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GREATER TORONTO > DENTAL CARE

'I have so much gratitude. I feel like I can do anything now'

WAR ON POVERTY

AFFORDABLE DENTAL CARE
Part of an ongoing series about the plight of Canada's needy and possible reforms

TEETH from A1

creates a dead-end scenario. When teeth disappear, so too does the bone that holds them. It shrinks, leaving little to keep future dentures or dental implants in place — if there was ever money to pay for implants at \$4,000 each.

"You are condemning them," said Singh, a dentist for more than 20 years. "You are taking away a whole bunch of options immediately."

Without private insurance or the financial freedom to afford dental care, there are few options for any affordable treatment. Dental care is not included in Canada's universal health system, despite recommendations for inclusion going back as far as the 1964 Royal Commission on Health Services.

In February, Toronto's chief dentist, Dr. Hazel Stewart, sent Health Minister George Smitherman a proposal for dental clinics in community health care centres across the greater Toronto region. The government has not yet responded.

Smitherman is pushing through a new law that will allow dental hygienists to clean teeth without the permission of dentists. That move could increase access to basic preventative care for the poor, the elderly in nursing homes and residents of remote areas.

But for those who need more than a hygienist's regular cleaning, there are no plans for change. With the exception of scattered low-cost clinics and public health programs, dentistry is a private, market-driven system. Only those with money or insurance can access the advantages of good teeth.

Jones is marvelling at the benefits. He telephoned one afternoon, his voice high.

"People are telling me that I look like a movie star," he said, laughing. "Nobody is looking at me like I'm the toothless guy. They want to talk to me now. I just want to get to know everyone. I'm smiling so much my cheeks are getting sore."

"I feel like I have so much more energy. I have so much gratitude. I feel like I can do anything now."

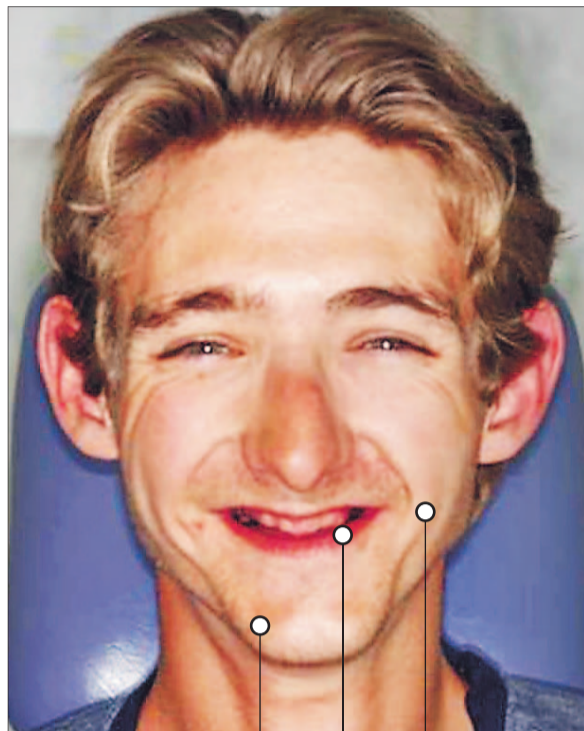
Jones's joy is fuelling Dr. Singh's plan to create a non-profit foundation that will pay for treatment for others who cannot afford dental care. Jones's pain specialist, Dr. Peter Charlebois, is now lobbying the provincial government to create affordable care, giving MPPs numerous examples of patients who have needlessly lost teeth.

Dr. Peter Cooney is Canada's chief dentist, appointed by the federal government in 2005. He estimates that between 16 to 20 per cent — roughly six million Canadians — struggle to pay for dental care. To that end, Cooney says his mandate is to get an accurate picture of the oral health of Canadians through the current Canada Health Measures Survey, which asks 18 questions about oral health, including queries about affordability and access. Through interviews and medical examinations, the survey will document the health of 5,000 peo-

The transformation of Jason Jones

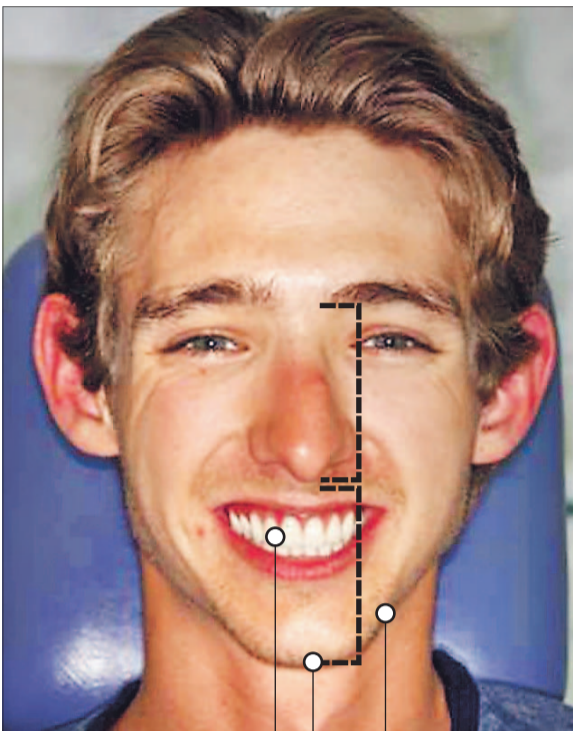
Jones's bite and facial symmetry were carefully studied before his dentures were made. The result is a dramatic change created not only by the new teeth but by the resulting shift in facial proportions.

BEFORE



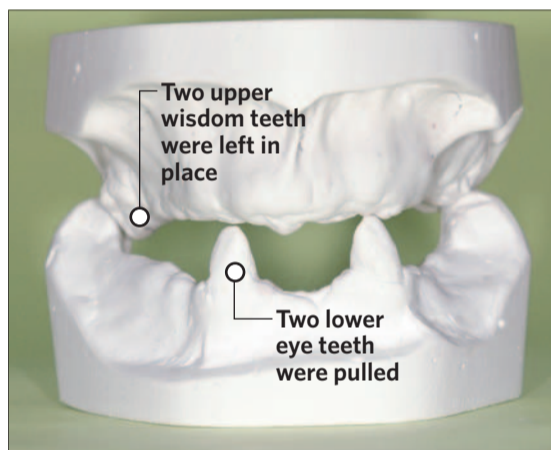
Chin swings up and inwards
Upper and lower lips cave in
Jaw over-closed

AFTER



Passive bite, the natural resting position between upper and lower jaw, is opened 18 mm
Chin is down and back
Facial proportions are now equivalent

How it was done

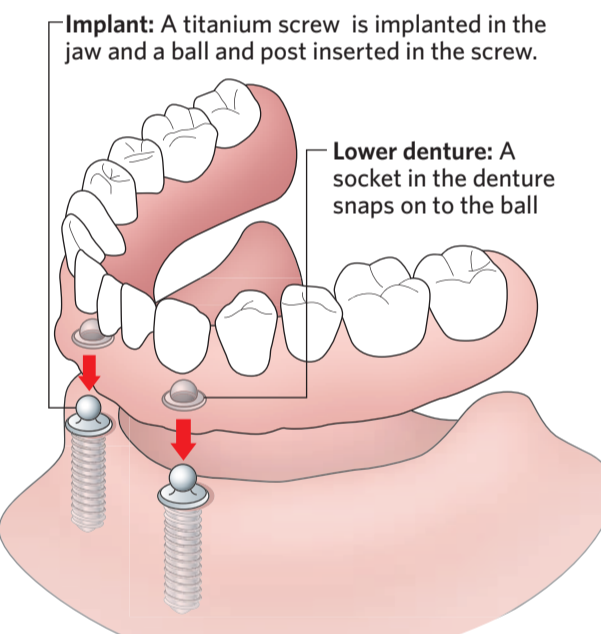


Study models: Impressions of his teeth were made. The models are mounted on an articulator, a mechanical device that mimics the jaw joint, allowing the model to open and close, as if it is the patient's mouth. From this, the lab technician can judge the correct bite. Wax models were made to test the fit.

SOURCE: Patty Kenuck and Dr. Raj Singh; Nobel Biocare
RESEARCH BY MOIRA WELSH AND PATTY WINSA
BRIAN HUGHES AND TREVOR JOHNSTON/TORONTO STAR GRAPHIC

The dentures

A complete acrylic upper denture was made for Jones and is held in place by his palate. The lower denture — called an overdenture — needs more stability, which is achieved through dental implants.



Implant: A titanium screw is implanted in the jaw and a ball and post inserted in the screw.

Lower denture: A socket in the denture snaps on to the ball



STEVE RUSSELL/TORONTO STAR

Jason Jones, who six months ago had just four teeth, can't stop smiling as he, wife Candice and daughter Cailyn get familiar with his new look.

ple in 15 regions. It will be complete in 2009.

Dental disease is connected to a variety of other illnesses, like heart disease, diabetes and diminished health. Oral infections can spread

through the body, even causing blindness, like in the case of Moses Han, an Oakville convenience store owner who lost his sight in January because he could not afford the root canal needed to fix a dying molar.

For Jones, the transformation is nearly complete, but Singh's work will continue. From his office at Vitality Health Professionals, the dentist will monitor the comfort of the dentures, donated by Ernie Molnar of Crown-Tech Dental Laboratories. Singh's biggest challenge is to build up Jones's mouth with implants, offered by Nobel Biocare, the Swedish dental implant company, to hold the dentures in place. Without implants, the bone will continue to recede, leaving false teeth that slide around in his mouth.

"It feels great to help him," Singh said. "He is seeing something that he didn't think was possible. What it does for his self esteem will be amazing. He looks at himself in the mirror, and doesn't even think that it is him."

Jones remains aware that despite his good fortune, problems remain. "This isn't just about me. There are others out there with the same troubles I had."

SHOULD DENTAL HYGIENISTS BE GIVEN MORE AUTONOMY?

THE ISSUE

The province has passed legislation allowing dental hygienists to clean teeth without first receiving the permission, or an "order," from a dentist. It hasn't yet been proclaimed into law but if the Dental Hygiene Act passes before this fall's election it could change the way basic preventive oral care is offered in Ontario.

Advocates say that the poor, the elderly in nursing homes, those who cannot leave their own homes and residents of remote areas will be the first to benefit from more regular teeth cleaning, which hygienists could perform.

The hygienists have had their own regulatory college since 1993 and have been pushing for independence from dentists for years.

At issue now is a disagreement between the dentists and the hygienists over the amount of additional education — if any — hygienists need to work independently.

WHAT THE DENTISTS SAY

• **Dr. Susan Sutherland**, spokesperson for the Ontario Dental Association, says that if hygienists want to work on their own then they need more training. "The more responsibility one has, the more education one needs," said Sutherland, who is the chief of dentistry at Sunnybrook Health Sciences Centre.

Sutherland was on an expert panel of dentists and hygienists created by Health Minister George Smitherman to sort out the education issue. Sutherland and the other dentist recommended four years of training (including the two-year community college dental hygienist program) before hygienists could work on their own.

The association is now calling for one additional academic year of education.

• **Irwin Fegergrad**, registrar of the Royal College of Dental Surgeons of Ontario, which regulates dentists, said the four-year recommendation was a "perfect world" scenario but he says one year of additional studies is adequate.

"We are talking about one academic year, which is about eight months. We don't care if they do it over a period of four years, or one year."

WHAT THE HYGIENISTS SAY

• **Penny White**, past-president of the Ontario Dental Hygienists' Association, said that hygienists don't need to go back to school for a full year and fears the ODA will use the issue to postpone the changes.

"This is about control. It could be about money," White said. "I am not sure if the dentists are concerned that there will be some mass exodus from their practices... because dental hygienists do provide a significant base of income for dental practices."

Dental hygienists have done similar work to what is proposed within "public health practice settings for many years and have done so without incident," White said.

They do this with a long-standing order from a public health dentist, she said. • **Cathie Mazal-Kuula**, president of the College of Dental Hygienists of Ontario, said the college will create a standard of practice that will uphold public safety.

The college is recommending that the standards incorporate several scenarios to deal with hygienists, depending on years of experience. That might include a college-sponsored course that offers advanced studies for the treatment of special needs clients, like those in nursing homes, where Mazal-Kuula said the needs are high.

"There are seniors in long-term care who are developing pneumonia because of oral bacteria," she said. "And the cost of treating someone being in the hospital for pneumonia versus the cost of regular oral care is a world of difference, in terms of pain and suffering, and of dollars."

— Moira Welsh

HOW OTHER GOVERNMENTS FARE WITH PUBLIC DENTAL PROGRAMS

Sustaining a top-quality public dental program has been difficult for governments around the world.

Historically, **New Zealand** has provided inspiration for other hoped-for public dental systems. But it lost ground in the 1990s when the government cut programs, leading to an increase in cavities in children.

In 1921, New Zealand trained its first dental nurses, 30 women, to work with schoolchildren after studies showed they had poor oral health.

Karen Boyce-Bacon of the New Zealand Dental Therapists' Association said that there was much controversy over the dental nurses. But the program remains in place today, although it has been seriously curtailed by the end-of-century budget cuts.

Now called dental "therapists," they provide free dental care to people under the age of 18.

The New Zealand model inspired Canada's 1964 Royal Commission on Health Services, which recommended the training of dental therapists for the medicare system, said University of Toronto dentistry professor, Dr. James Leake. Not one of the commission's recommendations has come to pass, Leake said.

• **St. Vincent and the Grenadines**, in the Caribbean, population 109,000, adopted New Zealand's dental nurse program, and it provides free preventive care, along with extractions and fillings.

Dr. Errol Parsons is the country's senior dental surgeon and administrator of oral treatment. "When children grow up with good

dental care, we see them back as adults. They are more conscious, they take better care."

After the age of 17, children are turned over to the public dental care system where adults pay user fees: \$5 for an extraction, \$15 for a cleaning and \$20 for a filling. "For crowns and bridges they go to dentists in the private sector. I think this is reasonable," Parsons said.

• **The City of Toronto** subsidizes public health programs, so children in schools receive basic treatment, as do seniors. There are low-cost clinics in the city, including one at the University of Toronto's dental school.

Yet a few miles away, in **Oakville**, for example, there is nothing for low-income earners, only for those on social assistance or with special

needs. The province pays for limited dental care through social assistance programs like Ontario Works and the Ontario Disability Support program.

In **Ontario**, children of working low-income families might get coverage — but it all depends on whether their municipality offers extra public health services. Children whose families are on social assistance receive basic preventive care until they are 18, as long as they remain in school.

Ontario's Children in Need of Treatment Program covers emergency needs for children under 14 whose parents have no dental insurance.

But in **Prince Edward Island**, for example, all children aged 3 to 16 receive basic dental services.

— Moira Welsh