

“Free” Dental Care for Children

• Hershel Bernstein, B.Sc., DDS •

© J Can Dent Assoc 2000; 66:246-7

In light of two fairly recent events — a crisis in pediatric dental care, precipitated by the lack of pediatric anesthesiologists, and a study from the Quebec Health Department reporting that Quebecers have some of the highest tooth decay rates in the industrialized world — it is interesting to look at the history of what we have called “free” dental care in Quebec.

I doubt that anyone truly believes that we can get a product or service without paying for it. There is always a price tag, and in Quebec, costs for children’s dental care or DentaCare, are exacted through our tax system.

As the old saying goes — you get what you pay for. This may be true if we carefully monitor purchases, but how well can we do this when we are paying for something indirectly? If we examine Quebec’s DentaCare program, we see that it doesn’t provide “free” dental care for children, but rather “prepaid” dental care. So, are we getting our money’s worth? Does the general population even fully utilize the system in place?

In 1974, when the program was initiated, all children below the age of nine could receive both preventive and restorative dental care, paid for by Quebec’s insurance system. This worthy grand plan also called for a system of dental education to be provided in schools and in local public health centres. The creators of DentaCare envisioned a new generation of children who would become adults with good teeth and the knowledge and motivation to maintain their oral health throughout their lives.

However, the reality does not match the vision. Although dental care is available, with no direct cost to the patients, only about 50% of the population avail themselves of the program. Old family myths and traditions prevailed among the others, who continued to believe that caring for baby teeth was unnecessary, because another set would erupt, and even then, permanent teeth could be replaced by dentures. Without the proposed and necessary input from public health nurses and hygienists in the school system and in local public health centres, these myths were left to prevail, and continue to do so to this day.

How did the Quebec governments of the past react? The extra money discovered in the coffers as a result of the program’s under-utilization was spent by extending the age of coverage, several times. The temptation to make political gain was too great.

But with the fiscal constraints of recent years and efforts to balance the Quebec budget, money for the program has been tight. However, rolling back the age limits was seen to be too politically risky and so instead, two main changes came about:

1. The frequency of allowable check-ups was reduced from twice a year to once a year.
2. Covered services were reduced, resulting in a patchwork of payable treatments so complex that dentists must refer to the guidelines for each service, by age of patient, in order to determine what will or will not be charged directly to the parent.

What is the fallout from these and previous modifications to the DentaCare program (Table 1)? The Quebec Health Department study showed that children aged 11 to 14 had

Table 1 Quebec Children’s Dental Care Program Coverage

Year	Ages (Years)	Covered Services	Non-Covered Services
1974	0-7	All preventive, restorative and surgical	
1980 (May)	6-15	All preventive, restorative and surgical	
1982	0-11	Restorative and surgical	Preventive: oral health instructions (OHI), cleaning, fluoride treatments
	13-15	Preventive and surgical	Restorative services
1992	0-9	Examination: twice a year ^a Restorative	Preventive: OHI, cleaning, fluoride treatments
	10-15	None	This age group removed from program
1996	0-9	Examination once yearly Restorative	Preventive: OHI, cleaning, fluoride treatments

^a For a short period of time (about 2 or 3 months) the frequency for examination had been set at 8 months

more cavities than their counterparts in other provinces, the U.S., Britain and France. For those young children who continue to have their oral health neglected and are in need of specialized care, they have been dealt another blow: There are few expert anesthesiologists and minimal funding available to deal with their needs.

This is indeed a case of reaping what you sow. An example of how a visionary plan was undermined and finances squandered by a lack of foresight and long-term planning. This has been at great cost to the public and especially those meant to be served — the children. The dental health of the present and following generations of Quebeckers continues to be compromised. ♦

Dr. Bernstein maintains a private practice in Kirkland, Que., a community west of Montreal.

The views expressed are those of the author and do not necessarily reflect the opinion or official policies of the Canadian Dental Association.

C D A R E S O U R C E C E N T R E

Information package, May 2000

This month's package contains a selection of reading material on dental implant failure. It is available to CDA members for \$10.00 plus applicable tax.

A complete list of information packages is available upon request by calling **1-800-267-6354** or can be easily accessed on the CDA Web site at **www.cda-adc.ca**. Once inside our site, please log into the "CDA Members" area and click on "Resource Centre" to view the list of packages.

Recent Acquisitions

American Dental Association. *Community water fluoridation*. [video] 10 min.

American Dental Association. *Multi-practitioner arrangements: A guide for growing your practice*.

American Dental Association. *Starting your dental practice: a complete guide*.

American Dental Association. *Dentistry as a business. The financial basics*.

Budtz-Jorgensen, E. *Prosthodontics for the elderly: diagnosis and treatment*. Quintessence, 1999.

Donlon, W.C. *Total temporomandibular joint reconstruction*. Oral & Maxillofacial Surgery Clinics of North America. February 2000.

Gladwin, M. and Bagby, M. *Clinical aspects of dental materials*. Lippincott Williams & Wilkins, 1999.

Rugg-Gunn, A.J. and Nunn, J.H. *Nutrition, diet and oral health*. Oxford, 1999.

Seymour, R.A et.al. *Pharmacology and dental therapeutics* Oxford, 1999.