Standing Committee on Finance (FINA)
Pre-budget consultations 2012

Canadian Dental Hygienists Association

Responses

1. Economic Recovery and Growth

Given the current climate of federal and global fiscal restraint, what specific federal measures do you feel are needed for a sustained economic recovery and enhanced economic growth in Canada?

It is clear that First Nations and Inuit oral health is far worse than the general population.(i, ii, iii) Dental caries is the most common infectious disease in children and it is unacceptable in a developed nation that many children are flown out of northern communities to be treated surgically in hospitals. In Newfoundland and Labrador, dental caries was the second most frequent treatment category for day surgery where 60% of the cases were children, many 0 to 4 years of age.(iv) In Quebec, 39% of emergency visits to Montreal Children's Hospital were due to dental disease, 70% were 5 years or younger. (v) In Nunavut, about half of infants had tooth decay and a quarter needed dental surgeries with general anesthetic.(vi) In British Columbia dental procedures are the most common surgical procedures that children receive in hospitals.(vii) In 2010/11, First Nations Inuit Health Branch (FNIHB), Non-insured Health Benefits (NIHB) second and third largest costs were medical transportation at $311.8 million, and dental at $215.8 million.(viii) These high costs of treating dental disease and the hospital statistics above underscore the importance of a prevention focus for children before school age. With sound prevention programs in place, these transportation costs will reduce significantly. Oral diseases are for the most part preventable; therefore, a solid prevention focus will decrease hospital and treatment costs downstream and contribute to fiscal restraint. The FNIHB, Children's' Oral Health Initiative (COHI) offers prevention and education services directed at First Nations and Inuit children 0 to 7 and their parents/caregivers and pregnant women. This initiative demonstrates an excellent track record with increased reach—clients tripled between 2002 and 2008.(ix) We recommend that the federal government reduce the health care treatment cost pressures and reduce in hospital dental surgery for children, through an increased investment in FNIHB, COHI.

____ (i) Health Canada. Report on the findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009. Government of Canada. <http://www.fptdwg.ca/assets/PDF/CHMS/CHMS-E-tech.pdf.> (ii) Health Canada, Nunavut Tunngavik Incorporated, Nunatsiavut Government, Inuvialuit Regional Corporation, Inuit Tapiriit Kanatami. Inuit Oral Health Survey Report 2008 – 2009. Government of Canada. March 2011. <http://www.cdha.ca/AM/Template.cfm?Section=News_Releases&CONTENTID=9931&TEMPLATE=/CM/ContentDisplay.cfm> (iii) Assembly of First Nations: Teeth for Life: The First Nations Oral Health Strategy. AFN. October 2010. (iv) Verle Harrop. Bell Island Health and Well-being Needs Assessment Phase One. Bell Island Health and Wellness Committee, Bell Island, Newfoundland and Labrador. < www.easternhealth.ca> (v) White, P., DeGonzague, B. Presentation at the Ontario Dental Hygienists Association Conference 2010. Wholistic Approach to Oral Heatlh in Ontario First nations: Opportunities for Dental Hygienists. < http://chiefs-of-ontario.org/Assets/ODHA_Pressentation.pdf> (vi) Quarter of Inuit babies need dental surgery. Whitehorse Star. 2004 May 26;Sect. News. (vii) British Columbia. Provincial health officer's annual report 1997. Victoria: Ministry of Health and Ministry Responsible for Seniors, p. 92, 1998 (viii) Health Canada. Non-Insured Health Benefits Program - Annual Report 2010/2011. Government of Canada, Ottawa, 2012 (ix) Julie Cote, Children's Oral Health Initiative Overview: power point presentation at the NAHO – Our People our Health Conference November 2009,

Ottawa http://www.slideshare.net/NAHONews/childrens-oralhealth-initiative-cohi-overview

2. Job Creation

As Canadian companies face pressures resulting from such factors as uncertainty about the U.S. economic recovery, a sovereign debt crisis in Europe, and competition from a number of developed and developing countries, what specific federal actions do you believe should be taken to promote job creation in Canada, including that which occurs as a result of enhanced internal and international trade?

There is widespread agreement that although dental hygienists are the 6th largest group of health care professionals in Canada, there are supply and distribution problems in rural, remote and northern communities, especially in First Nations and Inuit communities. When we compare the Canadian population(i)and the number of Dental Hygienists(ii)practicing in each of the provinces and territories, there are significant differences across Canada. The differences are most striking when the figures from Ontario and Nunavut are compared. In Ontario, there is one dental hygienist per 1,202 citizens and in Nunavut there is one dental hygienist per 8,333 individuals. There are several advantages to bringing dental hygiene prevention practices to these areas: 1. Increased access to care and more effectively and efficiently meeting population health needs. 2. Reduced downstream costs for treatment and flights to urban hospitals, to address severe tooth decay. 3. Communities will increase their supply of oral health professionals, therefore becoming more attractive to new business ventures. CDHA calls on the federal government to optimize health human resources with the following financial incentives, which will assist in job creation, ensure a better supply and distribution of dental hygienists, and attract and retain dental hygienists in the north and in rural and remote First Nations and Inuit areas: • Tuition loan forgiveness, grants, scholarships and bursaries in exchange for a 3- or 4-year return-of-service commitment in underserviced communities. • Wage incentives or a guaranteed minimum income. For example, dental hygienists who have practised in rural and remote areas for at least four years would be eligible for $2,000 retention initiative paid at the end of each year and a $1,000 grant for continuing professional development • Tax credits for practicing in rural and remote areas.
____ (i) Statistics Canada. Population and dwelling counts, for Canada, provinces and territories, 2011 and 2006 censuses. Statistics Canada. 2012-04-11 (ii) Canadian Dental Hygienists Association. Dental Hygiene Regulation in Canada: A Comparison. CDHA, 2012

3. Demographic Change

What specific federal measures do you think should be implemented to help the country address the consequences of, and challenges associated with, the aging of the Canadian population and of skills shortages?

Long term care (LTC) residents have a high prevalence of untreated oral disease and low use of oral care services.(i) This population is most in need of improved access to oral care because of limited mobility, multiple health issues, and deteriorated mental and physical conditions. Many seniors also lack family to monitor their care. As Canada’s population ages over the next 30 years, more seniors will have their own natural teeth and without access to care they will be more vulnerable to oral disease. Therefore we must proactively plan for better access to and improved quality of oral care for this population. Research indicates that investments in LTC staff training leads to better health outcomes for residents. CDHA recommends that Human Resources and Skills Development Canada support programs designed to promote oral health care skills development for staff in LTC, including nurses and personal support workers. These programs will improve oral health for seniors and result in efficiencies within LTC, due to improved skills for staff in addressing residents’ daily oral health care. Dental hygienists are ideally

placed to provide oral health care skills development programs to meet LTC residents' daily oral hygiene needs. Dental hygienists can provide training programs to educate LTC staff about treatment planning, adapting clinical care to the oral health needs of seniors, and how to create linkages between mobile dental hygienists and residents. They can also advise on all aspects of oral care such as toothbrush modifications to address dexterity issues, special care for dentures, the importance of maintaining a regular schedule of brushing and flossing, the impact of medication on decreased saliva production, and how periodontal disease increases the risk for heart and lung disease and makes it difficult to control blood sugar levels in diabetics.

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Canadian Union of Public Employees. Residential long-term care in Canada: our vision for better seniors' care. CUPE, Ottawa. October 2009 http://cupe.ca/privatization-watch-february-2010/our-vision-research-paper

4. Productivity

With labour market challenges arising in part as a result of the aging of Canada's population and an ongoing focus on the actions needed for competitiveness, what specific federal initiatives are needed in order to increase productivity in Canada?

Oral health is essential for overall wellness and it is an integral part of physical, social, and mental wellbeing. Some of the consequences of dental decay and poor oral health are often chronic, painful and disfiguring. They can interference with eating, sleeping and proper growth, and can compromise general health and quality of life. Periodontal disease is linked to diabetes, cardiovascular disease, and lung disease. For example, if you have two co-existing medical conditions, periodontal disease and diabetes, it is harder for you to control your blood sugar than it is for someone who does not have periodontal disease. Poor oral health can interfere with an individual's ability to find employment and be productive in employment. Oral diseases represent a huge economic and social burden of illness in Canada. While rarely fatal, the costs of these oral diseases and conditions have a large economic impact costing Canadians the chance to contribute to society through work and volunteerism. An estimated total of 40.36 million hours are spent each year on check-ups or problems with teeth. As members of the public health team, dental hygienists focus on a wellness approach, using oral health promotion and oral disease prevention. An example of this wellness approach is when dental hygienists practice collaboratively with general health professionals in programs such as diabetes education, where clients receive information about the importance of oral health. An investment in an oral health wellness approach will contribute to sustained increased productivity, since individuals with good oral health lead healthier more productive lives. Investing in upstream activities will reduce both the burden of disease and cost pressures on the health care system. The Federal/Provincial Territorial Dental Directors are now revising the Canadian Oral Health Strategy 2012 to 2017. The strategy will examine structural, process and oral health problems and include recommendations for addressing these problems. CDHA recommends that the Office of the Chief Dental Officer, in collaboration with the Public Health Agency of Canada (PHAC) take a leadership role in implementing and monitoring the implementation of the COHS, with the provinces and territories.

5. Other Challenges

With some Canadian individuals, businesses and communities facing particular challenges at this time, in your view, who is facing the most challenges, what are the challenges that are being faced and what specific federal actions are needed to address these challenges?

CDHA congratulates the federal government on the First Nations Inuit Health Branch (FNIHB), Non-insured Health Benefits (NIHB), dental hygiene pilot project in Alberta and Ontario, to enable direct access to dental hygiene services. These projects now recognize registered dental hygienists as a

provider group, and reimburse them directly for their services. We celebrate these projects as they offer oral health promotion and disease prevention, upstream projects that save costs for treating oral diseases and general diseases. It is well established that oral health is a key factor in overall health. The NIHB pilot projects have increased access to care, since communities with limited access to oral health professionals are now receiving dental hygiene services. We are very pleased with the preliminary results from the Alberta pilot project indicating 17 dental hygienists served 436 First Nations and Inuit clients. To improve access to care for all Canadians and to ensure sustainability of dental hygiene businesses the NIHB program must be modified to assign dental hygienists provider status across Canada, not only in Alberta and Ontario. This will provide dental hygienists with enhanced business opportunities, thereby stimulating the Canadian economy and improving access to care. In addition, CDHA strongly recommends NIHB provide equal fees for dental hygienists and dentists for equivalent services. Dental hygiene businesses providing services to NIHB clients are challenged to remain viable, since the NIHB program does not reimburse dental hygienists for their services at market rate. The current reimbursement rates for the services most frequently provided by dental hygienists are approximately 36% lower than reimbursement rates for dentists, for equivalent NIHB services in Alberta. The federal government must follow the lead of Veteran Affairs Canada and many private insurance plans, where registered dental hygienists and dentists are paid the same for equivalent services. In addition, given that the NIHB reimbursement rates are lower than private dental plans, the viability of these dental hygiene businesses is difficult, thus reducing access to care. Therefore, equalizing the reimbursement rates for dental hygienists and granting provider status to dental hygienists across Canada will improve access to care. -------------------------------- (i)Lux, J: Review of the Oral Disease – Systemic Disease Link. Part 1: Heart Disease, Diabetes. Canadian Journal of Dental Hygiene November – December 2006, 40(6): 288-342.