



## CANADIAN DENTAL ASSOCIATION

### **A Submission to the House of Commons Standing Committee on Finance**

#### **Pre Budget 2015 Consultations**

#### **Executive Summary**

The Canadian Dental Association (CDA) is the national voice for dentistry, dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health. The CDA represents the over 21,000 dentists practicing across Canada.

The CDA recommends that as a priority for the 2015 federal budget that the Canadian government invests in its two major oral health initiatives: the Non-Insured Health Benefits (NIHB) Program for First Nations and Inuit and in the oral health care for veterans, specifically those residing in long-term care (LTC) facilities.

The CDA has been working closely with the Assembly of First Nations (AFN) and Health Canada officials to improve efficiencies, solve problems, and improve oral health outcomes within the NIHB program. The Minister of Health, Rona Ambrose has confirmed that a review of NIHB will take place along with the participation of the AFN.

The CDA recommends that the federal government as part of the NIHB review process:

- **Consult with all front-line healthcare providers covered in the NIHB program**
- **Refine the program so that the program objectives are based on client needs with the aim of improving the oral health conditions of the First Nations and Inuit clients**

While seniors' health care is generally a provincial responsibility, Veterans Affairs Canada (VAC) plays a vital role in providing care for a segment of Canada's seniors. As

the population continues to age, including an increased number of seniors who are aging with their natural teeth, the CDA is recommending that the VAC ensure that seniors in LTC facilities are having their oral healthcare needs met.

As the VAC is responsible for the healthcare needs of seniors in LTC facilities, the CDA recommends that VAC include in their contracts with LTC facilities the minimum requirements of:

- **An oral health screening upon admission**
- **An annual examination by a dentist**
- **A daily mouth care plan**
- **Suitable infrastructure to support the appropriate delivery of needed dental care**

### **NIHB background and recommendations**

Despite having federally-funded and administered dental health care, Canada's First Nations and Inuit face tremendous obstacles to accessing dental care, and experience much higher rates of dental disease than most Canadians.

- Cavity rates in First Nations and Inuit children are four to five times higher than the national average and climbing.<sup>1</sup>
- Day surgery for cavities in children is **eight times higher** in populations with a high percentage of First and Inuit children.<sup>2</sup>
- Rates of periodontal (or gum) diseases are also high among First Nations and Inuit Canadians.<sup>3</sup>

Poor oral health isn't just about smiles. It negatively impacts quality of life in many areas:

- Self-esteem
- Employment opportunities
- The ability to eat nutritious foods
- The disease cycle of gum disease can worsen diabetes control-a significant health issue for this population

With the First Nations and Inuit population growing at a rate that exceeds growth for non-aboriginal groups, the demand for oral health care is under increased pressure.

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<sup>1</sup> The Canadian Institute for Health Information, *Treatment for preventable dental cavities in preschoolers: A focus on day surgery under general anesthesia*, 2013  
[https://secure.cihi.ca/free\\_products/Dental\\_Caries\\_Report\\_en\\_web.pdf](https://secure.cihi.ca/free_products/Dental_Caries_Report_en_web.pdf)

<sup>2</sup> The Canadian Institute for Health Information, *Treatment for preventable dental cavities in preschoolers: A focus on day surgery under general anesthesia*, 2013  
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<sup>3</sup> Favel-Lemchuk Laurel, *Teeth for Life-The First Nations Oral Health Strategy*, October 15, 2010

## **NIHB Program Challenges**

The NIHB program has utilization rates far lower than those of employer sponsored plans in the general population. The rules and requirements of the NIHB program itself introduce a number of administrative barriers to care that the general population does not face:

- Frustrating delays in treatment
- Increased transportation costs
- Obstacles in returning for follow-up treatments
- Ultimately, the unnecessary loss of teeth

## ***CDA Recommendations***

The CDA believes Canada's First Nations and Inuit populations deserve the same excellent oral health outcomes enjoyed by the majority of Canadians. Minister of Health, Rona Ambrose has confirmed that a review of the NIHB program alongside the Assembly of First Nations will be taking place. The CDA recommends that the federal government ensures that the outcome review ensures that the program is based on a client-focused model-one that is primarily based on client needs and focused on oral health outcomes.

The CDA remains open to consulting with the government during the review process in order to provide our expertise on the role of dental providers and how the program can best meet the oral health care needs of First Nations and Inuit clients.

## **Veterans Affairs background and recommendations**

According to the Canada Health Measures Survey, the vast majority of Canadians enjoys access to professional dental care and, as a result, has good oral health. Among the primary groups identified as having issues in accessing regular care are seniors, and in particular, those in Long-Term Care (LTC) facilities.

Moreover, seniors have unique oral health needs. Poor oral health can dramatically affect a senior's quality of life. Oral pain, missing teeth or oral infections can influence the way a person speaks, eats and socializes.

The Canadian Dental Association's research has shown that oral health standards of residents in LTC are poor, with many residents requiring dental intervention.<sup>4</sup>

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<sup>4</sup> The Canadian Dental Association Committee on Clinical and Scientific Affairs, *Canadian Dental Association Report on Senior's Oral Health Care*, May 2008 [http://www.cda-adc.ca/files/members/news\\_publications/member/pdfs/cda\\_seniors\\_oral\\_health\\_report\\_may\\_2008.pdf](http://www.cda-adc.ca/files/members/news_publications/member/pdfs/cda_seniors_oral_health_report_may_2008.pdf)

Oral health problems and diseases are more prominent in seniors in LTC facilities due to various factors including medication that causes dry mouth, the mental and physical incapacity to maintain daily oral health habits, and diets that can be richer in sugar and carbohydrates. In addition to these risk factors, many residents do not have access to regular dental visits nor do they receive daily reminders or assistance to maintain daily oral hygiene habits such as brushing and flossing. A greater number of seniors are also keeping their natural teeth as they age and the ability to maintain and keep these teeth should be a priority.

Poor oral health in seniors is a detriment to their overall health and social well being; it can affect their ability to speak properly and eat properly which can lead to a decline in a their nutritional status, body weight and overall resistance to systemic diseases.

While seniors' health care is generally a provincial responsibility, Veterans Affairs Canada (VAC) plays a vital role in providing care for a segment of Canada's seniors. VAC has moved away from a "veteran's hospital model", but its impact is still significant:

- VAC has contracts in place with more than 170 care facilities across Canada that guarantee priority access for veterans.
- About 3,750 veterans now reside in contract facilities that offer Priority Access Beds (PABs).
- Currently VAC supports 8,000 veterans in LTC facilities in approximately 1,600 nursing homes<sup>5</sup>

With this level of influence on seniors' care in LTC, Veterans Affairs is well-positioned to influence the levels of oral health care across the country through their contractual relationships.

### *CDA Recommendations*

The CDA recommends that Veterans Affairs Canada include in their contracts with LTC facilities the minimum requirements of:

- **An oral health screening upon admission**
- **An annual examination by a dentist**
- **A daily mouth care plan**
- **Suitable infrastructure to support the appropriate delivery of needed dental care**

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<sup>5</sup> Veterans Affairs Canada, Long Term Care <http://www.veterans.gc.ca/eng/services/health/long-term-care>

As a profession, dentists are dedicated to helping LTC facilities meet these requirements through working with healthcare staff in the training of providing daily oral hygiene assistance to residents and by working with the provinces and facilities to create effective and sustainable oral healthcare programs.

### **Conclusion**

In conclusion, the CDA believes that the investment in improving the oral health conditions for both clients of the NIHB program and VAC veterans residing in LTC facilities is one that can lead significant improvement in the client's overall health.

We thank the committee members of FINA for their consideration of this submission.

For further information, please contact:

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