

Access and Care: Reports from Canadian Dental Education and Care Agencies

• James L. Leake, DDS, MSc, FRCD(C) •

A b s t r a c t

Representatives of faculties of dentistry and agencies working to improve the oral health of groups with restricted access to dental care were invited to address the access and care symposium held in Toronto in May 2004. They told of their clients' sometimes desperate needs in graphic terms. The agencies' response ranged from simple documentation of the need, to expression of frustration with current trends and the apparent indifference of policymakers, to the achievement of some success in arranging alternative models of care. The presenters consistently identified the need to change methods of financing dental education and both the financing and models of care delivery to meet the needs of those with restricted access to oral health care.

MeSH Key Words: *Canada; delivery of health care; dental care; health services accessibility*

© J Can Dent Assoc 2005; 71(7):469-71

In May 2004, a symposium — Access and Care: Towards a National Oral Health Strategy — was held in Toronto. The organizers invited presentations from representatives of agencies that train dental care providers to meet the needs of Canadians and agencies involved in trying to obtain dental care for their clients. This paper presents an overview of these presentations. For more detail, consult the PowerPoint presentations at <http://individual.utoronto.ca/accessandcare/> or contact the corresponding author, whose address is listed at the end of this report.

Summary of Reports

Three perspectives on the current oral health care delivery system were presented. First, Main and others¹ described the results from a mailed English-language survey of agencies across Canada that might have some interest in ensuring oral health care, particularly for the disadvantaged. Although most stated that dentists offer high-quality care, over 70% disagreed with the statement that preventive care is accessible to their clients. Over 93% of respondents thought that, for high-need groups, basic dental care should be included in provincial medical care plans. The full report is to be published in this journal soon.

Second, Valerie White presented an overview of the Nova Scotia Oral Health of Seniors Project,² which documented the lack of an infrastructure for oral health care of

seniors at both the provincial and federal levels. Among other problems, the investigators noted, “The private nature of oral health care service in Canada contributes to profound disparities among many underserved segments of the population, including older adults.” Further information on this project, including the investigators’ recommendations, may be found at www.ahprc.dal.ca/oralhealth/.

Third, Lomotey and Hatzipantelis³ reported on a federally sponsored project to determine whether current dental health policy in Ontario is socially inclusive and makes services accessible. Their research indicates that, although a few provincial and local government-funded assistance programs exist, there is no coherent overarching dental policy in Ontario. Commenting on the indifference of the current “system,” one of their key informants said, “...for the working poor, for seniors, for the community as a whole, there is no particular policy — well I guess there is a policy — there is a policy not to have any.” The researchers also found that many low-income families in Ontario do not have access to dental care. In the words of a key informant, “It [all] comes down to the biggest influencing factor on oral health [which] in our opinion is poverty.” Their findings are reported more fully at www.cfcchelps.ca (click on Dental Scrapbook).

Two presentations focused on initiatives that communities have taken to respond to the oral health care needs of their members. The stories of need that stimulated the



More than 140 people from Canada and beyond attended this first ever symposium on oral health policy. Participants listened to a variety of presentations, then rolled up their sleeves and helped determine priorities for action. There was strong agreement that data collection on the oral health status of Canadians is a necessary foundation upon which to build an oral health policy.

development of one are cited by Wallace,⁴ who quotes a legal advocate:

I believe that this [oral health] is a life threatening need... It's amazing to know what people have been living with... going outside with literally the stench of infectious disease in your mouth and poisoning your system day after day, month after month, year after year, growing worse and not being able to talk to people.

Wallace also provides examples of the choices the poor have to make. He quotes a mother of 2 children — “The cost of a dental visit is the same as a month’s worth of groceries. What would you pick?” — and Ron who had been refused dental treatment by a welfare office many times:

I went downstairs and asked my landlord if I could borrow a pair of needle-nose pliers. My mouth was so sore, I couldn’t eat. I just had to. A couple of times I almost passed out. The important thing about pulling out your own teeth is — don’t miss.

A First Nations’ community health centre found that the availability of dentists (and coverage under the Non-

Insured Health Benefits program) was not sufficient. Saunderson⁵ reported that:

Less than 50% of [band] members went to a dentist, and those that did often only sought emergency care. The presence of 14 dentists within a 1 mile radius of Tsewultun Health Centre did not translate into accessibility to dental care.

Both of these communities subsequently developed community-based dental programs. Saunderson pointed out that such programs have a natural advantage in providing culturally sensitive health promotion messages and care through partnership with the other health programs delivered from the same centre.

However, it is not only agencies serving unemployed or First Nations groups who have developed alternative methods of delivering care. In Toronto, the Hotel Employees and Restaurant Employees Union, Local 75, has maintained a clinical service to provide care to its generally low-paid members and dependents since 1988. Iperifanou⁶ reported that the dental centre provides comprehensive care, with recall preventive services available at least twice a

year. Patient satisfaction is reportedly high even though they must visit the centre or one of its satellite locations or see a preferred provider.

Underlying all 5 of these reports is a sense that the dominant model for providing care needs to be adjusted to meet the special circumstances of some groups, whether those circumstances arise from poverty, cultural differences or age or infirmity. Common to the 3 alternative delivery models is an approach in which the services are financed through an administered budget, and dental staff need not depend on generating fee-for-service income.

The last of the agency reports was from the dean of the faculty of dentistry at the University of Toronto,⁷ who pointed out that there has been a withdrawal of public funding and support for oral health care facilities and dental staff in hospitals. As a consequence, “there has been a steady decline in the availability of care for vulnerable populations, such as the medically, mentally and physically disadvantaged [and this decline] is also adversely affecting the education of oral health practitioners because of the paucity of centres for student rotations and the excessive workload in those few remaining.” To compensate for cuts to their budgets, faculties in most provinces have had to increase clinic fees to the point that the services have become inaccessible to the poorest and many of the rest are forced to choose less-expensive and less-than-ideal treatment. In addition, over the last 10 years, tuition for dental students has increased 5-fold, discouraging applications from students from lower socioeconomic levels.

Conclusions

These reports revealed that some people’s needs for oral health care remain vastly unmet and the “system” seems indifferent to their plight. Consistent with that indifference, public support for education continues to be eroded, depriving both the disadvantaged of a source of care and students of the opportunity to serve those most in need. Some groups have developed alternative models of care delivery that are reported to meet the needs of their clients more effectively. Others advocate the inclusion of basic dental care in the national public health care system. ♦

Acknowledgement: The author would like to thank the individual presenters at the access and care symposium for their assistance in preparing this article: Ms. Maria Hatzipantelis, Dr. Evangelina Iperifanou, Mr. Jonathan Lomotey, Dr. Patricia A. Main, Dr. David Mock, Ms. Sherry Saunderson, Mr. Bruce B. Wallace, Ms. Valerie White.



Dr. Leake is professor, faculty of dentistry, University of Toronto, Toronto, Ontario.

Correspondence to: Dr. James L. Leake, Faculty of Dentistry, University of Toronto, 124 Edward ST., Toronto ON M5G 1G6. E-mail: james.leake@utoronto.ca

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

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

References

1. Main P, Leake JL, Burman D. Perceptions of oral health care in Canada — a view from the trenches. *J Can Dent Assoc* 2005. In press.
2. Oral Health of Seniors Project: a collaborative research between the faculty of dentistry, Dalhousie University, and the Atlantic Health Promotion Research Centre. Halifax: AHPRC. Available from: URL: www.ahprc.dal.ca/oralhealth/.
3. Lomotey J, Hatzipantelis M. Family dental health scrapbook. Kitchener: Centre for Research and Education in Human Services, Wilfred Laurier University; 2004. Available from: www.cfcchelps.ca/PDFs/Dental_Scrapbook.pdf.
4. Wallace BB. Victoria’s community dental clinic: a local response to a national issue. Presented at Access and Care: Towards a National Oral Health Strategy, 13–15 May 2004, Toronto, Ont.
5. Saunderson S. A community based dental health program for aboriginal families. Presented at Access and Care: Towards a National Oral Health Strategy, 13–15 May 2004, Toronto, Ont. Available from: URL: <http://individual.utoronto.ca/accessandcare/saunderson.html>.
6. Iperifanou E. Another view of dentistry: hotel employees and restaurant employees clinic. Presented at Access and Care: Towards a National Oral Health Strategy, 13–15 May 2004, Toronto, Ont.
7. Mock D. Faculties and hospitals. Presented at Access and Care: Towards a National Oral Health Strategy, 13–15 May 2004, Toronto, Ont. Available from: URL: <http://individual.utoronto.ca/accessandcare/mock.html>.