THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

Addressing Dental Hygiene Labour Shortages in Rural and Remote Areas

A submission to the

House of Commons Standing Committee on
Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)
June 1, 2012

EXECUTIVE SUMMARY

The Canadian Dental Hygienists Association (CDHA) is a national non-profit association, representing the collective voice of over 16,500 Dental Hygienists. CDHA advocates on key oral health issues, including a greater strategic role for the federal government in oral health, to achieve the world's best oral health. Oral health is essential for overall wellness and it is an integral part of physical, social, and mental wellbeing. Poor oral health can interfere with an individual's ability to be productive and to contribute to a growing economy as well as to Canada's economic recovery.

This brief explores the Dental Hygiene labour shortage in rural and remote areas and the population oral health needs of First Nations and Inuit. This brief also recommends various forms of innovation in health human resources (HHR), to address the supply and distribution challenges in rural and remote areas and it makes recommendations for optimizing HHR to more effectively and efficiently meet population health needs.

RECOMMENDATIONS

We call on the federal government to implement the following strategies to attract and retain dental hygienists to rural and remote First Nations and Inuit communities.

Non-insured Health Benefits (NIHB) program improvements

- *Expand NIHB provider status to dental hygienists across Canada*
- *Ensure that reimbursement rates for dental hygiene services are equal to provincial/territorial market rates.*

Financial Incentives

- *Education tuition assistance and loan forgiveness*
- *Wage incentives*
- *Tax credits*

Identifying the problem

There is widespread agreement that there is a shortage of Dental Hygienists in rural and remote communities, especially in rural First Nations communities and in territorial Inuit communities. Rural and remote implies distance from urban areas, where the majority of Dental Hygienists live. Chart 1 provides a clear picture of the Canadian population and the number of Dental Hygienists practicing in each of the provinces and territories. The differences across Canada are most striking when the figures from Ontario and Nunavut are compared. Ontario has the largest population (38% of total population) and the largest percentage of total Dental Hygienists in Canada (62%). In comparison Nunavut has one of the smallest populations (0.1%) of the population; however, only .02% of Dental Hygienists practice here.

Chart 1

Province & Territory	% of Canadian population[i]	% of total Dental Hygienists in Canada[ii]
Ontario	38.4%	62%
Quebec	23.6%	28%
British Columbia	13.1%	19%
Alberta AB	10.9%	13%
Manitoba	3.6%	4%
Saskatchewan	3.1%	3%
Nova Scotia	2.8%	3%
New Brunswick	2.2%	2%
Newfoundland and Labrador	1.5%	2%
Prince Edward Island	0.4%	4%
Northwest Territories	0.1%	1%
Yukon	0.1%	.1%
Nunavut	0.1%	.02%

There is a large gap between Inuit and First Nations oral health status and the oral health status in the remainder of Canada[iii]. Chart 2 below shows a comparison of Inuit oral health with other Canadians' oral health.

Chart 2[iv]

	% WITH DENTAL CARIES		MEAN COUNT OF TEETH	
CHILD'S AGE (YEARS)	INUIT	OTHER	INUIT	OTHER
Pre-school	85.3	Not available	8.22	Not available
School aged (6 – 11)	93.4	56.8	7.08	2.48
Adolescents (12–17)	96.7	58.8	9.49	2.49
Adults (18 +)			15.1	6.85

In addition, more oral disease in the Inuit adult population is treated by extracting teeth; Inuit population had 58.7 teeth extracted for every 100 they had restored compared to 6.9 teeth extracted in the rest of Canada.

The Assembly of First Nation's (AFN) *Teeth for Life: First Nations Oral Health Strategy*[v] provides valuable information on oral health status and an analysis of costs for First Nations Inuit Health (FNIH) Branch programs and services. The AFN strategy indicates that dental decay rates for First Nations communities are three to five times greater than the remainder of the population in Canada. Children have the heaviest burden of oral diseases, with an incidence that does not meet the World Health Organization's goal of having 50% of children entering school caries free. In isolated communities, 57% reported not having seen an oral health professional in the last year, compared to 25% in the general population. A large percentage (40%) of First Nations is living on reserve, in rural and remote areas.[vi]
These statistics from Inuit and First Nations populations point to a pressing need to improve oral health in these populations. Although the etiology and prevention of oral diseases are complex issues, addressing the supply and distribution of Dental Hygienists practicing in First Nations and Inuit rural and remote areas will contribute to improved access and improvements in oral health.

Recommendations

The following are recommendations for innovations in health human resources (HHR), to address the supply and distribution challenges in rural and remote areas and to optimize HHR to more effectively and efficiently meet population health needs. The strategies identified below will assist in attracting and retaining Dental Hygienists to rural and remote First Nations and Inuit communities.

Non-insured Health Benefits (NIHB)

CDHA congratulates the federal government on the new NIHB Dental Hygiene pilot project in Alberta and Ontario to enable FNIHB eligible clients to directly access Dental Hygiene services. These NIHB projects now recognize Dental Hygienists as a provider group, and will reimburse Dental Hygienists directly for their services. The NIHB pilot projects in Ontario and Alberta have much to celebrate as they offer oral health promotion and disease prevention and have the potential to improve access to care. Oral health is a key factor in overall health.[vii] In addition, expanding NIHB provider status to Dental Hygienists across Canada, not just in Alberta and Ontario, will serve to increase the number of Dental Hygienists practicing in rural and remote First Nations and Inuit communities. There are sufficient numbers of Dental Hygienists in Canada and many who want to practice in rural and remote areas and

some of them presently live in or near these areas. Removal of the NIHB barriers to practice would allow them to practice in rural and remote areas.

CDHA joins the Assembly of First Nations and the Inuit Tapariit Kanatami in supporting these projects which will increase access to care, since clients in communities where there are presently no dentists will now be able to receive Dental Hygiene services. In addition, the federal/provincial/territorial Dental Directors confirm support for the principles in this pilot, with their recommendation to "...promote alternative forms of service delivery for underserved areas..." and "...facilitate the provision of Dental Hygiene services in isolated areas..."[viii] We are very pleased with the preliminary results from this pilot project in Alberta, indicating 12 Dental Hygienists are serving 142 clients.[ix] The success of this pilot project warrants the modification of the NIHB program to assign Dental Hygienists with provider status across Canada. The need is particularly pressing in northern First Nations communities, and in the territories.

CDHA supports equitable NIHB reimbursement rates for Dental Hygienists. We recommend that NIHB pay Dental Hygienists equitably with dentists. The current low reimbursement rates for Dental Hygienists makes the viability of these businesses difficult, potentially reducing access to care. The twenty-six private dental plans across Canada have equitable reimbursement schedules. CDHA encourages the federal government to match private industry by implementing equitable reimbursement rates for these much needed services.

Financial Incentives

Financial incentives to attract and retain Dental Hygienists to rural and remote areas are essential to improving access to oral health care in rural and remote areas. Bringing the prevention practices of Dental Hygienists to these areas would reduce downstream costs for treatment and flights to hospitals in urban centres to address severe dental decay.

Encouraging Dental Hygienists to practice in rural and remote areas through the following financial incentives to practice in rural and remote areas:

- Tuition loan forgiveness, 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. For example, Dental Hygienists who have practised in rural and remote areas for at least four years would be eligible for $2,000 retention initiative paid at the end of each year and a $1,000 grant for continuing professional development
- Tax credits for practicing in rural and remote areas.

ENDNOTES

[i] Statistics Canada. Population and dwelling counts, for Canada, provinces and territories, 2011 and 2006 censuses. Statistics Canada. 2012-04-11

[ii] Canadian Dental Hygienists Association. Dental Hygiene Regulation in Canada: A Comparison. CDHA, 2012

[iii] Health Canada. Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007 – 2009. Government of Canada. 2010. Available from: <http://www.fptdwg.ca/assets/PDF/CHMS/CHMS-E-tech.pdf>

[iv] Health Canada, Nunavut Tunngavik Incorporated, Nunatsiavut Government, Inuvialuit Regional Corporation, Inuit Tapiriit Kanatami. Inuit Oral Health Survey Report 2008 – 2009. Government of Canada. March 2011. Available

from:
http://www.cdha.ca/AM/Template.cfm?Section=News_Releases&CONTENTID=9931&TEMPLATE=/CM/ContentDisplay.cfm

[v] Assembly of First Nations: Teeth for Life: The First Nations Oral Health Strategy. AFN. October 2010

[vi] Statistics Canada, censuses of population, 1996 and 2006

[vii] Lux, J: Review of the Oral Disease – Systemic Disease Link. Part 1: Heart Disease, Diabetes. Canadian Journal of Dental Hygiene November – December 2006, 40(6): 288-342.

[viii] Federal/provincial/territorial Dental Directors Working Group: Canadian Oral Health Strategy, FPT Dental Directors, 2005 http://www.fptdwg.ca/assets/PDF/Canadian%20Oral%20Health%20Strategy%20-%20Final.pdf

[ix] Verbal report from Lynda McKeown from report presented to the Federal Dental Care Advisory Committee meeting. Ottawa, June 2011.