BRUSHED ASIDE:

POVERTY AND DENTAL CARE IN VICTORIA

A Report from the
Vancouver Island Public Interest Research Group
By Bruce B. Wallace, Research Coordinator
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THANK YOU ...

Thanks to everyone who is working to improve the health of people living in poverty in Greater Victoria. The following people were instrumental in this project.

Thanks to the 150 people who agreed to be surveyed. I hope your trust in us will benefit you. Thanks to the 24 dentists who responded to our informal survey and also to Dr. Duncan Kemp, President of the Victoria & District Dental Society. Thanks to Shirley Bassett at the Capital Health Region's Dental Program for her participation at every step of the way. Thank you Jacquie Ackerly of the Together Against Poverty Society (TAPS) for first telling me this project was needed and then helping to do the work. Thanks also to the original members of our little working group, Kathy Rossetto, Barb Smith and Tara. Thanks to all of the interviewers, most of whom were UVic Social Work students on pratica in the survey settings. Thanks also to all of the service providers who agreed to let us carry out the survey. Thanks to Judy Burgess for her dreams and enthusiasm to establish a dental clinic in the James Bay Community Project. Thanks to Paul Huxtable for inputting all of the data. Thanks to Shannon Mullen for helping out with the data analysis. Thanks to Ann Geddes with the Community Social Planning Council of Greater Victoria for her endorsement when needed. Thanks Nedjo for helping to layout the document. Of course thanks to Brenda. And thanks to my coworker Stacy Chappel and everyone else at VIPIRG for their help and support.

For copies of this report contact the Vancouver Island Public Interest Research Group (VIPIRG) at (250)721-8629 or vipirg@uvic.ca.

Brushed Aside

"The cost of a dental visit is the same as a month's worth of groceries. What would you pick?"

An unemployed mother of two children left this question on her copy of the survey on the dental needs of people living in poverty in Greater Victoria. A trip to the dentist is a luxury that many people in Victoria simply cannot afford. Ironically, this results in more and more trips to the dentist as one's oral health declines and the pain becomes unbearable.

We need to ask the questions: are Canadians – regardless of income – entitled to basic health care, including basic oral health care? Why do we disconnect the jaw from the body?

A person's dental health affects their whole health status, and yet we refuse to treat it. In Canada, while we pride ourselves on our provision of universal health care, we exclude oral health. As a society we are agreeing to not provide basic health care to a significant part of our population. If you are poor, you can't afford to go the dentist. Unfunded dental care is part of our country's legislated poverty. It is a form of classism.

The Vancouver Island Public Interest Research Group (VIPIRG) began this project with the goal of inspiring community action towards improving the access to dental care for people living in poverty. Ultimately, this goal cannot be met by community efforts alone. It is dependent on the willingness and commitment of government and the dental profession. After analyzing the results of 150 surveys filled out by people with low-incomes in Greater Victoria, we are able to describe not only the struggles poor people face when needing dental care, but also some ways that our community can respond to these challenges. This paper will first define the issues, although few people need to be convinced that people with low-incomes face undue hardships in obtaining necessary dental care. The priority of this paper is to provide directions for actions that are based on VIPIRG's research.

She's Right!

A look at the statistics proves the comment to be extremely accurate. According to the CRD, a 25 to 49 year old woman would spend **$156** a month to feed herself. According to the Dental Surgeons of B.C. fee guide, she would spend **$152** for a regular check-up and cleaning.

The Methodology

This report is part of an action research project addressing the need to improve access to dental care for people living in poverty in Greater Victoria. The project follows the principles of Participatory Action Research, which is research for the purpose of making change and emphasizing community participation in the process. It is an aid to action and a tool for empowerment, not an end in itself (Women's Research Centre 1992).

This research project originated in a community forum in the Spring of 1999 organized by the Capital Urban Poverty Project. The forum focused on the question: *What can we do about poverty in Greater Victoria?* One of the issues that arose from these community meetings was the lack of affordable, accessible dental care for people with low incomes in Victoria. Following the community forum, a small group of us decided to exchange phone numbers and meet again to try to do something about this issue.

The survey

In the Fall of 1999 we surveyed 150 people with low incomes about their experiences and opinions of dental care. We were able to effectively reach low-income residents by conducting surveys through centres that provide community services. Several Neighbourhood Houses or Community Centres participated, including Esquimalt Neighbourhood House, James Bay Community Project, Blanshard Community Centre and the Burnside Gorge Community Centre. The downtown community and the street community were surveyed on the streets and through the Open Door. In addition, people were surveyed while picking up their hamper at the Mustard Seed Food Bank.

The sample

This study effectively sampled people living in poverty in Greater Victoria. Half of the respondents report a household income of less than $850 a month. The average household income was $13,000 a year. By comparision the overall average household income in the CRD is $50,000. The source of income for most respondents was welfare, over a third (37%) receiving BC Benefits and another 12 percent receiving Disability Benefits. Ten percent were employed full-time and a further ten percent were employed part-time or self-employed.

The average age was 35 years old. Most of the people had one income earner in their household, with about half of the sample (48%) being single with no kids and a quarter (24%) being single parents. This sample reflects the demographics of who is poor in Victoria. Single parents are the family type with the highest proportion living on low-incomes – over four out of ten in Victoria. And one in three "unattached" individuals in the Capital Region, or 22,125 people, lives on low incomes (CUPP, 2000). In regards to gender, sixty percent were females and forty percent males.

Defining the need in Victoria

"What would help me take care of my teeth? To afford the luxury of regular check-ups and to pay for any and all work that would be necessary."

– Single mom receiving welfare.

Even if a person can't afford the cost of dental care – it cannot be ignored. Although most of the low-income people we surveyed had either no dental benefits or the minimal benefits provided through welfare, they still needed to take care of urgent dental needs – like painful problems that could have been avoided if preventative measures had been taken.

Dental care is as important to people living in poverty as it is to people with a comfortable standard of living and extended dental benefits. Everybody we surveyed owns a toothbrush and toothpaste. At first glance, the numbers seem to indicate that people with low incomes are receiving dental care. Eight-five percent of respondents had been to the dentist in the last five years, and just over half (55%) had seen the dentist in the last year. But when we asked why the person had gone to the dentist, the results underlined the need for preventative and regular dental care. Only 40 percent of these respondents had gone to the dentist for preventative work, in other words a check-up and cleaning. Poor people (60%) were going to the dentists because their dental health is poor and they needed major work, often emergency work.

The most disturbing finding of the survey was the high level of extractions among people with low incomes. One out of four poor persons who went to the dentist left with at least one tooth extracted. While I am unaware of the rate of extractions in the general population, other studies confirm our finding that people with low incomes have the highest extraction rate and the lowest filling rate. In other words, they are more likely to have a tooth pulled rather than have restorative work done. For example, the Australian Senate Inquiry into Public Dental Services (1998) heard that people on welfare were receiving twice as many extractions as the rest of the community even though their underlying dental disease rate was not significantly higher. The rate of oral disease is basically the same for rich or poor. However, the access to and the experience of treatment is vastly different for these two groups.

"I had a tooth pulled because welfare wouldn't pay for a filling. I am now facing an additional tooth being pulled due to lack of money. Welfare seems only concerned with stopping the pain, their only option is to pull the tooth. How many teeth must I lose? I haven't had a real check-up in five years."

– 20 year old male receiving welfare

"I don't see why as independent business operators we are supposed to step in and solve their social/economic problems that the government should address."

– A local dentist.

It is interesting to compare our study of low-income people to a study of dental patients carried out by the College of Dental Surgeons of B.C. (1998). They report that fully 87 percent of their patients visit the dentist at least once a year, and that these are mostly (71%) people with dental insurance. They state that "preventative and diagnostic treatment services were the most commonly provided services" whereas we found that for low-income people the most commonly provided services were emergency services.

The overwhelming reason why people don't go to the dentist is the lack of money. People with low incomes either have no dental benefits or have inadequate benefits provided through welfare. Three quarters of respondents (72%) state that dental care is very important to them with the remaining quarter (27%) saying it is somewhat important. In a hypothetical question we asked – "if you had dental benefits or improved dental benefits, how often would you go to the dentist?" fully 82 percent of respondents said they would seek out preventative services, such as regular cleanings and check-ups.

Another disturbing reason why low-income people don't go to the dentist is because they are being refused services. Our survey found that one in four respondents (20%) has tried to go to a dentist and been refused service. Most were refused because they lacked dental benefits or had inadequate benefits, while others mentioned the lack of a health card, or the lack of a credit card or payment plan. Several people mentioned they felt discriminated against because they received welfare or because the dentist thought they were seeking pain medication for their drug habit.

"Yes, I was refused dental care because the dentist would not accept the pay that the Ministry pays for dental care. Dental care is critical to your well-being. It seems once again only the middle class and the well-to-do can afford this essential health care. But who cares if my teeth are falling apart."

– Now employed in a minimum wage job with no dental benefits

"Poverty, the missing piece of the health puzzle"

"If you have a physical cause for poor health, you will receive public support for getting the help you need. But if you have a social cause for your problems, if you are poor, addicted, traumatized and homeless, if the causes of your problems are myriad and complex, you are on your own – until you need medical help… The less we spend now in addressing the major cause of poor health, the more demands we will have on our hospitals, emergency rooms and acute-care beds in the future"

Jane Dewing (Executive Director of the Cool Aid Society). From "Poverty the missing piece of the health puzzle" in March 5, 1999 Times Colonist.

WELFARE BENEFITS DON'T MEET THE NEED

Dental benefits for adults receiving welfare are incredibly inadequate, creating a problem not only for welfare recipients but also for dentists.

While the Province of B.C. prides itself on taking care of children's teeth regardless of their family's economic status (through the Healthy Kids program), their support for adults appears to be considered more of a fringe benefit than a basic health right.

The top complaints about welfare's dental benefits for adults are:

1. Welfare does not pay for preventative dental work such as cleanings and check-ups which are essential to individuals' dental health.
2. Welfare limits eligible expenses to $250 a year, hardly enough to cover most restorative dental work.
3. People receiving welfare often do not know what dental benefits they are eligible to receive.
4. When welfare does provide benefits, it pays dentists at rates that dentists consider below their current acceptable billing standards resulting in dentists refusing to treat welfare recipients.

Of the 150 people surveyed, 57 percent had dental benefits, with welfare providing benefits to 64 percent of these people. Other people had their benefits paid for by Native Affairs (15%) or their spouse or parent (16%) or their employer (5%).

The inadequacy of welfare's dental benefits became apparent when I compared the situation for people on welfare to those receiving benefits from another source. Individuals receiving welfare benefits were half as likely to obtain preventative dental care when compared to those having other sources of dental benefits and required twice as much major dental work (including extractions and emergency work).

Two thirds of people receiving welfare benefits said they have never been informed of their dental benefits and what is covered under it. Of those who were informed of their dental coverage, only half said it was their welfare worker who informed them. They were just as likely to find out their benefits from a dental receptionist or dentist.

"Very often, people in need are unaware that they have access to some financial help, for example emergency dental claim forms, and could be treated 'normally' (i.e.; scheduled appointments). I say this because in the past, when I have held a free day, 80 percent of people could have come in anytime and I wound up treating very few of the people who really had no benefits."

– A local dentist, renowned for his willingness to provide free dental work

"Please give us single parents more money for our dental needs, or let us have access to the money that our kids may not need. For example, my son has excellent teeth and uses less than $50 annually on his teeth. What happens to the remaining $650 annually, that he is allowed, yet never has needed? Why can't I have access to it?"

– Single mom receiving welfare.

DENTISTS: CAN WE EXPECT PRIVATE PRACTICE TO MEET A PUBLIC HEALTH NEED?

As part of VIPIRG's research, we invited local dentists to give us their ideas and we interviewed the President of the Victoria & District Dental Society.

We heard a diversity of views from the twenty-four dentists who responded to our informal survey. Overall, dentists voiced their recognition of the need to better address the dental needs of individuals with low incomes. However, dentists had a range of views on who should meet this need and how this need could be met. Many already offer charitable dental work, while others bemoan the lack of government support for dental care. Many dentists provide their recommendations towards the creation of a specialized clinic to serve people with low-incomes.

Many dentists report that they are in a challenging position as they balance their role in providing an essential public health service, operating a private business with high overhead costs while also operating within a professional association. Some of their comments:

"The costs of providing dental care is very high due to the costs of equipment and supplies. Most dental offices run at 70 percent overhead. This means that if the dentist worked for free, a $100 filling still costs $70. I believe government funding will be required to make any attempt to provide low-cost dental care successful."

"Your ideas are worthwhile; however, dentistry is an expensive business and money seems to be the real solution. If the government would increase funding, decrease paperwork and take care of the poor they would have no problem."

As advocates for people living in poverty, members of our coalition are well aware of the challenges that people receiving government benefits are facing when trying to obtain dental care. Several dentists echoed our concerns regarding the inadequate fee structure established by the province:

"Already there are dentists who treat clients at the Ministry's going rates – often 20 to 30 percent below the fee guide".

"All dentists provide regular dental care to Ministry of Human Resources clients at reduced fees (usually operating at a net loss for a given service)."

We heard from several dentists who expressed their refusal to fill a need that appears to be the responsibility of the government, not professional dentists:

"I see this as an attempt by the Ministry to deflect their responsibility for these clients by asking the dental community to contribute more."

"Have the Ministry cover their dental treatment. Therefore, their needs are met by taxation of all rather than asking dentists and their staff to donate more!"

Some dentists questioned if reducing fees for low-income patients would be in violation of their professional association. The diversity of views is apparent as some dentists exclude low-income clients due to a concern that reducing fees for them would be unfair to their paying patients

"It is against the Dentist Act to provide dentistry to any segment of the population at a reduced rate to the exclusion of other groups."

COSTS/BENEFITS: IS OUR CURRENT POLICY OF NOT FUNDING DENTAL CARE TRULY COST EFFECTIVE?

At this point, we don't know how much time, money and resources our local hospitals are spending treating dental emergencies that could have been prevented or at least treated if the patient had dental benefits. We do know that dental diseases are almost totally preventable and that, if we funded preventative maintenance and restorative dental care, we would be reducing the need for expensive procedures down the line.

Our research makes us question how much we are spending on hospital facilities to treat dental emergencies that could have been avoided, thereby greatly reducing the need for these expensive emergency procedures. An American study published in the Journal of the American Dental Association (JADA) found that one state's decision to cut adult dental benefits from its Medicaid program substantially increased dental visits to emergency departments by Medicaid policy recipients. The authors concluded that the States should think twice before restricting dental services to people receiving Medicaid as an attempt to cut costs, as the policy change may have unintended, substantial economic impacts (ADA, 1996).

The dental profession boasts that it is the most successful preventative health service. Today, dental disease is almost entirely preventable and the costs of these preventative measures are insignificant when compared with the costs of providing restorative care. This is important to note, as the cost of dental diseases is high. The direct cost of dental illness ranks a close third behind cardiovascular disease and mental disorders in Canada, reports the National Institute of Nutrition (CMAJ, 1997). They conclude that, although the majority of people enjoy better dental health today, these gains are not shared with Canada's poor and elderly who still experience more tooth decay.

According to the Ontario Dental Association, only 44% of low-income earners have dental insurance compared to 82 percent for those earning more than $55,000 a year (www.dental.oda.on.ca)

The Canadian Dental Association reports that 53% of Canadians with dental insurance make regular dental appointments, while only 33% of those without coverage go as regularly. The same 1994 study found that while 52% of Canadians with dental insurance have all of their natural teeth, only 41% of the non-insured can say the same.

A CHOICE TO CHEW ON

My daughter is handicapped and barely survives on her disability pension of approximately $8,000 per year. Needless to say, after paying room and board for the group home where she lives, telephone, personal needs, etc., there isn't much left.

She was recently diagnosed with a minor dental problem, and the required orthodontic surgery has been estimated at $381 to correct. Human Resources must approve funding for all medical requirements for the disabled, and after a three-month wait, we now find they will approve funding of just $71.

I wonder if Dan Miller and Paul Ramsay would please advise me which of my daughter's teeth she save, and which should she let fall out.

A letter to the editor by Bernie Klashinsky in November 26,1999 Times Colonist.

What are the effects of poor oral

Poor oral health has a range of consequences. There are direct health effects including pain, difficulty in eating and the avoidance of certain foods (which can lead to wider health problems), increased use of painkillers. But the health effects of dental pain and oral diseases extend far beyond the pain of a toothache. Dentally compromised individuals have a lower resistance to other diseases, which can result in further infections and overall sickness. There are also social and economic consequences, such as loss of self esteem, impaired speech, restricted social and community participation, diminished job prospects, and increased likelihood of having problems dealing with landlords, bank managers, the police, doctors, lawyers and others necessary to escape marginalization. In general, a person's overall health status and quality of life are affected.

The Strategies for Action

"I had my top teeth pulled out which I borrowed the money to pay for. I now need to see a dentist to have my bottom teeth pulled and to get dentures, but I still owe money for the top teeth. So, I just have to wait and keep rinsing my mouth with hot salted water, using orajel and Ibuprofen. Hopefully I will be able to do this in the next two years."

– Single parent of three kids with no benefits.

Universal Dental Health Care

How do we create the political will in Canada to incorporate dental health care into our universal health care system? There is a strong need for a federal task force on oral health to develop a strategy to address what can be called an epidemic. This recommendation follows the strategies of Australia and the United States. In the U.S., the Surgeon General commissioned the first-ever report on oral health to be released this year. The Australian Senate completed their exhaustive report on public oral health in 1998. Canada similarly needs to take action on developing a national oral health promotion initiative that will reduce the oral health inequalities in Canada.

Are we agreeing to provide dental care for only one segment of the population? Or is the problem complacency?

IMPROVED WELFARE BENEFITS

Just as welfare benefits are inadequate for recipients to afford their basic needs such as housing and food, welfare benefits are also inadequate to provide for a person's basic dental needs. The deficiencies of welfare benefits have already been outlined. There is agreement among both dentists and community advocates about the need to improve dental benefits for people receiving welfare.

The first required improvement is for welfare to bring their fee structure in line with the dentists' fee structure. Currently, it is reported that the Ministry is only providing 81 percent of the fee guide. Dentists argue that when welfare pays 20 percent reduced fees they are actually cutting dentist's pay in half. As Dr. Kemp, President of the Victoria & District Dental Society, explains, at least 60 percent of the dentist's cost are fixed overhead costs and 40 percent is profit so when welfare cuts the fee by 20 percent they are cutting that profit in half.

Undoubtedly, the person receiving welfare suffers even greater than the dentist, but the point must be made that the Province is delivering a health policy that is ineffective to both the consumers and providers of dental services.

"About three years ago I began to have abscessed, painful teeth. I had a few extractions since welfare wouldn't cover root canals."

– Single mom receiving disability benefits

DENTAL ADVOCACY

"I was kicked out of one dentist office because the government pays for my dental plan and the government was taking about a year to pay."

– Young man receiving disability benefits.

Who is advocating for people's right to access health care, specifically their dental health care? Throughout our research, we heard people's horror stories of being unable to access dental care and the painful results. Many people surveyed were suffering from toothaches while answering our questions. Others had given up on a welfare system that they claim won't treat their pain and were waiting to get their teeth pulled out.

As stated, in our community survey, two-thirds (67%) of people receiving welfare said they have never been informed of their dental benefits and what is covered under it. Of those who were informed of their benefits, only half of the people said it was their welfare worker who informed them, the other half found out from the dentist or the dental receptionist. Others, reportedly one in four, are being refused dental services because of their source of benefits or lack of benefits.

It appears that many people would benefit from some form of dental health advocacy: someone or someplace that could know the ins and outs of dental benefit coverage and how to access them. If a dental clinic is established in Victoria, consideration should be given to the time required for staff to fulfill this important role.

CHARITABLE DENTAL CARE

Currently the greatest source of reduced-fee dental care in Victoria is dentists willing to incorporate a certain amount of charitable work in their private practice. Twenty-one percent of respondents to our survey of low-income people reported that a dentist has helped them out by donating services, reducing a fee, waiving a bill or providing a payment plan. In our survey of dentists, the professionals voiced minimal support for an initiative that would encourage dentists to provide charitable work as part of their private practice. Specifically, there was little support for asking dentists to fill cancellations with "clients in need" on a reduced fee or no fee basis. There was more support for the organization of a "free dental day" once a year. Still, over a half of the respondents did not support either option.

Dr. Kemp (of the Victoria & District Dental Society) says a lot of dentists are willing to donate their time and provide charitable dentistry, however, there is limited willingness to provide this discounted or free work in their own private practices. The reason, according to Kemp, is the high overhead costs associated with running a private practice, overhead costs that remain high even when volunteering on a patient in their chair. Kemp's recommendation, and the recommendation of several dentists surveyed, is for a group to take the leadership in organizing free dental days or better yet establishing a dental clinic and requesting dentists to provide their free services there. It appears that the bottom line for many dentists is that they are willing to volunteer their skills and time, but not to pay for the expenses of their office staff and other overhead costs to do so.

The question for Victoria is, where will the leadership come from to promote and organize charitable dentistry in our community? Is this a role for community non-profit agencies or a role for one of the several professional dental organizations in the city and province? Obviously, charitable dentistry is a limited response to a fundamental basic health need, but should be supported as an important part of a community response to the need to improve access to dental care.

"Two years ago I finally dealt with a molar that had slowly been disintegrating. The dentist was able to save the tooth by putting on a crown. It cost $750 of my own money, over and above the few dollars that my welfare benefits covered. I'm still paying the dentist off. I was extremely lucky to have found a dentist who was willing to go ahead and fix the tooth on credit. I'm sure we'll both be relieved when I finally get the bill all paid off."

– Single mom receiving welfare.

"My dentist waived his fees when I had to go back after having two of the teeth removed. I had already gone over my maximum coverage so the dentist did the work for free."

– Single mom receiving disability benefits

In Alberta "OPEN WIDE" Clinic helps those in need

To provide "emergency" treatment to Albertans who could not provide for themselves, Alberta dentists and other members of the dental profession set up and established free, one-day clinics, once a year, to ensure those who needed dental treatment for relief of pain received proper care. The "OPEN WIDE" Clinic was first offered in 1993 at the University of Alberta in Edmonton and has since spread to other centres throughout the province. All professional services and materials are donated.

In 1999, upwards of 3,000 people received treatment for their dental needs on what the Alberta Dental Association calls "the world's largest free one-day clinic". In one day, almost 9,000 dental procedures were provided, including 1,616 x-rays, 1,411 cleanings and polishings, 2,946 fillings and 490 extractions. The Association estimates that over 200 dentists, supported by 2000 other dental professionals and volunteers delivered more than $1.5 million worth of care on the one day.

American Dental Association researches charitable dentistry

The American Dental Association (ADA, 1999) surveyed dentists in 1997 and found that nearly 60 percent of dentists provide charitable care to patients (meaning any dental care provided free of charge or at a reduced rate). In a similar study in 1993, the ADA put a price on charitable dentistry, estimating that dentists provided $3.3 billion in free or discounted services. Put another way, the ADA estimated that more than eight percent of all the dental care in the U.S. is provided free of charge or at a reduced costs.

Dental Santas

Why would a group of dental professionals spend their day off, during this hectic Christmas season, to provide street people with free dental care? Not for the fame – they insist on anonymity. Certainly not for the money – all services (including porcelain veneers) are provided free. Not for any glory in this life – the invited are from soup kitchens and shelters. Word spreads via the streetgram.

Perhaps they did it for the fellow who can now chew on both sides of his mouth after many years of pain and discomfort. Maybe they did it for the young lady with the toothache and the baby. Welfare won't help her because she's on a waiting list for a student loan. After a few years on the street, she is trying to get her life together.

Perhaps they did it for the old timer who hasn't seen a dentist since 1967. Maybe they did it for the recovering alcoholic who is living in a shelter trying to get a job – "I can at least smile at people when they say 'Sorry, no work today'." Perhaps they did it for the cocaine–addicted sex-trade worker so that she could feel a bit of human kindness and gain some self worth. They provided for all these people they had never met before and will probably never see again.
I don't know why they did it, Virginia. Perhaps there really is a Santa Claus.
Thanks all.

"A letter to the editor written by Louise Schaetz in the December 17, 1999 Times Colonist."

REDUCED FEE DENTAL CLINIC

The more our small group continued to investigate the need to improve access to dental care for people with low-incomes, the more we heard people talking about the concept of a reduced-fee dental clinic for Victoria. Early into our research we decided to gather information towards determining the feasibility of establishing such a clinic and its suitability to meet the needs expressed.

There was enthusiastic support for the establishment of a reduced fee dental clinic from potential patients. In our community survey, almost everyone (92%) said they would use a reduced-fee dental clinic if one was established. When asked what would stop you from going to a clinic, cost was the greatest factor being mentioned by 21 percent of respondents. Others were concerned about the quality of care provided in a clinic and if they would like the dentist. Still, a third of the respondents exclaimed that *nothing* would keep them away from a new dental clinic.

Local dentists were asked if they would support the development of a low-cost restorative dental clinic. Almost all of the twenty-four dentists supported this long-term option. The respondents liked the idea of a clinic being associated with either Camosun College's dental department or with an agency near the downtown area that already provides services to people with low incomes. There was no support for a clinic being set-up in one of the acute hospitals.

A reduced-fee dental clinic in Victoria is not a new idea. From about 1975 to 1986 a publicly funded, reduced fee clinic was operated by the Cool Aid Society. Fees were determined by the individual's ability to pay, and ranged from 20 percent to 60 percent of the standard fee guide. The clinic was not financed by these fees alone but further depended on a provincial operating grant which basically covered the salaries

"As a mother, any money I have always goes to pay for my children's needs. It is always dentist versus diapers, dentist versus food, dentist versus hydro bill."

– Mother of two with no dental benefits.

ACCESSIBLE DENTAL CARE MEANS MUCH MORE THAN REDUCED FEES

Reducing the costs of obtaining dental services is but one aspect of a community-based dental clinic. Many other features increase accessibility, such as:

Providing payment plans: A clinic needs to offer flexible financial support and payment schedules to its clients.

Advocacy: Staff at a dental clinic need to be able to access any potential benefits for their clients, from welfare's emergency dental benefits to benefits for refugee claimants and children. Staff need to fill a caring role for clients immersed in bureaucracy.

Respectful treatment: For a person living in poverty, receiving respectful treatment can be an exception to the way they have been treated by their welfare worker, employer, landlord ...

Integrated care: Dental care should be integrated with other community services that can support the client's health and social concerns.

Prevention/education: Outreach and education are essential components of public health dentistry.

for the dental assistant and receptionist. When the provincial funding was withdrawn in 1986, the clinic closed and since then only the dental department at Camosun College advertises reduced-fee dental services – although limited to diagnostic and hygiene services offered in a teaching setting.

Dr. Bill Bassett believes a reduced fee dental clinic is feasible in Victoria. His assessment is based on his first-hand experience of being the dentist in Cool Aid's reduced fee clinic as well as his current position as instructor at Camosun College's dental department. Recently, Bassett wrote a report outlining how a dental clinic could be re-established in Victoria. His vision for a clinic sees services being offered at 40 percent below the established private practice fees. Assuming the clinic could retrieve about $100,000 in fees, Bassett estimates that an annual grant of about $40,000 would be required to hire an assistant and receptionist. The key to making it all happen, according to Bassett, is leadership. "The most important element behind the creation and continued operation of any charitable facility is the leadership of a single individual or group. The leader is the one who goes out soliciting donations, writing grant applications, making staffing decisions, and promoting the facility through the media," says Bassett.

Clients with special needs

Can private practice dentists effectively provide public health dentistry? A community-based dental clinic needs to be designed with the interests of those clients who are traditionally underserved. Consideration needs to be taken to meet the following needs:

Poverty: Issues such as transportation, childcare and diet need to be respected in light of the dire poverty experienced by many clients. Appointments may be missed with clients who lack a phone and other clients may not have a BC Health card or other ID.

Disabilities: Clients with developmental or mental disabilities can require additional time in the dentist chair and may not be well-served in a standard office.

Fears: Some dentists use the term "dental phobics" when talking about hard to treat clients with enormous fears in the chair. These fears may be related to one's experience of sexual abuse or a mental illness.

Poor hygiene: Poor oral hygiene as well as overall hygiene need to be accommodated especially for people who live on the streets or in suites without a private bathroom.

Drug users: Clients with active addictions are mistrusted in many dental offices as they can be possibly seeking out painkillers for their habit.

HIV/AIDS, Hepatitis: While all dentists are assumed to be following universal precautions, a clinic can take extra steps to reach out to patients with communicable diseases.

Abused women: Women who are seeking dental work as a result of a assault need to be treated with respect and consideration.

Obviously a reduced-fee dental clinic will not only be addressing the dental health needs of the community but addressing the health and social needs of the whole person. The benefits of a dental clinic exceed the provision of dental care as staff work in ways that respect the person's dignity, relieve pain, and effectively integrate the work of the clinic with other community services.

Linking research to community action is the goal of participatory action research projects like ours. Midway through our community survey we linked our research efforts with the work of the James Bay Community Project, a leader in providing health promotion and prevention programming through community-based programs. Using our initial research findings, the Executive Manager, Judy Burgess, began assessing the feasibility of establishing a reduced-fee dental clinic in their centre. With little prospects of significant ongoing grants, Burgess projects fees for dental services to only be reduced by 10 percent in the initial years. Her goal would be to establish a clinic that is a financially viable business that is able to generate enough revenue to cover its full costs by its third year of operations.

"Keep in mind that part of the reason dentists and hygienists may not want to work on these patients is that there are reasons for their mouths to be in terrible condition: they smoke; they have poor diets; they have poor oral hygiene. You also have a problem in convincing dentists to work on these folks because these people tend to be extremely difficult to handle (ie: dental phobics overreact to any dental discomfort, etc.). You need patient, saintly dentists and hygienists to work free on the people in the CRD who are the most difficult to deal with (usually but not always)."

– A local dentist.

Many local dentists who support the establishment of a reduced-fee clinic envision a facility where they can volunteer their services outside of their private practices and their overhead costs.

"It would be best to have a clinic run by an agency and have dentists volunteering in the clinic. This way the dentists just provides care without worrying about overhead and the management part of the practice. Since the dentist is donating her/his time it doesn't matter what fee patients are paying or what the overhead is."

"Approach retired dentists and hygienists and ask them to work in a government sponsored clinic two days a week."

A community-based, reduced-fee dental clinic appears to be a promising response to the needs identified in our survey of people with low incomes. As Dr. Bassett states, leadership is needed to make it happen – however, it is the partnership of a community leader with dentists, donors and government funding that will make a clinic truly sustainable. While a clinic can bring down its operating costs through the use of volunteer or student dentists and partial dependency on charity, there is a strong argument for the involvement of the provincial government in this initiative. Currently, the Ministry of Social Development and Economic Security is supporting the development of a dental centre in Vancouver's Downtown Eastside. The Minister recently proudly announced:

"This centre means people in the Downtown Eastside will get dental care regardless of their economic standing … any time you can educate someone about good dental care it pays off. By establishing this centre, we are increasing access and raising awareness of the importance of regular dental care to a person's health and well-being."

Our survey of people with low incomes demonstrates not only the need for affordable dental care, but also the support for a dental centre in Victoria. We look forward to a similar announcement here.

Time for action

While it is not fair to ask the unemployed mother to choose between groceries or dental care, it is imperative that we as a society decide what is important to us. As a society we are allowing, even legislating, that people living in poverty cannot access the necessary dental care. As a society we are choosing fiscal restraint over a proper social safety net and universal health care that is inclusive of our teeth and gums. Poor people in Victoria are living with broken, decaying teeth that require immediate treatment and we are not helping.

A strategy for action – and a commitment for a task group to provide the leadership – is needed. We are suggesting the following responses as part of this strategy:

- A Canadian Task Force on Oral Health to develop a national oral health promotion strategy.
- Improved dental benefits for adults receiving welfare.
- Funding for a dental advocate in Victoria.
- A more organized approach to the provision of charitable dental care in Victoria.
- The development of a reduced-fee dental clinic in Victoria subsidized by an ongoing operating grant.

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