



**House of Commons Standing Committee on Finance
Pre-Budget Consultations 2017**

This brief is submitted by: **The Canadian Dental Hygienists Association (CDHA)**

Executive Summary

The Canadian Dental Hygienists Association (CDHA) is committed to innovation, job creation, and economic growth in Canada. In addition, CDHA is especially committed to supporting opportunities to improve and optimize the delivery of oral health services through more efficient and sustainable programming and initiatives. Oral health is fundamental to overall health and, ultimately, has a direct impact on productivity and employment. To reach this goal, CDHA believes that all Canadians should have access to professional oral hygiene services through the implementation of innovative solutions particularly for our most vulnerable populations.

Dental hygienists, the sixth largest regulated health profession in Canada with over 28,000 providers, are primary oral health care professionals specializing in services related to health promotion and disease prevention strategies. Over the past six years alone, the dental hygiene profession has seen a 30% growth in employment; however, dental hygienists remain poorly represented in rural and remote communities where their services and treatments would be most valuable.

This submission focuses on the key pillars outlined by the Standing Committee and addresses each concern with concrete proposals rooted in the principle that better health outcomes support a stronger economy and healthier society.

First, to assist Canadians generally, but also to reach rural and remote communities, we propose to increase oral care access for Indigenous populations and seniors by increasing the mobility of the dental hygiene profession. Indigenous populations often face geographic barriers that prevent them from accessing the professional oral care they need. This has resulted in much higher rates of largely preventable oral disease and exceptionally high costs for treatment once these untreated diseases progress into medical emergencies. We recommend extending student loan forgiveness programs that are available for doctors and nurses working in rural and remote communities to registered dental hygienists.

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Seniors and disabled persons often have mobility barriers, particularly when living in a long-term care setting, which prevent them from accessing oral care. We propose increasing the ability for dental hygienists to bring oral health services to people, rather than people to services, by supporting the use of innovative medical technologies, including portable, handheld x-ray devices in Canada. Standards of care indicate that radiographs provide critical information when assessing and diagnosing oral diseases. The use of these portable, hand-held devices in long-term care facilities would facilitate the delivery of care bedside without having to transfer the immobile.

Dental hygienists are particularly concerned about the immense transportation and healthcare costs borne by the federal government when individuals face geographic barriers to accessing care. We believe that the most responsible and equitable approach to bridging these gaps in access requires a renewed focus on bringing services to people, rather than bringing people to services. CDHA urges the Standing Committee on Finance to consider policies that result in increased collaboration and integration of services across provinces and sectors by encouraging federal leadership in oral health. This move would ensure greater consistency in outcomes and allow governments to focus on supporting the preventive approaches that would decrease expenditures and stimulate investments.

The Importance of Federal Leadership in Oral Health

Healthy communities are productive communities. Oral diseases are often chronic, painful and disfiguring; they may hinder eating, sleeping and proper growth, and, if left untreated, they may compromise general health. All of these factors can result in a huge economic and social burden for Canadians. Poor oral health can interfere with an individual's ability to find employment, be productive at work, and concentrate in school.

For example, an estimated 40 million hours are spent each year on dental examinations and treatment for oral health conditions. The amount of time and financial resources required to treat a preventable oral disease after this disease occurs can be substantial. In terms of workplace productivity, 4.15 million working days and 2.26 million school days are lost annually due to dental visits or dental sick days in Canada. Much of this lost productivity could be avoided by re-allocating existing funding to support preventive and cost-effective dental hygiene services that maximize health outcomes and optimize health human resources where care is needed most.

When children develop oral health problems, not only does this affect their ability to attend school, but it also affects their parents and caregivers who may have to take time off work to take them to treatment. Each year, day surgeries performed to treat cavities for children under six cost \$21.2 million across

Canada. This amount doesn't even begin to include the high costs of travel to transport these children out of their communities, or account for the lengthy wait times to even get on the list for acute treatment. Indigenous peoples and residents from rural and remote communities are regrettably over-represented in this figure. Recent statistics indicate that Canada's aboriginal population is the youngest and fastest growing population in Canada, further highlighting the need to adopt preventive, cost-effective approaches to care for these at-risk communities.

For the first time in Canadian history, people ages 65 and older outnumber those under 15 years of age. As the older adult segment of our society grows, so too will their health and oral health care needs. The government has committed to make investments that grow our economy, and strengthen Canada's publicly-funded universal health care system and home care services to ensure it meets the new challenges and needs of the Canadian population. Many older Canadians, particularly those living in long-term care facilities have mobility barriers that need to be addressed with more widely available services and flexible regulations. Public policies must adapt and respond to the needs of Canadians through alternative delivery models of care that bring services to people rather than people to services. This approach is also very important for Indigenous peoples and people living in rural and remote communities where geography is the primary barrier to access.

Health leaders from across Canada cite the importance of federal leadership to ensure a governance structure that facilitates coordination of care and planning between sectors and across geographical regions, including homecare and public health. Greater integration of oral health providers and their services along the continuum of care is required for improving efficiency and value for all Canadians. As decision-makers face the challenge of providing timely and effective care within the confines of a fixed budget, there are many opportunities to improve system performance by optimizing resources. By supporting and investing in programs that include oral health promotion, collaboration and federal leadership, the federal government could greatly reduce the current costs of treatment and transportation, putting money back in Canadians' pockets.

Attracting and Retaining Dental Hygienists in Rural and Remote Communities

Substantial employment opportunities exist for dental hygienists in rural, remote, and northern regions of the country, and especially in Indigenous communities. Canada already has a highly trained, motivated dental hygiene workforce to meet this need. By bringing dental hygiene practices to these communities, oral health needs would be addressed more effectively, downstream costs for expensive and invasive dental treatments (which usually require travel to urban centres) would be greatly reduced, and these

communities would be more attractive for new residents and business ventures due to better access to oral health services.

The federal government has taken steps to attract and retain other health professionals in these communities, but it has not extended similar programs to dental hygienists. Doctors, nurse practitioners, and nurses have a portion of their Canada Student Loans forgiven by the government as an incentive to practice in underserved communities. CDHA recommends the expansion of the loan forgiveness program to dental hygienists. The government should also consider grants, scholarships and bursaries in exchange for a 3- or 4-year return-of-service commitment, wage incentives or a guaranteed minimum income, and/or tax credits for practising in remote areas. These incentives would encourage dental hygiene graduates to move to locations where their skills are needed most.

Expenditures will be reduced, health outcomes will be improved and employment prospects will be optimized through innovative, cost-effective service delivery models performed by dental hygienists that will bring the necessary preventive and therapeutic oral care services to all Canadians.

Allowing Handheld X-Ray devices for Portable Care and Mobile Services

CDHA understands the challenges of providing services and programming in rural settings and to those with special needs; however, these unique characteristics create opportunities for enhancing the delivery of services and enabling a more cost-effective and sustainable system. Innovation and technology are changing the delivery of health-care, which can reduce access-to-care barriers for rural, vulnerable, and underserved populations. Telemedicine and teledentistry are innovative service delivery models that include live video, digital imaging, and large amounts of data that can be transmitted and archived. Dental hygienists have been on the forefront of integrating innovative and technological advances, such as intraoral cameras and fluorescent screening devices, in order to facilitate timely access to quality care for all Canadians, especially the homebound and institutionalized.

The sale, lease, and import of dental x-ray devices is governed by federal legislation, while the provinces and territories, through their respective legislation, are responsible for safe installation and use of X-ray equipment and any protocols and safety requirements for operators of X-ray equipment. Internationally, handheld portable dental X-ray systems have proven to be successful at improving access to care for clients with special needs, children, seniors and those who encounter barriers to visiting the traditional dental office environment. In addition, numerous clinical studies have confirmed their safety in resulting, low client x-ray dosage, and high manufacturing standards. They also improve efficiencies and reduce the need for image retakes, while negating the need for processing chemicals, as is the case for conventional

x-ray equipment. So not only are hand-held systems safe and effective, but they are also more environmentally friendly than traditional x-ray devices. However, the use of these innovative and effective devices are not permitted in Canada due to Health Canada's [Radiation Emitting Devices \(RED\) Act](#) and [Safety Code 30](#). Specifically, these regulations state that the irradiation switch must be installed so as to allow the operator to stand at least 3 meters from the x-ray source. This effectively prevents the use of hand-held radiographic devices.

Populations with high demand for dental hygiene services would benefit immensely from Health Canada's approval of *handheld* portable x-ray systems. CDHA is pleased by and strongly supports the Federal Government's proposed amendments to the RED regulations, which, if adopted, would permit the use of transportable hand-held x-ray equipment. In addition to increasing radiation safety requirements in alignment with international standards (International Electrotechnical Commission (IEC), 2012), the proposed amendments would offer economic benefits to Canada. For example, nearly all dental x-ray equipment is manufactured outside of Canada and is designed to meet IEC Standards. Currently, manufacturers must modify their products if they wish to import or sell certain devices in Canada and this technical barrier create additional costs which may be passed on to the consumer. By aligning Canada's RED regulations with the current IEC Standards, the proposed amendments would reduce the technical barrier to manufacturers, importers and distributors who do not currently sell or import products in Canada.

A focus on innovation and preventive approaches to oral care is the most effective way to improve the overall health and well-being of Canadians, while reducing costs to the federal government. Improvements in oral health will create a more productive workforce and healthier citizens. Government expenditures can be reduced, health outcomes can be improved and employment prospects can be optimized by adopting CDHA's cost-effective recommendations.