

**Written Submission to the House of Commons  
Standing Committee on Finance  
Pre-Budget Consultations in Advance of the 2020  
Budget**

**By: Canadian Dental Hygienists Association (CDHA)**

August 1, 2019

## **LIST OF RECOMMENDATIONS**

**To address the climate emergency CDHA is making targeted recommendations to reduce health travel associated with oral health care services that are not available locally.**

**Recommendation 1:** That the federal government invest in measures to improve the availability of local oral health care programs and services to Canadians in northern, rural and remote communities in an effort to reduce Greenhouse Gas Emissions (GHGs) associated with ground, water and air travel to health professionals/facilities in other locations. For Canadians who need emergency or acute dental treatment, these trips to other locations are often a result of having little to no access to primary oral health care in their home communities, care that could have otherwise prevented or managed oral health conditions before serious problems develop.

- a. We request the federal government invest in the attraction and retention of dental hygienists to northern, rural and remote communities by providing loan forgiveness for dental hygienists who choose to work in those communities, consistent with supports currently available to doctors and nurses.
- b. We request the federal government provide increased funding to the Children's Oral Health Initiative (COHI), which supports preventive oral care and community leadership for improved oral health outcomes in on-reserve communities.

**Recommendation 2:** That the federal government, in partnership with the provinces and territories, support preventive oral care for Canada's seniors with the development of national guidelines for daily mouth care and professional check-ups in residential and long-term care facilities.

## **Introduction**

In response to the climate emergency, the Canadian Dental Hygienists Association (CDHA) is advancing important recommendations aimed at making preventive oral care more accessible, and more environmentally sustainable. In short, by bringing care to people, rather than bringing people to care, better health and environmental outcomes can be achieved.

As the sixth largest regulated health profession, there are over 29,000 dental hygienists practicing across Canada. Dental hygienists are primary oral health care professionals specializing in services related to health promotion and disease prevention strategies.

The supply of oral health care professionals across Canada is relative as many northern, rural and remote communities remain underserved. That reality is particularly challenging in Indigenous communities where federal programs like the Non-Insured Health Benefits Program and Children's Oral Health Initiative have been put in place to link communities with dental programs/services. Due to the lack of locally available primary care programs/services for oral health, many Canadians are required to travel to major cities because of untreated, preventable oral conditions that develop into medical emergencies.

Access to preventive oral care services for seniors across Canada is also a concern.

Canada's population is aging. Seniors are now keeping many, or all, of their natural teeth much longer. Many more seniors are also living in long-term care and home care settings, and those numbers are expected to grow. It is increasingly important that older Canadians maintain their oral hygiene for their overall health. This includes treating any developing oral disease that may otherwise go undiagnosed or untreated and require treatment at acute care facilities. Fortunately, daily mouth care and professional prevention and check-ups in long-term care and home care settings can improve both oral and overall health.

Where climate and public health are concerned, the government should make every effort to support access to oral health programs/services in northern, rural and remote communities, and for seniors across Canada, in an effort to reduce the climate impact of health travel taken to other locations for Canadians to access primary and emergency dental care.

CDHA requests to appear before the Standing Committee on Finance and urges the Committee to consider the following enhancements for inclusion in the 2020 Federal Budget.

## 1. Protecting Oral Health and Protecting the Environment

Across Canada, many northern, rural and remote communities remain underserved for oral health care. As a result, people with the greatest needs receive the least care and systemic health implications result from delayed treatment and the progression of disease.

The current trajectory is unsustainable. Northern, rural and remote communities have higher rates of oral disease, which can lead to serious health conditions. As a result, many people must be transported from their communities to urban centers where more costly and invasive treatments are provided.

The Non-Insured Health Benefits Program (NIHB) provides eligible First Nations and Inuit with coverage for a range of medically necessary health benefits if they are not covered by private or provincial/territorial insurance plans. In 2017/2018, \$459.5 million was spent on medical transportation. As part of the total transportation budget, Emergency Treatments and Oral Health categories accounted for \$88.5 million of medical transportation funding provided by NIHB. NIHB also contributed \$249.0 million toward dental supports, which includes oral surgery such as extractions, restorative care, diagnostic care, and preventive care among others.

Dental expenditures have grown by higher year-over-year amounts over the past decade, which points to the increased benefit of adding more care providers in local communities.

The International Civil Aviation Authority (ICAO), a UN specialized agency, allows for calculations of the CO<sup>2</sup> impact of air travel between various airports in Canada. One common route for NIHB funding recipients is from Iqaluit to Ottawa. Per passenger, 458.8 KG of CO<sup>2</sup> is emitted per round-trip journey. From Yellowknife to Edmonton, 221.7 KG of CO<sup>2</sup> is emitted per journey. From Rankin Inlet to Winnipeg, 414 KG of CO<sup>2</sup> is emitted per journey.

In 2017/2018, 7.3% of all trip authorizations or 21,500 trips through NIHB included a dental visit. Without accounting for the many smaller trips that are required to move people to larger communities with direct flights south, a conservative of the emissions for medical travel is **more than 7 million KG of CO<sup>2</sup> each year.**<sup>1</sup> While this remains a small amount in the overall emissions of Canada's transportation sector, it is important to realize that many small changes will be needed to address the climate emergency.

CDHA believes strongly that by incentivizing more localized care, the government can ensure better health, environmental and economical outcomes for Canadians.

Recently, significant attention has been paid to the need to change delivery of oral health services to the underserved. There is also an important dialogue underway about how to incentivize participation of health professionals in areas that have traditionally

---

<sup>1</sup> 21,500 trips multiplied by 300KG of CO<sup>2</sup> emitted per round-trip journey.

had difficulty attracting skilled, qualified people to provide the services needed to ensure adequate health outcomes.

First, **CDHA recommends the federal government forgive a portion of student loans for registered dental hygienists who practice in northern, rural and remote communities.** The same program has been made available to doctors and nurses for many years and would generate increased incentive for dental hygienists to provide preventive oral care in those locations. Further, loan forgiveness opportunities could incent Canadians living in rural and remote communities to pursue dental hygiene education with the knowledge that they would be able to return to work in their home community with a financial advantage.

Additional incentives can consider scholarships for students from northern, rural and remote communities who choose to study dental hygiene, with a commitment that they will return to those communities to provide services upon graduation. They could also include wage incentives or tax credits for practicing in underserved communities.

Second, **CDHA recommends that the federal government increase funding support for the Children's Oral Health Initiative (COHI).** First Nations and Inuit children have far worse oral health outcomes than that of the general population. Dental caries (tooth decay) are far more prevalent among Indigenous youth than non-Indigenous youth in Canada. As a result of lacking preventive treatment, education and intervention early on, they face dental day surgery rates 9-times higher than other children. Increased funding to COHI supports access to local service and resources that can increase oral health outcomes.

Taken together, these oral care human resources initiatives will incentivize care for underserved populations. They will bring care to populations rather than populations to care and limit the number of trips needed to address acute and emergency oral health concerns that could be easily prevented.

## **2. Supporting Preventive Oral Care for Seniors**

By 2031, one in four Canadians will be over age 65, with many seniors retaining most, if not all, of their natural teeth.

That is almost double the proportion of seniors alive today. Canadians' who lead a healthy lifestyle can be expected to live longer than ever before. As our population ages, it is increasingly important to add quality and not just duration to the years Canadians are living. Among seniors, many of whom are now keeping most, if not all of their natural teeth, oral health care services are required for many more years than in the past for maintaining their oral health. Even those with dentures still require access to preventive oral care.

Statistics indicate that Canadians between the ages of 60 and 79 are 40% less likely to have private dental insurance compared to the general population. As a result, older Canadians tend to be less frequent users of oral care services. Long-term care residents in particular have a high prevalence of untreated oral disease. These preventable oral diseases frequently result in more costly emergency procedures.

CDHA recommends that **the federal government develop long-term care (LTC) and homecare guidelines for daily oral health care as well as regular professional prevention and check-ups** in partnership with provincial governments, oral care professionals, and key stakeholders.

Additionally, we would like the government to consider incentivizing the adoption of these oral care guidelines for seniors once developed. For those provinces/territories that implement the LTC and homecare guidelines, the federal government will provide additional transfer funding to support the implementation of the guidelines.

It is very reasonable to expect that preventive care for seniors can lead to fewer trips to hospitals or clinics for urgent and emergency care. Access to preventive oral care means decreased need and costs for treatment of more serious conditions and complications.