Written Submission to the House of Commons Standing Committee on Health

Study on Children's Health

CANADIAN DENTAL ASSOCIATION
ASSOCIATION DENTAIRE CANADIENNE

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About CDA and Dentistry in Canada

CDA is the national voice for dentistry, dedicated to the promotion of optimal oral health, an essential component of general health, and to the advancement and leadership of the dental profession. CDA is a federation of Canada's provincial and territorial dental associations, representing dentists from coast to coast to coast. As of early 2022, there were 25,500 licensed dentists in Canada.

Children's Oral Health

Although Canadians have high rates of dental visits, children continue to have high rates of oral disease. The prevalence of oral disease is even higher when looking at children from lower socioeconomic backgrounds and Indigenous children.*

Dental decay and early childhood caries (ECC) are both important issues when looking at the oral health care of children in Canada. According to the Centers for Disease Control and Prevention (CDC), tooth decay is the most prevalent chronic disease for children and is five times more common among children age 5 to 17 than asthma.* The 2010 Canadian Health Measures Survey (CHMS) reported 57% of 6 to11-year-olds have or have had at least one cavity, 59% of 12 to19-year-olds have or have had at least one cavity, and children age 6 to19 have, on average, 2.5 teeth affected by tooth decay.*

ECC is defined as the presence of 1 or more decayed, missing, or filled tooth surfaces in any primary tooth in a child aged 71 months or younger (i.e., about age 6 or younger).* ECC is a multifactorial chronic disease, influenced by biomedical factors such as diet, the oral microbiome, tooth integrity and underlying social determinants of health. Although all children are at risk of being affected by ECC, those from lower socioeconomic backgrounds and Indigenous children are significantly more at risk. Studies show that children from disadvantaged urban communities are at high risk for ECC, and up to 90% of children in northern and remote Indigenous communities are likely to be affected.*

Although there is a lack of research available regarding the impact of the COVID-19 pandemic on children's oral health in Canada, we know that many Canadians have delayed dental treatment. While many patients are now returning to the dentist regularly, in December 2021, about 25% of parents said they had not taken their children to visit a dental office in the last year.* This shows a decline in dental visits compared to the 2010 CHMS which found that only about 9% of children had not visited a dental office in the last 12 months.*

Recommendations Regarding Children's Oral Health Care

#1: Careful Implementation, Consultation and Collaboration on Dental Care.

All provinces and territories in Canada have pre-existing dental care programs for children. While several of these programs have a solid infrastructure in place, others are currently underfunded and, as a result, do not always respond to the individual oral health needs of pediatric patients. Remuneration rates for dentists vary significantly impacting participation rates amongst dentists, particularly given rising costs because of the COVID-19 pandemic* and higher-than-average inflation.

The current dental care ecosystem is highly complex. Currently 95% of dental care spending comes from private sector sources, and the vast majority of dental care is delivered through a network of more than 16,000 dental offices, most of which operate as small businesses. Two-thirds of Canadians have dental coverage, with half of Canadians having employer-sponsored coverage. In designing and delivering new, federally funded dental care programming, it is vital that this dental care ecosystem not be disrupted; the focus needs to be on gaps in coverage, particularly for underserved populations.

CDA recommends that the federal government proceed slowly and carefully, taking the time to develop a long-term solution that is well-informed, targeted, comprehensive, and effective. The federal government should consult broadly with dentists and other oral health stakeholders, as well as collaborate with other levels of government.

#2: Restrict Marketing of Unhealthy Food and Beverages to Children

Poor nutrition and unhealthy habits can affect the development and integrity of the oral cavity and the progression of oral diseases for children.* According to Statistics Canada, in 2015 the average daily total sugars intake from food and beverages among all children age 2 to 8 was 101 grams,* more than double the recommended sugar intake per day.*The Canadian Heart and Stroke Foundation also found that, about 25% of those age 5 to 19 reported daily consumption of sugary drinks.*

While the Canadian government has taken some steps towards promoting healthy eating with the adoption of front-of-package nutrition labelling regulations, there are other remaining measures within the strategy that are needed to continue to promote healthy eating to children in Canada.

One solution to the overconsumption of sugary drinks and other unhealthy foods is to regulate and restrict marketing to children. Food and drink marketing is seen as a major contributor to diet-related disease among children, as this age group can be easily influenced by marketing techniques. Marketing has contributed to framing unhealthy foods with appealing imagery and branding while masking poor nutritional content. Studies have found that child-directed marketing alongside health-related claims can even mislead parents into thinking unhealthy foods are healthy.* A Canada-wide survey in April 2020 showed that 82% of respondents agreed that marketing of unhealthy food to children should be restricted and 64% agreed that advertising targeted at kids should be banned in Canada.*

In Quebec, since 1980 the *Québec Consumer Protection Act* has prohibited commercial advertising to children under age 13. While the act is imperfect, and only protects children during peak viewing times (when children are at least 15% of the viewers) Quebec children may, nonetheless, benefit from a less commercialized food environment. * Research shows that this reduced fast-food consumption by $88 million (USD) per year.*

Some jurisdictions have gone a step further by imposing a tax on sugar sweetened beverages (SSBs). Recently, the government of Newfoundland and Labrador announced a tax on SSBs at $0.20/litre. The CDA hopes that the federal government will monitor the outcome of this SSB tax and look for lessons that could be applied federally.

CDA recommends that the federal government implement the remaining measures from Canada's Healthy Eating Strategy, with a focus on restrictions on food and beverage marketing to children under age 13.

#3: Promote Community Water Fluoridation

CDA supports community water fluoridation (CWF); communities with optimal levels of fluoride in their drinking water experience less caries (i.e., tooth decay).* The rate of tooth decay (in permanent teeth) has declined in Canada from 74% of children in 1970-72 to less than 25% in 2007-09 as a result of several of factors, including widespread adoption of CWF.* Nevertheless, Canada still has a long way to go. According to the Public Health Agency of Canada (PHAC), in 2017 only 39% of Canadians had access to CWF*, while according to the CDC, in 2018 73% of Americans had access to CWF.*

Even with the known benefits of CWF, many communities still do fluoridate water, especially Indigenous communities.* The decision to fluoridate water in Canada is made by local governments, leading to unequal access across Canada. Reasons cited include the cost of fluoridation, concerns around environmental pollution, potential pushback from communities and alleged health risks. Regardless, research continues to show that CWF is effective in reducing tooth decay by 20% to 40% and CWF is supported by many health organizations such as the World Health Organization, the CDC, Health Canada, and PHAC.*

The Investing in Canada Plan, launched in 2016, committed to achieve universal and equitable access to safe and affordable drinking water for all Canadians by 2030.* While the integrated bilateral agreements with provinces and territories require that any drinking water projects receiving federal support through the Plan's Green Investment stream meet or exceed provincial or territorial standards, the federal government could go a step further and use this funding stream to incentivize increased access to CWF. For example, the federal government could explicitly commit to ensuring costs related to fluoridation of municipal drinking water systems are deemed eligible, or it could even choose to prioritize funding for communities implementing CWF.

Furthermore, although Indigenous Services Canada is currently investing heavily in providing Indigenous communities with clean drinking water, there has been no formal commitment by the federal government to support Indigenous communities in implementing CWF where there is interest to do so. This is particularly important, as children in Indigenous communities are significantly more likely to have oral health issues.*

CDA recommends that the federal government review its programs providing funding for drinking water systems and look for ways to support enhanced access to community water fluoridation.

#4: Improve Access to Surgical Suites

A 2017 Canadian Institute for Health Information (CIHI) report revealed that one-third of all day surgeries performed on Canadian children between age 1 to 5 are dental surgeries to treat tooth decay and cavities.* The study also shows that children from the lowest income quintile are overrepresented, as they are 2.5 times more likely to need dental day surgery than those in the highest income quintile.*

Another study examining wait times for pediatric surgeries for children in Canada, found that dental surgeries have the longest wait times.* It also concluded that dentistry is a high-priority area to address and underscored the importance of reducing the prevalence of dental decay. * At CDA, we have heard from several hospital-based dentists that they have difficulties booking surgical suites.

Many high needs patients (particularly children) require dental procedures to be performed under sedation, specifically under general anaesthesia, which requires appropriate surgical facilities. This is especially the case for Indigenous children who live in remote communities without access to regular dental treatment, or where there is rampant dental decay, which cannot be treated conventionally in a dental office. While the actual dental treatment is ostensibly covered by the Non-Insured Health Benefits (NIHB) program, many children still have trouble accessing these treatments due to a lack of access to surgical suites as well as incredibly long wait times. Even prior to the pandemic, there could be long wait times for surgical suites due to the inability to book space or human resources issues, but the pandemic has exacerbated this issue.*,

One alternative to hospital operating rooms are private surgical facilities which exist in many larger centres across Canada. However, these privately run clinics often charge fees significantly higher than what the NIHB program will reimburse, making them inaccessible for many children.

CDA recommends that the federal government review its NIHB policies with respect to the use of private surgical facilities for dental treatment done under general anaesthesia and review the possibility of funding the construction of dedicated, Indigenous-run surgical facilities in communities that serve a high population of NIHB program patients.

#5: Include Oral Health in Future Health Research on COVID

Three years in, there are now many studies being done on the health effects of COVID-19 on children. However, CDA can identify no significant studies being done on the effects of the pandemic on children's oral health.

The shift to virtual schooling may have led to more snacking, and teeth grinding from the stress of changed routines. When children did attend school, they were wearing masks to ensure the safety of themselves and their peers, but this also may have influenced their oral health.

Over the course of the pandemic, the oral health of children in Canada was undoubtedly affected. Without more research being conducted, it is difficult to know what these affects were and how to best address their impacts. Oral health is incredibly important to overall health but is rarely specifically included in health-related studies. The specific inclusion of oral health in federally funded studies of the impact of the pandemic on children's health will ensure this is not overlooked.

CDA recommends that the federal government include oral health in any studies that look at the impact of COVID-19 on children.

*References available upon request.