2015
ELECTION CAMPAIGN KIT
HIGHLIGHTING THE IMPORTANCE OF PREVENTIVE ORAL CARE FOR ALL CANADIANS IN ALL COMMUNITIES

The Canadian Dental Hygienists Association (CDHA) is launching a 2015 election strategy that reinforces its strong commitment to oral health and encourages all members to engage in election-related activities in order to reach candidates from all parties. CDHA has effectively lobbied elected officials, staff, and bureaucrats in Ottawa, and this pressure will be well supported by a grassroots effort during the campaign period. The coming federal election is a unique opportunity for members to help build on CDHA’s previous success and make sure our future federal government leaders understand the role that dental hygienists play in Canadians’ lives and their contributions to the healthcare system.

This is the first year that a federal election has been set by federal election law during the tenure of a majority government. Therefore, it is almost certain that Canadians will go to the polls on October 19, 2015. This means that not only will the parties have several months to build their election platforms and policy commitments, but professional groups, such as CDHA, can also coordinate their efforts to shape those policy commitments prior to the election.

This toolkit gives you the information you need to ensure that your local candidates are informed of the importance of access to preventive oral care for all Canadians. CDHA’s election strategy builds on the idea that all politics is local and that candidates will be highly responsive to the interests of their future constituents, especially during a campaign.

Candidate outreach will be complemented by letters to party leaders, coordinated media engagement, and information sharing with platform developers in party offices. CDHA will use these compounding initiatives to pressure decision makers to include preventive oral care in platforms and raise the profile of these issues when the House of Commons assembles after the election.

Regardless of which party and candidate you will be voting for, this campaign period presents a great opportunity for you to demonstrate the importance of preventive oral care to your local candidates. Preliminary polling results indicate that the three major parties are not far apart. Therefore, it will be more important than ever for you to take an active role during the campaign because, if elected (or re-elected), these candidates will be the ones who can implement changes to support improvements to oral and overall health.

Over the years, CDHA has had much success in achieving its advocacy goals because of its national scope of membership and the energy of its members. Please use this kit to help us put preventive oral care at the top of the political agenda.
GETTING INVOLVED LOCALLY

1. Obtain contact and background information on your candidates by visiting the party websites:
   - www.conservative.ca
   - www.liberal.ca
   - www.blocquebecois.org
   - www.ndp.ca
   - www.greenparty.ca

2. Arrange a meeting with local candidates to present CDHA’s priorities and to talk about the role that oral health plays in overall health. Determine which issues you’re comfortable explaining and focus on what problems you’ve seen in your experience.

3. Volunteer for a candidate in your riding. This can take as little as 2 hours a week, or as much time as you can afford.

4. Ways to volunteer: Go door to door with the candidate. Put up lawn signs. Volunteer at the campaign office. Offer in-kind services to the candidate.

5. Consider making an individual contribution to a political candidate, registered association or a registered party. For details see the Federal Electoral Finance Rules on page 4 in this kit.

6. Attend events that candidates have said they will be attending. To find out about upcoming events, contact your candidate’s campaign office or keep informed from the local newspaper. You can also follow the candidates on social media, where their schedules will be posted as the campaign progresses.

7. Ask candidates who come to your door what their party is committed to do to show federal leadership on access to preventive oral care services.
KEY MESSAGES

It is important to capture the candidate’s interest in the first thirty seconds of your interview. Introduce yourself, tell the candidate who you are, where you live, where you work, how long you’ve been a member of the profession, and what your top priority for the discussion is. This is your elevator pitch.

Most candidates will know the basics of their party’s health care plans, but the full platforms of each party will likely not be finalized until the midst of the formal campaign period in September or early October. As a result, CDHA members have an opportunity, over the summer months, to present specific actions that can be passed on to platform policy groups in Ottawa. It also means that your messages might resonate enough to generate commitments for action from these candidates, which can be leveraged for action if they are elected.

It is important for candidates and returning MPs from all parties to know what the dental hygiene profession is all about and how our core beliefs represents the interests of Canadian oral health. The one-page briefing notes that accompany this document outline CDHA’s top priorities for this election. The overarching message that needs to be conveyed is that investments in preventive oral care are more effective, both financially and in terms of providing care, than delivering oral care after disease and other problems arise.

Each message is clearly targeted to address one issue, whether it be access to care in rural and remote communities, supporting First Nations and Inuit populations, or making sure that seniors continue to benefit from preventive oral care even after retirement. You are encouraged to consider which issues are most relevant to people in your community. Discussing CDHA’s priorities in the local context is an important strategy to achieve success, and will create a more interesting dialogue between you and the candidate.

Logging commitments and feedback

Telling public officials what you care about is the essence of lobbying, but it can be equally valuable to hear what they care about. An old adage in government relations is that you “lobby with your ears.” For long-term success it is very important that you log and share information about the meetings and interactions you have. This sophisticated approach will help CDHA in the months and years following the election to better hone messages and target specific public officials with specific proposals.

You will find a meeting feedback form here that can be submitted by fax or scanned and emailed to CDHA, which will help us select appropriate follow-up information to send to candidates. This information will also be logged to ensure that future meetings with MPs are conducted as effectively as they possible can be. This will support relationship building and help CDHA identify oral health champions.

PREVENTIVE ORAL CARE IS THE MOST EFFECTIVE ORAL CARE.
ELECTORAL FINANCE RULES

Recent modifications to the Canada Elections Act have meant that significant changes have been made regarding who can make political contributions and how much they are allowed to give.

Businesses

Corporations, small- and medium-sized businesses, trade unions, and unincorporated associations are not permitted to make political contributions. Please note that this restriction includes a prohibition on non-monetary contributions, such as the donation of goods or services.

Individuals

In any calendar year, individual Canadian citizens and permanent residents may contribute $1,500 to each registered political party and a total of $1,500 to the various entities of each registered political party, including constituency associations, candidates or individuals seeking a party’s nomination. These amounts increase by $25 on January 1st of each calendar year.

Individuals may also donate up to $1,500 to the campaign of each non-affiliated or independent candidate and a total of $1,500 annually to the various leadership contestants of a particular contest. These amounts increase by $25 on January 1st of each calendar year.

It is important to note that limits are calculated annually, so any donations made earlier in the year will reduce what you are able to contribute during an election. It is the responsibility of the contributor to ensure that they do not exceed donation limits. Contributions of more than $200 will be listed in Election Canada’s electoral contribution database.

As an example, an individual would be allowed to make a $600 donation to the Conservative riding association in Toronto Centre, give $700 to the Conservative candidate in Ottawa South, and an additional $200 to a Conservative nomination contestant in Halifax West. This individual would be unable to make further donations to Conservative candidates or riding associations during the year, but would still be able to donate up to $1,500 directly to the Conservative party and make a similar series of donations to the other parties.
FEEDBACK FORM
Please print!

Your name and city/riding: _______________________________________________________

Home/business address: _________________________________________________________

Name of candidate with whom you met: ____________________________________________

Candidate’s political party: _______________________________________________________

Date of meeting: ________________________________________________________________

1. Was the candidate familiar with oral care issues?
   ☐ Yes        ☐ Somewhat       ☐ No

2. Was the candidate supportive of policy changes to promote preventive oral care?
   ☐ Yes        ☐ Somewhat       ☐ No

General comments and feedback from the meeting
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please fax this completed form to (613) 224-7283 or scan and email to pbenbow@cdha.ca.
First Nations and Inuit oral health is far worse than that of the general population. For example, dental day surgery rates for children from Indigenous communities are close to nine times higher than those for children from non-Indigenous populations. Dental services ($222.7 million) are the third most expensive funding category for the Non-Insured Health Benefits (NIHB) program of the First Nations and Inuit Health Branch. This figure does not even reflect the transportation costs of flying children in and out of remote communities for hospital-based dental treatment. These expenses are of great concern because many oral diseases can be prevented through more cost-effective, community-based oral health promotion and clinical treatment initiatives.

While dental hygienists are recognized by NIHB as providers in Alberta, they are not authorized to provide preventive oral health care services locally to First Nations and Inuit peoples in other regions of the country. One of the recommendations from *The Federal Role in the Scope of Practice of Canadian Healthcare Professionals*, a report recently published by the House of Commons Standing Committee on Health, is the following:

*That Health Canada review the roles of dental hygienists, occupational therapists, physiotherapists, and midwives within the Non-Insured Health Benefits program to improve its ability to provide needed health services in rural and remote communities as part of a healthcare team.*

**What you can do!**

The federal government should ensure that all NIHB program recipients have the same access to oral health services across the country by recognizing dental hygienists as providers in every province and territory.

The federal government should increase its investment in the Children’s Oral Health Initiative (COHI) to reduce health care treatment costs and the frequency of in-hospital dental surgery for First Nations and Inuit children between the ages of 0 and 7.

The federal government should expand the COHI to other regions and to a wider age range to ensure that children and youth are not denied services after they reach their seventh birthday. It is far more costly and much less effective to provide oral health care after oral diseases arise than it is to provide adequate preventive care in communities.
What you can do!

The federal government should improve the health care services that it provides for populations under its jurisdiction by supporting and investing in programs that include oral health promotion and disease prevention strategies.

Leadership from the federal government could greatly reduce dental treatment costs, putting money back in Canadians’ pockets.

Canadians pay out of pocket for 94% of all oral health care costs. Government programs cover the remaining 6% of costs. Targeted federal investments in oral health promotion and disease prevention initiatives will significantly reduce the costs incurred by Canadians for treating oral diseases after they arise, while also improving workplace productivity.

The federal government has a key role to play in public health, particularly among populations under federal jurisdiction such as First Nations and Inuit peoples and veterans. Leadership from the federal government could greatly reduce treatment and transportation costs, putting money back in Canadians’ pockets, while improving the overall health and well-being of the populations that it serves.
Rural and remote communities have higher rates of oral disease, which can lead to serious health conditions. As a result, many people must be transported from their communities to urban centres where more costly and invasive treatments are provided. For these populations, the model is to bring people to treatment, rather than treatment to people.

Health human resources are a cornerstone of comprehensive health care for all populations. The government has taken steps to attract and retain some health care providers, such as nurses and doctors, to rural and remote communities, but dental care still needs to be addressed. Student loan forgiveness programs and tax subsidies are good economic incentives that should be extended to other health care providers, including dental hygienists, in order to optimize access to care.

What you can do!

The next government must take action to include dental hygienists in existing incentive programs to attract health care professionals to rural and remote communities.

These would include:

- Grants, scholarships, and bursaries in exchange for 3- or 4-year return-of-service commitments to work in underserved communities
- Student loan forgiveness for service commitments in underserved communities
- Wage incentives or tax credits for practising in remote areas
Orofacial injury in sport is prevalent and carries significant medical, financial, cognitive, psychological, and social costs. Research confirms that mouthguards can prevent many orofacial injuries. Mouthguards are an essential piece of protective equipment in all sports that present a risk of orofacial injury at the recreational and competitive levels, in both practices and games.

Over-the-counter mouthguards provide inferior protection for teeth and gums. They are thinner, more brittle, and do not stay in place unless the athlete clenches their teeth. These factors result in low compliance and reduced effectiveness. Custom-fitted mouthguards are significantly thicker, constructed from higher quality material, and fit the athlete’s mouth, allowing them to speak, swallow and keep the mouthguard in place without clenching.

What you can do!

The federal government should expand the Children’s Fitness Tax Credit to include professionally fitted sports mouthguards.

The federal governments should fund health promotion and injury prevention programs that emphasize the importance of mouthguards.
By 2036, nearly 25% of Canada’s population will be over age 65, with many seniors retaining most, if not all, of their natural teeth.

By 2036, it is expected that nearly 25% of Canada’s population will be over age 65—almost double the proportion today. Canadians’ life expectancy is also increasing, and many seniors have most, if not all, of their natural teeth, which means that oral health care services are now required for many more years than in the past. Even those Canadians with dentures still require access to preventive and therapeutic oral care.

Statistics indicate that Canadians between the ages of 60 and 79 are 40% less likely to have private dental insurance compared to the general population. As a result, older Canadians are often infrequent users of oral care services; long-term care residents in particular have a high prevalence of untreated oral disease. These preventable oral diseases frequently result in more costly emergency procedures.

What you can do!

The federal government should play a leadership role by working with the provinces and territories to ensure that long-term care and home care regulations and standards include daily mouth care and professional oral health care services.