Access and Care: Towards a National Oral Health Strategy — Report of the Symposium

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The impetus for this symposium, which was held May 13–15, 2004, arose from growing awareness among Ontario-based social service agencies and dental and dental hygiene teachers that oral health is becoming less and less important in the eyes of many health care services policy-makers. Specifically the planners of the symposium could point to the following:

- oral health and oral health care were excluded from consideration in the *Future of Health Care in Canada* (the Romanow report)
- unlike most developed countries, Canada has no recent information on the oral health status of its citizens obtained from a nation-wide survey
- there is virtually no planning for future dental provider roles or requirements
- Canada has no national dental care program for children and expectant or new mothers (such programs are available even in many developing countries)
- in Toronto, hospital-based dental clinics have been closed, resulting in a severe impact on training of future providers and services to clients who normally use these clinics
- public programs for seniors and children have been reduced or cancelled
- fees for training in dentistry are higher and, consequently, student debt is higher
- there are extreme limits on dental coverage for those on welfare and, in most provinces, almost nothing for the working poor and seniors
- Canada has income-tax–free care for those with employer-paid dental insurance
- most importantly, no one has accepted the challenge of improving the situation.

The symposium was hosted by the University of Toronto's faculty of dentistry, George Brown College (Dental Hygiene Program) and the Toronto Oral Health Coalition and supported by A-dec, the Canadian Association of Public Health Dentistry, the Canadian Dental Hygienists' Association, George Brown College, Health Canada, the Ontario Association of Public Health Dentistry and an anonymous donor.

Participants from a wide variety of stakeholder groups were invited to help develop recommendations to improve oral health in Canada. Invitations were extended via electronic bulletin boards of dental public health and dental hygiene organizations in Canada; mailed to potential funders, such as national professional dental organizations, dental insurance carriers and dental manufacturers and their agents; posted on the faculty of dentistry's continuing education Web site; and distributed with the survey of social and health service and regulatory agencies (see Patricia Main below).

In all, 141 people (including facilitators for the working groups attended one or more of the sessions. Participants included:

- dental professionals (dentists, dental hygienists, dental therapists, denturists, dental technologists and technicians) and representatives of the dental professional bodies
- academics
- students in dental hygiene, dentistry, dental public health and PhD programs
- community organizations promoting oral health and serving people with limited access to oral health (e.g., seniors' organizations, long-term care facilities, community health centres, district health councils, public health associations, mental health workers)
- government organizations (both elected politicians and civil servants)
- consumers with low income.

Although participants came mainly from Ontario, they also included people from across Canada and beyond (Australia). The symposium was designed to produce an

Dr. David Mock, dean of the University of Toronto's faculty of dentistry, and Dr. Carolyn Bennett, minister of state (public health).

Dr. Steven Patterson, chair of the Federal, Provincial and Territorial Dental Directors, provided an overview of the Canadian Oral Health Strategy.

Symposium participants Dr. Patricia Abbey, director of dental health, Durham Region Health Department, and Dr. Aaron Burry, director of community services, City of Ottawa.

In her summary report, Ruth Armstrong noted the strong concurrence of the symposium participants on the need for data collection to describe the oral health status of Canadians.

Dr. James Leake, professor and head of community dentistry at the University of Toronto, discusses oral health care delivery systems in Canada with symposium participants.

outline of potential policy areas based on a summary of current policies in Canada and evidence of how other jurisdictions are dealing with oral health issues. Participants heard presentations on a variety of topics, then, on the second day, broke into working groups to provide their advice on what needed to be done.

The keynote speaker was Dr. Dushanka Kleinman, chief dental officer and assistant surgeon general, United States Public Health Service, and deputy director, National Institutes of Dental and Craniofacial Research, whose topic was *Placing oral health on the health care agenda: lessons learned from the United States.*

Other topics and speakers included:

- *Why do Canadians need an oral health care strategy?*
  James Leake, faculty of dentistry, University of Toronto
- *Financing and delivering oral health care: what can we learn from other jurisdictions?*
  Stephen Birch, Centre for Health Economics and Policy Analysis, McMaster University
- *Perceptions of dental care delivery: survey findings, May 2004*
  Patricia Main, faculty of dentistry, University of Toronto

Following these were shorter presentations on oral health care needs and innovative research and programming from the perspectives of the faculties and hospitals (David Mock); the Nova Scotia Seniors' Oral Health Project (Valerie White); the Victoria Clinic (Bruce Wallace); the Federal, Provincial and Territorial Dental Directors (Steven Patterson); the project Determining Family Dental Health (Jonathan Lomotey); an oral health program for a First Nations community (Sherry Saunderson); and a hotel and restaurant employees clinic (Eva Iperifanou).

In advance of the meeting, the planning group established 6 potential topic areas for group discussion; one

other was suggested at the symposium. Participants then "signed-up" to discuss one of the following:

1. public awareness and attitudes
2. training, development and regulation
3. publicly financed models for dental health service delivery
4. privately financed models for dental health service delivery
5. knowledge transfer and evidence-based care
6. marginalized populations
7. dental education's role as a service provider.

Each working group was to focus and report on:

- identifying possible directions to be taken
- recommending major strategies to achieve the directions
- defining the roles to be played by various stakeholders
- identifying the next steps that could or should be taken.

The next morning began with a passionate presentation on the need for improvements in the national public health infrastructure by the Honourable Carolyn Bennett, minister of state (public health). Minister Bennett promised that oral health would have a place in the new federal public health agency and she would expect the new chief medical officer of health to place oral health on the agency's agenda.

The output from each of the working groups was transcribed overnight and copies were available the next morning for presentation. During discussion of the output reports, 2 additional priorities surfaced and were unanimously accepted: the need for an infrastructure to support the ongoing work in oral health policy; and the advisability of another symposium in 2 years.

In the plenary session, 3 additional strategies surfaced. Participants ranked the importance of the 7 themes listed above and the 3 additional strategies as their choices for action (**Box 1**).

The results were clear. The symposium participants identified 4 priority actions:

- collect data on the oral health status of Canadians
- improve public awareness and attitudes toward oral health
- address the needs of marginalized populations
- advocate the establishment of a national chief oral health officer.

Dr. David Mock, dean of the faculty of dentistry, University of Toronto, offered to house an interim committee that would take the next steps. Dr. Jim Leake and Ms. Lorraine Purdon from the original planning committee agreed to head up the interim committee and invited others to join them. The committee is to ensure that there would be an infrastructure to implement the priority steps and organize the next conference in 2006. Participants agreed that organizing a conference in 2 years would provide a focus for implementing the next steps and a vehicle for accountability.

Box 1 **Ranking of the themes and additional strategies as priorities for action**

1.	Public awareness and attitudes	26 votes
2.	Training, development and regulation	4 votes
3.	Publicly financed models	12 votes
4.	Privately financed models	0 votes
5.	Knowledge transfer and evidence-based care	3 votes
6.	Marginalized populations	25 votes
7.	Dental education's role as a service provider	4 votes
8.	Development of a collective vision	3 votes
9.	Advocacy to acquire a national chief oral health officer	24 votes
10.	Data collection on Canadians, i.e., a national survey	51 votes

Participants indicated their interest in working on the committee and the priorities by submitting their interests and e-mail addresses.

Some Observations

The symposium's results reflect the rationale for its development and the influence of the 3 host agencies, while also incorporating input from many different stakeholders across Canada. Although one might argue that the participants did not fully represent the broad range of stakeholders, this symposium did "get the ball rolling" in attracting various communities of interest. Diverse points of view found expression during the plenary sessions, through questions and comments, as well as in the working groups. Overall, people were respectful when listening to or expressing points of views, thereby creating an open forum for the exchange of ideas.

The symposium offered a balance of scientific, objective presentations and more qualitative community-based experiences. Combining scientific reporting with telling the compelling story of local examples appeared to strengthen the messages received by the participants and led them to identify an essential set of 4 priorities and the need for a future conference in 2006. This effective 2-pronged technique should improve the outcomes as they are reported to and received by a variety of audiences.

The concurrence on the need for data and evidence-based information as the foundation on which to build oral health policy was impressive. There was overwhelming support for pursuing the data collection necessary to describe the oral health status of Canadians.

Leadership will be critical in providing infrastructure and moving forward. Progress should be enhanced by the apparent willingness of a critical mass of individuals to participate in implementation. Many people responded to the "call for action" in contributing to the next steps. Participants expressed a strong demand for leadership from Health Canada in appointing a chief oral health officer.

For the 2006 symposium, planners should continue to invite diverse communities of interest; to gather, share and discuss scientific data; and to include presentations from informed speakers and about innovative programs. The symposium should build on the feedback from the 2004 symposium evaluations; the priorities and strategies identified; and the efforts of other groups, organizations and communities. The next symposium should be held in another city in Canada and explore other outreach strategies to attract stakeholders who were absent from this one. ◆

Ms. Armstrong *was the facilitator of the Access and Care symposium. She is president of VISION Management Services.*

The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

Ms. Armstrong's summary report, as well as the presentations listed in her article, are available on the Access and Care symposium Web site at http://individual.utoronto.ca/accessandcare/. The keynote presentation by Dr. Dushanka Kleinman was reprinted in the December edition of *JCDA* (p. 751–4). Dr. Kleinman's presentation is also available online.

JCDA is grateful to Susan Deshmukh for permission to reprint the photos.