

Mosaic

THE  CANADIAN
ASSOCIATION OF PUBLIC
HEALTH DENTISTRY

ASSOCIATION  CANADIENNE
DE LA SANTÉ DENTAIRE
PUBLIQUE



IN THIS ISSUE

PG 1

Breaking the Boundaries:
Integrating Oral Health in
Primary Care

PG 3

President's Message

PG 4

First Visit, First Tooth:
Canadian Dental
Association supports
first dental visit by
12 months of age

PG 5

NIHB Welcomes Dental
Hygienists as Independent
Service Providers

PG 6

'Oral health and Long Term
Care'—a Personal Journey

PG 9

Mosaic Author Guidelines
& Calendar of Events



Breaking the Boundaries: Integrating Oral Health in Primary Care

Dr. Robert Hawkins DDS, DDPH

Public Health Dental Consultant

On April 4th, 2016, a panel session was held on integrating oral health in primary care at The Ontario Public Health Convention (TOPHC). This session was sponsored by the Ontario Association of Public Health Dentistry (OAPHD). The panel was moderated by Dr. Garry Aslanyan, Manager of Partnerships and Governance at the World Health Organization (WHO), and consisted of four presenters:

- Dr. Christine Kennedy, Associate Medical Officer of Health, Grey Bruce Health Unit
- Ms. Jacquie Maud, Policy and Government Relations Lead, Association of Community Health Centres
- Mr. Mike Creek, Director of Strategic Initiatives, Working for Change
- Ms. Carolyn Dyer, Primary Care Engagement Coordinator, Niagara Region Public Health

Five questions were addressed by the panel:

- Why should oral health be part of primary care?
- What is the impact of this lack of integration on the oral health of Ontarians, especially vulnerable populations?
- What are the current opportunities for advancing integration of oral health in primary care?
- What are some examples of integration in Ontario and elsewhere?
- What are the barriers or challenges for moving this issue forward?

As elsewhere in Canada, dentists and dental hygienists who are paid through the employer-based benefits of their patients primarily provide oral health care in Ontario in private dental offices. While this traditional model of care has served >

CONTINUED FROM PAGE 1

many Ontarians and the dental profession quite well, a large number of people are unable to access regular care through this system. Although oral health status in Ontario has by most measures improved dramatically over the past 50 years, it still represents a significant public health issue that affects low-income and minority populations disproportionately.

The 2014 Canadian Academy of Health Sciences report, “Improving access to oral health care for vulnerable people living in Canada” found that access-limited populations continue to carry a higher burden of oral diseases. Among public health and oral health professionals it is widely recognized that many individuals face tremendous barriers in accessing dental care which can result in poorer oral health and overall health. However, oral health care is not covered under the public health system. This is despite a growing body of evidence showing that poor oral health may have negative effects on overall health and quality of life. The key barrier to access is inability to pay. Lower income persons are less likely to have dental coverage through private insurance and may rely on public assistance programs, if eligible, that do not provide comprehensive care. Other barriers to accessing care include transportation, culture and language, and lack of support for daily oral care.

In Ontario, the data supporting the need for better oral health care delivery is evident:

- About 40% of children have already experienced tooth decay by the time they start school
- The number one reason for day surgery among preschool children is early childhood tooth decay
- In 2014, there was one emergency room visit in Ontario for an oral health-related reason every 9 minutes or 61,000 overall

If we are going to improve population oral health and decrease differences in health between rich and poor, we need to do things differently. To overcome challenges, the current model must be examined to reconsider how services can be better funded and delivered to disadvantaged groups. This work requires the co-operation of dental professionals, other health and community service professionals, and government. By integrating oral health in primary care, the number of Ontarians who receive oral health services could be significantly increased. The management of oral disease in medical environments has the potential to improve people’s health and reduce costs to individuals, employers and governments.

A multidisciplinary approach would need to include oral health and medical professionals, social and community workers and educators. Primary care providers can deliver oral disease prevention therapies, such as fluoride varnish, in a safe, effective and cost-effective manner. They are also often the first to identify inequalities in oral health and access to care issues. Although treating disease is important, education and prevention are ultimate answers to address nutrition, tobacco cessation, and other unhealthy behaviours. Medical and dental staffs can work collaboratively to address medical issues like diabetes.

There are examples where we can see integration taking place in North Carolina and Massachusetts; these were highlighted in the last CAPHD conference in September 2015. Most US states allow for the coverage of fluoride varnish applications by medical doctors. The American Dental Association supports the use of Community Dental Health Coordinators - community health workers who help people overcome barriers to optimal oral health and connect with dentists who provide needed care. In Ontario, oral health providers work in Community Health Centres and co-ordinate with Family Health Teams. Niagara Region Public Health has a pilot program where fluoride varnish is provided at family physician offices. And there are other examples - but these are more the exception than the rule in Ontario and there is no provincial requirement under the Ontario Public Health Standards for these activities.

An opportunity for raising this issue at the provincial level occurred in December 2015 with the release of “Patients First” by the Ontario Ministry of Health and Long-Term Care. This discussion paper presents a plan for a better-integrated patient-centred health system, which delivers high quality services to all Ontarians. Although this goal is laudable, there is no mention of oral health services – OAPHD and the Ontario Oral Health Alliance (OOHA) have informed the Ministry of this omission. We know there is a need to bring the planning and delivery of oral health care into the policy discussions of the health care system if we are to achieve improved health outcomes for all. We are waiting to see whether these concerns are addressed in the next iteration of “Patients First”.

In closing, many groups have called for better integration of the dental and medical care systems, including the WHO and the US Department of Health and Human Services. We hope that in future we can expand this discussion beyond the “usual suspects” of the public health dental world. 🍁



President's Message

Message du Président

Alyssa Hayes, BDent (Hons), MSc, FRCD(C)

The theme for this year's annual conference, which will be held Sept 30-Oct 1 in Edmonton, AB, is "Improving the Health of Canadians: 50 years of CAPHD". In collaboration with the University of Alberta, the keynote speaker, Dr. Nigel Pitts will be focusing on caries management and how collectively oral health providers can move towards a Cavity-Free Future. Additionally, the conference will be highlighting CAPHD's 50th Anniversary.

As you can imagine a lot has changed since the CAPHD came into being. We have grown our membership, which includes both oral health providers and others committed to dental public health in Canada. The CAPHD is seen as the national voice for dental public health issues, a profile which continues to grow, largely due to our dedicated members. Moving forward, there will no doubt be challenges that the CAPHD will have to face. As an organization, I am confident that the CAPHD will continue to advocate for dental public health issues across Canada.

I encourage everyone to attend the conference in Edmonton to reflect on our past, be part of our present and help shape our future! Lastly, thank you to all our members who are really the champions of dental public health!! 🍁

Le thème de la conférence annuelle de cette année, qui se tiendra les 30 septembre et 1er octobre à Edmonton, AB, est «Améliorer la santé des Canadiens et Canadiennes: 50 ans de l'ACSDP». En collaboration avec l'Université de l'Alberta, le conférencier principal, Dr Nigel Pitts mettra l'accent sur la gestion des caries et comment collectivement les fournisseurs de soins de santé bucco-dentaire peuvent se diriger vers un futur sans carie. De plus, la conférence mettra en évidence le 50ème anniversaire de l'ACSDP.

Comme vous pouvez l'imaginer beaucoup de choses ont changé depuis la fondation de l'ACSDP. Nous avons augmenté le nombre de membres, qui incluent à la fois des fournisseurs de soins de santé bucco-dentaire et d'autres qui sont engagés envers la santé dentaire publique au Canada. L'ACSDP est considérée comme la voix nationale concernant les enjeux de santé dentaire publique, un profil qui ne cesse de croître, en grande partie grâce à nos membres dévoués. En allant de l'avant, il y aura sans aucun doute des défis auxquels l'ACSDP devra faire face. En tant qu'organisation, je suis convaincu que l'ACSDP continuera à plaider en faveur des questions de santé dentaire publique au Canada.

Je vous encourage tous et toutes à participer à la conférence à Edmonton pour une réflexion sur notre passé, pour faire partie de notre présent et contribuer à façonner notre avenir! Pour terminer, merci à tous nos membres qui sont vraiment les champions des soins dentaires publiques!! 🍁

Call for Submissions

Now accepting submissions for the Fall 2016 Issue of the Mosaic Newsletter.

Deadline: October 1, 2016. We are interested in highlighting articles on sugar reduction.

Submission guidelines can be found on page 9 and here:

<http://www.caphd.ca/programs-and-resource/the-mosaic-newsletter>

First Visit, First Tooth: Canadian Dental Association supports first dental visit by 12 months of age

Dr. Heather Carr

*Chair of the Canadian Dental Association's
Access to Care Working Group*

A child's first visit to the dentist is a reason to celebrate. Not only does it signal an important milestone in a child's overall health. A positive experience can foster a lasting and trusting relationship between the family and their dentist.

The Canadian Dental Association (CDA) supports first dental visits by 12 months of age (or within 6 months of first tooth eruption) as a best dental practice to help reduce early childhood caries (ECC).

Now, more than ever, seeing a dentist early is essential. According to a recent report from the Canadian Institute for Health Information, dental surgery to treat early childhood caries accounts for about one-third of preventable day surgeries for preschoolers. The consequences of untreated ECC can be serious. Pain, trouble eating and sleeping, speech difficulties and poor self-esteem may occur. Untreated ECC can affect growth and the ability to concentrate and function normally. It is critical to assess a child's dentition and reinforce prevention strategies with caregivers as soon as a child's teeth start to erupt.

Over the past year, CDA has rolled out a number of initiatives to help promote the importance of the first visit.

1. FOR THE PUBLIC

CDA launched a public awareness website to help promote the importance of the first visit: www.FirstVisitFirstTooth.ca. A public resource, this website provides basic guidance to new parents, and reinforces that good oral health begins even before birth. It also offers resources for dentists and other health providers. The website continues to be publicized via CDA's social media channels and provincial dental associations.

A promotional placard promoting *First Tooth, First Visit* is also available on this website. It can be displayed at dental and other health care provider offices.

2. FOR DENTISTS AND OTHER ORAL HEALTH CARE PROVIDERS

A new *First Visit, First Tooth* continuing education course, developed by Dr. Ross Anderson, is now available. Since its launch in January 2016, the course has been delivered to over 700 oral health professionals across Canada.

This interactive course is delivered by a pediatric dentist to dentists and their dental teams, and incorporates both knowledge transfer and experiential learning. It can be modified to suit the presenter's own material, presentation style, and geographic realities.

By the end of the course, participants are able to:

- Define ECC and understand its epidemiology;
- Describe how ECC affects the normal growth and development, health, and behaviour of children;
- Describe the pathophysiology of ECC and recognize the clinical appearance of early carious lesions (white spots), late stage disease cavitated lesions and the sequelae of late stage disease;
- Use a risk assessment tool to evaluate the risk of ECC in normally developing children and in those with comorbidities;
- Provide comfort in examining infants and toddlers;
- Initiate and provide key preventive strategies to combat ECC through motivational interviewing;
- Provide anticipatory guidance on an age basis;
- Access web-based learning resources on infant oral health;
- Understand common infant and toddler oral health conditions;
- Appreciate the impact that trained physicians and other primary health care providers can have;
- Partner with trained physicians and other primary care providers; and
- Provide therapeutic restorative-based strategies to treat ECC, when necessary.

To learn more as a participant or to order the *First Visit, First Tooth* CE kit as a local expert presenter, visit www.FirstVisitFirstTooth.ca or email FirstVisitFirstTooth@cda-adc.ca. 🍁

NIHB Welcomes Dental Hygienists as Independent Service Providers

The Non-Insured Health Benefits Program (NIHB) is pleased to announce that effective June 1st, 2016, NIHB will allow dental hygienists to submit claims to the Program as independent service providers. Enrollment with the NIHB Program as independent service providers in provinces and territories where scope of practice allows will begin April 15, 2016. NIHB welcomes dental hygienists to the Program and is confident that expanded access to oral health care will lead to improved health outcomes for First Nations and Inuit.

We would like to take this opportunity to thank the Canadian Dental Hygienists Association (CDHA), the Ontario Dental Hygienists' Association (ODHA), the College of Registered Dental Hygienists of Alberta (CRDHA) and the Chiefs of Ontario (COO), who have worked diligently with us over the past several years to realize this goal. We look forward to a long and productive partnership with the dental hygiene community. For more information on how to become an independent service provider with NIHB, please contact Express Scripts Canada at <http://provider.express-scripts.ca/dental/forms>, the CDHA or your provincial or regional dental hygiene association. 🍁

Les SSNA accueillent les hygiénistes dentaires parmi les fournisseurs de services indépendants

Le Programme des services de santé non assurés (SSNA) a le plaisir d'annoncer qu'à compter du 1er juin 2016, les SSNA permettront aux hygiénistes dentaires de soumettre des demandes de paiement à titre de fournisseurs de services indépendants. L'adhésion au programme des SSNA commencera le 15 avril 2016 pour les fournisseurs indépendants dans les provinces et territoires qui disposent de ce cadre de pratique. Les SSNA souhaitent la bienvenue aux hygiénistes dentaires. Nous sommes persuadés que cet accès élargi aux soins d'hygiène buccodentaire contribuera à améliorer les résultats de santé des membres des Premières Nations et des Inuits.

Nous désirons par la même occasion remercier l'Association canadienne des hygiénistes dentaires (ACHD), l'Ontario Dental Hygienists' Association (ODHA), le College of Registered Dental Hygienists of Alberta (CRDHA) et les Chefs de l'Ontario qui travaillent avec diligence avec nous depuis plusieurs années en vue de réaliser cet objectif. Nous sommes heureux d'entreprendre un partenariat durable et productif avec la communauté de l'hygiène dentaire. Pour de plus amples renseignements sur le processus d'admission comme fournisseur de services indépendants au Programme des SSNA, veuillez contacter Express Scripts Canada à l'adresse <http://fr.provider.express-scripts.ca/dental/forms>, l'ACHD ou votre association d'hygiénistes dentaires provinciale ou régionale. 🍁



1 IN 5 CANADIANS CANNOT ACCESS DENTAL CARE.
BETTER ORAL HEALTH FOR ALL CANADIANS.



LEARN MORE, JOIN CAPHD.
For more information visit caphd.ca



'Oral health and Long Term Care' —a Personal Journey

Georgette Beaulieu, Registered Nurse

As a registered nurse caring for seniors, oral care has always been a subject of interest. The documentation in the research and literature supports that the seniors in long term care facilities face challenges when it comes to oral care. They receive a complete medical examination prior to entering the facility, however unless they are already followed by a dental professional, they bring with them very little knowledge of their dental history. As a rule, services are not readily available to them after they enter a long term care facility unless they have personal insurance and an already established relationship with a dentist in the community.

I was given the opportunity to be part of the study conducted by Dalhousie University dental research, a 10 year labor of love that resulted in the program "Brushing Up on Mouth Care". When that binder was made available to us in 2011, I was anxious to put it to good use and test it in my new place of employment.

Wynn Park Villa, a 60 bed long term care facility in Truro, Nova Scotia, 3 units, 50 nursing staff and a very supportive management was my working environment. January 2012 was the beginning of intense education sessions, "eat and learn" was basically how it happened. For 6 months, at supper break, I sat with the Continuing Care Assistants (CCAs) and covered the 13 small modules of the program. At the beginning, most of the participants

were skeptical about the project, the usual thinking of an added load to their already heavy daily list of tasks, not enough time, not being comfortable working in someone else's mouth and so on. However, as the lessons progressed, they became enthusiastic about what they were learning, matching what they were learning to cases we had dealt with and asking questions not only pertaining to our residents but also to themselves and their children. At that point I knew I had them hooked.

For a period of 6 months, the entire staff on all three units was instructed, we used the 5 DVDs provided in the program as well as hands-on training. Two champions were selected for each unit, one for each rotation, ensuring that the entire 12 hour shifts were covered. A special presentation was also added for RNs and LPNs as they would become the leaders and needed to also buy-in that program for it to work. Even during the training period we were seeing an increase in reporting dental problems, the CCAs specially were recognizing signs when a resident was not eating and even if that person was not able to express the discomfort due to dementia, they were now questioning if it was related to an oral problem.

In September 2012, we were able to officially roll-in the program. It started by recognizing all the participants by presenting them with a certificate of accomplishment at the end of the sessions. This would become part of their education passport.

As a result of the introduction of this program, we have now a facility policy in place for oral care, each resident has an identified oral health toolkit to store oral health supplies only, each resident receives an initial oral exam on admission following the (*Oral Health Assessment Tool for Long Term Care (Chalmers 2004) based on modifications from the Halton Region's Health Department(2007)*) and one every year thereafter is repeated to coincide with their annual care conference; additionally, an oral exam is also completed if there is a problem presenting itself before the renewal exam, an individual oral care plan is established, a special colored card is also part of the toolkit and the care plan and card are part of the daily workbook, the resident's dental prosthesis are identified as indicated in the program; the training is now part of our orientation program for new staff, as well as for students CCA, RN and LPN who have placement in our facility. We have a Dental hygienist who visits our facility and sees residents twice a year. We have a local Dentist who will come to the facility and provide care as needed. >

CONTINUED FROM PAGE 6

We are still a long way from perfection; there are always challenges like new staff joining our team, time constraint due to the increased acuity of our residents while the ratio of staff to residents has not changed along. It is a program that is constantly in progress, education remains the key to our success, even if the nursing staff has bought into the program, there is always that resident, who due to a lack of compliance, requires extra time and can discourage the staff's good will.

After many years being involved in the establishment of a dental operatory at The Mira, another LTC facility and with this program at Wynn Park Villa, my challenge at this point, as I see my retirement getting closer, is to

ensure that the program is well established and viable once I leave the facility. This is why, we can not sit on our laurels; we constantly evaluate, redirect, teach, demonstrate, praise and find new champions who will continue what has been started for the benefit of these seniors who are and will enter this LTC facility in the future. 🍁



Georgette graduated from Nursing in 1972 and from Dental Assisting in 1992. All through her career, she has promoted the notion of life long learning. She presently encourages good oral care practices in long term care by implementing the "Brushing Up on Mouth Care" program at Wynn Park Villa, in Truro, Nova Scotia where she works part-time in a supervisory position.



Join us at the next conference in Edmonton.

Improving the Health of Canadians: *50 years of CAPHD*

September 30-October 1, 2016

<http://www.caphd.ca/professional-development/caphd-annual-conference>



Photo courtesy of the City of Edmonton

THE CANADIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

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IT'S WHAT MOTIVATES US. IF IT MOTIVATES YOU, **JOIN US.**

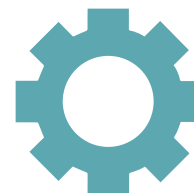
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COLLABORATION



ADVOCACY
PLATFORM



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EDUCATION

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caphd.ca



CAPHD Mosaic Newsletter Submission Guidelines

To continue publishing the Mosaic and to make it a valuable resource, we rely on submissions from members. We look forward to submissions for the Fall issue!

The goal of the Mosaic newsletter is to provide twice yearly useful and current information to members about what's happening across Canada in community and population oral health, and to educate the members on dental public health topics.

TOPIC:

We welcome any news or information that you would like to share, including research studies, outreach projects, new initiatives, event information, or advertisements for employment within the public health field. Please include a title (if applicable) in your submission.

DUE DATES:

Please submit by April 31 for the Spring issue and Oct. 1 for the Fall issue.

LENGTH:

There is no minimum length, but a maximum length of 800-1000 words is recommended.

FORMAT:

Submissions should be in DOC or DOCX format.

IMAGES:

Images should be submitted as separate JPG or GIF files,

in high quality (at least 300 dpi for pictures and 600 dpi for graphics). Please include descriptive captions as required, and ensure that you reference any images that do not belong to you. Copyright rules require written permission from the owner to publish any image. Simply referencing is not sufficient. Consent must be acquired from all people/clients in photos and the CAPHD photo consent must be completed.

AUTHOR INFORMATION:

Please include your name and credentials, along with a short biography (approximately 25 words) and an optional photo of yourself. Also let us know if you would like your contact information such as email address or website included in the newsletter.

REFERENCES:

Please include an organized list of references using Vancouver citation style, if applicable.

Please email submissions or questions to the Communication Committee at info@caphd.ca for consideration. To view the newsletter, please visit the CAPHD website at www.caphd.ca/mosaic.

Also, keep in mind that these are guidelines only, and exceptions may be made at the discretion of the Communication Committee.

The CAPHD reserves the right to edit/alter articles for length or clarity. Authors will be notified of any such changes prior to publishing the newsletter. Opinions contained in this newsletter are of the authors and may not reflect the opinions of the Canadian Association of Public Health Dentistry. 🍁

CALL FOR MOSAIC SUBMISSIONS

CAPHD is welcoming student and team project submissions to be considered for publication in the 2016 Fall Mosaic Newsletter. If you are involved in a student practicum project or team initiative related to dental public health would like to share your experiences and/or results, we would like to hear from you! For more details on submission guidelines please contact: info@caphd.ca

CALENDAR OF EVENTS



**CAPHD conference,
September 30-October 1, 2016,
Edmonton Alberta.**

<http://www.caphd.ca/professional-development/caphd-annual-conference>

**FDI Annual World Dental Congress
Sep 7-10, 2016, Poznań, Poland**

<https://www.fdi2016poznan.org>

**CDHA Conference October 19-21,
2017 Ottawa**

http://www.cdha.ca/cdha/Education/2017_National_Conference/CDHA/Education/2017_National_Conference/CDHA_2017_National_Conference.aspx?h-key=d7c4bc56-5f74-4dd0-8935-a2768394c55d