to foster broad-based policies and programs to help alleviate oral diseases, Whereas, many populations, such as the Alaska Native population living in remote and isolated villages, have overwhelming unmet oral health needs, Whereas, access to preventive and therapeutic oral health care for these populations is not readily available, Whereas, in compliance with federal law, the Alaska Native Tribal Health Consortium has initiated a pilot program based on a long-standing training model to begin to address Native Alaskans' unmet needs with their Dental Health Aide Program, and Whereas, other model programs may now exist or be created that could provide effective and novel ways to improve access for high need populations, then Be it resolved, the American Association of Public Health Dentistry strongly supports innovative demonstration programs aimed at improving access to preventive and therapeutic oral health services for underserved populations and commits to working with the communities of interest to assure an independent and formal evaluation and dissemination of accurate information to the public and the profession about such model programs.
American Academy of Pediatric Dentistry (AAPD) AAPD. Reference manual. *Pediatr Dent* 2004;26(7):1-203. http://www.aapd.org/media/policies.asp	Policy on oral health care programs for infants, children, and adolescents The AAPD emphasizes the importance of prevention, diagnosis, and treatment necessary to restore and maintain the oral health of infants, children, and adolescents. […] Comprehensive health care cannot be achieved unless dental care is a strong priority in all health service programs. Policy on emergency oral care for infants, children, and adolescents A dentist who accepts an infant, child, or adolescent as a patient of record shall make reasonable arrangements for emergency oral/dental care, along with

	providing instructions to the parent/guardian for accessing emergency care. When consulted in an emergency by patients not of record, the dentist should make reasonable arrangements for emergency care. Policy on hospitalization and operating room access for dental care of infants, children, adolescents, and persons with special health care needs The AAPD shall work with all concerned medical and dental colleagues and organizations to remove barriers to hospital dental care for patients best treated in that setting. The AAPD affirms that hospitals or outpatient settings providing surgical treatment should not discriminate against pediatric dental patients requiring care under general anesthesia. These patients and their care providers need access to these facilities. The dental patient, as with any other patient, should have the right to be seen in a timely manner. Policy on mandatory school-entrance oral health examinations Early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness. Recognizing the relationship between oral health and education, the AAPD supports legislation mandating a comprehensive oral health examination by a qualified dentist for every student prior to matriculation into school. […] Because a child's risk for developing dental disease changes, and oral diseases are cumulative and progressive, the AAPD also supports such legislation to include subsequent comprehensive oral examinations at periodic intervals throughout the educational process. In addition, the AAPD encourages state and local public health and education officials, along with other stakeholders, such as health care providers and dental/medical organizations, to document oral health needs, work toward improved oral health and school readiness for all children, and address related issues such as barriers to oral health care. The AAPD recognizes that, without appropriate follow-up care, requiring oral health examinations is insufficient to ensure school readiness. Thus, the AAPD encourages local leaders to establish a referral system to help parents/guardians obtain needed oral health care for their children. […]
American Dental Education Association (ADEA) ADEA. Policy statements. *J Dent Educ* 2004;68(7):729-41.	Policy statement on access and delivery of care […] Dental educators and ADEA should inform policymakers and the public that: 1. Dental education institutions and programs are important national, regional, state, and community resources. 2. Dental education institutions and programs have a

ADEA. Position papers. *J Dent Educ* 2004;68(7):754-58. ADEA. Position papers. *J Dent Educ* 2004;68(7):759-67.	vital role in providing access to oral health care to all, with special consideration for the underserved. […] 4. Dental education institutions and programs, through their graduates, contribute significantly to meeting the oral health needs of the public. 5. Dental education institutions and programs collaborate and create linkages with community-based agencies to increase access to care. 6. Dental education institutions and programs prepare their graduates to provide services in a variety of settings to reduce barriers to care and provide more accessible care to various population groups. […] Position on health care programs and provision of care ADEA believes that the health needs of the public require a health care system that provides access to care for all Americans and effective preventive and therapeutic treatment at a cost that is affordable. […] To maintain and improve general health, oral health services must be an integral component of all health care financing and delivery systems. […] ADEA strongly supports basic oral health care benefits for all persons. […] Dental education plays a pivotal role in ensuring access to effective health care through the provision of care, training, and research. […] Dental education institutions, which include schools of dentistry, hospital dental programs, and allied health programs, are a resource in the local community, the state, and the region.
American Dental Hygienists' Association (ADHA) ADHA. Access to care position paper, 2001. http://www.adha.org/profissues /access_to_care.htm	It is the position of the ADHA that oral health care—a fundamental component of total health care—is the right of all people. Lack of access to oral health care is a critical issue in the United States due to disparities in the health care delivery system. Dental hygienists must play a vital role in the solution to eliminate these disparities and assure quality oral health care for all.
American Public Health Association (APHA) APHA. Policy statements. 1985, 1981, 1966, 1963, 1956. http://www.apha.org/legislative /policy/policysearch/ APHA Association news. *Am J Public Health* 2002;92(3):451-483.	2001 - Support the framework for action on oral health in America: a report of the Surgeon General […] Recognizing that the Surgeon General has recently released a report […] highlight[ing] the profound and consequential disparities of oral health status within the U.S. population, […] APHA supports the overall framework for action called for in the […] Report, specifically to: […] 3. Build an effective health infrastructures that meet the oral health needs of all Americans and integrates oral health effectively into overall health. 4. Remove known barriers between people and oral health services. 5. Use public/private partnerships to improve oral health of those who still suffer disproportionately from oral diseases. Furthermore, APHA encourages […] Increased congressional support for the allocation of funds to expand current health care services for children and adults, and Expansion of

	dental insurance coverage for all uninsured segments of the population. 1985 - State practice Acts relating to dental hygiene The APHA, Recognizing that only half of the United States population accesses professional dental services annually; and […] Understanding that the vast majority of the population is affected by periodontal disease to some degree, and that gingivitis can essentially be eliminated by effective daily oral hygiene measures and periodic professional prophylaxis; and Recognizing that, in addition to effective personal hygiene practices, periodic professional oral hygiene preventive services are necessary to promote and maintain oral health; and Recognizing that many individuals living in rural communities are homebound, institutionalized, or are in other locations where access to dental and dental hygiene services is limited; and Realizing that in states where dental hygienists are employed without the supervision of a dentist physically present, there is no evidence of negative effects to the public or an increase in the cost of dental hygiene services; and public health studies have shown that auxiliaries can apply sealants as successfully as dentists and for less cost; therefore 1. Supports the adjustment of State Practice Acts relating to dental hygiene, and the relaxation of restrictive supervisory requirements for dental hygienists; and 2. Recommends that pit and fissure sealants be provided as a legally permissible service by dental hygienists in all states. 1981 - Employment of expanded function dental auxiliaries in public dental care programs The APHA, Recognizing that the health problems posed by dental diseases are among the nation's greatest in terms of the number of people affected and the persistence of the diseases; and Recognizing that by age 17, almost 30 per cent of the US population under age 17 has never been to a dentist; and Recognizing that extensive research and experience show that employing Expanded Function Dental Auxiliaries (EFDAs) to perform those functions not requiring the training and experience of a dentist is one way of increasing the efficiency of the nation's dental care delivery system; and Recognizing that the quality of EFDA restorative dental treatment has consistently been found to be at least equal to that of dentists, and that persons treated by EFDAs have reported high levels of satisfaction; and Recognizing that many local, state, and federal agencies are currently operating dental care delivery programs that provide dental care to populations who do not have access to dental care in the private sector; and Recognizing that federal, state, and local public health dental programs are faced with dwindling resources,

	and could increase efficiency if able to employ EFDAs; and Recognizing that many states have dental practice acts prohibiting the provision of services that would ordinarily be delegated to EFDAs; and that federally operated dental programs are not bound by state dental practice acts; therefore 1. Resolves to encourage and urge all federal agencies that provide dental care or provide grants or contracts for the operation of dental care programs to employ and encourage the employment of EFDAs in such programs; 2. Encourages and urges all public program agencies at state and local levels providing dental care to populations which do not have access to dental care in the private sector to make maximum use of EFDAs whenever feasible; and 3. Encourages and urges a change in state dental practice acts so that public dental programs may utilize EFDAs in order to maintain and/or decrease the cost of providing dental services. 1956 - Federal grants for dental programs Whereas, dental diseases are among the most common afflictions of the population of the United States today, and Whereas, it has been demonstrated that there are effective measures available which can prevent and alleviate many of these conditions, and Whereas, these measures are not being utilized fully because of limited financial support of dental programs, and Whereas, federal grants-in-aid are a well established method of supporting state health programs and have a stimulating effect for a concentrated attack on disease, therefore be it Resolved that the APHA go on record as approving and recommending categorical grant funds for dental public health programs, such funds to be used to support and strengthen basic dental public health services in state and local health departments […]. 1966 - Dental health in comprehensive personal health services Dental diseases are highly prevalent among people of all ages and can in large part be prevented and treated. No program for providing personal health services to any segment of the population can be considered comprehensive if dental services are not included. The APHA urges that all public programs which provide comprehensive personal health services include dental services. 1966 - A national dental health program for children The protection of children against the ravages of dental disease by using every proven dental health measure known could, within a generation, be reflected in

	higher levels of dental health among young adults. The APHA urges that a national program of dental health for children be developed so as to meet the total dental health needs of all children. The full range of available preventive measures, including adjusting the fluoride content of all communal water supplies, should be applied. Due consideration should be given to the development and maximum use of auxiliary dental personnel. State and local health departments should have a major role in the administration of the program. 1963 - Emergency dental care Emergency dental care services are not available at all times in many communities. Such services are an essential part of comprehensive health care. The APHA urges all official health agencies to work with dental societies and other appropriate organizations in their communities to develop programs to assure the ready availability of emergency dental care services.
American Academy of Pediatrics McInerny T, Barone C, Brown J, Lander R. Scope of health care benefits for children from birth through age 21. *Pediatrics* 2006;117(3):979.	The optimum health of children can be achieved by providing access to comprehensive health care benefits. These services encompass medical care, critical care, paediatric surgical care, behavioural health services, specialised services for children with special health care needs, and oral health.
British Dental Association (BDA) http://www.bda-dentistry.org.uk/about/quicknav_about.cfm?PID=policy-template2.cfm&CONTENTID=125	Policy on tackling oral health inequalities Oral health is an important aspect of general health - it enables an individual to eat, drink and socialise without painful disease, discomfort or embarrassment, which contributes to general well being. The BDA is committed to promoting initiatives and actions that tackle inequalities in oral health […] All patients should be entitled to access to NHS dentistry. Patients should be directed to and encouraged to use the most appropriate services thus facilitating self-help to reduce overall inequalities. In England the number of Personal Dental Services (PDS) pilots should be increased to improve access and should now be more focussed on reducing oral health inequalities. The BDA recommends that a system of dental networks be developed across the UK to deliver NHS dental services at primary care level. To ensure that a dental strategy is fully incorporated into local health-care service plans, dentistry must be part of NHS decision-making at national and local level. Access to healthcare for homeless people Homeless people have difficulty accessing primary healthcare, including dentistry.

	This is down to a range of barriers, which can be categorised as: patient-related factors; healthcare profession-related factors; and governmental, political and societal factors. Primary healthcare provision for homeless people can take the form of adaptations to mainstream services or dedicated services for homeless people. Services for homeless people can be provided at conventional locations or as outreach services (fixed-site and mobile). Oral healthcare for older people […] [O]ral healthcare services for older people will need to be: recognised as an integral part of strategies to tackle inequalities in older people's health and to increase the quality of older people's lives; joined up and integrated at a local level with other health and social care services; accessible, of a high quality, available to all and patient centred; reflective of the diversity of the older persons population; in line with Government health policy (for example, helping enable older people to remain independent for longer); available equally to all older people on the basis of clinical need, regardless of age, geography or home circumstances.
Fédération Dentaire Internationale (FDI) FDI. Policy statement: improving access to oral care, 2005. http://www.fdiworldental.org/federation /3_1english.html#a	The FDI […] supports the principle that all communities and people should have access to the best possible oral health care [and] recognises that the key to the achievement of this objective is improving access to oral health care, in particular to deprived, underprivileged communities and people. Some factors that influence access include financial and social infrastructure, severity and prevalence of oral diseases, changing disease patterns, quality of care, birth rate and ageing populations. Barriers to improving oral health care may arise from individuals, society in general, governments, resistance to change and outdated professional philosophies. Lack of perceived need, inadequate resources, uneven distribution of manpower, low prioritisation and lack of political will also be barriers to care. The FDI affirms that the barriers must be overcome with strategies based on the following principles: 1. Oral health is an integral part of general health and must be prioritised. 2. Most oral disease is preventable. Co-operation between individuals, the profession, government, non-governmental organisation and the media is essential in oral health education. 3. The adoption of positive attitudes by society and dissemination of accurate information will support initiatives to improve access. 4. A close collaboration between the profession, auxiliaries, allied health professions, appropriate non-dental personnel (e.g. Primary Health Care Workers) and health education personnel locally, regionally and at global levels will enhance access to appropriate and affordable oral health care. 5. Involvement of the community in all levels of planning and provision for oral health care needs.

World Health Organisation (WHO) WHO. The world oral health report, continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme, 2003. http://www.who.int/oral_health/policy/en/	Policy basis for continuous improvement of oral health in the 21st century […] Despite great achievements in oral health of populations globally, problems still remain in many communities all over the world - particularly among under-privileged groups in developed and developing countries. Oral health is integral and essential to general health […] Oral health is a determinant factor for quality of life The interrelationship between oral and general health is proven by evidence. […] Proper oral health care reduces premature mortality Early detection of disease is in most cases crucial to saving lives. A thorough oral examination can detect signs of nutritional deficiencies as well as a number of general diseases including microbial infections, immune disorders, injuries, and oral cancer.
Pan American Health Organization (PAHO) PAHO. CE138/14 - Proposed 10-year regional plan on oral health. 138th session of the Executive Committee of PAHO, 2006. http://www.paho.org/ Project.asp?SEL=TP&LNG=ENG&ID=150	Oral health continues to be a critical aspect of the general health conditions in the Latin American and Caribbean region because of its weight in the global burden of disease, its associated treatment costs, and the potential for effective prevention. [PAHO] emphasized oral disease prevention by ensuring comprehensive oral health programs, strengthening country capacity and pursuing sustainable oral health interventions for the majority of the 38 Member States.

Conclusions

The organisational statements presented in Table 1 define the gamut of dental, medical, public health, and social welfare groups.

In a very broad sense, organisations have linked inequalities in oral health and access to care to: services for children and seniors; services for those at the social margin; the inclusion of dental care in national programming; the dynamics of public and private delivery; fluoridation; the first dental visit; the utilisation of auxiliaries in dental public health programming; the maintenance and support of dental public health services; the role of dental education; amongst others.

Yet regardless of such diversity, and irrespective of political leanings, interests, and/or any particular organisational statement, all delineate a common approach to recognising the problem of inequalities in oral health and access to care; meaning that they first recognise the importance of oral health (in and of itself and in relation to general health), and then a need to address unequal access to care so as to optimise the potential benefits of such health.

Not surprisingly, all organisational statements reflect the key problematic defined in our introduction, considering the very idea of what access means (from universality to discrete coverage), and what services to include (whether broadly or specifically defined).

Ultimately, all address the idea of a basic right to oral health care services, and subsequent access to them free from individual and/or structural barriers.

With this knowledge, is there then merit in changing the current CAPHD position statement on access to oral health care services?

Specifically, should the CAPHD remove the words preventative and restorative from its current statement?

To read:

"All Canadians should have equitable access to oral health care, regardless of their employment, health, gender, race, marital status, place of residence, age or socio-economic status."

From the point of view of achieving the most advantageous and effective social statement relative to any potential future policy changes, it is arguable that to define any particular service is not necessarily important or positive. For example, such detailing establishes boundaries that are not always relevant to a base level argument for equity, and at worst, can potentially impede future movements on the issue (i.e., potential additions to the envelope of public coverage).

To this end, it appears that a change to the position statement is warranted.

Bibliography

1. Adams, JG. School children's teeth: Their universally unhealthy condition and neglected condition, with remedy. Toronto: Ministry of Agriculture, 1896.

2. Dunning, JM. Relative susceptibility to dental caries. Int Dent J. 1965;15(4):462-87.

3. Locker D, Matear D. Oral disorders, systemic health, well-being and the quality of life. Toronto: Community Health Services Research Unit, 2000.

4. Canadian Institute for Health Information. National health expenditure trends, 1975-2005. Ottawa: CIHI, 2005.

5. Leake, JL. Why do we need an oral health care policy in Canada? J Can Dent Assoc 2006;72(4):317.