& OPINION

Time to Improve Access to Oral Health Care for Persons with Special Needs

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ental care is one of the top unmet health needs of persons with special needs. Research has shown that this population bears a greater load of oral disease, including caries and periodontitis, than the general population.¹⁻³ With recent evidence demonstrating a strong relationship between oral disease and other general diseases such as diabetes and heart disease, persons with special needs have an increased risk for developing more severe health problems.⁴⁻⁶ Within this context, the need to improve access to oral care for the special needs population is evident.

Unfortunately, persons with special needs often have a difficult time finding dental care in their local communities. This situation may exist because some dentists prefer not to treat persons with special needs in their own clinics, due to a lack of familiarity with this population. Dentists may not feel comfortable providing care if they have never had prior interactions with persons who have special needs. Others may wrongly believe that specialized dental equipment is necessary to provide adequate treatment.

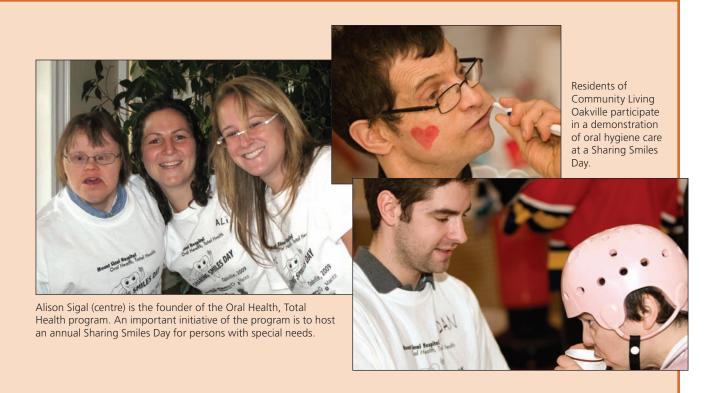
Whatever the reasons, the reality is that many special needs patients are forced to travel several hours for a routine check-up at the Dentistry Clinic for Persons with Special Needs at Mount Sinai Hospital in Toronto. The Mount Sinai dentistry clinic is the largest of its kind in Canada, with a patient popu-

lation that has doubled in the last decade. Such expansive growth from community referrals has pushed waiting times at the clinic to between 6 months and 1 year, depending on the type of treatment required. This hospital-based clinical program has a finite budget, staff and space resources and it simply cannot expand to ease the burden caused by this increasing demand.

This demand for dental care is likely to increase in the coming years as the trend continues toward the deinstitutionalization and integration of persons with special needs within the community. When you combine this trend with Canada's aging demographics, the simple fact is that dentists across the country will soon be confronted with a greater number of medically compromised or elderly patients with physical and cognitive impairments. These factors will put the special needs and elderly populations at an even greater risk of experiencing the pain and dysfunctions associated with oral disease and other general diseases. I believe this is an unacceptable future outlook, and it is up to all of us -dental students and practising dentists alike—to make a positive change.

Oral Health, Total Health Program

These issues first came to my attention while I was conducting a summer research study at the Mount Sinai dentistry clinic. Once accepted into dental school at



the University of Toronto, these realizations prompted me to create Oral Health, Total Health (OHTH), a non-profit organization with a mission to advocate, educate and improve oral health care for persons with special needs. Working in affiliation with Mount Sinai's dentistry clinic, OHTH is dedicated to addressing the issues surrounding lack of access to oral health care for this population in order to bring about awareness and equality of oral care.

The OHTH program is led by a team of fellow classmates and dental faculty from the University of Toronto. The program hopes to deliver on 3 goals: educate more dental students and dentists about how to care for persons with special needs, raise awareness and educate community access workers to provide oral care for these individuals, and raise \$2 million for the dentistry clinic so that it can continue providing essential services for this population.

The funds raised for the dentistry clinic at Mount Sinai Hospital will be used to improve the current patient care facility with a focus on education within a patient and family-centred model of care. The resources would enable the clinic to train more dentists to care for persons with special needs, making optimal oral health care more accessible and hopefully allowing these patients to live longer and more comfortable lives.

Strategies for Overcoming Attitudinal Barriers

A primary function of the OHTH program is hosting initiatives that emphasize the importance of oral health care for persons with special needs. These initiatives include an annual Sharing Smiles Day, fundraiser galas and instructional lecture series. We also work closely with Community Living Ontario on implementing oral hygiene training for all care workers. Community Living Ontario is a non-profit association that advocates for people who have an intellectual disability to be fully included in all aspects of community life. Additionally, OHTH is planning to host 'Dental Blitz' charity days, where various clinics across Ontario will open their doors on a Saturday to provide care for persons with special needs.

Sharing Smiles Day is the flagship event for OHTH. It was created to address the access to care disparity for persons with special needs. During this informative, activity-filled day, attitudinal barriers between dental students and persons with special needs are removed and new positive relationships are created. The day includes a carnival morning of games and face painting led by dental students, followed by a luncheon and demonstrations from University of Toronto faculty dentists on administering proper oral care.

Through these Sharing Smiles Days, OHTH aims to foster an environment of comfort and care amongst all

those participating by removing any existing attitudinal barriers, bringing awareness to the issues faced by persons with special needs, and ultimately, improving the current and future oral health practices for this population. By bringing persons with special needs and dental students together on an annual basis, we try to increase the comfort level and familiarity that some dentists claim to be missing. When the participating dental students graduate, the goal is to have them feel more comfortable about treating these individuals in their clinics and to understand the positive impact their actions can have on the lives of persons who have special needs.

Sharing Smiles Days were initially organized by the students and faculty from the University of Toronto faculty of dentistry. Each year OHTH plans to approach additional Canadian dental schools to host a Sharing Smiles Day in their communities. In 2010, students at the Schulich School of Medicine & Dentistry from the University of Western Ontario will host their first Sharing Smiles Day in London, Ontario.

I believe that initiatives such as OHTH represent a promising future in helping to raise awareness about providing dental care for persons with special needs. In acknowledging the issues and working toward changing attitudes or preconceptions about this population, both developing and practising dentists can begin to adopt the vision that OHTH is built upon: to live in a country where all persons, regardless of their needs, have universal access to oral health care. The ability to make a difference in the lives of persons with special needs lies within each oral health practitioner—is it not time that we all begin to provide the best dental care we know how? •>

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Ms. Sigal is the founder of the Oral Health, Total Health program. She is a second-year dentistry student at the University of Toronto's faculty of dentistry.

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References

- 1. Pregliasco F, Ottolina P, Mensi C, Carmagnola D, Giussani F, Abati S, et al. Oral health profile in an institutionalized population of Italian adults with mental retardation. *Spec Care Dentist*. 2001;21(6):227-31.
- 2. Cumella S, Ransford N, Lyons J, Burnham H. Needs for oral care among people with intellectual disability not in contact with Community Dental Services. *J Intellect Disabil Res.* 2000;44(Pt 1):45-52.
- 3. Tiller S, Wilson KI, Gallagher JE. Oral health status and dental service use of adults with learning disabilities living in residential institutions and in the community. *Community Dent Health*. 2001;18:167-71.
- 4. Preshaw PM. Periodontal disease and diabetes. *J Dent.* 2009;37(8):S575-7. Epub 2009 May 22.
- 5. Tonetti MS. Periodontitis and risk for atherosclerosis: an update on intervention trials. *J Clin Periodontol.* 2009;36(Suppl 10):15-9.
- 6. Scannapieco FA. Role of oral bacteria in respiratory infections. *J Periodontol.* 1999;70(7):793-802.

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