Editorial

ORAL HEALTH IN CANADA

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A term that is fashionable in organized dentistry in Canada these days is "knowledge-based decision making." This term speaks of a type of structured decision making based on research rather than prejudice or emotions. So, for example, if CDA were to take a position on some clinical matter, that position should be based on the science underpinning the issue, rather than a purely strategic or emotional basis.

This approach makes perfect sense. You would hardly make a decision to buy an important piece of dental equipment based on its appearance alone. You would probably write down your needs and conduct research into equipment that meets these specifications. Only after these needs had been met would you consider price, appearance, etc., before making your final decision.

Dental associations are fundamentally interested in positioning our profession so that we can adapt to the changing environment in which we practice. To achieve this goal, we need to be able to have some idea of what the future holds in terms of the major environmental forces influencing the profession. While there is a great deal of truth to the old joke that making forecasts, especially about the future, is impossible, associations have to try to create plausible scenarios in order to decide on positioning strategies for future success.

To build forecasting models about the future of dental practice in Canada, we need to gather certain types of information on a systematic basis all across the country. While the various provincial associations gather different types of pertinent information, CDA is not currently collecting and collating vital forecasting information in a systematic manner. Even if we don't do a lot of research ourselves at CDA, our new strategic plan dictates that we collect the information gathered by other groups and process it for the benefit of the profession.

Because dental practice is essentially in the private sector and is organized for the most part in small practice units, it is very difficult to gather the type of information that is useful for strategic planning. This contrasts with medical practice where there are large information databases that allow planners to know what is going on in the system at any time. This type of information allows medical associations to forecast, albeit imperfectly, future trends that will impact on their profession.

One of the areas where we have a real dearth of information is the oral health status of adult Canadians. The only national level information of this nature was collected in a Nutrition Canada study in 1971/72; no dental examinations were conducted as part of this survey. Dr. Jean-Marc Brodeur and coworkers have taken an important step in remedying this deficiency by publishing their paper "Dental Caries in Quebec Adults Aged 35 to 44 Years" in this edition of the *JCDA*.

We have not published many papers of an epidemiological nature over the past three years. We publish the work of Dr. Brodeur and his colleagues because they are providing us with new and important information that will be useful to dental associations, dental schools, and dental researchers. All these groups have to convince government and other funders that oral disease is still a public health problem and that funding is needed for research, education and service activities.

One of the main findings of Dr. Brodeur's study is that the burden of dental caries is highly concentrated in Quebec adults. Just 14% of the study population have experienced 73% of the caries. Those with the highest prevalence of caries tend to be in the lowest income segment of the population. These people are also most likely to have their teeth extracted rather than treated conservatively.

I speculate this is the state of affairs in other parts of Canada, because the recently released Report on Oral Health of the U.S. Surgeon General highlights a similar "silent epidemic" of oral disease in America. One of the main findings of that sentinel report is that the burden of oral disease is remarkably concentrated in the poorer segments of society. The report goes on to recommend that this major health problem should be addressed by the collective efforts of the profession and organizations in the public, private and non-profit sectors.

The Surgeon General's report is particularly significant because it represents official recognition of oral health as a significant component of general health, and because it makes recommendations for improving the oral health of all Americans. I believe we need a similar type of report in this country, based on solid information. Without wanting to sound facetious, perhaps the most efficient manner of putting out such a report is to get the U.S. document and insert the word Canada instead of America throughout, and reprint with permission.

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