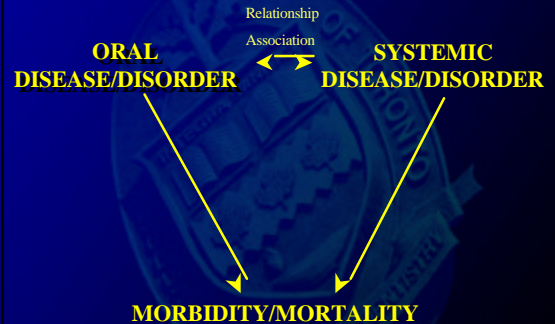


ACCESS AND CARE: TOWARDS A NATIONAL ORAL HEALTH STRATEGY

Faculties and Hospitals

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Oral Health Support in Ontario over the past 10 yrs

- ❑ Hospitals
- ❑ closure of five hospital dental services and reductions in at least two more
 - steady decline in the availability of oral health care to the medically, mentally and physically disabled patient population
- ❑ funding withdrawn for the hospital dental internship, fellowship or general residency programs
 - 32 positions prior to 1994, 16 now
 - Salaries comparable to medical stipends prior to 1994; approximately 50% now
 - Further decline in availability of oral health care to the medically, mentally and physically disabled patient population

Oral Health Support in Ontario over the past 10 yrs

- ❑ Faculties
 - Support for post-secondary education in general badly eroded
 - Ontario rated as #10 out of 10 provinces on government funding on a per student basis
 - One dental school becomes a division of the medical school
 - Two other Canadian dental faculties suffer the same fate
 - Dental Faculties have little leeway to cut expenditures
 - Risk sacrifice of quality and patient safety
 - Increased clinic fees = reduced accessibility for the poor
 - Funding lost for oral pathology diagnostic services
 - Tuition for dental students has increased approx. 5 fold and schools are still severely under funded

“Building on Values: The Future of Health Care in Canada”

- ❑ more commonly known as the Romanow Commission Report
 - ❑ a blueprint for the reformation of health care in Canada
 - ❑ 9 casual references to dentistry or oral health (varying from one word to one line) in its 392 pages
 - ❑ minimizes the issue of oral health and implies that no resources are necessary
 - ❑ no resources will be earmarked for oral health
- Accepted or applauded by organized dentistry

Outcome of the “Romanow Commission Report”

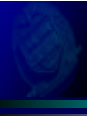
- ❑ Increased funding for medical education
- ❑ Increased funding for health care
 - ❑ Not oral health
- ❑ Increased funding for health research
 - ❑ Oral health research did gain a mild secondary benefit
- ❑ No increase in support for oral health care delivery, education or research

“Surgeon General’s Report on Oral Health”

- ❑ Encouraged by organized dentistry
- ❑ Commissioned by the US government “to alert Americans to the full meaning of oral health and its importance to general health and well-being”
- ❑ A comprehensive evaluation of oral health in the country
- ❑ Identified areas needing support and significance of oral health to health in general

The “Surgeon General’s Report on Oral Health” Emphasized That:

- ❑ Oral health means more than healthy teeth
- ❑ Oral Health is integral to general health
- ❑ Safe and effective disease prevention measures exist that everyone can adopt to improve oral health
- ❑ General risk factors also affect oral and craniofacial health



Outcome of the “Surgeon General’s Report on Oral Health”

- ❑ resulted in major improvements in funding for oral health care delivery, research and education
- ❑ Programs funded at both the state and federal levels in cooperation with organized dentistry
- ❑ Private industry encouraged to support dental education and research



Dilemma

Underserved Population

- ❑ The mentally, medically and physically disabled
- ❑ The financially disadvantaged

Underfunded

- ❑ Hospital dental services
 - ❑ Professional clinical education (also a need for patients)
 - ❑ Research
- One solution should be obvious