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

May 13-15, 2004, University of Toronto

Ruth Armstrong, Vision Management Services

The impetus for the Symposium arose from the 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 was excluded from consideration in the Future of Health Care in Canada (Romanow) Report;
- unlike most developed countries, Canada has no recent nation-wide survey of the oral health status of its citizens;
- there is virtually no planning for future dental provider roles or requirements;
- Canada has no national dental care program for children and expectant/new mothers – similar programs are available even in many developing countries;
- at least in Toronto, hospital-based dental clinics have been closed, having a severe impact on training of future providers and services to clients who normally use hospital clinics;
- public programs for seniors and children have been reduced or cancelled;
- there are higher fees and, consequently, higher student debt for training in dentistry;
- 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; *and*
- most importantly, no one has accepted the challenge of improving the situation.

The Symposium was hosted by the University of Toronto, Faculty of Dentistry, George Brown College (Dental Hygiene Program) and the Toronto Oral Health Coalition and supported by Adec, 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 were invited from a wide variety of stakeholders to help develop recommendations to improve oral health in Canada. Invitations were distributed via: electronic bulletin boards of dental public health and dental hygiene organizations in Canada; mailed invitations to potential funders such as national

professional dental organizations, dental insurance carriers and dental manufacturers and their agents; the Faculty of Dentistry's Continuing Education web-site; and with the survey of social and health service and regulatory agencies potential stakeholders (See P. A. Main).

In all 141 people (including facilitators for the 9 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); *and*
- consumers with low income.

While most participants came from Ontario, people attended from across Canada and beyond (Australia). The Symposium was designed to produce an outline of potential policy areas based on a summary of the current policies in Canada and the evidence of how other jurisdictions were dealing with oral health issues. Participants heard presentations on a variety of topics and then on the second day broke into working groups to form their advice on what needed to be done.

The key-note speaker was Dr. Dushanka Kleinman – Chief Dental Officer and Assistant Surgeon General, US Public Health Service; Deputy Director, National Institutes of Dental and Craniofacial Research whose topic was *Placing Oral Health on the Health Care Agenda.*

Other topics and speakers included:

- W*hy 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 on innovative research and programming from the perspectives of:

- Faculties and Hospitals — David Mock
- Seniors Oral Health Project (Nova Scotia) — Valerie White
- Victoria Clinic — Bruce Wallace
- Federal Provincial Territorial Dental Directors — Steven Patterson
- Determining Family Dental Health — Jonathan Lomotey
- Oral Health Program for a First Nations Community — Sherri Saunderson
- Hotel Employees and Restaurant Employees Clinic — Eva Iperifanou

The presentations can be viewed at http://individual.utoronto.ca/accessandcare/.

In advance of the meeting, the planning group had established six potential topic areas for group discussion, and one other was suggested at the Symposium. Participants then "signed-up" to discuss the topic of their choice from among:

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; *and*
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/should be taken.

The next morning was kicked off by 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. In the discussion of the output reports, two 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 two years hence.

Further discussion in plenary surfaced three additional strategies. Participants ranked the importance of the 10 themes and additional strategies as their recommendations for action. The distribution of votes is shown in the following table.

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

The voting results were clear. The symposium participants identified four priority actions:

1. Collect data re: oral health status of Canadians;
2. Improve public awareness and attitudes to oral health;
3. Address the needs of marginalized populations; *and*
4. Advocate to acquire a national Chief Oral Health Officer.

Dr. David Mock, Dean of the Faculty of Dentistry, University of Toronto, offered to house an interim committee who 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 two years would provide a focus for implementing the next steps and a vehicle for accountability.

Participants indicated their interest in working on the committee and the priorities by submitting their interests and email addresses on their name tags.

Some observations

The Symposium's results reflected the rationale for its development and the influence of the three host agencies while at the same time, reaching out to many different stakeholders across Canada. While one might argue that 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 during the working groups. Overall, people were respectful when listening to or expressing points of views.

The Symposium offered a balance of "scientific" objective presentations and the more qualitative community-based experiences. Marrying scientific reporting with telling the compelling story of local examples appeared to strengthen the messages received by the participants and allowed them to focus the priorities to an essential set of four plus the next conference in 2006. This effective technique should improve the outcomes as they are reported to and received by a variety of audiences.

One could not help but be impressed with concurrence on the need for data and evidence-based information as the foundation upon which to build oral health policy. There was overwhelming support to pursue the data collection necessary to describe the oral health status of Canadians.

Leadership will be critical in providing infrastructure and moving forward. That progress should be enhanced by the apparent willingness of a critical mass of individuals to participate in implementation. Many individuals responded to the "call for action" in contributing to the next steps. Leadership from Health Canada in the role of a chief oral health officer was a strong demand by the Symposium.

For the 2006 Symposium, planners should continue to invite diverse communities of interest; to gather, share and discuss scientific data; to include presentations from informed speakers and innovative programs. The Symposium should build on the feedback from the 2004 Symposium evaluations; the priorities and strategies identified; and other groups', organizations', communities' efforts. Next time the Symposium should move to another city in Canada and explore other outreach strategies to attract those stakeholders who were absent.

Respectfully submitted by:

Ruth R. Armstrong, MBA
VISION Management Services
Symposium Facilitator June 17, 2004