Help us to ensure optimal oral and overall health for all Canadians—contact your local elected official today!
As the collective national voice of more than 28,000 dental hygienists, the Canadian Dental Hygienists Association (CDHA) recognizes that oral health is essential for overall wellness and it is an integral part of physical, social, and mental wellbeing.

We understand just how vital oral health is for all Canadians—it is now up to us to ensure that Canada’s federal and provincial decision makers understand as well. Our goal is to ensure that our voices are heard and understood.

Our success in political advocacy depends heavily on local members delivering a strong message to elected decision makers. Health care continues to be an issue of broad public concern, and politicians at all levels are consistently responsive to the health care debate. We are asking you to work with us to keep governments focused on health care as a priority for Canadians!

As many of you know, governments have paid great attention to the importance of health care as an issue that is close to voters’ hearts. Traditionally, however, politicians have focused more on the concerns of physicians, nurses, and pharmacists when responding to stakeholders among the health professions. The challenge for dental hygienists is to maintain a strong voice in order to highlight our profession’s essential contributions to Canadian health care.

CDHA has made great strides in recent years to raise the profile of our members. But there is more to be done! Your Board of Directors is committed to building an even more focused and proactive advocacy strategy.

Over the past year, CDHA has held meetings with federal ministers, Members of Parliament, and key government officials to emphasize the important role that dental hygienists play in Canada’s health care system.

Now, we need your help to inform your local political leaders about the vital role that dental hygienists play in helping to ensure optimal oral and overall health for all Canadians.

In joining this grassroots movement, you will be united with other concerned dental hygienists lobbying in their communities. CDHA will continue to focus on ensuring that political decision makers understand our members’ contributions to the health care system.

To prepare you for this advocacy, we have developed a Grassroots Advocacy Member Toolkit that includes the following:

- Key Oral Health Messages (Appendix A)
- Advocacy Letter Template (Appendix B)
- Elected Officials Meeting Guide (Appendix C)
- Debriefing Questionnaire (Appendix D)
- Elected Officials Websites (Appendix E)
- An advocacy community listserv to keep you all connected on advocacy efforts across the country by our members and Association staff

We look forward to working with each and every member as we pull together to raise our advocacy efforts to the highest level.

All of the documents included in this toolkit are available on CDHA’s website at www.CDHA.ca.
Checklist for Successful Grassroots Advocacy

1. Write the letter

Enclosed you will find a sample advocacy letter (Appendix B) for your elected officials, which is also available online at www.cdha.ca. Personalize this letter to reflect your own views and situation. Then print your advocacy letter with your contact information and mail, e-mail or fax it to your elected official’s offices to kick off your local lobbying efforts. Please remember that personalized letters have the greatest impact! You should also feel free to involve your colleagues and concerned citizens in the letter-writing campaign.

2. Schedule a meeting

Request a meeting with your elected official to discuss these issues. If your elected official is unavailable for a meeting, try to at least talk to him or her by telephone so that you can express your views directly.

3. Prepare an agenda

Prior to meeting with your local elected official, please review the enclosed meeting guide (Appendix C) to help you prepare. When communicating with your local elected official, be sure to tell him or her exactly what you want. The best one-on-one technique involves highlighting specific requests. The elected official can then discuss with you precise actions that he or she can take to help achieve our goals.

4. Take notes at the meeting

Once you have concluded the meeting, please fill out the debriefing questionnaire (Appendix D).

Note: If you need help finding your local elected official, please consult the websites listed in Appendix E. When entering your postal code, remember to enter both your office and home postal codes, as the elected official may be different depending on your locations. The more political figures we meet, the stronger our lobbying effort will be!
Oral health is essential for overall wellness; it is an integral part of physical, social, and mental wellbeing. Dental hygienists play a vital role and are partners in helping to ensure optimal oral and overall health for all Canadians. Whether working in a dental office, a clinic, a hospital, a retirement home or in the community, a dental hygienist is a licensed oral health care professional who is there every step of the way to help Canadians maintain their oral and overall health.

As vital members of the public health team, dental hygienists embrace a wellness approach that includes oral health promotion and oral disease prevention strategies. Some examples of dental hygiene public health programs include prenatal, preschool, and school-age caries prevention programs, oral disease screening, and dental sealant programs.

The facts about oral health care expenses are not common knowledge. In 2010, dental care services represented the second-largest share of private-sector spending. Canada spends $12.1 billion annually on oral health care, which is costly relative to other services covered by Medicare.

Only 6% ($756 million) of all oral health care costs are covered by federal or provincial government programs; of that 6%, the federal government contributes 40% ($302 million) and the provinces 60% ($454 million). The largest portion of spending (94%) on oral health care comes from private sources (out-of-pocket spending and private dental plans).

CDHA recommends curbing these expenses, which are primarily incurred in treating oral disease after it arises. This goal can be accomplished by refocusing on oral health promotion and disease prevention. The high cost of dental care, the lack of access to care among the neediest, and the low levels of investment in oral health by federal and provincial governments point to the need to create better oral health policies. Federal investment in oral health must be redirected from less effective and costly oral health services to treat disease, to a more cost-effective oral health system with an oral disease prevention and oral health promotion emphasis.

2. Seniors’ Oral Health

Recent research suggests that oral health care in long-term care facilities in Canada is grossly inadequate. Long-term care residents have a high prevalence of untreated oral disease and are infrequent users of oral care services. Yet, because more people are entering their senior years with their own natural teeth, it is imperative that access to oral health care be provided in these facilities. Therefore, we must proactively plan for better access to and improved quality of oral care for this population.

The reasons for the neglect of oral health among seniors are varied and complex. Among them are financial barriers and limited access to care. For example, a high percentage of seniors lose dental insurance benefits at retirement and live on low, fixed incomes, restricting their access to oral health care. According to the Canadian Health Measures Survey (CHMS), 38.6% of seniors aged 60–79 have private dental insurance, compared to 62.6% of the general population. Moreover, only five provinces/territories in Canada offer provincial seniors’ dental programs: Alberta, Yukon, Northwest Territories, Nunavut, and Prince Edward Island. As the Canadian population ages, there is a growing need to develop public oral health programs for seniors.

CDHA recommends that all provinces have, as a baseline, public oral health promotion and disease prevention programs and services for low-income seniors that ensure their access to prevention and care services.
3. Improvements to Oral Health: Stimulating the Economy

Poor oral health can interfere with an individual’s productivity and ability to contribute to a growing economy as well as to Canada’s economic recovery. We need to create a continuum of care in the health care system, an oral health system for First Nations and Inuit populations, and a public health system responsive to the needs of individuals, helping them to maintain their own oral health. We can do this by focusing on oral health promotion and disease prevention.

An investment in public health dental hygienists who focus on oral health promotion and disease prevention will contribute to sustained economic recovery, since individuals with good oral health lead healthier more productive lives. Oral diseases and conditions are often chronic, painful, and disfiguring; together, they represent a huge economic and social burden of illness in Canada. While rarely fatal, the costs of these oral diseases and conditions have a large economic impact costing Canadians the chance to contribute to society through work and volunteerism. An estimated total of 40.36 million hours are spent each year on check-ups or problems with teeth. Some of the consequences of dental decay are acute and involve chronic pain, interference with eating, sleeping and proper growth, tooth loss, and compromised general health.

Investing in public health dental hygienists who focus on oral disease prevention and oral health promotion will also decrease the need for costly oral disease treatment. It will build capacity within the public health system to improve oral health and not simply treating oral disease after it arises. It will engage Canadians in optimizing their health, and will be a less expensive way of addressing oral health issues in the long term, as treatment costs are greater than prevention costs. Public health dental hygiene programs require a small investment with potentially large dividends. A Canada wide school based program would cost an estimated $564 million — about 4.5% of the $12.6 billion being spent on dental care today and 0.3% of total health spending.

Maintaining Canadians’ oral health is the key to a prosperous and productive society and will contribute to sustained economic recovery. Investing in preventive activities will reduce both the burden of disease and cost pressures on the health care system. Oral diseases are for the most part preventable. Consequently, a focus on prevention should decrease hospital and treatment costs in the long term and contribute to a cost-effective health system.

4. Improving Access to Care

CDHA congratulates the federal government on the First Nations and Inuit Health Branch (FNIHB), Non-insured Health Benefits (NIHB) dental hygiene pilot project in Alberta and Ontario, which enables direct access to dental hygiene in remote communities. These projects now recognize registered dental hygienists as a provider group and reimburse them directly for their services. These projects are applauded, as they emphasize oral health promotion and disease prevention, thus reducing costs for treating oral diseases and related illnesses.

As a starting point, it is clear that First Nations and Inuit oral health is far worse than that of the general population. Dental caries is the most common infectious disease in First Nations and Inuit children as compared with children in Canada’s general population, who generally experience minor instances of tooth decay. In addition, it is unacceptable in a developed nation that many children are flown out of northern communities to be treated under general anesthetic for extractions and fillings in hospitals.
In 2010–11, the second- and third-largest costs incurred by the First Nations and Inuit Health Branch (FNIHB), Non-insured Health Benefits (NIHB) were for medical transportation, at $311.8 million, and dental services, at $215.8 million. These high costs of treating dental disease underscore the importance of preventive strategies for children before they reach school age. With sound prevention programs in place, these transportation costs should decline significantly.

The FNIHB, Children’s Oral Health Initiative (COHI) offers prevention and education services for First Nations and Inuit children, aged 0 to 7, their parents and caregivers, and pregnant women. This initiative has an excellent track record, tripling its number of clients between 2002 and 2008.

CDHA recommends that the federal government reduce the health care treatment costs and the frequency of in-hospital dental surgery for First Nations and Inuit children by increasing its investment in FNIHB, COHI.

In order to improve access to care for all Canadians and to ensure sustainability of dental hygiene practices, the NIHB pilot program should be expanded to assign dental hygienists provider status across Canada, not only in Alberta and Ontario. CDHA has members who are either members of First Nations communities or live near First Nations communities. Many of these communities have little or no access to dental services. Including these dental hygienists in national oral health programs will increase business opportunities, thereby stimulating the Canadian economy while at the same time improving access to care.

5. Public Health Human Resources

There is a pressing need for a comprehensive plan to provide consistent Canada-wide public dental hygiene human resources, particularly for harder to reach populations, along with oral health promotion and disease prevention programs. This new focus for public health will be less costly than treating chronic oral disease after it arises.

CDHA joins the call for the creation of a pan-Canadian public health system with expanded public health human resources, as identified in the Pan-Canadian Framework for Public Health Human Resources.

There is a need to support the recruitment and retention of public health dental hygienists to service high-need population groups and to reduce disparities in oral health across Canada. In addition, a health system that focuses on health promotion and disease prevention is vital to the country’s economic recovery, since individuals with good oral health lead healthier, more productive lives.

CDHA recommends that the federal government play a leadership role in encouraging federal, provincial, and territorial cooperation for a strong, consistent pan-Canadian public health system that meets the oral health needs of Canadians. As a starting point, the CDHA recommends that the federal government designate a transfer of $10 million annually to the provinces to support oral health promotion and disease prevention programs and the deployment of public health dental hygiene human resources.
6. Orofacial Injury Prevention

Research shows that orofacial injury in sport is prevalent and carries significant medical, financial, cognitive, psychological, and social costs. Research also confirms that mouthguards can prevent orofacial injuries.

Dental hygienists play an integral role in the prevention of sports-related orofacial injury. CDHA encourages dental hygienists to promote properly fitted mouthguards as an essential piece of protective equipment for sports that present a risk of orofacial injury at the recreational and competitive levels, in both practices and games. CDHA’s sports mouthguards campaign can be found on the website at http://www.cdha.ca/pdfs/OralCare/mouthguard/mouthguards_PR_Toolkit_EN.pdf

7. Shortage of Dental Hygienists in Rural or Remote Areas

There is widespread agreement that, although dental hygienists are the sixth-largest group of health care professionals in Canada, they are underrepresented in rural, remote, and northern communities, especially in First Nations and Inuit communities. When we compare the populations of the provinces and territories with the number of dental hygienists practicing in each, we find significant differences across Canada.

To alleviate this situation, CDHA recommends that the federal government include dental hygiene graduates in existing and new financial incentive programs, in order to optimize health human resources in rural, remote, and northern communities.

There are several advantages to bringing dental hygiene prevention practices to rural and remote areas:

- increased access to care, which would more effectively and efficiently meet population health needs;
- reduced downstream costs for treatment and flights to urban hospitals to address severe tooth decay;
- increased concentration of oral health professionals, making these regions more attractive to new business ventures.

In order to address the shortage of health care professionals in rural communities, the federal government has committed to forgive a portion of Canada Student Loans for new family physicians, nurse practitioners, and nurses. The federal government should expand this incentive program to include dental hygienists.

The federal 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.
8. Community Water Fluoridation

Water fluoridation is an excellent public health initiative that benefits all Canadians on a public water system regardless of their social or economic status. Community water fluoridation is a safe, effective, and inexpensive method of reducing tooth decay among populations with access to public water systems while also easing 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. The use of community water fluoridation for prevention purposes is supported by over 90 national (e.g., Health Canada, Canadian Association of Public Health Dentistry, Canadian Dental Association, Canadian Medical Association, Canadian Dental Hygienists Association) and international (e.g., World Health Organization, Centers for Disease Control, US Food and Drug Administration) professional health organizations.

Adding fluoride to community drinking water is cost-effective. Water sources are readily available, and the costs of fluoridating water are low. Every $1 invested in adding fluoride to drinking water saves $38 in dental care (ROI = 3700%). Through the establishment of a dedicated funding stream, the government will save money now and in the future.

The benefits of water fluoridation include:

» the prevention of tooth decay and oral disease;

» a 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;

» a reduction in emergency hospital visits due to dental disease;

» the development of a healthier, more productive workforce, which contributes to sustained economic recovery and growth.
Appendix B - Advocacy Letter Template

{insert address}

{insert date}

Dear {insert name}:

As a constituent in your riding and a <dental hygienist/insert role> in your community, I want to take this opportunity to share with you the vital role that dental hygienists play in helping to ensure optimal oral and overall health for individuals living in your constituency.

Oral health is essential for overall wellness and it is an integral part of physical, social, and mental wellbeing. Poor oral health can cause pain, diminish quality of life, and contribute to serious life-threatening illnesses. As members of the public health team, dental hygienists embrace a wellness approach, based on emphasizing health promotion and disease prevention.

I would greatly appreciate the opportunity to meet with you to discuss these issues and the positive steps that can be taken to improve oral health in your riding and across Canada. I may be reached at {insert phone number and email} and I look forward to tackling this important public health challenge with you.

Sincerely,

Attachment: Key Oral Health Messages
Appendix C - Elected Officials Meeting Guide

1. Keep in mind that most government representatives will afford you only 15-30 minutes, so you should be brief and to the point. If there are two or more individuals at the meeting, you should decide on a principal spokesperson to handle the main points. Remember, however, that all individuals should feel free to comment at any time.

2. Open your meetings by thanking the individual for having taken the time from his or her busy schedule to meet with you and discuss these important issues.

3. Introduce yourself by giving your name, title, and the profession you represent.

4. Say a few words about the purpose and aims of your meeting:
   - to improve oral health in Canada
   - to raise the profile and build awareness of dental hygienists as critical participants in Canada's health care system
   - to identify areas where sustained action can be taken to improve the oral health of individuals in your community.

5. Note that you will be reporting on your meeting to other CDHA members and colleagues in your riding.

6. Do not hesitate to share personal anecdotes with your elected official. They can be very receptive to information with a personal touch.

7. Briefly summarize the key points on the issue(s) you are raising. Make sure to add that he or she may personally contact you or Ondina Love, CDHA Executive Director, at olove@cdha.ca, for additional information or clarification.

8. If possible, have a photo taken of your meeting with the elected official and share it with CDHA (email, Twitter, Facebook, advocacy listserv).

9. Complete the debriefing questionnaire (Appendix D) after the meeting and return it by fax to (613) 224-7283 or by email to advocacy@cdha.ca
Appendix D - De-Briefing Questionnaire

Name of individual that you met with

Date of Meeting

Riding/District name

<table>
<thead>
<tr>
<th>Political Party</th>
<th>Duration of the Meeting</th>
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<tbody>
<tr>
<td>Conservative</td>
<td>15 Minutes or Less</td>
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<tr>
<td>NDP</td>
<td>15-30 Minutes</td>
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<tr>
<td>Liberal</td>
<td>30 Minutes or more</td>
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<td>Bloc</td>
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<td>Other</td>
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I found this individual to be

» Knowledgeable of the issues facing dental hygienists
  Yes ☐ No ☐

» Supportive of CDHA’s essential role in major health care initiatives
  Yes ☐ No ☐

» Interested in more information
  Yes ☐ No ☐

Comments and Follow-up

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Questionnaire completed by

*Please complete and return by fax to (613) 224-7283
or by email at advocacy@cdha.ca
Appendix E - Elected Officials Websites

Members of Parliament (MP):
www.parl.gc.ca

Websites to find your local elected official:

British Columbia: http://www.leg.bc.ca/mla/3-1-1-htm
Alberta: http://www.elections.ab.ca/streetkey/skSearchPostal.cfm
Saskatchewan: http://www.elections.sk.ca/voters/find-my-constituency
Manitoba: http://www.electionsmanitoba.ca/en/Voting/MLA
Quebec: http://www.assnat.qc.ca/en/deputes/index.html#listeDeputes
New Brunswick: http://www1.gnb.ca/elections/provstreetkey/provskinformation-e.asp
Prince Edward Island: http://www.electionspei.ca/provincial/districts/find/index.php
Yukon: http://www.legassembly.gov.yk.ca/members.html
Northwest Territories: http://www.electionsnwt.ca/election-map/download-map/
Nunavut: http://www.assembly.nu.ca/members/mla