
Subject:

Urgent: Reconsideration of Budget Cuts to the Region of Waterloo Dental Clinic

From: Karen Baird

Sent: December 9, 2024 4:05 PM

To: Regional Clerk <RegionalClerk@regionofwaterloo.ca>

Subject: Urgent: Reconsideration of Budget Cuts to the Region of Waterloo Dental Clinic

Dear Councillor,

My name is Dr. Karen Baird, and I have had the privilege of serving as a dentist at the Region of Waterloo Dental Clinic for over 11 years. During this time, I have witnessed firsthand the critical role our clinic plays in providing essential dental care to children, youth, and adults in our community. I am writing to urge you to reconsider the proposed closure of this clinic, as doing so would have far-reaching negative consequences for the Region of Waterloo.

Although government programs like Healthy Smiles Ontario (HSO) and the Canadian Dental Care Plan (CDCP) aim to increase access to dental care, significant gaps remain:

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Restrictive Eligibility: The income threshold for HSO is incredibly low. For a family of four, the maximum income to qualify is \$34,046, leaving many low-income families without access to care.

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Limited Provider Participation: Due to HSO's low reimbursement rates, many dental offices do not accept patients on the program. In our region, only two of the four pediatric specialty offices accept HSO patients, resulting in long wait times.

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CDCP Challenges: While the CDCP allows for a higher income threshold, barriers such as tax filing requirements, disqualification for having insurance, and unaffordable co-pays (40-60%) prevent many from accessing care. Extra billing, which covers the gap between government payouts and recommended fees, further compounds the financial burden on patients.

In practice, these gaps mean many families cannot afford even basic dental care. For example, private insurance co-pays, often 20% or more of the total bill, are prohibitive for many, and limited coverage caps (e.g., \$200 per year) fail to address the true cost of dental care.

Continued High Demand for Services

Despite the introduction of the CDCP for children under 18 earlier this year, our clinic has not seen a decline in demand. On December 3 alone, we treated 10 new patients, all with extensive cavities. Just last week, I had to prescribe antibiotics three times for preventable dental infections. If the clinic were to close, these patients would have no choice but to seek treatment at emergency rooms, further straining our healthcare system and driving up costs.

Preventable Long-Term Costs

Dental issues left untreated often escalate, leading to more complex and expensive problems. For instance, untreated cavities can result in tooth loss, requiring orthodontic treatment that is not covered by government programs and costs upward of \$7,000—far beyond the means of low-income families.

Cost Efficiency of the Clinic

The most expensive aspect of a dental clinic is its infrastructure, which is already in place. The yearly operational costs are relatively low compared to the significant benefits the clinic provides to our community.

Broader Implications of Budget Cuts

The proposed cuts target those most vulnerable to financial hardship—the same individuals already struggling with rising costs of housing, utilities, and basic needs. Reducing services in this area would be a disservice to our community.

As a side note, it is disheartening to see cuts affecting client-facing positions that directly serve those in need while redundancies persist in other areas, such as remote positions that may not offer the same level of public impact. Many taxpayers, myself included, would rather see resources allocated to services like the dental clinic than to roles with less tangible benefits to the community.

I am happy to provide additional information or answer any questions about the importance of these services. Thank you for your time and reconsideration of this critical matter.

Sincerely,
Dr. Karen Baird

Sent from my iPhone