

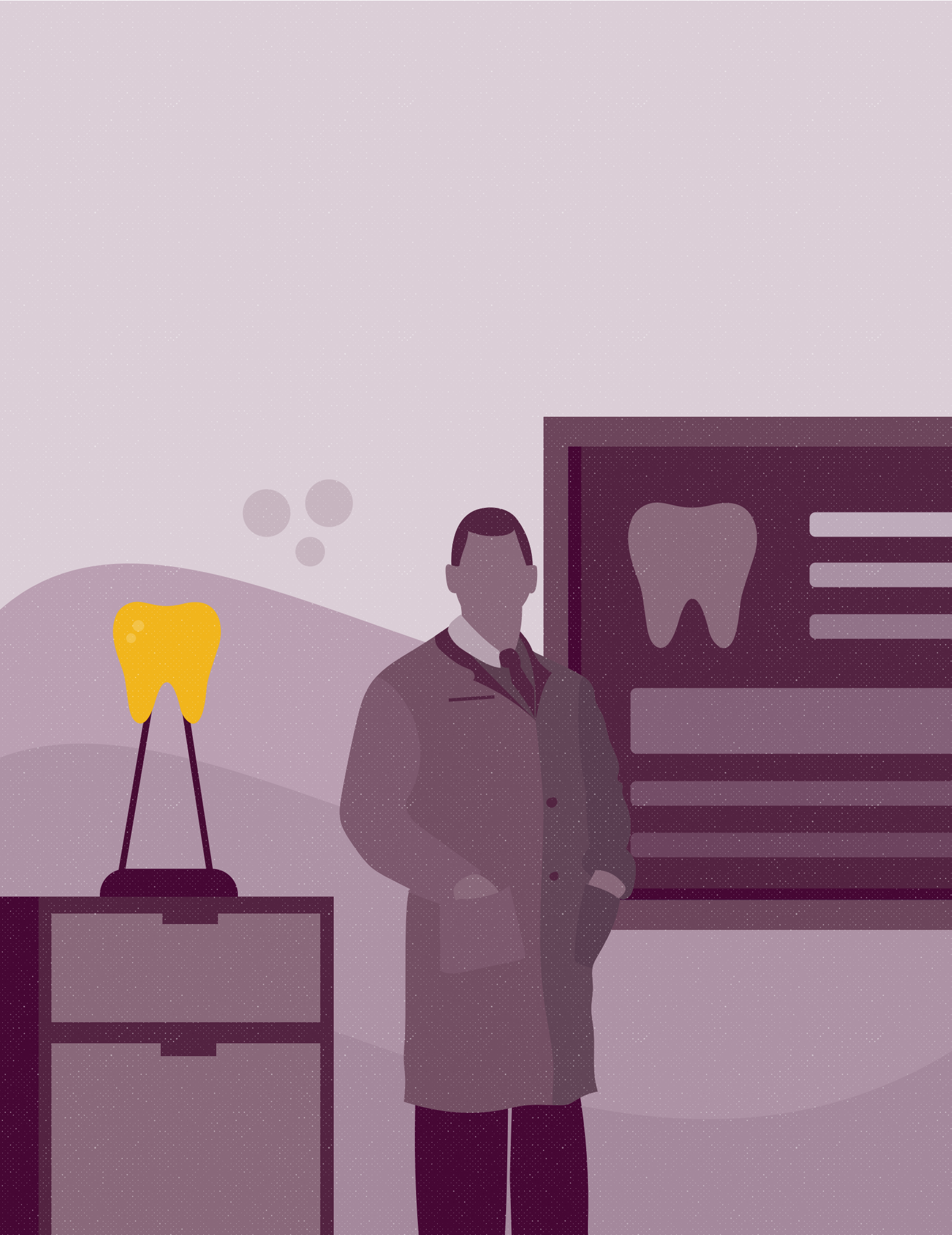


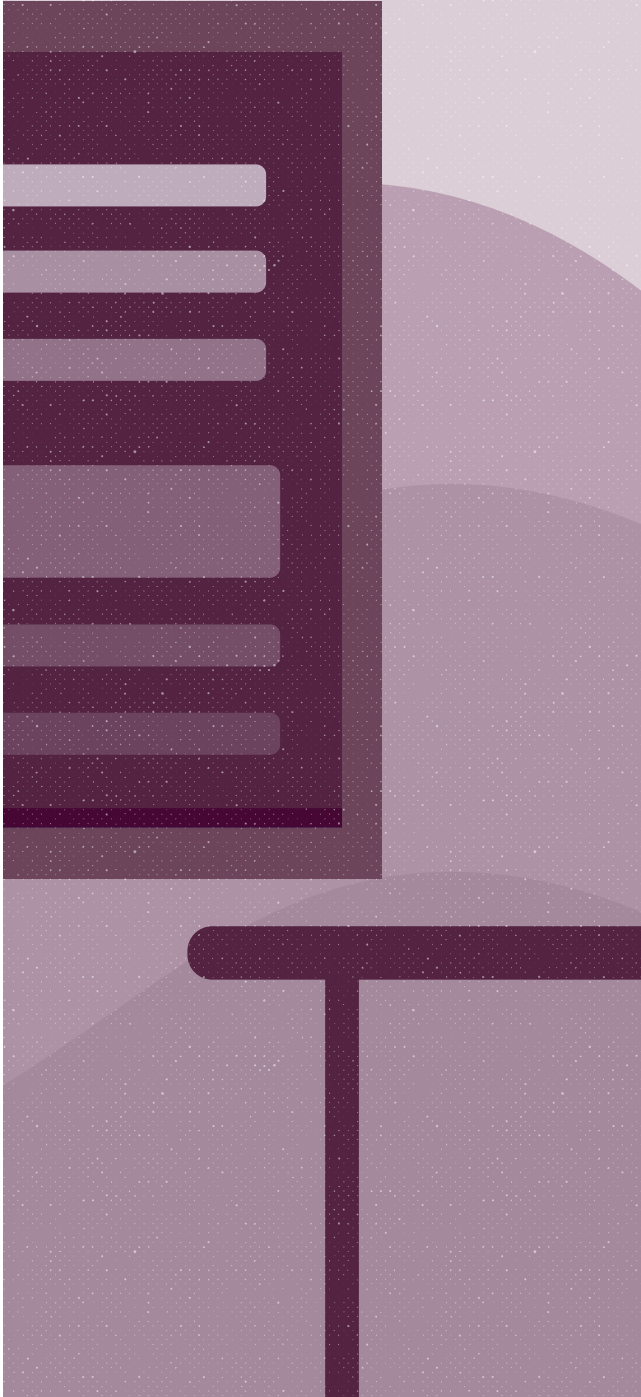
# Exploring the Associations between Poverty, Poor Oral Health, and Quality of Life in Saskatoon

## Community Report

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**In the 2018-2019 academic year, Doctor of Dental Surgery (DDS) students from the University of Saskatchewan's College of Dentistry, organized DIRECT Dental, a free student-run dental clinic under the supervision of volunteer dentists from Saskatoon.**

The DIRECT Dental clinic, which stands for Dental Initiative Rendering Emergency Care Treatment, situated in the College's Saskatoon West Dental Clinic, provided free dental care to individuals in need over the course of 10 weekends throughout the year.

**›183 volunteers**

participated in the program (students, dentists, faculty, and staff) that provided approximately

**\$50,000**

of free treatment to

**›200 individuals**

who normally would not be able to receive treatment because of cost.

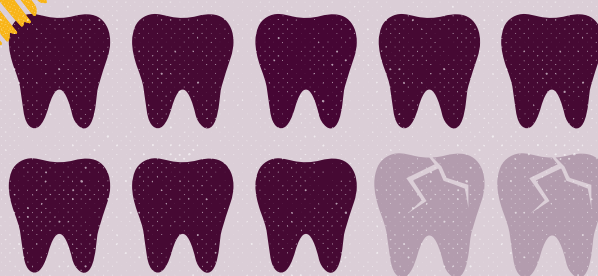
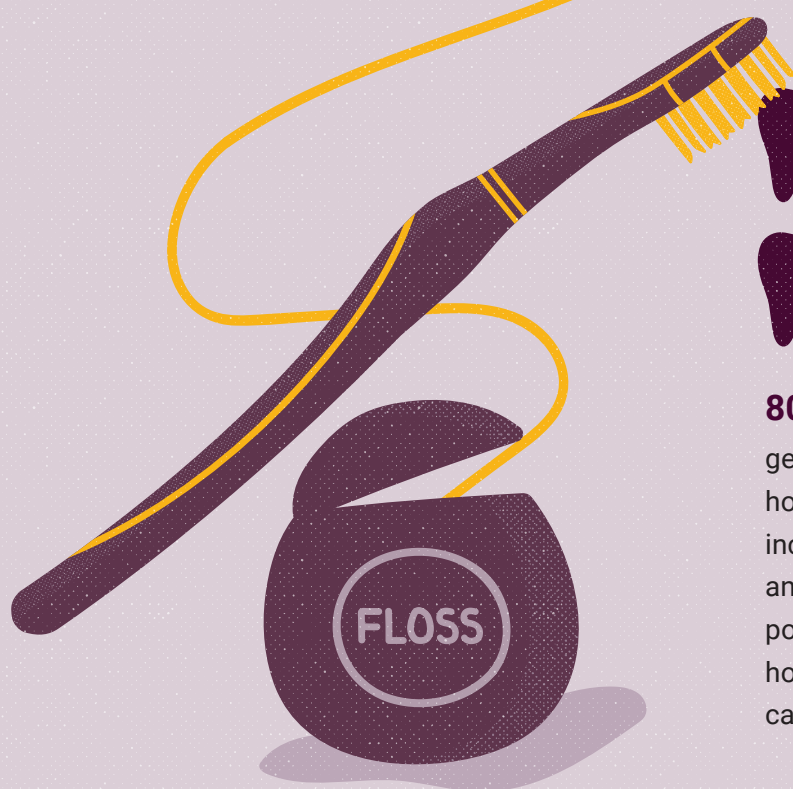
Through this initiative, the students were able to demonstrate a local need within the city of Saskatoon to address dental care, particularly for individuals who are experiencing homelessness or living in poverty. High demand and continued volunteer support have ensured that the clinic is continuing its operations.

# DISPARITIES IN ORAL HEALTH

Oral health is integral to overall health and well-being, allowing individuals to function at their full capacity and to have a better quality of life.

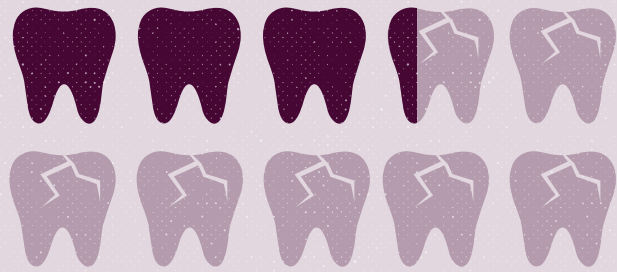
**Oral diseases affect routine functions such as the ability to eat and speak, psychological and social well-being, and interpersonal relations.**

In addition, poor oral health can result in poor nutrition, reduced self-esteem, social isolation, and may affect employability.



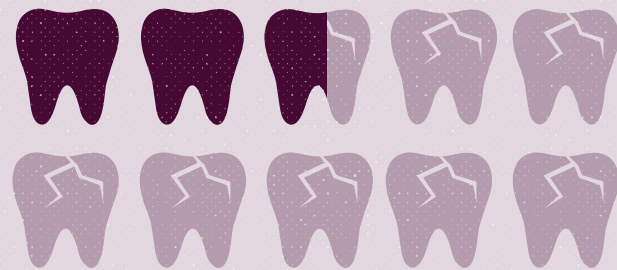
## **80% of Canadian adults**

generally report positive oral health status; however, vulnerable groups (i.e., low-income families, uninsured, unemployed, and underemployed individuals, Indigenous populations, and individuals experiencing homelessness) with limited access to dental care are at a higher risk for dental problems.



### **32% of Canadian residents**

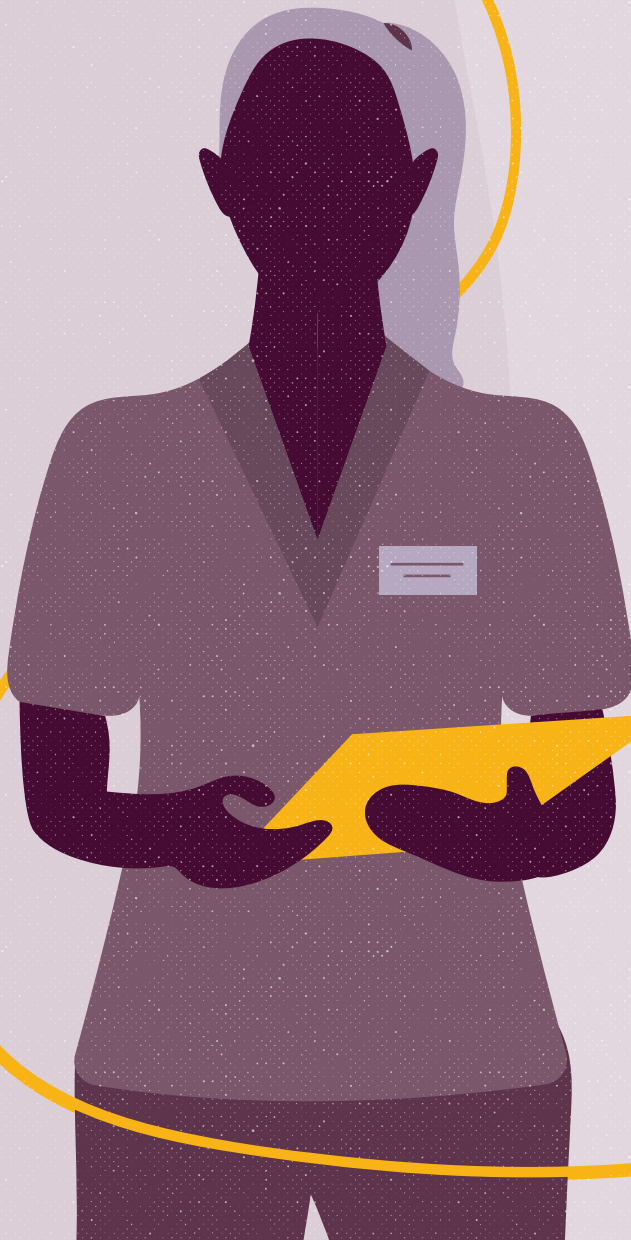
do not have dental insurance (53% of seniors).



### **26% of Canadians**

are unable to visit the dentist annually, making timely dental care a luxury item that they may not be able to afford.

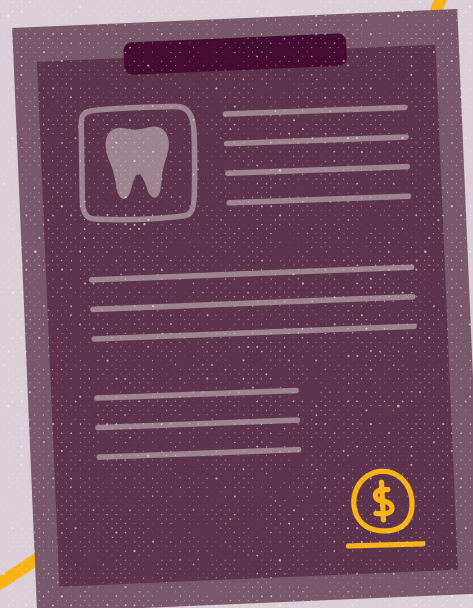
This situation is concerning as the rise in cost of dental care in Canada has been outpacing both inflation and the average salary of the lowest economic groups over the last 25 years. Aside from the impact that chronic disease has on an individual, this will also place additional strain on our health care system where it is estimated that **those accessing dental care via hospital emergency rooms is costing Ontario alone over \$38 million.**





# ACCESS TO DENTAL CARE

Timely access to dental care is indeed a challenge in Saskatoon, particularly for individuals who are



**uninsured**



**unemployed or underemployed**



**living in poverty**



**experiencing homelessness**

Saskatoon residents who qualify for social assistance currently have access to limited dental coverage through the Saskatchewan Supplementary Health Benefits (SSHB) and Family Health Benefits (FHB) programs offered by the Saskatchewan Ministry of Health.

Indigenous individuals whose status is recognized may also have dental coverage through the Federal Non-Insured Health Benefits Program (NIHB). However, covered services are often limited to basic and emergency treatment, which is not adequate for maintaining optimum oral health. This situation is particularly problematic when treatment needs are extensive and affecting multiple teeth. For services not covered, individuals must pay out-of-pocket and, in many cases, will forgo treatment because of cost, or pay and sink deeper into poverty.

**An additional concern is the growing population of individuals who do not meet the minimum income threshold to qualify for social assistance and may be left without any adequate coverage for dental care.**

# ORAL HEALTH AND QUALITY OF LIFE

The available literature suggests that individuals on social assistance who perceive their dental health and appearance to be poor, report a significant negative impact on their:

self-esteem

social interaction

employability

Specifically, vulnerable populations directly perceive their oral health as contributing to their overall quality of life. Here, the oral health quality of life can be measured using the Oral Health Impact Profile (OHIP)-14, which is a validated questionnaire that measures people's perception of the social impact of oral disorders on their well-being.

Questions in the survey consider limitations across the following domains:

functional limitations

physical pain

psychological discomfort

handicaps

physical disability

social disability

psychological disability

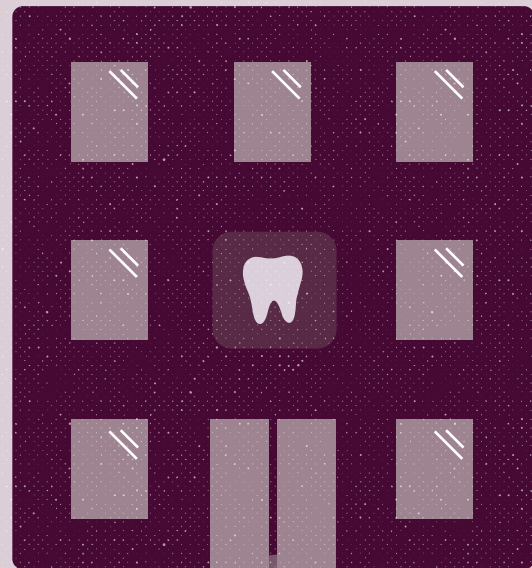
OHIP-14 scores are typically reported as a mean score (minimum 0; maximum 4) and total score (maximum 28), where higher mean and/or total scores are indicative of a lower oral health related quality of life (OHRQoL).

**Individuals on social assistance feel powerless in taking the first step to reducing the burden of oral disease and admit that it has a large impact on their ability to integrate into society.**



Research has shown that improving an individual's oral health status may be associated with an improved sense of self-image; receiving dental treatment may help to restore physical and social function, which is associated with improving self-esteem, confidence, and job procurement.

However, it is important to consider that the impact of poor oral health goes beyond the individual; it affects communities.



An estimated

**2.26 million  
school days**

and

**4.15 million  
working days**

are lost annually in Canada owing to dental visits or dental sick-days. As such, from a political standpoint and as a matter of social welfare, access to oral health care should be considered an important policy issue that has its place as part of poverty reduction strategies. While the delivery and financing of dental care falls under provincial jurisdiction, progressive City officials who are thinking upstream must look towards finding innovative local solutions to address local problems.





# POVERTY AND ORAL HEALTH

We know that poverty is associated with poor oral health, which in turn reproduces and reinforces poverty. The overall purpose of this research is to examine how improving the oral health of people living in poverty and/or experiencing homelessness in Saskatoon can facilitate their social and professional integration and therefore, ultimately, reduce poverty. The specific research objectives are the following:

- 1. To assess how individuals living in poverty in Saskatoon perceive and experience their oral health**
- 2. To assess how access to oral health care affects the oral health status, self-esteem, and quality of life for individuals living in poverty in Saskatoon**

# STUDY FINDINGS

For this research, we used a cross-sectional survey targeting individuals living in poverty in Saskatoon. Quantitative data were collected using a modified version of the validated OHIP-14 questionnaire which was distributed through the College of Dentistry's (University of Saskatchewan) community-based dental clinics. The OHIP-14 questionnaire is made up of 14 items which explore seven dimensions: functional limitations, physical pain, psychological discomfort, physical disability, social disability, and handicaps. Initial descriptive and comparative analysis of data (means and proportions) is presented here.

Less than 8% of participants reported that they had never experienced any form of limitation/disability and/or discomfort across all OHIP-14 domains. The mean and total OHIP-14 scores for the sample population were  $2.5 \pm 0.6$  and  $17.6 \pm 4.0$  respectively. When comparing mean OHIP-14 scores, individuals who had not worked within the last year, and earned less than \$25,000 had significantly higher mean and total OHIP-14 scores. Our findings to-date are indicative that both poor oral health and limited access to care have a measurable impact on the quality of life of individuals living in poverty in Saskatoon. While further research is still required, our findings suggest there is an opportunity for policymakers to consider improving access to oral health care as a part of broader poverty reduction strategies.



**189**

participants completed the survey (mean age  $29.7 \pm 1.9$ )



**67.7%**

do not own or rent a home



**64.5%**

had a total household income  $< \$25,000$



**68.3%**

had not been employed in the last year





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