

Outreach and Service Learning: Manitoba's Centre for Community Oral Health

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One of the unique features of the University of Manitoba faculty of dentistry is its successful administration of a substantial network of community-based dental programs that serve disadvantaged populations throughout Manitoba and northern Canada. Many of these dental programs act as host locations for the service learning experiences required of all University of Manitoba dentistry and dental hygiene students. In our experience, health professionals participate only in activities that they feel comfortable with after graduation. Our service learning experiences were therefore developed to help prepare an oral health workforce that is both *ready* and *willing* to care for all segments of Canada's diverse population.

Background

Every Canadian citizen needs professional oral health care services, and while the oral health status of most Canadians has improved greatly in the last few decades, this improvement has not been enjoyed by everyone. A relatively small but significant proportion of the population (about 1 out of every 5 Canadians)

still experiences high rates of dental disease.¹ Unfortunately, the disease burden is now concentrated in disadvantaged groups that are unable to readily access care. In essence, the people with the greatest dental needs are the ones least likely to obtain care.

Furthermore, new insights into the link between oral and systemic health now raise the concern that the consequences of ill oral health will predominantly manifest themselves among society's more disadvantaged individuals, including the poor, the elderly, the physically and mentally challenged, and aboriginal people. These are the same groups that face serious inequities in access to care.

Social Responsibility and Outreach Services

Canada's extensive network of privately operated dental clinics and the availability of private dental insurance go a long way toward ensuring that most citizens receive exemplary oral health care. Yet gaps in access to care still remain. In a perfect system, these gaps would be filled by publicly funded dental programs and public insurance coverage mandated to support dental care for the disadvantaged. Such a public component of the dental health care system is a reflection of our social responsibility and commitment to care for the disadvantaged in our society.

A just society accepts the responsibility of caring for its most disadvantaged members. Unfortunately, when it comes to dental care, Canada's decision makers have performed imperfectly in meeting this responsibility, and have done little to improve dental health care for these groups.

It was within this context of scarce dental public health programming that the University of Manitoba's dental outreach programs were born in the early 1970s. Today the Centre for Community Oral Health (CCOH) builds upon this long tradition of social responsibility and continues to fill the gaps in access to dental care for many disadvantaged



CCOH dental clinic in the Northwest Territories.

The Centre for Community Oral Health (CCOH): Mission, Target and Key Values

CCOH Mission

To care for underserved communities by promoting oral health and providing essential service through fiscally responsible programs using the resources and expertise of the dental faculty.

CCOH Target

We direct our efforts in Manitoba and internationally at communities with inequalities in oral health status or inequities in access to oral health care services. We define community as a specific group of people, usually living in a defined geographical area, sharing a common culture and experiencing similar barriers to good oral health.

Key Values

1. Dental service: Providing high-quality, evidence-based dental services that are efficient, effective, and individualized to the patient.
2. Oral health promotion: Providing community-based oral health promotion so individuals and communities can participate actively in achieving health.
3. Education: Providing educational opportunities for dental students, dental hygiene students and dentists enrolled in advanced programs.
4. Research: Conducting insightful health care research for special needs groups.

Manitobans. The CCOH achieves this goal by targeting its efforts to the institutionalized elderly, the mentally challenged, the inner-city poor and aboriginal Canadians. Despite minimal external financial support (less than 5% of funding comes from donations and government), the CCOH continues to provide dental services for people who would otherwise lack care.

The CCOH is filling an obvious need in the region. For instance, between April 1, 2007 and March 31, 2008, CCOH clinics provided more than \$3 million worth of clinical oral health care services for an estimated 28,000 patients thanks to the services of 20 dentists (generalists and specialists), 6 dental hygienists, 22 dental assistants, and 9 non-dental personnel (e.g., anesthetists, nurses, interpreters) in a mix of full- and part-time positions. These services were made available in

67 different clinical locations ranging from urban centres like Winnipeg to remote communities on Baffin Island.

Service Learning

Dental schools are an integral part of Canada's oral health care system. In addition to training future professionals and expanding scientific knowledge through research, dental schools are also a vital source of care for the underserved. While traditional dental pedagogy focused on training students for the private practice setting, the University of Manitoba has expanded the venues for student education to include service learning experiences in dental clinics outside the faculty walls. These placements are intended to prepare future professionals to meet the needs of the entire population and to expose our students to a variety of professional employment options.

Many dental schools require that their students obtain similar experience in community dentistry by arranging external placements in local community dental clinics. What makes the University of Manitoba unique is the fact that we are located in a province with little publicly funded support for the oral health care of disadvantaged individuals. In 2005, an environmental scan of Canadian public dental programs showed that Manitoba ranks 7th among the 10 provinces in terms of total publicly financed dental care expenditures. Furthermore, if these figures are calculated on a per capita basis, Manitoba drops to 9th among the 10 provinces.²

Student Experiences

While not all students return perfectly satisfied with their service learning experiences, most feedback indicates that time spent at these clinics is highly valued. The following excerpts are typical of the responses received from University of Manitoba students following their externships.

The externship was one of the best experiences in the dental setting I have ever had. Although I had driven through and seen several First Nation communities, this was my first opportunity to stay and live in one, which I found quite different from city life. I feel I will leave with a positive sense of accomplishment and an understanding of the needs and lifestyles of these northern communities. Such a setting would definitely be a consideration for a job opportunity in the future.



Dental mouthguard initiative at the 2002 North American Indigenous Games.



Dental education for children in Churchill, Manitoba.

Dental surgery. Biopsychosocial care. Underprivileged population. Personal gratification. Camaraderie. These words and phrases cannot be considered in isolation. When it comes to personal experience, the sum is always greater than the parts. My experiences over the last 2 weeks provided me with the opportunity to practise dentistry and simultaneously hone my skills, immerse myself in the local community, enhance my understanding of the local and national culture that defines the First Nations population, and as a result, participate more effectively in primary prevention strategies and secondary care for this population.

It struck my heart so hard when the patient opened his mouth and I saw the teeth. It was my second day on the community clinic rotation ... It's been almost a month since seeing him that day. I still think about him at times. Everyone has an equal opportunity in getting health care in Canada, but how about dental care? Personally, I believe everyone in our society should be entitled to some basic dental care.

I believe that rendering dental services at Deer Lodge [a long-term care facility] to needy and dependent seniors is great. It made me realize that this category of society exists, which we

usually tend to ignore or forget. One way of supporting these services is through volunteering at these institutions or giving donations in order to improve the dental clinics.

These student testimonials demonstrate why, despite the challenges inherent in serving disadvantaged Canadians, this work is so rewarding. At the University of Manitoba's Centre for Community Oral Health, we have not only risen to the challenge, we thrive on it. ✎

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References

1. Brodeur JM, Payette M, Benigeri M, Gagnon PF, Olivier M, Chabot D. Dental caries in Quebec adults aged 35 to 44 years. *J Can Dent Assoc* 2000; 66(7):374–9.
2. Quiñonez CR, Locker D, Grootendorst P, Sherret L, Azarpazhooh A, Figueiredo R. An environmental scan of public dental programs in Canada. Community Dental Health Services Research Unit, Dental Research Institute, Faculty of Dentistry, University of Toronto; 2007.