



Dr. Mario Brondani

Breaking Barriers— ORAL HEALTH FOR EVERYONE

BY HEATHER CONN

A young man with Down's syndrome from a working poor family lost four front upper teeth in a fight. After meeting with UBC Dentistry associate professor Mario Brondani at a Vancouver not-for-profit clinic, he received fixed porcelain replacements, rather than cheaper removable acrylic ones. It took a year for clinic staff to get a BC government subsidy to cover part of the price of the more expensive alternatives, but the extra cost was not passed on to the needy patient. "The smile on his face when we put in place his new teeth was amazing," remembers Brondani.

Years after an annual cultural sensitivity undergraduate class in UBC Dentistry about sexual health, which Brondani organized, a former student, now a working dentist, came out to him as gay, using social media. "That made me so proud of the simple and small things I do that go beyond dentistry," says the associate professor.

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



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PHOTO BY MARTIN DEE

Mario Brondani

such a program in 2011 at the Mid-Main Community Health Centre on Vancouver’s east side—the first one 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

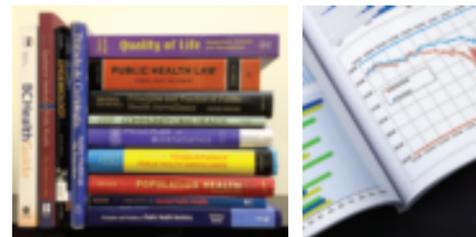
Many dentists are reluctant to see low-income patients, he says, because these people have little or no dental insurance or simply because they are stigmatized. Dentists might earn less treating such patients than they would otherwise, because the provincial government sets lower corresponding rates

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 will take longer to process, 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 closes doors to those it’s meant to serve. Many potential participants remain unaware of such programs. To enroll, they must have their taxes filed; yet, if their income is too low, they won’t pay taxes or get a refund, therefore, don’t file. As a result, fewer than 60 percent of eligible low-income families benefit.

Discriminatory attitudes are tough to tackle, but Brondani emphasizes that today’s generation of students is “quite savvy.” When



Top photos: Research areas in the new combined UBC graduate program in dental public health range from community-based health programs to policy and economic analysis. Bottom photo: Drs. Mario Brondani (C) and Leeann Donnelly meet with Paul Kerston at the Positive Living Society of BC office on Seymour Street in Vancouver.

he invited a transgendered pre-medical student to join him on a panel in this year’s sexual health class, students readily voiced their appreciation while in class, providing verbal thanks to the presenters. In all previous years, students only shared appreciation upon reflection or during course evaluations.

Within UBC Dentistry, Brondani focuses on three key research areas: dental geriatrics, dental public health and dental education. He coordinates the second-year Professionalism and Community Service (to be replaced by the Principles of Ethical Practice) module on dental geriatrics and leads sessions for both dentistry and dental hygiene students on HIV, sexual health and drug use and addiction.

After opening his dental office in Porto Alegre, Brazil, in 1994, Brondani began to do volunteer dental work every week at a nearby nursing home. He quickly learned the immense need for quality geriatric dentistry. In turn, his MSc in Gerontology was followed by a PhD in Dental Sciences from UBC (2002-2007), whereby he evaluated and refined an oral health model for older adults and examined the validity of dental psychometrics (quantitative methods that assess psychological trends in dentistry).

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. While in the army, he participated in oral 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 R Us, a Vancouver Coastal Health and AIDS Vancouver partnership for male sex-trade workers, and has overseen students working at the BC Persons 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-and-diploma program.

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 communities 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 nursing home, students gain valuable experience assessing oral health care needs, developing and implementing policy, and providing and managing programs and services for special-needs patients, from seniors and intravenous drug users to immigrants and refugees. Students spend their last six months of the program in a practicum at a local, national or international organization; they can even return to their own province to contribute to their home community or region.

Then, instead of a thesis, they develop a major capstone project related to their practicum placement and receive encouragement to publish their project. This fast-paced, non-thesis project takes less than a year; by comparison, Master of Science research takes two years. Brondani emphasizes: “The curriculum is ingrained in critical thinking and evidence-based practice.”

Students also have elective courses so they can focus on a specific area. A current dental public health grad student, a dental hygienist 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.