



June 30, 2022

## **Submission from the Canadian Dental Hygienists Association (CDHA) to the House of Commons Standing Committee on Health**

### **RE: Study on Children's Health**

In Canada, registered dental hygienists are in a prime position, as [essential oral health care providers](#), to prevent and treat oral conditions and diseases in children by providing individualized and accessible preventive and therapeutic oral care services and treatments.

#### **Good oral health is essential to overall health and well-being throughout the lifespan. There cannot be children's health without oral health.**

Baby teeth generally appear between the ages of 4 months and 2½ years. These primary teeth are very important for the child's health and overall development. They help children to chew food properly, develop healthy speech patterns, and they hold a place for the permanent teeth to follow.

Tooth decay is the most common disease children experience. Cavities in baby teeth can lead to pain and infection and can negatively affect children's growth and development.

As conveyed in a 2013 report by the Canadian Institute for Health Information (CIHI) that examined the treatment of [preventable dental cavities in preschoolers](#) that progressed to such an extent that their dental care occurs as day surgery almost exclusively under general anesthesia:

*The development of cavities in the primary teeth of children due to early childhood caries represents a significant burden in both human and financial terms. The oral pain and infection associated with early childhood caries can result in lost sleep, poor growth, behavioural problems, and poor learning.*

*Early childhood caries (ECC) is generally preventable and, when caught early, is treatable in community-based settings. ECC is an infectious disease resulting in decay of a child's primary teeth. The consequences of ECC can be dire. Pain, difficulty eating and sleeping, speech difficulties and poor self-esteem may occur, affecting growth and the ability to concentrate and function. Quality of life can be seriously impaired.*

*Most Canadian children are treated for caries in community-based dental offices or clinics. There are mounting concerns, however, that young children are not benefiting from known prevention strategies and are instead developing serious dental conditions necessitating surgery in hospital under general anesthesia.*

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To help prevent dental caries, good oral care routines should start early and continue regularly. It's why all children and youth should have a dental home to help maintain good oral health and educate families that cavities are preventable.

Without early diagnosis, the treatment of dental caries in children often requires restorative procedures or tooth extractions that can be difficult for them on many levels.

**Dental caries is a [worldwide problem](#) occurring much too frequently in Canadian children.**

The reported number of day surgeries in Canadian hospitals due to childhood dental caries is a good proxy for the prevalence of this disease.

According to CIHI, there were [407 day surgeries for ECC per 100,000 population](#) during the period 2011 to 2015. Their examination of day surgery rates between cities for children aged 1 to 4 years old shows rates ranging from a low of 218 per 100,000 population in Edmonton to a high of 2,259 per 100,000 population in Saskatoon. The analysis also looked at trends in income-related health inequalities. Compared with those in the highest income quintile, children in the lowest income quintile had day surgery rates that were 2.5 times higher, and they had 303 more day surgeries per 100,000 population.

Data reported in the [2007-2009 Canadian Health Measures Survey](#) (CHMS) found that 57% of children aged 6-11 years old and 59% of the 12-19 years old are affected by dental caries, and the average number of teeth affected by dental caries in children aged 6-11 and 12-19 years is 2.5.

It is no surprise that many are looking forward to the much awaited [cycle 7 of the CHMS](#) which will include oral health-related data collection that is slated to commence this fall. This will result in very important national oral health reference data for the first time in 15 years.

**Dental hygienists play a key role in children's oral health and their oral care.**

CDHA strongly believes that all Canadians, especially children<sup>1</sup>, should have access to timely oral health care by the right provider, in the right place, and at the right time. And yet oral disease is experienced most by socioeconomically disadvantaged individuals and families.

Many people in Canada with no-, low- or fixed-incomes face barriers that limit their access to the preventive oral care they need. Whereas most people with private insurance or ability to pay receive care from oral health professionals in private offices, people in vulnerable social groups (low-income families, with disabilities, Indigenous persons, rural and remote communities, homeless, refugees and new immigrants) rely more heavily on limited dental public health or social programs to access oral health care. Access is dependent on the availability of public programs in their provinces/territories, the eligibility criteria, the services covered, and any given prohibitive factors individuals may face (such as [cost](#), geographical or disabilities).

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<sup>1</sup> Learn about [CDHA's work](#) with the [Government of Nunavut](#) to support the provision of dental hygiene services to children in isolated and fly-in communities across the territory. After pausing during the pandemic, this work is restarting later this year.

According to a [2015 environmental scan of publicly financed dental care in Canada](#), most oral health initiatives at the provincial/territorial level since 2005 continue to focus on children, primarily those who are socially disadvantaged. The scan further underscores that while children, especially those in socially marginalized groups, often present the greatest risk factors for oral disease, other vulnerable groups such as seniors are also at risk. It is important to note that this patchwork of existing provincial dental programs for disadvantaged people living in Canada generally have little to no coverage of preventive services and fail to recognize dental hygienists as eligible providers, thus limiting accessibility to oral health care.

At the same time, [primary health care providers like dental hygienists](#) are working to improve the oral health of the youngest and most vulnerable people in Canada. Not only do dental hygienists often provide oral health care services in communities underserved by dentists, but they also deliver services to children in a variety of settings, including independently owned dental hygiene clinics, schools, public health clinics, community, and homes. Below we give a brief description of essential dental hygiene services for children.

At an infant's [first dental visit](#) (ideally after the first baby tooth appears or before the age of one), dental hygienists will examine his/her mouth and answer any questions parents may have.

As children get older, dental hygiene services include additional preventive and therapeutic clinical care and recommendations covering the removal of any plaque, biofilm or calculus build up, oral screenings, scaling and stain removal, and as needed, preventive services such as dental sealants, professional applications of fluoride varnish to provide protection against dental caries, and application of silver diamine fluoride to arrest dental caries.

To support parents in supporting their kids' overall health and well-being, oral health education and health promotion is another critical dental hygiene service. Topics may include but are not limited to:

- breastfeeding and bottle feeding
- orthodontic pacifiers and bottle nipples
- risks associated with thumb sucking
- [toothbrushes, toothbrushing techniques](#) and fluoride toothpaste
- daily oral hygiene habits and routines at home
- regular assessment of the mouth, teeth and oral tissues
- [healthy foods/snacks](#) including water and unsweetened drinks
- advice on [sports mouthguards](#) to prevent and reduce orofacial injuries
- the risks of [substance use](#) (older kids)

Dental hygienists also play a role in the recognition and mandatory reporting of suspicions of child abuse and neglect.

As partners in prevention, a child's regular appointments with their dental hygienist can prevent problems from arising and ensure that emerging issues are addressed promptly.

## Recommendations

In support of children's health, CDHA calls on Parliamentarians to respond to their **oral health care** needs by:

- 1. Investing in preventive and basic oral care services for children (alongside other targeted groups) within the [new federal dental program](#) set to launch this year as announced by the Prime Minister and subsequently highlighted in [Budget 2022](#) and the government's [Affordability Plan](#).**

All children and youth in Canada deserve access to preventive oral care. In the context of essential prevention services provided by dental hygienists, this means oral assessments, oral hygiene education and health promotion, periodontal debridement (scaling/root planing), applications of anticaries agents, dental sealants, temporary restorations, and oral cancer screenings.

This also means public policy and programming that is inclusive of Canada's strong and skilled workforce of dental hygienists (including those whose provincial legislation allows them to practice [independently](#), meaning they can provide dental hygiene care without a dentist) by including reimbursement for dental hygiene services covered.

- 2. Accelerating the federal government's [plan to expand its current list of eligible professionals](#) under its student loan forgiveness program, to help bring more dental hygienists to the rural and remote communities that need them most and help more Canadians, including children, get the oral health care they deserve.**

Understanding the significance of introducing student loan forgiveness to dental hygienists ([the sixth largest regulated health profession in Canada](#)) and other oral health providers considers not only more localized and sustainable access for families in rural and remote communities, but also the extent of program expenditures and reliance on [medical transportation for dental care](#) that cannot be obtained in a person's community of residence, as well as broader workforce aspects such as retention and recruitment.

- 3. Developing a national oral health strategy through federal, provincial, territorial, and municipal collaboration.**

When we consider both the importance of oral health to overall health, the individual, health system and societal impacts of poor oral health, and the [pressures on the health system](#) related to untreated and late-treated oral conditions and diseases, we strongly support Parliament's leadership in developing and implementing a comprehensive national oral health strategy with a special emphasis on children, among other at-risk populations.

Though by no means an exhaustive list, we encourage an evidence-informed and sustainable strategy that addresses:

- equity and inequality in oral health
- epidemiology of oral conditions and diseases
- geographic distribution of the population
- availability of services in settings that are easily accessed by vulnerable populations

- accessibility and utilization of oral health care services
- individual- and population-level prevention interventions
- data collection and surveillance on the oral status of Canadians
- oral health human resources
- data infrastructure for workforce planning/supports
- economics/financing of oral health care
- health-promoting schools and employment
- community water fluoridation
- insurance industry dynamics
- related plans, indicators and public reporting by jurisdictions

We note that member countries of the World Health Organization (WHO), including Canada, recently adopted a [global strategy on oral health](#). This strategy sets the vision of universal health coverage for oral health, reaching all individuals and communities by 2030. WHO says that the global strategy will be translated into an action plan for public oral health by 2023 and will include a monitoring framework for tracking progress, with measurable targets to be achieved by 2030.

The strategy sets four overarching goals to guide member countries to:

- develop ambitious national responses to promote oral health
- reduce oral diseases, other oral conditions and oral health inequalities
- strengthen efforts to address oral diseases and conditions as part of universal health coverage
- consider the development of targets and indicators, based on national and subnational contexts, building on WHO guidance, to prioritize efforts and assess progress made by 2030

We look forward to Canada's efforts in line with this global strategy as relevant federal authorities, entities and offices undertake respective and coordinated activities and/or processes to carry it forward.

Returning to our recommendation above, CDHA stands ready to support and engage with government, Parliamentarians, and other partners/stakeholders in this important work.

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CDHA is the collective national voice of more than 30,000 dental hygienists working in Canada, directly representing 21,000 individual members, including students. Since 1963, CDHA has worked to advance the profession and promote the importance of oral health.

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