House of Commons
Chambre des communes
Canada

**House of Commons Standing Committee on Finance – Pre-budget Consultations 2013**

**This brief is submitted by:**

(•) **an organization** **Organization name:** Canadian Dental Hygienists Association (CDHA)

**or**

( ) **an individual** **Name:** _____

**Topic:** Rural, remote and urban communities

## *Recommendation 1: Please provide a short summary of your recommendation.

There is widespread agreement that although dental hygienists are the 6th largest group of health care professionals in Canada,there are supply & distribution problems in rural/remote/northern communities,especially First Nations & Inuit. When we compare the population & the number of dental hygienists practicing in each of the provinces/territories,there are significant differences across Canada. CDHA recommends that the government include dental hygienist graduates in existing & new financial incentive programs,in order to optimize health human resources in rural/remote/northern communities.

**Expected cost or savings:** From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

unknown

Please select from the drop down menu

**Federal funding:** Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

The federal government has committed to forgive a portion of Canada Student Loans for new family physicians and nurse practitioners and nurses. The government could fund the recommendation through the expansion of this existing incentive program, to include dental hygienists. The government could also optimize health human resources with the following financial incentives: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; Tax credits for practicing in remote areas.

**Intended beneficiaries:** Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

Implementation of this recommendation would benefit the general public living in rural, remote and northern communities, especially in First Nations and Inuit communities.

**General impacts:** Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

With implementation of this recommendation, the following would occur:

• Increased access to care and meeting population health needs more effectively and efficiently.
• Reduced downstream costs for treatment and flights to urban hospitals, to address severe tooth decay.
• Communities will increase their supply of oral health professionals, therefore becoming more attractive to new business ventures.

**Topic:** Aboriginal peoples

## Recommendation 2: Please provide a short summary of your recommendation.

The Inuit Oral Health Survey shows high rates of oral disease in Canada's Inuit populations in the North. Results indicate that in the Inuit population,tooth decay is 2-3 times worse than that of the average Canadian. Oral diseases are for the most part preventable;therefore,a solid prevention focus will decrease hospital/treatment costs & contribute to fiscal restraint. The government should reduce the health care treatment cost pressures & reduce in-hospital dental surgery for children through increased investment in the First Nations Inuit Health Branch,Children's' Oral Health Initiative.

**Expected cost or savings:** From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

other: please provide your estimated amount In 2010/11, First Nations Inu

Please select from the drop down menu

**Federal funding:** Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

The First Nations Inuit Health Branch (FNIHB), Children's' Oral Health Initiative (COHI) offers prevention and education services directed at First Nations and Inuit children ages 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.

The federal government could fund the recommendation through increasing investment in FNIHB, COHI.

**Intended beneficiaries:** Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

Implementation of this recommendation would benefit Canada's Inuit populations living in the North, most particularly First Nations and Inuit children ages 0 to 7 and their parents/caregivers.

**General impacts:** Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

With implementation of this recommendation, the following would occur:

• Increased access to care and meeting population health needs more effectively and efficiently.
• Reduced medical transportation costs
• Reduced emergency hospital visits due to dental disease
• Contribution to sustained economic recovery and growth. Oral health investments results in investments in a stronger economy, since healthy people are more productive.

**Topic:** Health

## Recommendation 3: Please provide a short summary of your recommendation.

Water fluoridation is equitable and benefits the entire population on the water system regardless of their social or economic status. Community water fluoridation is a safe, effective, and inexpensive method to reduce tooth decay among populations with access to public water systems and to reducing the heavy burden of dental decay worldwide.

CDHA recommends that water fluoridation be maintained and extended to additional communities where feasible, through dedicated and targeted investment, in collaboration with provincial and territorial governments.

**Expected cost or savings:** From the pull-down menus, please indicate the expected cost or savings of your recommendation to the federal government and the period of time to which the expected cost or savings is related.

other: please provide your estimated amount

Every $1 invested in adding

Immediately

**Federal funding:** Please provide a precise indication of how the federal government could fund your recommendation. For example, indicate what federal spending should be reallocated, what federal tax measure(s) should be introduced, eliminated or changed, etc.

Adding fluoride to community drinking water is cost effective. Water sources are readily available and the costs of fluoridating water are inexpensive. Every $1 invested in adding fluoride to drinking water saves $38 in dental care. Through the establishment of a dedicated funding stream, the government will save money now and in the future.

**Intended beneficiaries:** Please indicate the groups of individuals, the sector(s) and/or the regions that would benefit by implementation of your recommendation.

Implementation of this recommendation would benefit the general public.

**General impacts:** Depending on the nature of your recommendation, please indicate how the standard of living of Canadians would be improved, jobs would be created, people would be trained, etc.

• The prevention of tooth decay and oral disease
• Reduction in pain from dental infections; fewer missing teeth; fewer abscessed teeth; reduced need for dentures; and fewer working days lost due to dental problems or dental visits
• Reduced emergency hospital visits due to dental disease
• Contribution to sustained economic recovery and growth. Oral health investments results in investments in a stronger economy, since healthy people are more productive.

Please use this page if you wish to provide more explanation about your recommendation(s).

Oral health is essential for overall wellness and is an integral part of physical/social/mental wellbeing. Poor oral health can interfere with one'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 & conditions have a large economic impact,costing Canadians the chance to contribute to society through work & volunteerism. As members of the public health team,dental hygienists focus on a wellness approach,using oral health promotion & oral disease prevention. An investment in an oral health wellness approach will contribute to sustained increased productivity. Investing in upstream activities will reduce the burden of disease and cost pressures on the health care system. When we compare the Canadian population and the number of dental hygienists practicing in each of the provinces/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 & in Nunavut there is one dental hygienist per 8,333 individuals. It is clear that First Nations and Inuit oral health is far worse than the general population. The Inuit Oral Health Survey shows unacceptably high rates of oral disease in Canada's Inuit populations living in the North. Results indicate that in the Inuit population,tooth decay is 2-3 times worse than that of the average Canadian. In addition,the First Nations Oral Health Survey demonstrates that members of First Nations communities are engaging in less preventative oral health behaviours,such as brushing and flossing,compared to non-Aboriginal Canadians,and that lack of access to care remains the #1 reason for not visiting a dental professional. Dental caries is the most common infectious disease in children & it's 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. In Quebec,39% of emergency visits to Montreal Children's Hospital were due to dental disease,70% were 5 years or younger. In Nunavut, about half of infants had tooth decay and a quarter needed dental surgeries with general anesthetic. In British Columbia dental procedures are the most common surgical procedures that children receive in hospitals. In 2010/11,First Nations Inuit Health Branch,Non-insured Health Benefits second and third largest costs were medical transportation at $311.8 million,& dental at $215.8 million. 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 costs will reduce significantly.

*Please note that at least one recommendation must be provided