Such experiences have brought deep satisfaction to this Brazilian dentist, who strives to break down attitudinal barriers and stigma, especially toward marginalized people. He advocates for universal access to oral health care, regardless of income and educational levels, age, race, gender, sexual preference, language, nationality or culture.

Yet, Brondani believes that dental education in general has made little difference in changing views about low-income people, Aboriginals, refugees and immigrants who are HIV positive. In a 2013-2014 study funded by the Vancouver Foundation, he and co-investigators Leeann Donnelly, assistant professor in the UBC Dentistry faculty, and Paul Kerston of the Positive Living Society of BC discovered that these individuals still face considerable social stigma and don’t receive the oral health care they need. “Participants told us that as soon as HIV was brought up, the dentist didn’t have time to see them anymore or said ‘We can no longer see you.’”

Brondani uses the term “dual stigma,” or sometimes even “triple stigma,” when some dentists and dental hygienists resist treating people with HIV who also happen to be poor and/or have a mental illness.

Many people continue to think of HIV as solely a sexually transmitted “gay disease,” he says. As a result, those with HIV are often reluctant to reveal their status to a health care professional while presenting with oral diseases that are landmarks of an HIV infection.

In British Columbia, roughly 16,000 residents are HIV positive. Since a quarter of them don’t even know they’re carrying the virus until they’re tested, one promising solution is to provide HIV screening tests in dental settings, Brondani argues. He started
such a program in 2011 at the Mid-Main Community Health Centre on Vancouver’s east side—the first ever in a Canadian dental clinic. He has now expanded it, with Dr. Donnelly, to the UBC dental hygiene program. This allows diagnosis by a knowledgeable provider who can refer the patient to proper care. In such a supportive environment, HIV patients are more likely to reveal their condition or seek treatment.

Brondani easily identifies the three biggest barriers to accessing oral health care for marginalized people:

- Funding – limited government subsidies and out-of-pocket charges
- Availability of services – dental offices in affluent neighbourhoods appear too intimidating or inaccessible
- Social attitudes – stigma and discrimination prevent access to care

Many dentists are reluctant to see low-income patients, he says, because these people have little or no dental insurance or simply because they are stigmatized. Dentists might earn less treating such patients than they would otherwise, because the provincial government sets lower corresponding rates in its fee guide. Some dentists will charge the resulting difference to the patient. Although this sometimes might amount to as little as $10, for someone struggling to cover survival needs like food and shelter, this can put paying for oral health care out of reach. It simply becomes a low priority.

At the same time, if these low-income patients are sponsored by the federal or provincial government, the paperwork takes two to three years, which delays the dentist’s payment. This, in turn, gives dentists even fewer incentives to use dental patients sponsored by government, Brondani points out.

He explains how the BC government’s Healthy Kids Program, which helps low-income families with the costs of basic dental care, unwittingly contributes to these problems. “The program is great for families that earn less than 60 percent of eligible low-income families, but it assumes that families can pay the rest—up to $10, for someone struggling to cover survival needs like food and shelter, this can put paying for oral health care out of reach. It simply becomes a low priority.”

Recently, he has met with representatives from BC’s Seniors Advocate, a government office that opened last year, to discuss how, with organized dentistry, to make oral health care a higher priority.

Brondani recognizes the challenges that seniors face in receiving necessary dental treatments. “You don’t have a job. You have no benefits. And you still have teeth. Can you afford dentistry?”

His enthusiasm for dental public health and advocacy also began in Brazil in 1994. With a degree in dental hygiene, he participated in dental health promotion in poor communities and questioned the practice of delivering services without properly assessing their effectiveness or impact. After moving to Canada’s west coast, he volunteered for Boys & Girls Clubs of Vancouver and Vancouver Coastal Health and AIDS Vancouver partnership for male sex-trade workers, and has overseen students working at the BC Pensions With AIDS Society (now Positive Living Society of BC). He was also involved in creating Health Initiative for Men, a gay men’s health resource exchange program, and sat on the ethics board of Vancouver’s Community-Based Research Centre for Gay Men’s Health.

The Dental Public Health Graduate Program

A new combined UBC graduate program in dental public health, unique in Canada, draws on acting director Mario Brondani’s own educational experience at UBC. While pursuing a master’s degree in public health (he graduated in 2012), the UBC Dentistry associate professor drafted what would become this new degree—dental public health.

Dental hygiene and dentistry students can now receive a Master in Public Health degree, from UBC’s Faculty of Medicine School of Population and Public Health, combined with a diploma in Dental Public Health from the Faculty of Dentistry. Launched in the fall of 2014, this two-and-a-half-year program requires no thesis, unlike a Master of Science degree (such as the University of Toronto’s specialty training program leading to an MSc in Dental Public Health).

Brondani believes that a public health component in dentistry is crucial for students to graduate as informed and proactive professionals who lead and advocate in the field. Within dentistry, dental public health focuses on evidence-based practice and oral health promotion, as well as preventing and controlling oral diseases. Hence, research areas in the new program range from community-based health programs to policy and economic analysis and public health education.

One example of dental public health research is the relationship between HPV (human papillomavirus), oral sex and oral cancer. Brondani says: “More than a decade ago, reports showed an increase in oral cancer in young adults who didn’t drink or smoke or have genetic predispositions, but who were having multiple sexual partners.” As a result, he adds: “The need to educate the public and professionals was eminent.”

His own passion for public health policy and advocacy helped fuel the content of the new graduate program. In Brondani’s native Brazil, where he began as a dentist in 1994, dentistry is part of public health programs. Not so in North America. Therefore, since joining UBC Dentistry as a PhD student in 2002, as a faculty clinical professor in 2008 and on tenure track in 2010, he has strived to make oral health care, and equal access to it, priorities within local community and government, both provincially and federally. Brondani is now a member of the policy and advocacy committee for the Canadian Association of Public Health Dentistry.

So it’s no surprise that within this new combined program, UBC Dentistry graduate students must read policy documents and write a “very concise, convincing and well-thought-out” brief on a public health issue. Issues can range from the cessation of smoking to water fluoridation and public safety. Students must show public health leadership not only by actively participating in organized dentistry, Brondani says, but also by defending and arguing a policy stance within an interdisciplinary group and critically assessing the scientific literature. For this degree program, students need a strong background in statistics. While working in a community, whether at an inner-city school or public housing home, students gain valuable experience assessing oral health care needs, developing and implementing policy, and providing and managing programs and services for people who need care. Students also have elective courses so they can focus on a specific area. A current dental public health graduate student, a dental hygiene with strong interest in Aboriginal oral health, has taken an elective course that allowed her to live and participate in a remote Aboriginal community for a few weeks. As part of another course, this student has worked on the development of an insurance data set at the Mid-Main Community Health Centre on Vancouver’s east side, which houses one of Canada’s largest not-for-profit dental clinics. "Participants told us that as soon as HIV was brought up, the dentist didn’t have time to see them anymore or said ‘We can no longer see you.’"