

THE CANADIAN DENTAL THERAPY PROGRAM

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ABSTRACT

This paper traces the history of the Canadian Dental Therapy Program from its beginning in 1972. The program arose out of the need to provide oral health care in northern and First Nation communities where oral disease levels were much higher than national averages. The scope of practice of therapists is outlined, as are the objectives and achievements, to date, of the Dental Therapy Program.

RÉSUMÉ

Cet article décrit l'histoire du Programme nationale de thérapie dentaire du Canada depuis ses débuts en 1972. Ce programme a été mis sur pied afin d'offrir des services dentaires aux communautés du Grand Nord et des Premières Nations, qui ont des niveaux de maladies bucco-dentaires beaucoup plus élevés que la population en général. Le champs de pratique des thérapeutes est décrit ainsi que les objectifs et les réalisations du programme jusqu'à maintenant.

key words: health personnel, dental health services

INTRODUCTION

The Canadian Dental Therapy Program was established in 1972 when the Medical Services Branch of Health & Welfare Canada opened the National School of Dental Therapy (NSDT) at Fort Smith in the Northwest Territories (NWT). The school was designed to train dental therapists in basic oral health techniques. The NSDT moved to its present location in Prince Albert, Saskatchewan, in 1982. The Canadian Dental Therapy Program provides oral health services to Aboriginal communities in most provinces (with the exception of Ontario, Quebec and Prince Edward Island) and the Yukon and NWT. Dental therapists, either resident in the community or living nearby, provide high-quality, cost effective, basic and emergency oral health services to both children and adults.

Access to regular oral health care for many isolated, rural and northern Aboriginal communities is often problematic for a variety of geographic and economic reasons. As a result, the incidence of oral health problems, such as decayed or missing teeth, in Aboriginal communities is high. In 1992, the first national oral health survey (1) of aboriginal children demonstrated that a very high proportion of aboriginal children (91%) have teeth affected by decay (Table 1). Average caries scores were also very high, for example, mean DMFT among 12-year-olds was 4.4 (Table 2).

BACKGROUND

Although the Canadian Dental Therapy Program is unique within North America, the concept is not new. The program is modelled after the New Zealand dental nurse program but adapted to the particular needs of small rural and isolated communities, particularly in Canada's north. Dental therapists usually have a high school education or more, and are trained over a two-year

period to a defined level of competency in the techniques of basic restorative and preventive dentistry. There are two distinguishing features of this program. The dental therapists are (1) trained to treat both children and adults and (2) provide preventive and treatment procedures. They conduct chairside patient education activities, group educational projects in the classroom, and maintain close liaison with school teachers, administrators and other community based service providers.

Procedures and services which dental therapists can perform include:

- charting dental conditions;
- cleaning teeth;
- applying fluoride;
- taking and developing X-rays;
- placing pit and fissure sealants;
- administering local anaesthetics;
- preparing and filling cavities;
- placing stainless steel crowns;
- performing uncomplicated extractions of primary or permanent teeth; and
- conducting dental health education programs.

All dental therapists are supervised by dentists. Since dental therapists work in clinics located in First Nations and northern communities, usually far removed from a central source of supply and services, the supervision is usually indirect. Except in cases of emergency, dental therapists do not initiate care, but work to treatment plans provided to them by a dentist. Qualified First Nation and Inuit people are particularly encouraged to consider dental therapy as a career. Over the years, one-third of the graduates of the National School of Dental Therapy have been of native ancestry.

Table 1
The Percentage of Aboriginal Children with One or More Decayed, Missing or Filled Teeth by Age and Region, in Canada, in 1992 (1).

Region	Age 6	(n)	Age 12	(n)
Pacific	93	(360)	90	(279)
Alberta	94	(89)	93	(72)
Saskatchewan	90	(145)	89	(104)
Manitoba	91	(158)	94	(173)
Ontario	85	(472)	89	(404)
Quebec - MSB	95	(196)	95	(127)
Quebec - Cree of NQ	98	(177)	95	(131)
Atlantic - MSB	92	(94)	92	(85)
Atlantic - Northern Labrador	100	(45)	88	(25)
Yukon	80	(76)	73	(74)
Northwest Territories	95	(435)	95	(341)
National Total	91	(2243)	91	(1815)

MSB = Medical Services Branch, NQ = Northern Quebec

Table 2
The Average DMFT Scores and Treatment Levels among Aboriginal Children by Age and Means of Community Access, in Canada, in 1992 (1).

Community Access	Age 6		Age 12	
	DMFT	%Filled	DMFT	%Filled
Fly-in	9.1	30.0	4.8	56.7
All Year Road	6.8	48.5	4.1	72.0
Other	8.5	33.7	4.9	70.0
Total	7.7	40.2	4.4	65.7

THE OBJECTIVES OF THE CANADIAN DENTAL THERAPY PROGRAM

The primary objective of the Dental Therapy program is to ensure that First Nation and northern clients have access to effective therapeutic and preventive programs equivalent to those available to other Canadians living in similar geographic locations. The long term objective is to improve the oral health status of Aboriginal people in First Nations communities and in the Yukon and Northwest Territories. This is accomplished through:

- increasing the quality and quantity of dental health care services;
- dental health teaching in Aboriginal communities;
- establishing a link between dental health services available in the community and those available outside the community; and
- promoting Aboriginal entry to health careers.

The Canadian Dental Therapy Program

There are approximately 77 dental therapists employed by Medical Services Branch, Health Canada and the Government of the Northwest Territories, of which four are in administrative positions. Generally, there is one dental therapist stationed in each community served. Where necessary, dental therapists can serve more than one community. They use well-equipped, mobile equipment designed in Canada - often at the NSDT.

Currently, for legal reasons, dental therapists can be directly employed only as federal public servants or employees of the Government of the Northwest Territories. For First Nations communities who have assumed control of their health programs, Medical Services Branch has implemented a Special Interchange Arrangement program. This program, which is a partnership between First Nations and Medical Services Branch, employs dental therapists as public servants while First Nations personnel direct their day-to-day work. At the present time, there are nine dental therapists in Canada employed under Special Interchange Agreements.

Achievements of the Canadian Dental Therapy Program

The dental therapy program has significantly increased the amount and effectiveness of oral health care in Indian and northern communities by:

- widening the coverage of the population by using community-based workers to provide appropriate treatment and prevention-oriented care;
- increasing dental output and productivity;
- enforcing quality control to ensure that the care provided is appropriate and technically sound, and thus contributes to the overall health of the community;

- meeting the basic oral health care needs of school children in a way that is impossible under a system of fixed clinics and visiting itinerant dentists;
- improving knowledge and awareness of oral health needs; and
- increasing native dental health personnel (2).

THE CANADIAN DENTAL THERAPISTS ASSOCIATION

The Canadian Dental Therapists Society was incorporated in 1981 and represents the interests and concerns of the profession and its members in Canada. In 1993, its name was changed to the Canadian Dental Therapists Association. Membership is open to all dental therapists, student dental therapists and others who have an interest in promoting better oral health and the dental therapy concept. The Association produces a quarterly newsletter. It contains articles on professional standards, technological advances, community health and other topics relating to oral health and the provision of oral health services in Canada (3,4).

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