NEW BRUNSWICK DENTAL SOCIETY

SUBMISSION

NEW BRUNSWICK HEALTH CARE CONSULTATIONS

JULY 2012
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANDATE</td>
<td>2</td>
</tr>
<tr>
<td>FRAMING THE ISSUE</td>
<td>2</td>
</tr>
<tr>
<td>CHIEF DENTAL OFFICER</td>
<td>4</td>
</tr>
<tr>
<td>CHILDREN</td>
<td>5</td>
</tr>
<tr>
<td>SENIORS</td>
<td>9</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>13</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>14</td>
</tr>
<tr>
<td>RESOURCES:</td>
<td>15</td>
</tr>
</tbody>
</table>
MANDATE

To provide input as part of the public consultation process on how to improve health-care service delivery in New Brunswick, with a specific focus on oral health.

FRAMING THE ISSUE

The Province of New Brunswick, similar to most other Canadian jurisdictions, has committed to a population-based approach to health. This approach aims to improve the health of the entire population. Oral health, as a key determinant of health, must be addressed through a variety of strategies and with investment into developing programs focused on prevention and education.

The consultation and resulting health plan for 2008-2012, “Advancing health care by putting patients first” did not include any reference to oral health yet this is a key determinant in overall health. It is invaluable to quality of life and healthy social relationships.

Oral health and oral health care are integral to the healthcare system, just as the mouth is integral to the body. It is paramount that any provincial “health” care strategy addresses the key determinants of health and incorporate prevention and health promotion. The Province of New Brunswick has demonstrated an awareness of the importance of population health, and the NBDS suggests that this cannot ignore oral health, which is essential to New Brunswickers’ general health and well-being.

Poor oral health does not just affect teeth. It can adversely affect many other aspects of our overall well-being. Research shows that there is a relationship between oral disease and other health problems such as diabetes and certain kinds of pneumonia. Additionally, studies continue to examine links to heart disease and stroke, as well as premature and low birth-weight babies. All of these weigh heavily on provincial health-care spending.

Of the estimated $12.1 billion spent on dental services across Canada in 2009, only 5.4% is publicly funded. This amount is lower in New Brunswick (4.3%).

By comparison, total spending on health care was $182 billion, about 70% through public expenditures.

---

1 The Canadian Dental Association (CDA) defines oral health as “a state of the oral and related tissues and structures that contribute positively to physical, mental and social well-being and the enjoyment of life’s possibilities, by allowing the individual to speak, eat and socialize unhindered by pain, discomfort or embarrassment.”

The results of the 2009 Canadian Health Measures Survey (CHMS) indicate that an estimated 2.26 million school-days and 4.15 million working-days are lost annually due to dental visits or dental sick-days\(^3\). Many of these problems and the related costs are avoidable. With health-care costs continuing to rise, promoting good oral health and prevention of disease will have positive effects on other aspects of the health-care system and lead to overall cost savings.

While good oral health is important for everyone, two particular segments of the population are at greater risk: children and seniors. The CHMS Survey reported that 56.8% of Canadian children have been affected by tooth decay, as have 58.8% of adolescents, and 95.9% of adults\(^4\).

In the Spring of 2011, the New Brunswick Dental Society commissioned a survey\(^5\) to examine the public’s perceptions about the importance of oral health, and where to focus resources. The research demonstrates that New Brunswickers are 94% in favour of stronger and pro-active government efforts in promoting oral health. Improving access to dental care for children and seniors was also almost unanimously supported by respondents, with 95 per cent in favour. Investment in oral care with treatment, prevention and health promotion for individuals and populations will contribute to a healthier, happier and more productive society.

An effective oral health action plan must be based on the following principles and goals:
- oral health is an integral part of general health;
- all New Brunswickers have the right to good oral health;
- tooth decay (dental caries) is a preventable disease.

"The incidence of dental decay, gum disease and oral cancer is higher among elderly, the homebound, people with disabilities, Aboriginal people, people living in isolated areas, and people who earn little."

- Dr. Dick Ito, President, Ontario Association of Public Health Dentistry


\(^4\) Ibid.

\(^5\) Spring 2011 Atlantic Quarterly survey, conducted by Corporate Research Associates of 400 New Brunswick residents, conducted by telephone between May 12 – May 31, 2011. Results from a sample this size can be considered accurate to within +/- 4.9%, 19 times out of 20.
CHIEF DENTAL OFFICER

In most Canadian jurisdictions, the promotion of oral health is managed by a Chief Dental Officer. This position has not existed in New Brunswick since 1991. New Brunswick is the only province in Canada without a provincial chief dental officer, the primary role of which would be to oversee the dental health of New Brunswickers. In other jurisdictions, this senior government official educates the public on proper dental care and works toward improving access, especially for children and seniors. A chief dental officer would also typically advise the provincial government on policies that affect oral health in New Brunswick.

While the provincial government promotes nutrition and exercise to keep our bodies healthy, the same cannot be said for oral health. NBDS strongly believes that the appointment of a Chief Dental Officer would enable the Provincial government take a lead role in promoting oral health to its citizens, which, in turn, will save health care costs in the future.

The results of the 2011 survey clearly show that the provincial government should be doing more to help New Brunswickers maintain good oral health. The results also show that New Brunswickers would welcome this assistance, encouragement and advocacy on their behalf from within government.

A Chief Dental Officer for New Brunswick should be seen as an investment in our health and one that will definitely pay dividends down the road. Efforts to promote good oral health habits will help avoid problems that can develop and are much more expensive to treat later.

RECOMMENDATION

*Appoint a Chief Dental Officer for New Brunswick to advise government on oral health issues; develop and implement education programs for New Brunswickers.*

*Oral health is an essential component of general health and wellness.*
CHILDREN

Tooth decay in children (also called “early childhood caries”) is the second most expensive disease category in Canada and can seriously compromise a child’s growth and development. The cost of prevention, combined with early education, is low when compared to the potentially long-term adverse effects.

EARLY CHILDHOOD CARIES

Early Childhood Caries (“ECC”) is an acquired bacterial disease caused by Streptococcus mutans. The disease affects children between birth and 6 years and is the most common chronic disease in children and adolescents. It is five (5) times more common than asthma. The 2009 Canadian Health Measures Survey reported that 47% of Canadians have had dental disease by 6 years of age and that 96% of Canadians have had it in their lifetime. Both diet and hygiene play important roles.

PRESCHOOLER CAVITIES

Early in 2011, a study by the Centers for Disease Control and Prevention reported an increase in the number of preschoolers with cavities - the first in 40 years. The study generated a lot of discussion across the US and Canada, with general comments noting an increase in preschoolers having six or more cavities. This led to a bigger concern that often the level of decay is too great to treat in the dental office, meaning children are instead referred to the hospital for treatment under general anesthesia. In the Canadian context, ECC is the most expensive disease category and is also one of the main reasons preschool children receive a general anaesthetic.

---

7 Health Canada. CHMS
9 Health Canada. 2009
SURGERY WAIT TIMES
The Canadian Dental Association (CDA) has identified pediatric surgery wait times as a serious access to care issue facing Canadian children: surgical wait times at pediatric hospitals across Canada are longest for treatment of ECC, making prevention and early intervention extremely important. The Canadian Paediatric Surgical data on wait times from March 2010\textsuperscript{10} shows that Paediatric dental services are the second most common surgical service in Canada, after tubes in the ears for infants and toddlers. The study further noted that more than 17,000 Canadian children waited longer for pediatric surgery than is recommended by medical experts. At the IWK in 2011, of the 995 patients waiting for all surgeries; 545 or 54\% were dental. All cases except children with cancer and acute dental infections with swollen faces will generally wait 4 to 5 standard deviations beyond the recommended wait times\textsuperscript{11,12} Such delays can have a lifelong impact on a child and may, in fact, affect normal development.

Over the past year it has come to the attention of NBDS that some provincial hospitals are not willing to accept dental patients into the OR except in very rare cases (such as a child that is medically compromised). The patients are instead referred elsewhere for treatment, at greater expense to the families and lengthier waiting times. In some instances, children under the age of 12 are waiting for over a year for treatment. For children, such a lengthy delay only exacerbates the problem, causing pain and requiring oral antibiotics to prevent systemic infection.

RECOMMENDATION
The Provincial government must work with the other Atlantic Provinces and the federal government to ensure that dental surgery (for children and adults) is managed within appropriate timelines.

EARLY INTERVENTION
Many organizations, including the Canadian Dental Association, American Academy of Pediatric Dentistry, American Dental Association and American Association of Public Health Dentists recommend that children have their first visit with a dentist by age 1. This highlights the important role prevention and early intervention can play in reducing or eliminating future dental caries.

“Canadian children should not have to wait for urgently needed dental care. A child with tooth decay can suffer from great pain and an inability to learn. We should ensure that children have what they need to succeed in their development through regular preventive oral health care and decreased dental surgery wait times when surgery is needed.”

- Dr. Ronald G. Smith, President, Canadian Dental Association

\textsuperscript{10} Wait Time Alliance, 2010
\textsuperscript{11} Personal communication June 2011: Dr. Ross D. Anderson D.D.S. D.Paed. M.Sc. FRCD (C). Chief of Dentistry, IWK Health Centre; Assistant Professor and Head, Division of Paediatric Dentistry, Faculty of Dentistry, Dalhousie University; Program Director, Paediatric Dental General Practice Residency
\textsuperscript{12} The standard wait time is 90 days according to the Wait Time Alliance.
RECOMMENDATIONS

1. That oral health screenings be encouraged for children at 12 months of age

2. Integrate oral health education for public health staff on an annual basis to ensure that families are being instructed on proper oral health care techniques and are aware of the benefits of good oral care habits for themselves and their children.

3. That Public Health well-baby visits incorporate care-giver education on the following:
   - infant oral hygiene
   - home and office-based fluoride therapies
   - dietary counseling
   - dental developmental changes or milestones
   - information relative to oral habits
   - information on dental injury prevention.

LONG-TERM IMPACTS
Dental disease is progressive and therefore can significantly impact the general health and quality of life for affected children. Unchecked, dental disease in younger children will increase in severity, resulting in more extensive and costly treatment later on. Untreated tooth decay can compromise children’s growth and development in the following ways:\(^\text{13}\):
   - School performance (ability to learn)
   - Interference with eating & sleeping habits
   - Interference with proper growth
   - Tooth loss
   - Interference with speaking
   - Impacts on behaviour & quality of life
   - Impacts on self-esteem.

FLUORIDE
Water fluoridation is supported by more than 90 health-related organizations around the world, including the World Health Organization, Health Canada, the Canadian and American Dental Associations, the Canadian Medical Association, the Food and Drug Administration of the United States and the Canadian Public Health Association. Both Canada’s Chief Dental Officer and New Brunswick’s Chief Medical Officer have also issued statements in support of continued municipal water fluoridation.

With the recent decision by Moncton city council to eliminate fluoride from the municipal water system, it is even more important that fluoride be provided in other methods – and particularly for school children. Exposure to fluoride in the water at a young age benefits children as they grow up and become adults. While the difference between one or two teeth that are decayed, missing or filled may seem negligible, to the child and his/her parent, the impact can be significant. Communities without municipal fluoridation reveal higher dental decay rates than other communities with water fluoridation.

\(^\text{13}\) CDA Position paper on Early Childhood Caries, April 2010
While the province manages a fluoride rinse program in the school system, it is our understanding that this program is neither mandatory nor promoted, but rather, is up to the individual school, principal and/or teacher. For some children in the province, this program would be the only way that they would receive any fluoride treatment, the benefits of which are well-documented. It would appear that additional education of parents and within the school system is needed.

**RECOMMENDATION**

*That the Provincial government improve access to the fluoride rinse program in the schools through further education of school staff and parents.*

**EDUCATION**

Teaching good oral health habits cannot just occur in the dentist’s office twice a year. These habits need to be learned for a lifetime, which means on-going promotion and education aimed at both school level children and the general public. Ninety-five per cent of respondents in the NBDS 2011 survey said providing education about good oral practices in our schools is important or critically important in the province.

The current school program addressing oral health is limited. Additional resources are needed for teachers to be able to easily promote good oral health habits in the classroom, habits that will then translate into long-term oral health care. The province of Manitoba partnered with the Manitoba Dental Association to produce a program *(Happy Healthy Teeth)* that has been distributed to all schools in the province, and is a full package of information for teachers and students up to grade 6. Such information, available at a teacher’s fingertips, makes promotion of oral health an integrated part of the school curriculum and helps to reduce the risk of poor oral health habits.

Within New Brunswick, government provides the general public with very little information on oral health. A brief survey of the government website resources identified fewer than five public information documents that have any reference to oral health promotion (and are not referencing legislation or a specific government plan for health plan coverage). In order to help citizens take better care of their overall health, more information is needed to encourage them to develop and maintain good oral health.

*Oral health promotion and prevention are critical to reducing overall health burden and increasing an individual’s quality of life.*
RECOMMENDATIONS

1. That the Department of Health implement culturally-appropriate oral health education in outreach programs and community health centres.

2. That the Department of Health work with the Department of Education to develop and implement a school-based curriculum emphasizing the importance of good oral health.

DIET
Diet is an extremely important indicator of oral health. Those who eat a wide range of foods will have better oral health than those who do not. The Province of New Brunswick has focused on reducing the obesity levels within the population and, by emphasizing a healthy diet, oral health may improve as a result.

RECOMMENDATION
The Province of New Brunswick should continue to promote a healthy, balanced diet and the related health benefits.

SENIORS
It is a fact that seniors are keeping their teeth longer and “full-mouth” dentures is no longer the norm for many. Not only are people keeping their teeth longer, but increased use of prescription and over-the-counter medications and poor overall health will negatively impact oral health. Maintaining the oral health of seniors will only grow in importance and complexity as baby boomers head towards retirement and live longer. It will lead to increased demands on the health care system, and particularly the services provided in long term care (LTC) facilities.

Neglect of oral health can have significant physical and social impacts that increase the strain on the health care system, especially the use of emergency services. For seniors, oral health problems can lead to issues that can be expensive – and often more difficult – to treat. Seniors become increasingly susceptible to oral diseases such as caries (tooth decay), periodontal (gum) diseases, tooth loss, inflammation and infection of the mouth tissue, and oral cancer. The threat of dental disease increases directly as a person’s physical and cognitive abilities deteriorate.

It is therefore important to implement an effective monitoring system that will assist in reducing the likelihood of neglect, which can also help to identify and treat other serious conditions, such as tooth decay and oral cancer.

14 While we recognize that the oversight of long-term care facilities and the responsibilities for Seniors lie with the Minister of Social Development, in the context of developing a broad-based approach to overall health care and managing the demands on the provincial healthcare system, it is our belief that the recommendations below should all be considered by the Department of Health as a multi-departmental solution.
As they continue to age, seniors face additional challenges as general health wanes. This growing decline can be influenced by the following:

- physical and cognitive difficulties which may impact daily oral hygiene practices
- declining mobility
- increased reliance on family and other care-givers for basic mouth care such as daily tooth brushing
- difficulties arranging consistent support and personal care
- increased frailty
- declining communications skills
- pain may go unnoticed
- some medical conditions which may complicate dental treatment (see below)
- declining or changing diet
- increased use of medications
- reduced decision-making capacity.

Any of these may result in oral neglect and disease, highlighting the need for additional professional care and support.

**RECOMMENDATION**

*Create a standard for “daily mouth care” with respect to what needs to be performed and who can provide care.*

**DISEASE**

Aging brings with it a number of chronic impairments and systemic diseases that may affect a person’s quality of life. These conditions can seriously complicate dental treatment which may have significant impacts on oral care

- **Arthritis**
  - reduced dexterity for oral hygiene
  - joint discomfort
  - tendency to bleed
  - possible need for corticosteroid supplements and/or antibiotics
- **Head and neck cancer**
  - reduced salivary flow after radiotherapy
  - oral ulcers, mucositis and candidiasis
- **Diabetes**
  - risk of hypoglycemia
  - may require referral for invasive procedures
  - may be immunocompromised
  - more susceptible to infections
- **Mental health, cognitive impairment, Alzheimers disease**
  - behavioural problems
  - adverse drug reactions

---

15 Scully C, Ettinger RL. The influence of systemic diseases on oral health care in older adults. JADA 2007;138(9 supplement):7S–14S
• increased oral disease
  ○ reduced cooperation as disease advances
• Parkinson disease
  ○ involuntary movements
  ○ potential drug interactions
• Stroke
  ○ confusion, mobility and/or communication problems
  ○ deterioration of oral hygiene
A focus on prevention of dental disease is paramount.

**RECOMMENDATION**

*Develop and implement specific strategies aimed at decreasing the health issues related to declining oral health.*

**LONG TERM CARE FACILITIES**

Managing daily oral hygiene in a long-term facility is a specific challenge that needs to be addressed in a comprehensive manner.

The challenges include:
• conflicting priorities
• inadequate resources
• neglect of basic mouth care
• limited understanding of the significance of oral health on general health.

**RECOMMENDATIONS**

1. *Educate long term care providers about oral health and caring for a senior's mouth.*


**MEDICATION**

Medication (prescription and/or over-the-counter) can impact oral health as well. Many drugs contain sugars that can increase tooth decay. Several drugs used for management of disease can lead to xerostomia (dry-mouth), which may create an environment for bacteria in the mouth, leading to increased tooth decay.

*Oral care must be considered as part of overall care.*
OVERALL QUALITY OF LIFE

Poor oral health can have a significant impact on quality of life. Pain, discomfort and appearance are just some of the effects. Individuals suffering from tooth loss, decay or halitosis (bad breath) may begin to withdraw from social interaction due to increased self-consciousness, discomfort or embarrassment.

Seniors are particularly susceptible to tooth decay (caries). Poor oral hygiene causes bacteria to accumulate around teeth and, if ignored, leads to gingivitis and may increase the development of periodontal (gum) disease. Many of these oral diseases can be prevented or minimized through proper care.

RECOMMENDATION

Develop materials to advise seniors on the transition from retirement to long-term care with respect to disability and declining oral health.

TOOTH LOSS

Historically, most seniors could expect to wear dentures in place of all of their teeth, but this trend is changing due to better oral health management and new technologies. A 2006 British Columbia Dental Association (BCDA) Adult Dental Health Survey demonstrates a decrease of approximately 40% in the average number of missing teeth within the 66-85 age group since 1986. The impact is that oral care for seniors requires a different approach than in the past.

For those who have dentures, changes to the lining of the mouth due to their use are quite prevalent. In addition, poor oral and denture habits may result in fungal infection.

ORAL CANCER

Although rates of oral cancer in the general population are believed to be declining, it still remains a concern. The Canadian Cancer Society’s Canadian Cancer Statistics 2012 estimates 2700 new cases will be diagnosed in Canada in 2012 (up from 2400 in 2011), and that 780 deaths will occur from oral cancer. The estimated numbers for New Brunswick are 65 and 25 respectively.

Dentists are trained to screen their patients for indications of oral cancer. Regular dental check-ups offer one of the most efficient ways to screen for oral cancer, especially for the senior population and particularly for those who smoke tobacco and drink alcohol.

RECOMMENDATION

Develop a public education programs to focus on awareness and prevention of dental disease for seniors.
CONCLUSION

When a population’s oral health is poor, their overall health tends to be poor. Problems can impact a person’s quality of life by affecting their physical, mental and social wellbeing. To ensure that every New Brunswick is given the tools to work at their peak productivity levels, it is essential that we do everything to ensure that our residents are well educated and take action insofar as good oral health goes.

Improved oral health will mean better control on health-care budgets. In this case, as with many others, prevention is key.

Because good oral health plays such an important role in our overall health, it is essential that the New Brunswick government do everything possible to ensure it is promoted to its fullest extent. The New Brunswick Dental Society is willing to play a role in this worthwhile cause, through co-operation, professional expertise and our network through which information could be distributed.

The New Brunswick Dental Society strongly believes that the investment in a provincial Chief Dental Officer will, in fact, result in significant health-care cost savings through healthier citizens. In addition, the other measures proposed in this submission, including improved oral health education for children and increased focus on seniors’ oral health, will combine to provide a healthier population overall. NBDS is willing and interested in working with the Department to develop resources that can be used by the public to enhance their understanding and abilities to care for their teeth and those of their loved ones. We look forward to future discussions about how we can best collaborate on this project.

It is imperative that a healthcare strategy focus on more than bricks and mortar, and the primary “health care” community.
RECOMMENDATIONS

1. Appoint a Chief Dental Officer for New Brunswick to advise government on oral health issues; develop and implement education programs for New Brunswickers.

2. The Provincial government must work with the other Atlantic Provinces and the federal government to ensure that dental surgery (for children and adults) is managed within appropriate timelines.

3. That oral health screenings be encouraged for children at 12 months of age.

4. Integrate oral health education for public health staff on an annual basis to ensure that families are being instructed on proper oral health care techniques and are aware of the benefits of good oral care habits for themselves and their children.

5. That Public Health well-baby visits incorporate care-giver education on the following:
   - infant oral hygiene
   - home and office-based fluoride therapies
   - dietary counseling
   - dental developmental changes or milestones
   - information relative to oral habits
   - information on dental injury prevention.

6. That the Provincial government improve access to the fluoride rinse program in the schools through further education of school staff and parents.

7. That the Department of Health implement culturally-appropriate oral health education in outreach programs and community health centres.

8. That the Department of Health work with the Department of Education to develop and implement a school-based curriculum emphasizing the importance of good oral health.

9. The Province of New Brunswick should continue to promote a healthy, balanced diet and the related health benefits.

10. Create a standard for “daily mouth care” with respect to what needs to be performed and who can provide care.

11. Develop and implement specific strategies aimed at decreasing the health issues related to declining oral health.

12. Educate long term care providers about oral health and caring for a senior’s mouth.


14. Develop materials to advise seniors on the transition from retirement to long-term care with respect to disability and declining oral health.

15. Develop a public education programs to focus on awareness and prevention of dental disease for seniors.
RESOURCES:


Canadian Dental Association. Funding Hospital-Based Dental Services _

Canadian Dental Association. Position paper on Use of Fluorides in Caries Prevention- d April 2010

Canadian Dental Association. Statement on Access to Care


Canadian Dental Association. Statement on Residents in LTC facilities


Scully C, Ettinger RL. The influence of systemic diseases on oral health care in older adults. JADA 2007;138(9 supplement):7S–14S


United Concordia. Oral Health Study - by Dr. M Jeffcoat,, University of Pennsylvania

http://www.waittimealliance.ca/publications.htm