# Response

We would like to thank Dr. Friedman for his thoughtful response. Dr. Friedman suggests, and correctly so, that Canada should reinvest in school-based dental therapy services. Yet we diverge in relation to his positions that "time and money should not be spent courting [. . .] traditional opposition," and that traditional opposition cannot voluntarily change.

We will consider these points, but firstly, it must be stated that we appreciate the differences in our health care cultures, and to some extent, this may explain our relative positions. Secondly, while dental therapy is not new in Canada, our suggestion that new forms of dental care delivery are needed was meant to capture all possibilities, such as physician-, nurse-, and non-dental provider-based interventions. Thirdly, in Canada, exclusive of federal activity, only two provinces ever established enabling legislation for dental therapy (i.e. Saskatchewan and Manitoba). Dental therapy was never a pan-provincial approach to children's programming, and was quite unique to the Canadian health services landscape overall. In this sense, any restoration of commitment really only applies to two of the ten provinces, which themselves represent a very small proportion of the Canadian population. So it is more accurate to say that Canada *needs to establish* a commitment to alternative forms of delivery, with one very utile and proven strategy being dental therapy.

As to where we diverge from Dr. Friedman, we suggest that if the biggest hurdle facing dental therapy is cleared, namely a lack of support from traditional opposition, the ability to meet urgent needs would be imminent. In this way, we believe that there is some merit in spending resources to engage with such tradition. Surely, it is important to have the support of those that dominate the service delivery environment when attempting to achieve policy objectives. The achievement of some semblance of agreement and symbiosis is much more beneficial than an approach that tries to "overcome."

To be sure, as was one of the points of our original commentary, with the uptake of dental therapists into private practice in Saskatchewan, dental therapy provides a great opportunity to demonstrate to private practitioners that alternative forms of delivery are also viable for them. Moreover, if dental therapy is positive for the private practice setting, surely, there is no valid reason to oppose dental therapists' usefulness in the public sector. Any arguments would arguably based in ideology and in historical convention, both of which are not generally useful for advancing policy objectives aimed at useful change.

In summary, given the current state of oral health disparities in subsets of the population, it is arguable that all options need to be considered. Thinking that professional groups cannot and will not change, will not facilitate the situation. Many things can change, in fact, everything does in its own time, and positive change should be promoted in whatever capacity is possible.

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