

Integrating Dental Services Into a Primary Health Care Initiative for Low-Income Individuals in St. John's

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Agenda

- Background
 - Literature review
- Why It Matters?
 - Current situation in NL
 - Idea conception
 - Research question
- Methodology
- Results
- Discussion
 - Limitations
 - Key takeaways





Roger

Background

- I searched **PubMed** and **Embase** for articles that studied and analyzed dental service utilization by low-income populations. This is what I found...
- Vulnerable individuals **avoid seeking dental care** due to:
 - Low levels of awareness
 - Lack of money (Adedigba, 2014)
- Certain dental conditions, such as caries, are **disproportionately experienced** by the poor. (DiMarco, 2010)
- Individuals living in the **most deprived neighborhoods** are significantly more likely to access dental care **only when symptomatic**. (Lang, 2008)



Background

- **Mental illness**, which often overlaps with these vulnerable populations, is **independently associated with oral disease** and poor treatment outcomes. (Heaton, 2013)
- **Reduced accessibility** and utilization of dental services for **older adults** are linked to:
 - Poor geographic distribution of providers
 - Difficulty navigating the oral health system
 - Low income (Alfaro, 2010)
- **Social support** is an **enabling factor** for dental service utilization in low-income populations. (Baldani, 2011)



Why This Research Matters?

- Incorporating dental services into a community health setting that is **ideally located** in the downtown core, such as The Gathering Place, **improves accessibility**.
- Given that social support is enabling factor, establishing a dental clinic in a building that serves as a **social centre** for low-income individuals with complex needs in St. John's **improves accessibility**.
- Reducing the barriers to accessing these services could enable low-income individuals who would otherwise be **“problem-oriented users”** to **become “routine users”**, which shifts the focus to prevention and improves oral health outcomes.



Idea Conception



Roger



Idea Conception

- While volunteering at The Gathering Place in October 2016, I met people like Roger who faced significant information, transportation and financial barriers while trying to access dental services in St. John's.
- The following week I had a meeting with Joanne Thompson, Executive Director of The Gathering Place. She was on board with our idea!
- I also reached out to the NLDA, NLDHA and Sheldon Pollett, Executive Director of Choices for Youth, to ask if they would be interested in supporting this research project and exploring the potential for a dental clinic in the downtown core of St. John's.
- Their answer was unanimous...



...They Agreed to be Our Partners!



Newfoundland and Labrador Dental Hygienists Association

Background

Why it matters?

Methodology

Results

Discussion

What do dental care providers think are the **necessary elements** to integrating dental services in a primary health care initiative for people living in poverty in St. John's?

Methodology

- Inclusion criteria for participants:
 - Dentists
 - Dental hygienists
 - Dental assistants
- An online survey was created with Qualtrics Software and distributed via the NLDA and NLDHA.
- Semi-structured in-person and telephone interviews were conducted.
- Any trends were used to further our understanding of the current barriers faced by low-income individuals in NL in accessing dental services and the potential to establish a clinic in downtown St. John's.



Why Go Qualitative?

- The research question is exploratory in nature and requires a **probing** and **personal medium**, such as a personal interview.
- A personal interview uncovers a participant's **thoughts, ideas, knowledge, anecdotes** and **experiences**.
- A **semi-structured** interview allows for flexibility.
- A personal interview aims to **uncover** the **human experience** and is more **compelling** than quantitative data.



We Received Zero Responses!



Just kidding...



Background

Why it matters?

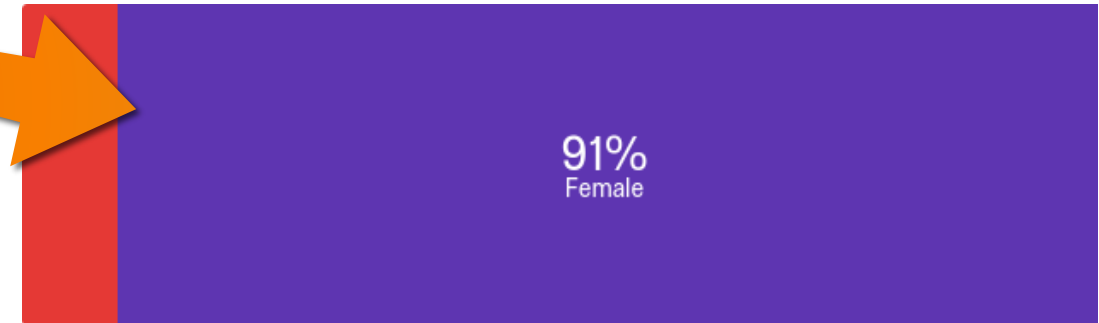
Methodology

Results

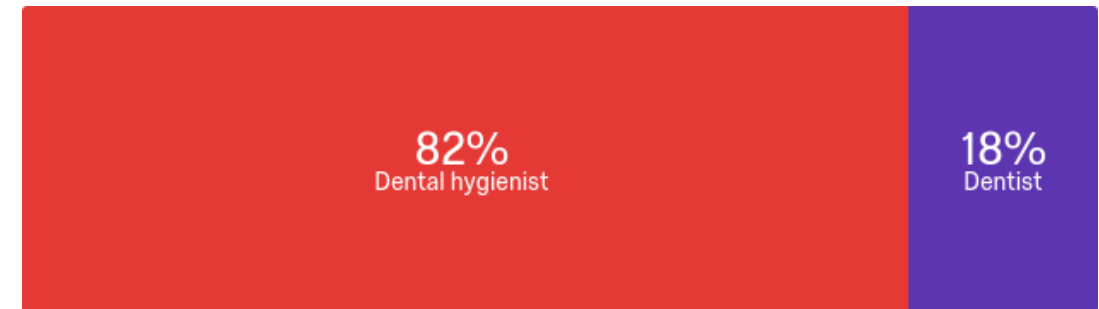
Discussion

Survey Results

- Questions=16
- N=36
- 91% female, 9% male
- 82% dental hygienists, 18% dentists
- Ethnicity
 - 88% Caucasian Canadian
 - 6% Indigenous
 - 3% Asian or Pacific Islander
 - 3% Carribean or African Canadian



■ Male ■ Female ■ Other

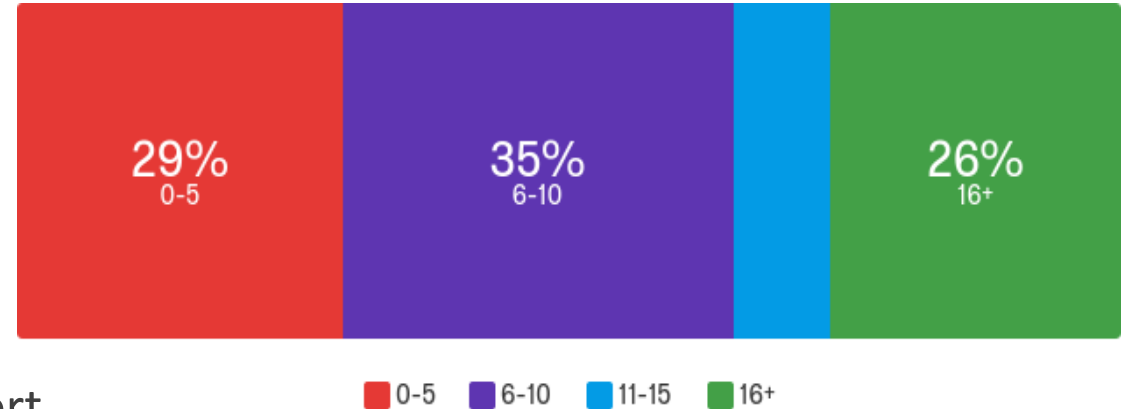


■ Dental hygienist ■ Dentist

Survey Results

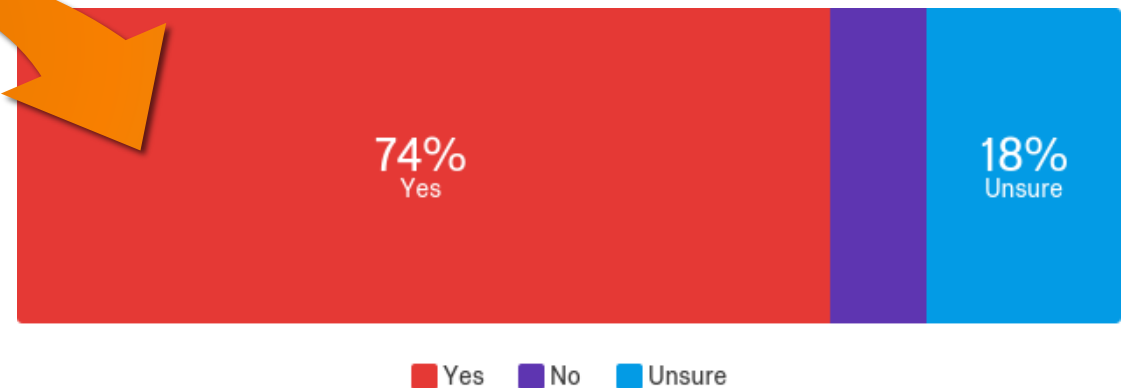
- How many years have you been in practice?

- 0-5 years – 29%
- 6-10 years – 35%
- 11-15 years – 9%
- 16+ years – 26%



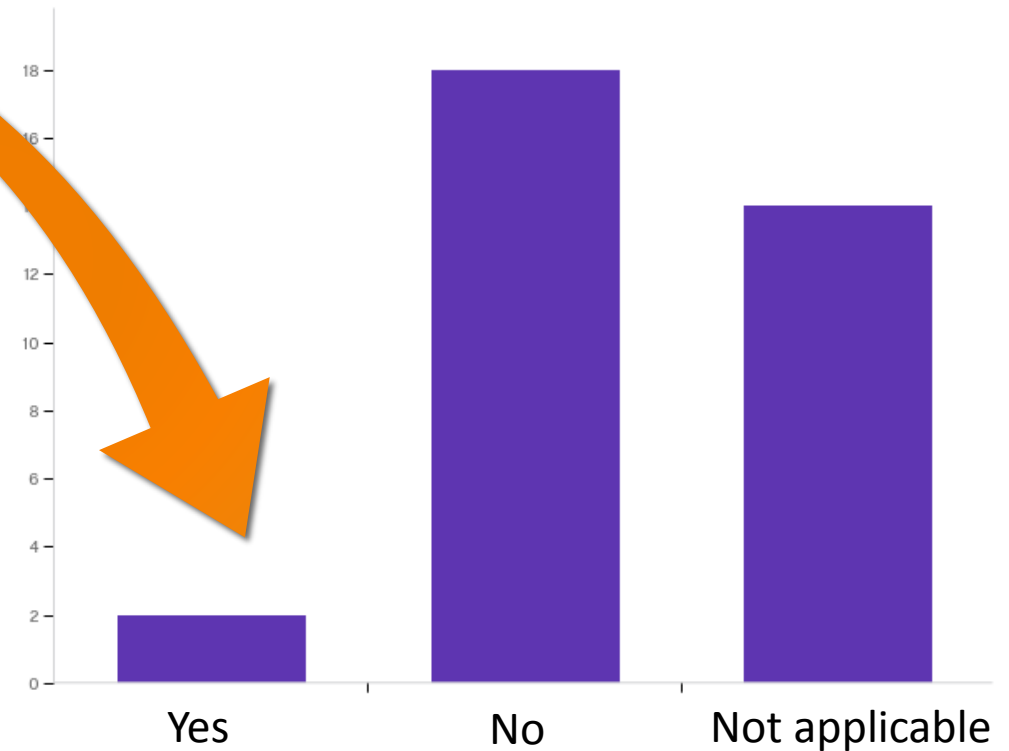
- Have you taken individuals on income support in the past as patients?

- Yes – 73%
- No – 9%
- Unsure – 18%



Survey Results

- Does your clinic require patients to pay a minimum deposit prior to service?
 - Yes – 6% (N=2)
 - No – 53%
 - Not applicable – 41%
- If a deposit was required, how much was it?
 - N=3
 - \$8
 - \$50
 - \$114



Which **dental problems** were commonly experienced by individuals on income support?

Survey Results

- “Pain”
- “Decay”
- “Tooth infection”
- “Very large caries and perio”
- “Caries, gingivitis, periodontitis”



Which **dental services** were commonly requested by individuals on income support?

Survey Results

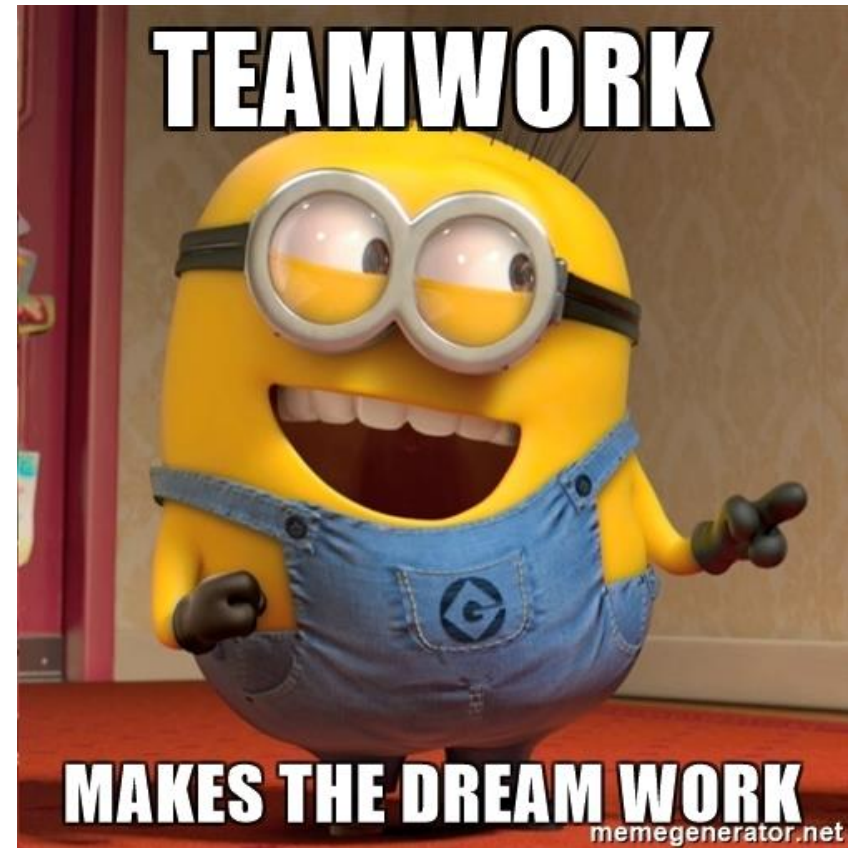
- *“Cleanings (which aren’t covered)”*
- *“The minimum”*
- *“Whatever is covered or costs less”*
- *“Extractions. Mostly because other services are too expensive”*



Would you be willing to take part in an initiative aimed at improving access to dental services for individuals on income support and living in poverty?

Survey Results

- 42% ✓ *“interested in learning more”*
- 21% ✓ *“interested in donating volunteer time”*
- 15% ✓ *“interested in donating clinical services”*
- 12% ✓ *“interested in attending an information meeting”*
- 12% ✓ *“not interested in getting involved in any capacity at the time”*
- 0% ✓ *“interested in donating financial resources”*



Qualitative Results

- N=7
 - 4 dentists, 3 dental hygienists
- 25 emerging themes including:
 - Barrier to employment
 - Eating & nutrition
 - Barriers to care
 - Limitations in care
 - Quality of life
 - Dental decay, dentures and extractions
 - Inequity
 - Accommodating patients
 - Willingness to help
 - Having one's hands tied
 - Looking through rose-colored glasses
 - Hope
 - Feasibility
 - Sustainability
 - Budget



Qualitative Results

- **SDG 1: Barrier to employment**
- **SDG 2: Eating & nutrition**
- **SDG 3: Barriers to care**
- **SDG 3: Limitations in care**
- **SDG 3: Quality of life**
- **SDG 3: Dental decay, dentures and extractions**
- **SDG 10: Inequity and inequality**
- **SDG 17: Accommodating patients**
- **SDG 17: Willingness to help**
- **SDG 17: Having one's hands tied**
- **SDG 17: Looking through rose-colored glasses**
- **SDG 17: Hope**
- **SDG 17: Feasibility**
- **SDG 17: Sustainability**
- **SDG 17: Budget**



What are the SDGs?

- The **United Nations' Sustainable Development Goals** were developed through consultations in global health governance and local communities on how best to address a broad range of **social and economic development issues** after the Millennium Development Goals ended in 2015.
- The SDGs are **action-oriented** objectives that address the **social determinants of health**.
- The SDGs are a set of goals, targets and indicators that **UN member states** will be expected to use to **frame their agendas and political policies** over the next 12 years.
- “We don’t have plan B because there is no planet B”
– Ban Ki-moon, Secretary-General of the United Nations from 2007-2016



Qualitative Results

- ✓ **SDG 1:** No Poverty
- ✓ **SDG 2:** Zero Hunger
- ✓ **SDG 3:** Good Health and Well-being
- ✓ **SDG 10:** Reduced Inequalities
- ✓ **SDG 17:** Partnerships for the Goals



SDG 1: No poverty

- Poor oral health was described repeatedly as a “Barrier to employment”, therefore it was identified as a major theme.
- Individuals with poor oral health were identified as:
 1. Being too embarrassed or lacking the confidence to attend a job interview
 2. Being discriminated against at job interviews
- Improving someone’s oral health targets SDG 1: “No poverty” by providing individuals an equal chance at employment and the confidence of going into the workforce.



SDG 1: No poverty

- “We’ll do work and they’ll say “thank goodness, I can smile now” or “I was so embarrassed, *now I can go look for a job,*” things like that.”



SDG 1: No poverty

- “So if you have bad oral health then **people might just not hire you** based on that. It’s unfair but that’s the reality of the world I guess.”



SDG 2: Zero hunger

- Certain oral health conditions were described as affecting an individual's “**Eating and nutrition**”, therefore it was identified as a major theme.
- Certain oral health conditions were associated with:
 1. A reduced ability to masticate
 2. A less nutritious diet
- An indicator of SDG2 is **undernourishment**, when an individual's habitual food consumption is **insufficient** to provide the **dietary energy levels** that are required to maintain a normal active and healthy life.
- Improving someone's oral health targets SDG 2: “Zero hunger” by enabling individuals the mechanical ability to eat healthy and nutritious foods.



SDG 2: Zero hunger

- “The number of people that we see that are on dentures for the rest of their life is high because we couldn’t do root canals or fillings or fixed teeth and **they’re left with no option but to remove them.**”
- “People that are in dentures **can’t eat the foods** that **doctors want them to eat**, they’re **not eating as nutritious** a diet. People have commented that they see a decline in an older person’s health once they transition over to dentures because they’re **just not eating the same.**”



SDG 3: Good Health and Well-being

- Many themes were identified that relate to SDG 3 including the “**Impact of poor dentition**” on an individual’s well-being and the prevalence of “**Dental decay, dentures and extractions**” in the low-income population in NL.
- Caries were reported to be disproportionately experienced by low-income individuals.
- Poor dentition was linked to:
 1. Impaired growth in children
 2. Impaired school performance
 3. Increased risk of stroke
 4. Embarrassment
- Improving an individual’s oral health targets SDG 3: “Good health and well-being” since poor oral health has significant repercussions on an individual’s well-being and quality of life.



SDG 3: Good Health and Well-being

- “Children who have a high cavity rate often are in the low end of the growth curve because they *can't eat or sleep.*”
- “There are countless studies that suggest that once you fix the teeth, over the next six months, *they climb up the growth curve.* Their school performance and school experience improves.”



SDG 3: Good Health and Well-being

- “*Cavities* are caused by a particular bacteria, which occurs in 3% in the general population. But if you take into account the lower end of the scale [in terms of SES], *it jumps to 70%. So it's a dramatic increase.*”



SDG 10: Reduced Inequalities

- Many themes were identified that relate to SDG 10 including “X factors of poor dentition”, “Barriers to care” and “Limitations in care” that especially affect low-income individuals in NL.
- Low-income individuals were reported to:
 1. Be more likely to buy **cheaper and less nutritious foods** that result in poor oral health outcomes
 2. Be more likely to have **addictions** that cause staining
 3. Take a **problem-oriented approach** instead of a preventative approach due to lack of financial resources
 4. Avoid their oral health care needs due to a **lack of knowledge**
 5. Experience **barriers with transportation**
 6. Experience having their **appointments delayed by weeks**
 7. Experience being **refused appointments**
 8. Experience having much-needed dental work delayed **until the following year** due to **limited coverage by MCP**
 9. Experience being **refused certain services and procedures**



SDG 10: Reduced Inequalities

- “I’ve been in a situation where there’s a certain amount covered by the Adult Dental Plan and you have to figure out which is the worst tooth and try to fix that and then *wait til next year to do the next one and that’s crazy. That doesn’t really work.*”



SDG 10: Reduced Inequalities

- “I did work in Grand Falls for a short period of time and I did meet people on income support...and *they called around to multiple offices and no one would accept them.*”



SDG 10: Reduced Inequalities

- “We hear about the buses they had to wait for and they’re *soaking wet* because of the rain. I don’t know how many people *we never see* because *they have no way to get here.*”



SDG 10: Reduced Inequalities

- “Some of them are *hesitant to call* the office not knowing what’s covered.”



Is the Adult Dental Plan really cutting it?

Is the Adult Dental Plan really cutting it?

- “In most situations *it's not nearly enough* to cover what needs to be done for those patients.”



Is the Adult Dental Plan really cutting it?

- “Extractions...that’s all that’s covered most of the time...\$300 gets you one filling and a half and usually *you’ve spent it on the exam* and the xray already.”



Is the Adult Dental Plan really cutting it?

- “As a hygienist I **do not** see patients on income support. I assume **they do not have the money required for preventive care.**”



Is the Adult Dental Plan really cutting it?

- “*Red tape* in MCP billing protocols appear designed to *make access to care difficult.*”



Is the Adult Dental Plan really cutting it?

- “The dental care we provide is *specified* and *restrictive*...It is *frustrating* because we are *forced to ignore* pertinent oral conditions that can affect the person’s overall health.”



SDG 17: Partnerships for the Goals

- Many themes were identified that relate to SDG 17 and the idea of partnerships. Themes included dental practitioners “Accommodating low-income patients” in the past, the impact of “Budgets” and the resulting feeling of “Having one’s hands tied”, practitioners’ “Willingness to Help” with a potential clinic servicing low-income individuals, and a feeling of “Looking through rose-coloured glasses” at past partnerships and arrangements.
- Dental practitioners reported:
 1. Providing services at cost and with increased paperwork
 2. Wanting to provide services for free but not being able to do so within the structure of their dental clinic and/or within the coverage of the Adult Dental Plan
 3. The benefits yielded from the Adult Dental Plan that was in place several years ago
 4. Their enthusiasm and willingness to take part in an initiative targeted toward low-income individuals



SDG 17: Partnerships for the Goals

- Arguably, working with **government officials, community partners, dental practitioners** and **other stakeholders** toward establishing a primary health care initiative for low-income individuals in NL targets SDG 17: “Partnerships for the Goals.”



SDG 17: Partnerships for the Goals

- “So essentially there is some stuff that we do at no cost to the patient because *the government doesn't pay enough to even cover the lab.*”



SDG 17: Partnerships for the Goals

- “With the overhead of the clinic taken into account, *you’re actually losing money* by seeing that patient.”



SDG 17: Partnerships for the Goals

- “So I always found it strange and unfair that the government is asking all these dentists, private dentists, to *just absorb the cost*...So you’re doing a lot of hard work and you’re still not getting paid really what it costs in a fee guide for a regular patient.”
- “I really feel that *the government should be stepping up* and paying 100% of the costs of the extraction work.”



SDG 17: Partnerships for the Goals

- “There’s *a ton of paperwork required* for that program...that *goes back and forth* between here and MCP for prior approval and request for information.”



SDG 17: Partnerships for the Goals

- “Several years ago the NL Dental Association negotiated an adult program that was superb...Then the government removed the money and cut it out after one year. *It went from fantastic to \$100 a year or whatever it is.*”



SDG 17: Partnerships for the Goals

- “So that’s something that maybe *dentists don’t really advertise* that we’re doing treatment for free but it does happen a lot, *a lot of dentists* will *do that*.”



SDG 17: Partnerships for the Goals

- “It’s not like I could just book them into the regular day schedule, it would be if there was a cancellation or *if I stayed after work or if I worked through my lunch*, which was generally how I would do it.”



SDG 17: Partnerships for the Goals

- “Personally, *I would even be willing to volunteer to help run a clinic like that*, set it up to see how many people within our city would be willing to donate their time and provide for people.”



SDG 17: Partnerships for the Goals

- “*We’d be proud to do that.* You’d get your own place to go and actually work by yourself, not under a dentist. That would be great. *That sounds silly but it’s the truth.*”
- “And then dentists also want to give back as well but *a lot of them are associates* working in clinics owned by people who probably don’t have the time because *they’re trying to manage the clinic.*”



Looking toward the future

- Participants disclosed their “**Hope for change**” in the future and the “**Potential impact**” a clinic servicing low-income individuals in NL could have.
- They discussed:
 1. How a such a clinic **could reduce the transportation** and **information barriers** that exist in the current system
 2. The impact such an initiative could have in **improving the quality of life** of hundreds of low-income individuals
 3. The **great demand** for such a clinic in NL



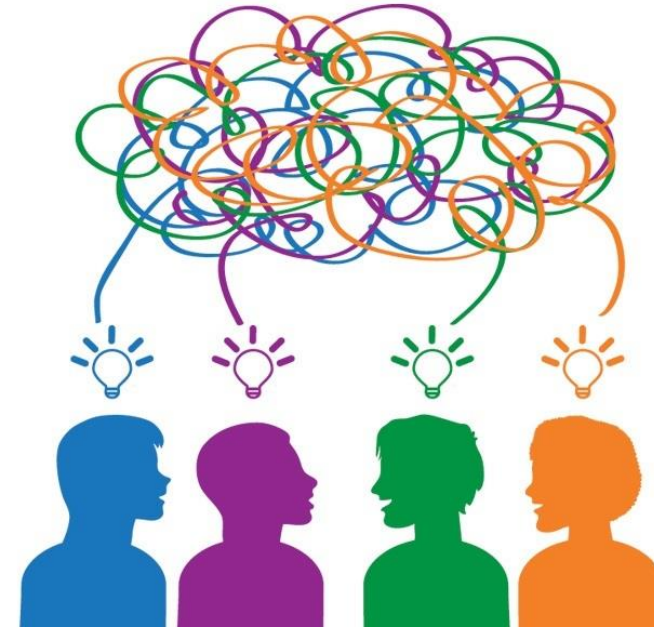
Looking toward the future

- “*Budgeting* is an issue but if you looked at probably how many patients utilize the emergency room service, *it's an astronomical amount* for getting pain medication, IV antibiotics versus just getting the tooth out at your dentist...”
- “But there's probably like *one every day walking into the emergency room.*”



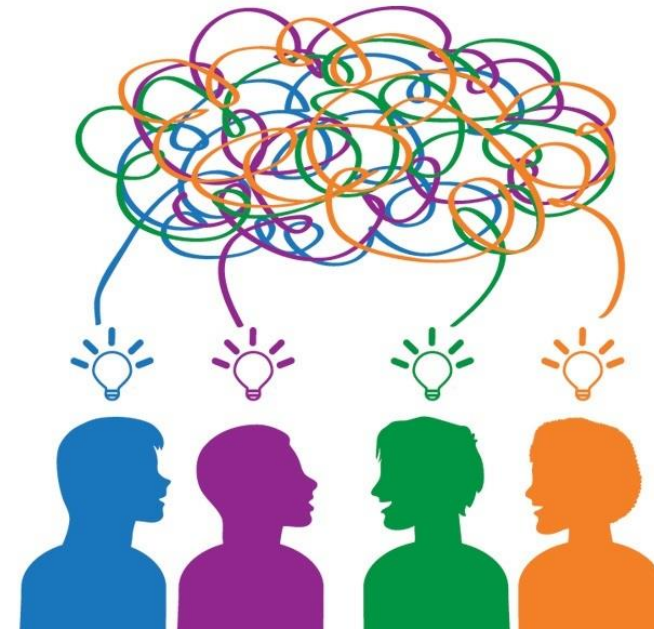
Feasibility and Sustainability

- The “**Feasibility**” and potential for “**Sustainability**” of a clinic servicing low-income individuals in NL were identified as major themes.
- Participants discussed:
 1. An **innovative solution** for allowing the clinic to be sustainable based on the MCP fee schedule and a volunteer basis
 2. **Examples of successful initiatives** elsewhere that serviced low-income and vulnerable populations
 3. The importance of **collaborating with the government** to successfully establish such a clinic for low-income individuals in NL
 4. The potential to **partner with Canadian dental schools**
 5. The feasibility of **acquiring dental equipment** second-hand and the price tag associated with acquiring brand new equipment



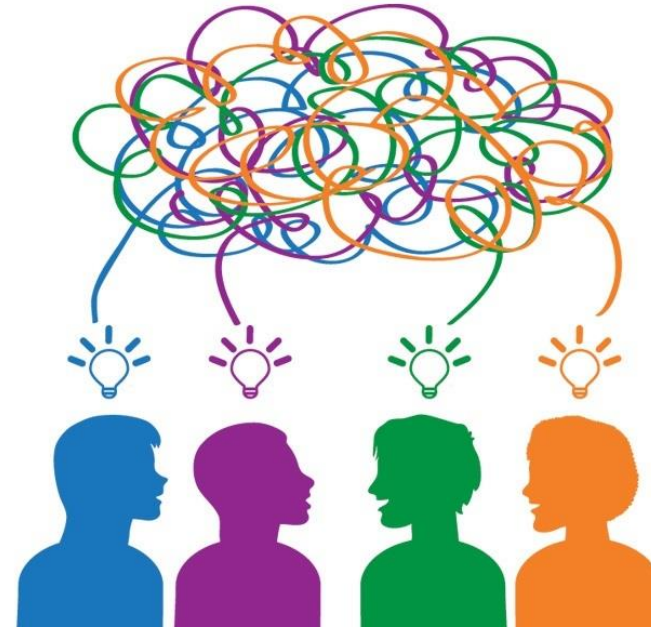
Feasibility and Sustainability

- “So say someone goes down there and they take out a bunch of teeth in an afternoon, there could be *potentially hundreds of dollars coming in* that the dentists say “look, I don’t want that, that’s there to do whatever in the clinic...”
- “So *there could be a pool of money there to help to continue to provide this service* and equipment down the road.”



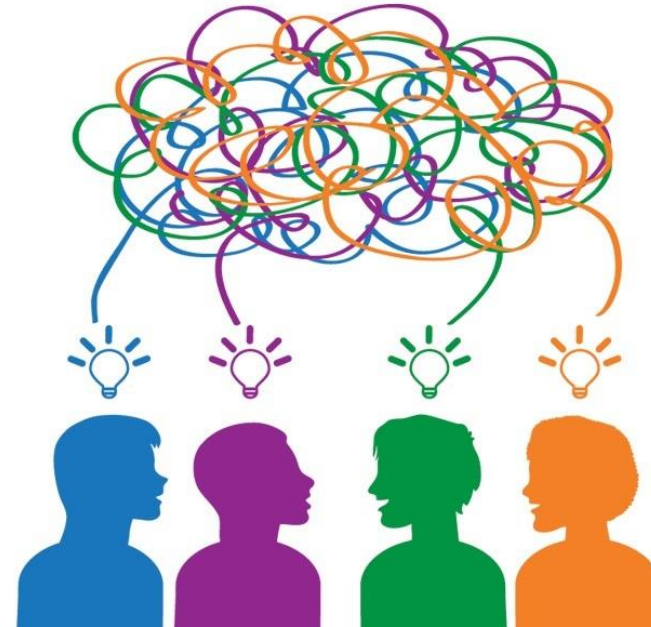
Feasibility and Sustainability

- “A lot of the people I know have this natural want to do something and often *we don't have the place to do it* because we can't bring people to the office we work at *because it's against policy...*”
- “But we could bring a bunch of people into The Gathering Place.”



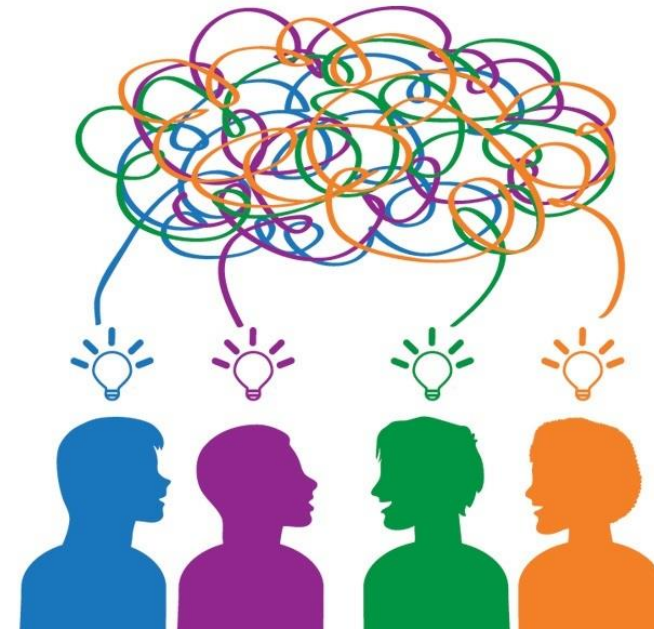
Feasibility and Sustainability

- “They actually *got chairs donated, equipment donated* and even [got] it flown down there. So I figured that if he can...go across the world to set up a clinic, then we should certainly be able to do something like that *within our own city for our own underprivileged people.*”



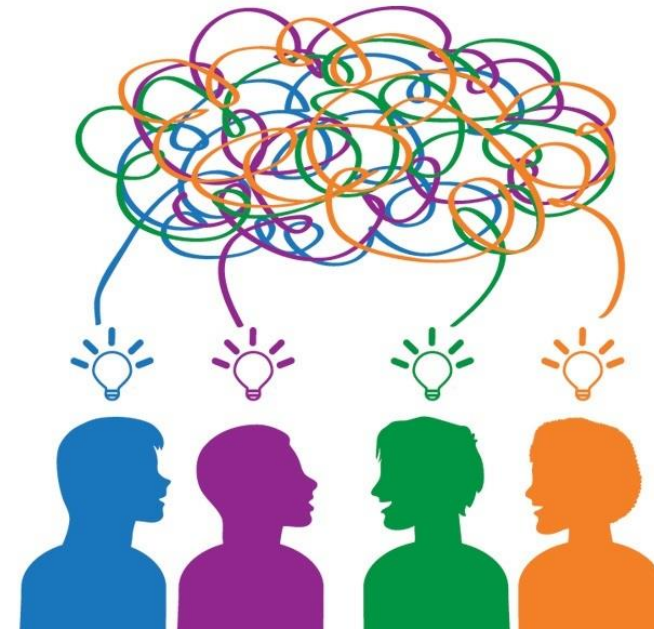
Feasibility and Sustainability

- “I know UBC has a satellite clinic in the Haida Gwaii islands...*Dalhousie could have a little satellite clinic here or some sort of affiliation...*”
- “The one in UBC is *affiliated* with their *GPR program*. So the GPR is, when you graduate from dental school you can spend a year or two years in the hospital setting doing hospital-based dentistry...*St. John's could be part of a rotation.*”



Feasibility and Sustainability

- “So if there was someone there, like with the Syrian refugees you’ve got the Canadian Medical Association, *someone’s there calling them up*, making sure they get to their appointments, making sure they have a ride, a *care coordinator* essentially, that would also *help* with that *compliance issue* part.”



Discussion

- A worthy project to pursue based on the fact that Canada is a UN member state and has already agreed to support measures, policies and projects that target the SDGs
- Health considerations
 - The potential to improve oral and overall health outcomes by increasing accessibility and being prevention-oriented
- Ethical considerations
 - Principle of justice (equal treatment for all)
 - Principle of non-maleficence (do no harm)
 - Principle of beneficence (do good)
- Financial considerations
 - Potential for decreased emergency room service utilization



Sharing the Results in Ottawa

- I submitted my poster to the **Annual Global Health Young Professionals Summit** in Ottawa and it was accepted!
- The conference reaffirmed the **importance of initiatives like this** that address the Sustainable Development Goals of 2030.



Sharing the Results in Ottawa



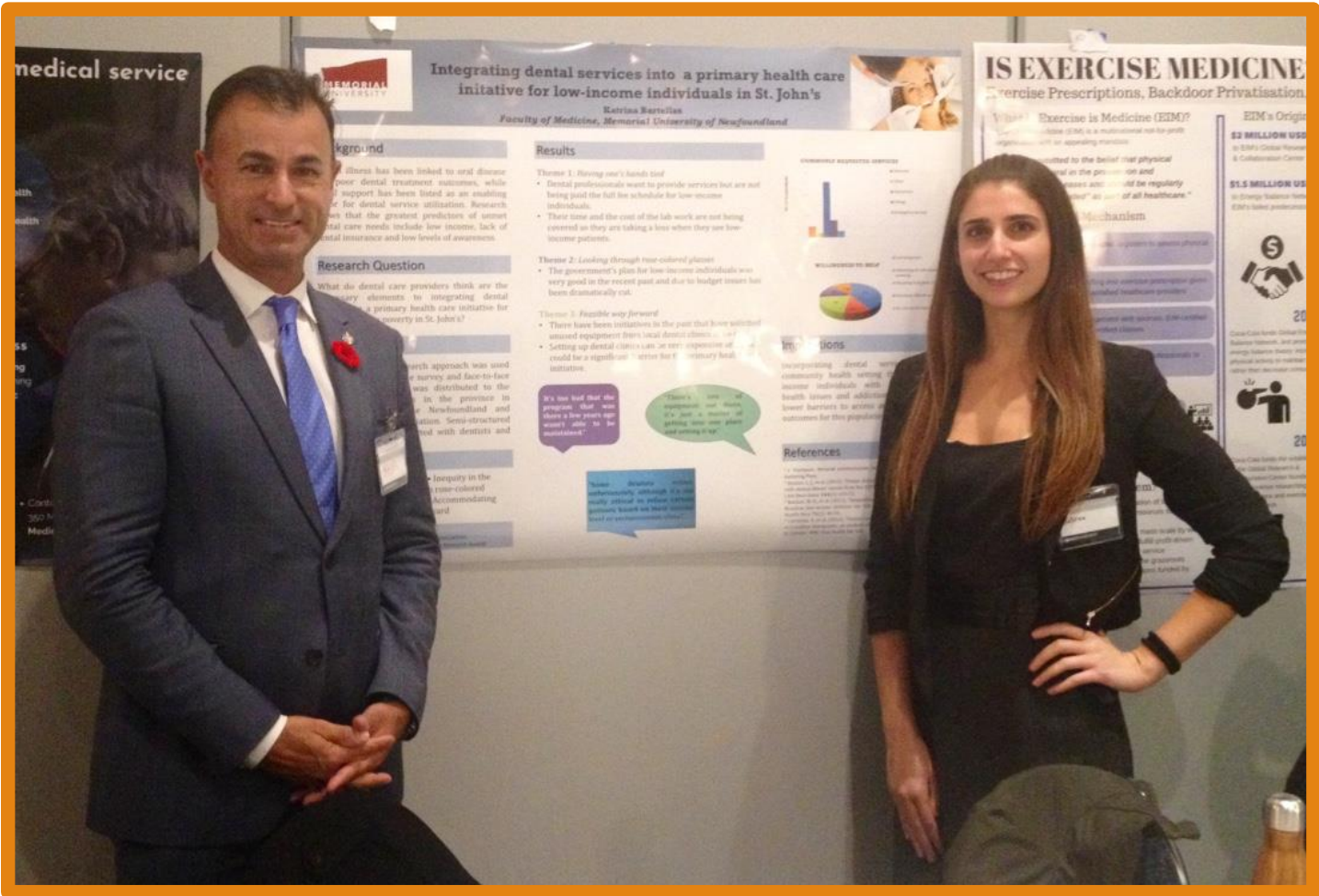
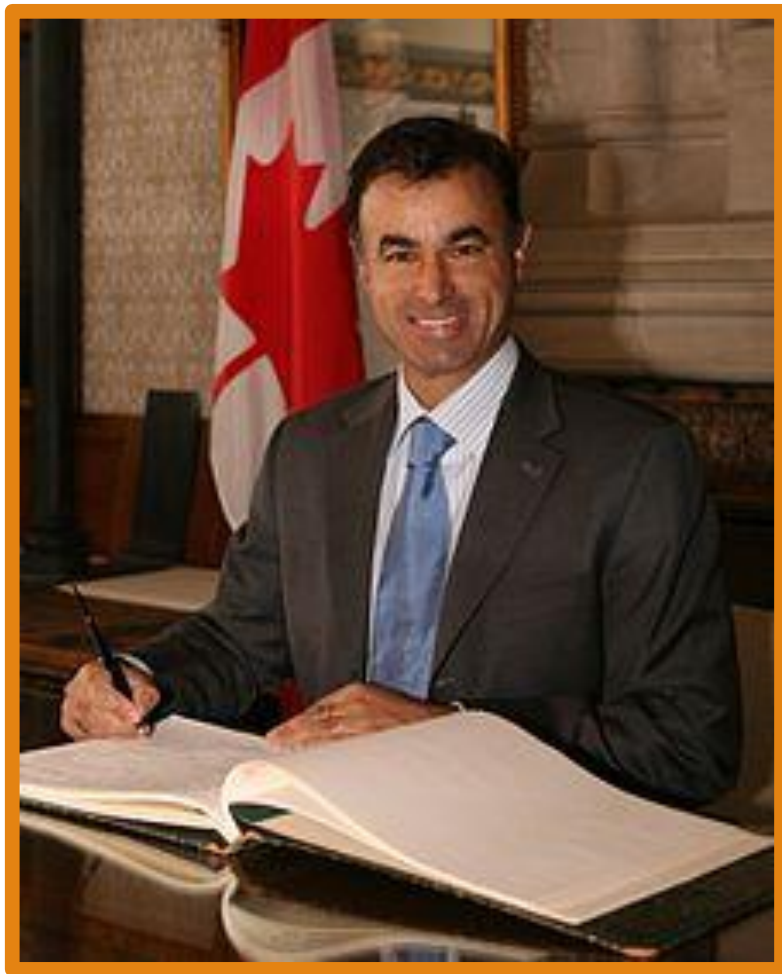
Background

Why it matters?

Methodology

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Honourable Keith Martin, MD, PC Founding Executive Director of the Consortium of Universities for Global Health

Background

Why it matters?

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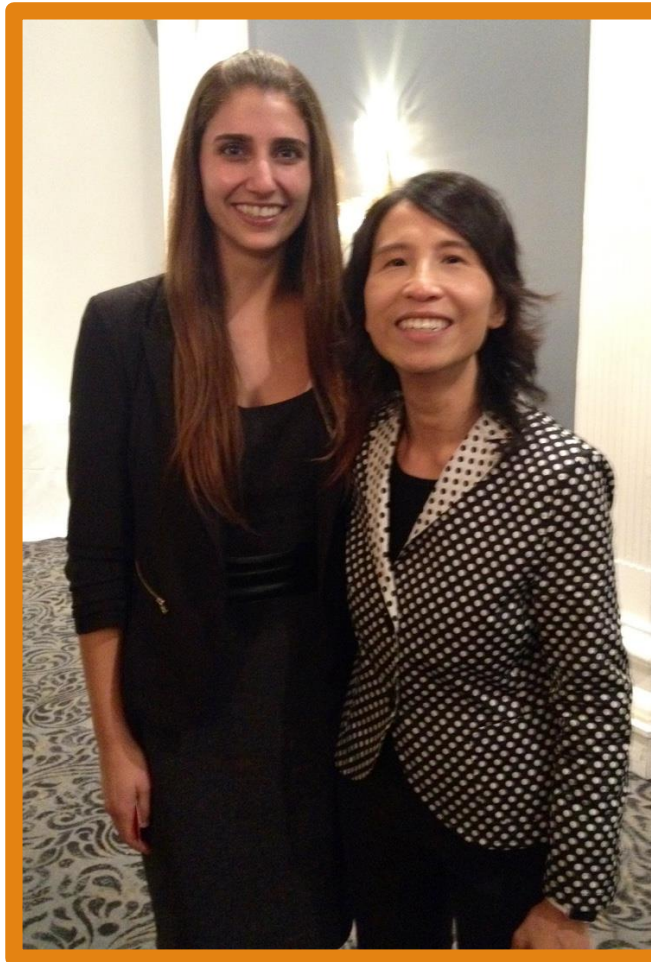
Results

Discussion

**Dr. Theresa Tam,
BMBS, FRCPC**



**Canada's Chief Public
Health Officer,
Public Health Agency of
Canada**



Background

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LIMITATIONS

UNTIL YOU SPREAD YOUR WINGS,
YOU'LL HAVE NO IDEA HOW FAR YOU CAN WALK.

Background

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Limitations

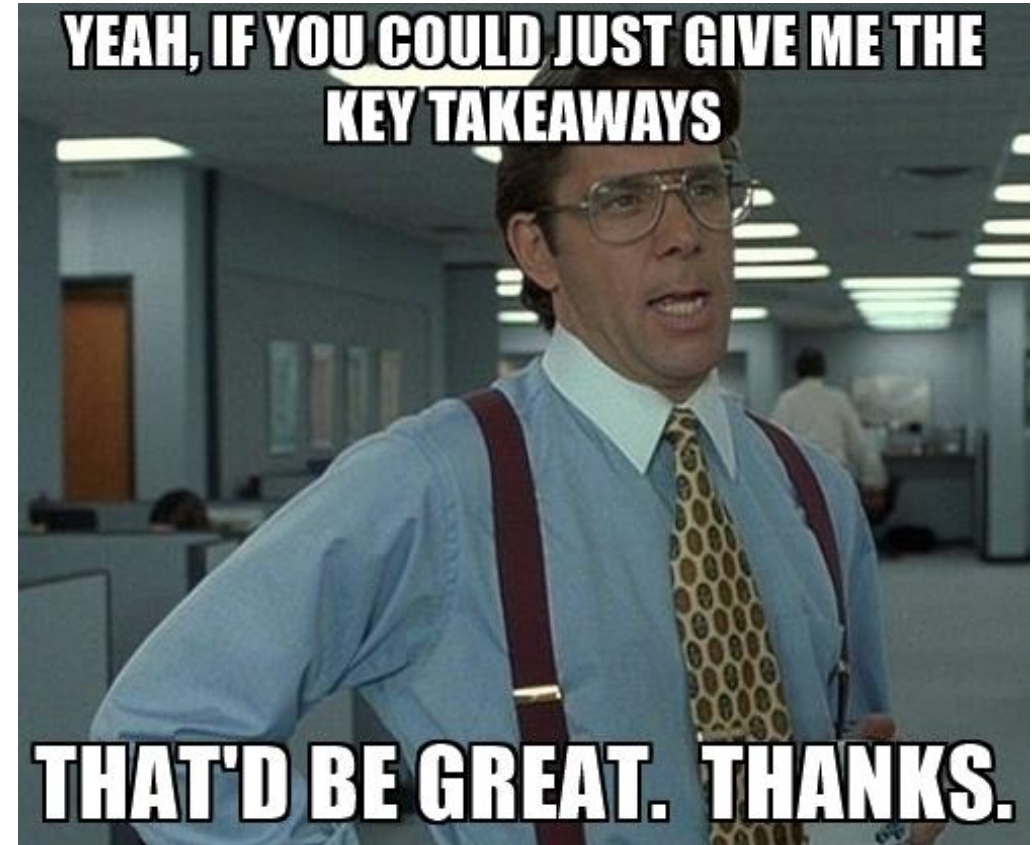
- The quality of qualitative research is highly dependent on the researcher's individual skills and experience
 - The PI has qualitative research experience in the Department of Community Health and Epidemiology at Queen's University
- 7 participants for the personal interviews
 - Interviews are time-intensive and several hours were required to interview, transcribe and analyse a single discussion
 - Grounded theory approach whereby additional interviews may be later conducted on specific themes and areas of inquiry as the analysis unfolds
- Low N in the survey
 - There is a typically low response rate in similar types of studies in the dental community
- Convenience sample
 - Not randomized



What do dental care providers think are the **necessary elements** to integrating dental services in a primary health care initiative for people living in poverty in St. John's?

Key Takeaways

- ✓ Government partnership
- ✓ Willingness on behalf of dental practitioners to donate clinical services
- ✓ Accessible location
- ✓ Donated dental equipment
- ✓ Program co-ordinators that will ensure patients show up to their appointments
- ✓ Proper instruction on oral health care and the provision of supplies (i.e. toothbrushes)
- ✓ Education vis-à-vis the Adult Dental Plan and what it covers



SUCCESS



**WHAT PEOPLE THINK
IT LOOKS LIKE**

SUCCESS



**WHAT IT REALLY
LOOKS LIKE**

Background

Why it matters?

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[Message from Joanne Thompson, Executive Director of The Gathering Place](#)

Background

Why it matters?

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Roger

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Funding for this Research

- ✓ Summer Undergraduate Research Award
- ✓ Student Innovation Award





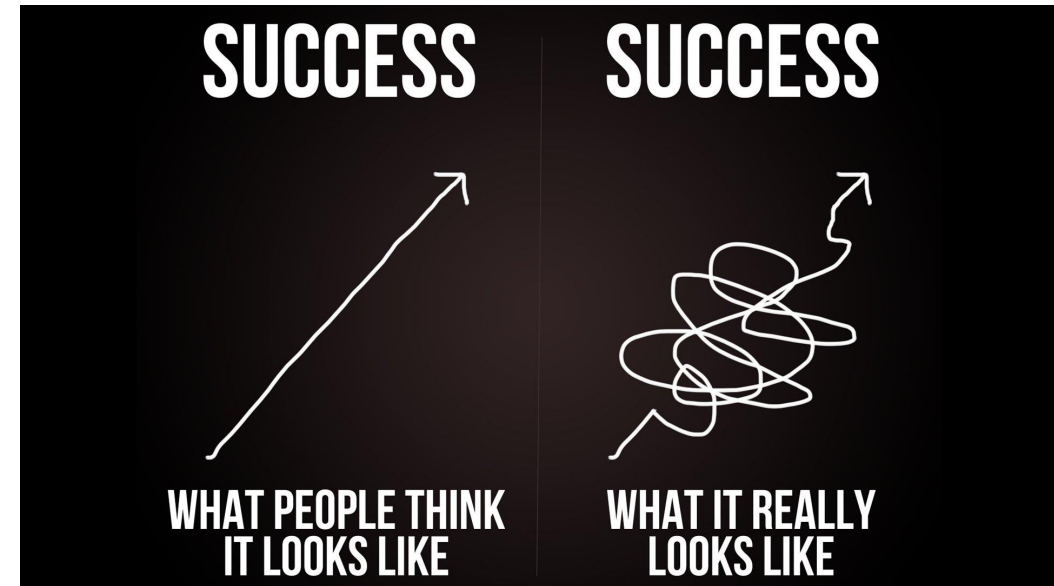


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Appendix

- 2008 Report by Bruce Wallace: “Improving access to low-income adults in BC”.
- This report discussed:
 1. An increasing number of volunteer charitable dental clinics in BC
 2. The consistency of a ‘champion’ at each clinic, whose persistent effort was crucial in the clinic’s development
 3. A common mandate of the clinics to relieve pain, with a focus on extractions
 4. A common pattern among clinics in that they are free, limited to a few evenings or days a month and operated out of an existing non-profit agency that donates space
 5. The importance of broad scale volunteerism with one paid part-time coordinator position, typically a certified dental assistant, to ensure stability of the clinic



Part II: Innovation workshop



Part II: Innovation workshop

- ✓ Split into groups of 3-5 people.
- ✓ There will be a student facilitator at each table with a laptop who will be taking notes.
- ✓ There will be a case study and a brainstorming session.
- ✓ We will do a recap after the case study and brainstorming session to highlight key points discussed in your smaller groups.
- ✓ We will incorporate these notes into our research and in our plans moving forward!



Case Study (15-20 minutes)



Roger

Roger's Case Study (15-20 minutes)

"Roger's" story continues like this...

Roger has a tooth that's bothering him on the upper left of his mouth and it's progressively getting worse. He's been a member of The Gathering Place for a few months and he starts a warehouse job next week. He's afraid that if this tooth doesn't settle, he will miss his work opportunity due to a bad toothache or infection. Roger is 43 years old and is renting a room on Queen's Rd in St. John's. He has some social assistance but is not eligible for a free Metrobus pass. His 10-ride bus pass has 2 fares remaining. He will need a new one but that money is going towards the dental appointment if he can get one.

He hasn't been to his dentist's office for 10 years. He was not a regular client then and he remembers at that time being told that he needed some work done but he lost his job shortly after that appointment. He knows the check-up could cost him at least \$45, maybe a bit more, and that they will likely want x-rays, which will reveal more problems that he can't manage right now. He's wondering if he can just get the tooth out and if the \$45 will cover it. He's heard of the MCP Adult Dental Plan but he's not sure where he can get more information. He's embarrassed and afraid the girls at the front desk of the dental office will ask him about his work situation and he's self-conscious that his teeth look terrible. He's also wondering if his breath has gotten worse since he's been smoking again and the toothbrush he's been saving is probably not very good anymore. He's also concerned that if he *can* get in to see the dentist, that there will be some reprimand for not coming in sooner. He has been working with a counselor to help with his anger management but is not sure how he will handle this dental appointment fraught with many unknowns.

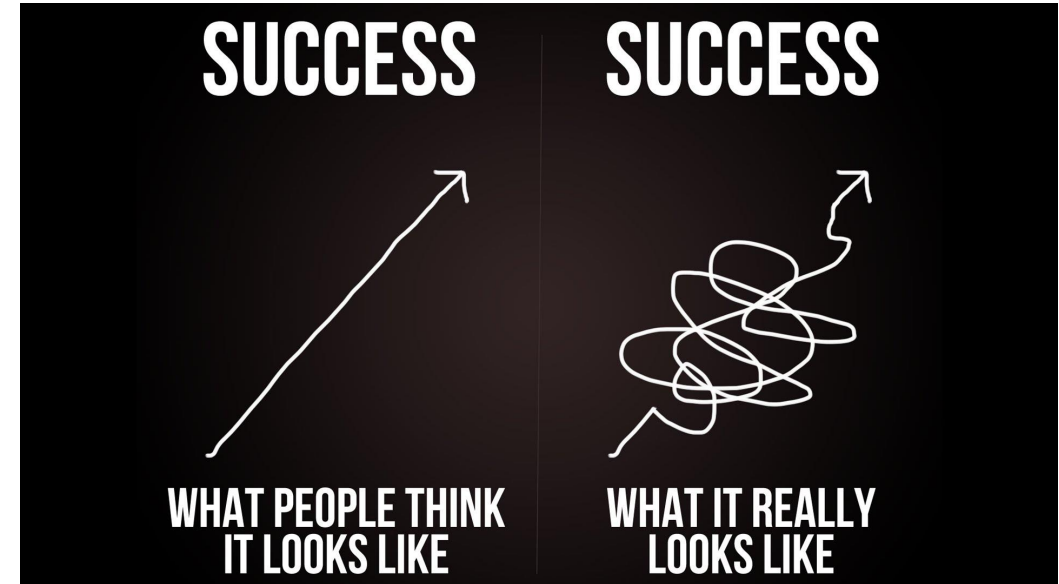
Case Study Questions

1. What are the obvious barriers for Roger and the care providers?

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2. What creative solutions and approaches can be used to dismantle these barriers?

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Brainstorming Session (15-20 minutes)

1. Based on our previous discussion and a prioritization of the key elements in providing dental services to low-income individuals in St. John's, what action plan needs to come out of this?
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