July 20, 2012

The Honourable Christy Clark
Chair, The Council of the Federation
Premier of British Columbia
PO Box 9041
Station Provincial Government
Victoria BC, V8W 9E1

The Honourable Darrell Dexter
Vice-Chair, The Council of the Federation
Premier of Nova Scotia
PO Box 726
Halifax, NS B3J 2T3

By e-mail: Loretta@councilofthefederation.ca

Dear Premiers,

Serving the profession since 1963, the Canadian Dental Hygienists Association is the collective voice of more than 24,000 registered dental hygienists working in Canada, directly representing 16,500 individual members including dental hygienists and students. Dental hygiene is the 6th largest registered health profession in Canada with professionals working in a variety of settings, with people of all ages, addressing issues related to oral health.

The Canadian Dental Hygienists Association congratulates the Conference of the Federation (CoF) on their role in identifying innovative and transformative change for the health care system, including the identification of several priority health issues including heart health and diabetes. Please find below in Appendix A some information on how public health dental hygienists can assist in implementing the heart and diabetes priority areas that you are presently focusing on. Interprofessional collaboration with dental hygienists will result in an increased return on investments, as dental hygienists disease prevention approach will result in downstream cost savings.

Appendix A also examines a number of barriers for seniors in accessing needed oral health care, including but not limited to public policy regulations for long term care (LTC) facilities and guidelines related to standards for the provision of oral health care in LTC. Dental hygienists have a long standing interest in providing services in LTC facilities and a growing number of dental hygienists have independent mobile practices providing services in LTC facilities. In fact, 25% of independent practice dental hygienists are providing services in LTC facilities. There is presently no shortage of providers with the interest and willingness to provide care in these settings.

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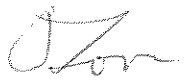
THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

96 Centrepointe Dr., Ottawa, Ontario K2G 6B1 Tel.: (613) 224-5515 Fax: (613) 224-7283
E-mail: info@cdha.ca Toll Free: 1 800 267-5235 Website: www.cdha.ca

We would also like to draw to your attention the activities of the Federal/Provincial Territorial Dental Working Group, which is developing a revised Canadian Oral Health Strategy (COHS). CDHA has been a key stakeholder in this document development. We recommend that the CoF take a leadership role in implementing the recommendations in this strategy document. We will keep you informed when this document is released, in approximately the winter of 2012.

Please contact us if you have any questions about the information attached. We look forward to an opportunity to meet with the CoF to discuss our ideas around oral health issues and how CDHA can support the Council's work.

Sincerely,



Ondina Love, CAE
Executive Director

CDHA
ACHD

Appendix A

Heart Health and Diabetes

Oral health is essential for overall wellness and it is an integral part of physical, social, and mental wellbeing. Research shows a link between periodontal disease and diabetes, cardiovascular disease, stroke, and lung disease. For example, if you have two co-existing medical conditions, periodontal disease and diabetes, it is harder for you to control your blood sugar levels than it is for someone who does not have periodontal disease. Therefore, it is important for dental hygienists to educate individuals with diabetes, heart and lung conditions to prevent and manage inflammation in their mouths in order to have better overall health.

Poor oral health can cause pain, diminish quality of life and interfere with the ability to find employment, be productive in employment, and to contribute to Canada's economic recovery. Many individuals with diabetes and heart problems struggle with maintaining health and employment. Dental hygienists in public health programs can work collaboratively with public health heart and diabetes programs to educate clients about the link between oral diseases and these specific health issues. As members of the public health team, dental hygienists wellness approach can support the work of the CoF in addressing heart health and diabetes.

Seniors Oral Health

Recent research suggests that oral health care in long term care (LTC) facilities in Canada is grossly inadequate.[1] Long term care (LTC) residents have a high prevalence of untreated oral disease and low use of oral care services.[2] However, more people are entering their senior years with their own natural teeth making it imperative that they have access to oral health care. Therefore, we must proactively plan for better access to and improved quality of oral care for this population.

The reason for the neglect of seniors oral health is varied and complex. Financial barriers and limited access to care exist for a growing number of seniors. A high percentage 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 Canadian population.[3] And only 5 provinces/territories in Canada offer provincial seniors' dental programs, including Alberta, Yukon, North West Territories, Nunavut, and Prince Edward Island. As the Canadian population ages, there is a growing need to develop public oral health programs for seniors. We recommend that all provinces have as a baseline public oral health promotion and disease prevention programs and services for low income seniors.

Inadequate regulation of oral health care in LTC facilities contributes substantially to the poor oral health of seniors. Although many federal and provincial regulatory bodies in Canada have minimal standards for oral healthcare in LTC facilities, compliance is very poor, and in most situations the services provide little more than emergency care.[4] Regulatory protection is essential given the significant vulnerability of many long-term care residents, including those with multiple diagnoses, chronic conditions, deteriorated mental and physical conditions, and those with dementia. Many people with severe health conditions are highly dependent on others and unable to protect themselves from neglect by caregivers. Moreover, many cannot direct their own care and they have no immediate family members, friends, or advocates who are able to oversee, support and monitor their care. Therefore provincial governments must review or create new regulations for oral care in LTC facilities. The regulations should include a strong accountability system such as public reporting on the health of residents and the services they receive.

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The following is a sample of some of the other oral health regulations that can be included in LTC regulations:

An administrator of a licensed residential care facility must:

1. encourage each resident to obtain an examination by a dental hygienist at least once every year; and
2. ensure that a resident is assisted in:
    a. maintaining daily oral health;
    b. obtaining professional oral health services as required; and
    c. following a recommendation for oral health care made by an oral health professional, providing care to the resident.

The neglect of seniors' oral health may also be linked to the fact that LTC facilities may not adequately assess the need for oral health care. Only two provinces, Ontario and British Columbia, have regulations that prescribe the use of the Resident Assessment Inventory Minimum Data Set 2.0 (RAI-MDS 2.0). This is a set of clinical and administrative data—a screening instrument for recording clinical status, including information on the mouth. [5] There are several benefits to having all provincial LTC facilities prescribe the use of an instrument to screen and record clinical status. A minimum data set for oral health allows tracking of oral health issues. It can also document routine and emergency oral health care and the information can be used to plan care, set policy and regulate quality of care. Consistent Canada wide data would also enable comparative analysis.

However, there are several improvements that need to be made to the RAI-MDS to make it a more useful tool. An assessment of the oral health-related components of the RAI-MDS 2.0 found it was inadequate in screening oral disorders and diseases, possibly because it is a cumbersome tool and LTC staff tend to overlook the mouth during their initial assessment of residents.[6,7] We recommend that regulations for LTC facilities include a requirement to have an oral health professional, such as a dental hygienist conduct the oral health assessment.

There are other clinical screening tools for nursing staff without special dental education. The Brief Oral Health Status Examination (BOHSE) addresses 10 categories of oral health status.[8] And researchers have further refined the BOHSE, which they have re-named the Oral Health Assessment Tool (OHAT). It may be less cumbersome than the RAI-MDS, as it combines some of the clinical assessments and it may be more reliable, as it has an assessment of pain and behaviour.[9]

We recommend the CoF take a lead role in designing survey processes and procedures to measure and monitor residents' oral health conditions and to ensure public reporting. Dental hygiene researchers can assist the CoF to develop Canada wide pilot projects to test and compare several simple clinical assessment tools for oral disorders and diseases in the context of long term care facilities. This would assist in selecting an improved, more reliable assessment tool that can assist with program and policy planning and enhance awareness of oral healthcare. Upon selection of a reliable tool, we recommend that all Canadian provinces and territories include a requirement in LTC regulations to complete the oral health assessment tool. There is also a need to assess compliance with the survey and to impose remedies or sanctions for noncompliance.

Seniors oral health may also be compromised as there are no provincial guidelines for standards for the provision of oral health care in LTC, including daily oral hygiene. As a result, LTC staff may have limited knowledge about how to meet the daily oral health needs of their residents. The research is clear: investments in education, training and skills development for staff lead to better health outcomes and quality of life for residents.[10] To improve oral health care in LTC, provincial governments can establish on the job training pilot projects delivered by dental hygienists. Training can be offered to nurses and personal support workers, on the topic of oral health.

Dental hygienists are ideally placed to provide oral health care skills development programs and initiatives to meet LTC residents' daily oral hygiene needs. Dental hygienists have expertise in educating LTC staff about treatment planning, adapting clinical care to the oral health needs of seniors, and how to create linkages between mobile dental hygienists and residents. They can also advise on all aspects of oral care such as tooth brush modifications when it becomes difficult for an individual to hold a toothbrush, special care for dentures, the importance of maintaining a regular schedule of brushing and flossing, the impact of medication on decreased saliva production which protects teeth and facilitates speech and eating, and how periodontal disease increases the risk for heart and lung disease and makes it difficult to control blood sugar levels in diabetics. These programs and initiatives will improve oral health for seniors and result in efficiencies within LTC, due to improved skills for staff in addressing residents' daily oral health care.

FOOTNOTES

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