ISSUE NUMBER 5 SPRING 2014

Mosaic

Canadian Association of Public Health Dentistry

IN THIS ISSUE

President Message

Dr. Albert Adegbembo

Two important events occur in April in Canada: The National Volunteer Week and the Oral Health Month. This year, 2014, Canada dedicated the week of April 6 to 12 to recognize and salute the work of volunteers across our country. Canadian Association of Public Health Dentistry (CAPHD) benefits from the tremendous work, and the "sweat hours" provided by our members, including the Executive Director. This Newsletter is a testament to one of such efforts of the volunteers on the Communication Committee. Another, is the recent review and update of CAPHD's position statement on water fluoridation by the Fluoridation Position Statement Committee chaired by Dr. Dick Ito. On behalf on the Board, I wish to thank all our members who volunteer their time and talent to the CAPHD. I invite others to become more engaged and signup to volunteer on at least one operational committee of the CAPHD. If you would like to put some "skin in the game", please contact the Executive Director at info@caphd.ca, or the President at president@caphd.ca.

As we celebrate the Oral Health Month, I wish to salute our members who move the oral health agenda forward in their areas of influence. CAPHD on its part, will continue to engage with oral health professional associations - including the Canadian Dental Association (CDA), the Canadian Dental Hygiene Association (CDHA), and the Office of the Office of the Chief Dental Officer (OCDO) - on a continuous basis to move the national oral health agenda forward. CAPHD has established an ongoing collaborative partnership with the CDHA. CAPHD participated in the National Oral Health Action Plan (NOHAP) symposium sponsored by the Canadian Dental Association (CDA). A summary of that symposium described by the CDA president, Peter Doig, as an auspicious new beginning for oral health in Canada is available at http://www.cda-adc.ca/en/services/essentials/2014/issue1. I am pleased to inform members that the CAPHD has produced a Fluoride Repository available to CAPHD members. The repository is available on the members section of the CAPHD website. Also available on the CAPHD website is the 2013-18 Canadian Oral Health Framework http://www.caphd.ca/canadian-oral-health-reports.

CAPHD strives to support its members to improve oral health and assure oral health equity in Canadians. The 2014 Conference provides opportunity for members to improve their skills leading innovation and change. I invite every one to learn from and network with other colleagues by participating in the 2014 Conference scheduled for September 11-13, in Saskatoon.

Yours truly,

Albert O. Adegbembo, BDS, DDPH, M Sc, FRCD(C.)

Update: Inuit Oral Health Action Plan

Terry Audla, National Inuit Leader and President of Inuit Tapiriit Kanatami

Health Canada's 2008-2009 Inuit Oral Health Survey highlighted the need for urgent and comprehensive measures to overcome the unacceptably high rate of oral disease among Inuit. Findings indicate that in Inuit communities, the rate of dental decay is two to three times than the Canadian national average. Approximately 85% of 3-5 year olds have or have had a cavity.

In response to this public health problem, Inuit Tapiriit Kanatami (ITK), along with three Land Claim Organizations released Healthy Teeth, Healthy Lives: The Inuit Oral Health Action Plan (the Action Plan) in April of 2013. This Action Plan marked a call to action for multiple stakeholders to address the staggeringly high rates of oral disease among Inuit in Canada. The Action Plan identifies a collaborative approach to addressing the underlying causes of poor oral health outcomes with a focus on prevention, mobilization of families, and better access to treatment.

The Action Plan sets out five goals, eight areas for action, and 39 recommended initiatives and was produced collaboratively by ITK's Inuit Non-Insured Health Benefits Working Group with input from the Inuit Public Health Task Group (IPHTG) and endorsement from the National Inuit Committee on Health.

Since the launch of the Action Plan in April, 2013, we have already made great gains in working towards the goals and recommendations laid out in the report.

During the summer of 2013, ITK sent out Inuit-specific oral health promotion kits to all Inuit communities in partnership with the four Inuit Land Claim Organizations, which incorporate adapted messaging from the Canadian Dental Association. Printed in four languages, these kits have been used by Inuit communities to promote the importance of oral health using the Inuit language. We anticipate sending additional materials this spring.

ITK contributed our Inuit oral health kits, with guidance from Inuit Public Health Task Group, to a Nunavut-specific oral health campaign focused on children lead by the Public Health Agency of Canada, the Government of Nunavut, and Health Canada. Our Nunavut partners have hired Children's Oral Health Coordinators to coordinate prevention and treatment activities through increased access to hygienists and dentists and other initiatives.

The Inuit Oral Health Action Plan continues to be launched regionally according to regional priorities. Community launches are taking place in March, 2014 in Nain and Makkovik, Nunatsiavut. ITK is supporting the Nunatsiavut Government in their launches, which will include community feasts, games and prizes, and oral health promotion and prevention blitzes of fluoride varnish for children.

As directed by the Inuit Public Health Task Group, ITK is sponsoring the creation of an oral health eMap. The Results of the Inuit Oral Health Survey will be overlaid on an interactive online map for educational purposes, and will be launched in the coming year.

Promotion of optimal oral hygiene is only part of the solution; overall improvements to the delivery of oral health services must also be addressed in Inuit Nunangat. Achievement of the Action Plan's goals will require the active engagement of Inuit and a variety of partners in the development of sustainable solutions. ITK is ready to engage with oral health providers, federal and provincial/territorial governments, and National Associations to work together on the eight action areas to improve Inuit oral health.

We see the Inuit Oral Health Action Plan as a very important step in improving oral health among Inuit and, in these early stages, it is showing signs of success.

Call For Abstracts

Submission Deadline: June 1st, 2014

Instructions:

The abstract presentations will be held on Friday September 12th and Saturday September 13th, with each presentation limited to a maximum of 15 minutes duration, plus 5 minutes for questions. Abstract presentations are intended to summarize the methods and results of current or in-progress research projects or innovative programs.

Please provide an abstract of less than 300 words. To achieve a consistent style, the words: "Objectives:", "Methods:", "Results:", and "Conclusion:", each immediately followed by a colon as shown, must appear in the body of your abstract. Submissions that are not in this format will be returned. More than one abstract can be submitted, and each must include a title, author(s), and institutional affiliation(s). Please demarcate the presenting author with an asterisk. Examples of previous submissions can be found at: http://www.caphd.ca/sites/default/files/FINAL_CAPHD_ABSTRACTS_2013.pdf.

Abstracts will be evaluated and selected according to the following criteria: significance, timeliness, originality of the subject; quality of writing; study/program design; and quality of supporting data.

CAPHD welcomes submissions from dentists, dental hygienists, dental therapists, dental assistants, students, and other professionals from all areas of the country on topics related to the general conference theme. For information about the Dr. James Leake Student Bursary please visit: http://www.caphd.ca/dr-leake-student-bursary. This bursary is available to CAPHD student members and assists recipients with travel costs to attend this conference.

Please e-mail your submission by June 1st, 2014 to:

Dr. Carlos Quiñonez
Scientific Program Chair
carlos.quinonez@utoronto.ca

The Homeless Youth Dental Clinic In Montreal

Denys F. Ruel, B. Sc., D.M.D., D.E.S.S

In the year 2000 four students from the Faculté de médecine dentaire de l'Université de Montréal were walking on Sainte-Catherine Street in downtown Montréal and were struck by how many people of their age they witnessed living in poverty on the streets they walked everyday. They quickly noticed by chatting with them how poor their oral health status was and the impairment this had on their wellbeing.

As part of their curriculum, these dental students had a health promotion practicum to do. They asked me, as a clinician at the Faculty, to supervise and mentor them in finding ways to address the issue. Dr. Daniel Kandelman, full time professor at the Université de Montréal was supportive and essential to the success of this project. We visited a centres local de services communautaires (CLSC), which is a community health clinic, in the heart of Montréal. We asked the nurses if we could do something to help these kids to have access to oral health promotion and preventative measures. We were in the right spot since they had recently started a specialized medical and social clinic for homeless youth. We then joined their team. They offered us a small office with a desk and a few chairs. We were there two half-days every week for six months. The physicians, the nurses, the psychologists, and the social workers were referring the patients to us to assess their oral health. With donations from a dental company, we were able provide them free supplies such as toothbrushes, toothpaste, and dental floss.

We were very popular in the neighborhood! However, these kids had major dental needs and they did not have a "dental home" for various reasons. Most of the homeless youth were not on any sort of social assistance since they did not have a permanent address, and many of them did not have a governmental health insurance card.

So the next academic year, four new students joined me and we decided to do exams and free cleanings. One of the psychologists was delighted to see those kids taken care of. He suggested a small home study to evaluate the needs of dental treatments, which we did. The need of dental work was important and evidence showed the major access issue the homeless youth was facing.

Great outcomes and collaboration followed this need assessment. The students and I asked for financial assistance from private donators and a dentist gave two operating chairs with the stools. The "CLSC des Faubourgs" offered us two offices, with proper sinks and plumbing. I donated the suction and the compressor while Patterson Dentaire installed these for free.

The next year we were ready to go! Today, our operations are thriving. Our team is now composed of two clinicians from the Faculty, fifteen dental students and two graduate dental residents. Every fall, we greet eight European dental students. We now have a broader clientele of homeless youth from fourteen to twenty-five years old, homeless elders, patients from "Médecins du monde Canada", people from RÉZO (gay and bisexual men with disabilities) and people from a few other community organizations. We now see over six hundred patients per year, and we accept emergencies.

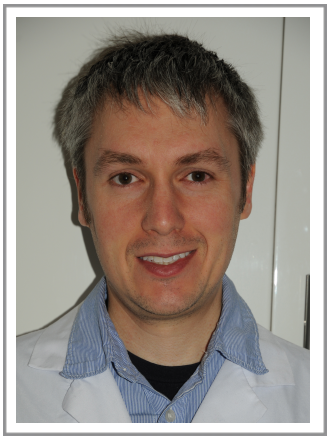
The people of RÉZO are treated in a service point of the organization in the gay village. We work in a basement with portable equipment, one evening per two weeks all year round. We have the financial support from the "Association des chirurgiens dentistes du Québec", the "Ordre de dentistes du Québec » the « Fondation du CSSS Jeanne-Mance », the " Faculté de médecine dentaire du l'Université de Montréal", the "Guignolée de Noël du Dr Jean Monat", and from our fellow colleagues who are giving us dental furniture and dental supplies.

Our budget is around fourty thousand dollars per year and we offer more than twelve hundred treatments to our patients, all free of charge. We do not do orthodontic treatments. We do a few dentures every year. The project has received much recognition in Canada and in the United States. We are moving the clinic in a brand new building in 2015. We are planning to develop treatments for the poor elderly in the near future. Another portable clinic for these people will open in few weeks on the south shore of Montréal.

The students, who have worked over the years on this project, appreciated very much the experience and found themselves deeply enriched on a human level while finding it very helpful to practice in a different environment. Unfortunately, funding is always an issue, but we manage the best we can. Over the years, we have gained a lot of respect and credibility in our community. We wish eventually to see this model replicated in other communities across Canada.

Member Profile

CAPHD is an interdisciplinary organization primarily comprised of public health dentists, community oral health professionals and support organizations. CAPHD is proud of it's members and what they do to contribute to equity in oral health for Canadians! In the upcoming issues of the Mosaic, we will highlight the work and passions of our members. Stay tuned!



Dr. Felix Girard

Faculty of Dentistry,
Université de Montréal

This past January, Dr. Félix Girard has joined the Faculty of Dentistry at the Université de Montréal, where he now teaches dental public health and preventive dentistry. Dr. Girard holds a DMD from the Université de Montréal (2000) and a M.Sc. in Community Health from the School of Public Health of the Université of Montréal (2014).

Dr. Girard has worked for over ten years in the Cree Board of Health and Social Services of James Bay, in Northern Québec. His experience as a dentist with the Cree began in 2002. He has been head of the Regional Department of Dentistry from 2005 to 2008 and acted as a dental consultant of public health from 2009 to 2013. His achievements in dental public health include the establishment of a dental sealant program in school and holding a qualitative study highlighting access issues to oral health care in the region.

Experience in an Aboriginal organization has shaped his clinical judgment as a dentist and as a public health professional. According to Dr. Girard, "We must always ensure that our actions can be welcomed and supported by the environment in which we aim to intervene. We are asked to work in a cross-cultural setting where health workers and local people must make significant efforts to fully understand and master all the issues concerning the community. It is primordial to get away from the missionary stereotype model where the most vulnerable people have only a passive and alienating role to play. What we call “vulnerable populations" are in fact never without resources; they must be considered as partners, we have to listen to them, empower them, and establish a true bond of trust. When only these are in place and that we can help with resources, then this could work”.

As a researcher, Félix has a special interest in health equity and access to care for underprivileged populations, particularly for Aboriginal populations and elders. Moreover, he is interested in the development of oral science educational program.

En janvier dernier, le docteur Félix Girard joignait la faculté de médecine dentaire de l’Université de Montréal, où il enseigne la santé dentaire publique et la dentisterie préventive. Il possède un DMD de l’Université de Montréal (2000) et un M.Sc. en santé communautaire de l’École de santé publique de l’Université de Montréal (2014).

Le docteur Girard a travaillé pendant plus de dix ans au sein du Conseil cri de la santé et des services sociaux de la Baie James (Nord du Québec). Son expérience comme dentiste auprès des Cris (Premières Nations) a débuté en 2002. Il a été chef du département régional de médecine dentaire de 2005 à 2008, puis dentiste-conseil en santé publique de 2009 à 2013. Ses réalisations en santé dentaire publique incluent la mise en place d’un programme d’application d’agents de scellement dentaires en milieu scolaire, et la tenue d’une étude qualitative mettant en évidence des problèmes d’accessibilité aux soins buccodentaires, dans la région.

Son expérience dans une organisation autochtone a façonné son jugement clinique comme dentiste et comme professionnel de santé publique. « Nous devons toujours nous assurer que nos actions puissent être bien accueillies et soutenues par le milieu dans lequel nous souhaitons intervenir. Nous sommes appelés à travailler dans un cadre transculturel où travailleurs de la santé et population locale doivent faire des efforts importants pour bien se comprendre et maitriser ensemble les enjeux qui les concernent. Il faut aussi se débarrasser du stéréotype du missionnaire qui vient généreusement servir les plus vulnérables, alors que ces derniers n’auraient qu’un rôle passif et aliénant à jouer. Les personnes qu’on dit « vulnérables » ne sont jamais sans ressources, il faut les considérer comme des partenaires, les écouter et établir un vrai lien de confiance. Quand cela arrive et que nous disposons nous aussi de certaines ressources, ça peut marcher.» précise-t-il.

En recherche, ses champs d’intérêt couvrent les inégalités sociales en santé et les problèmes d’accessibilité aux soins de santé pour les groupes vulnérables, notamment les peuples autochtones et les personnes âgées. Il s’intéresse aussi au développement pédagogique dans l’enseignement des sciences buccodentaires.

D.E.A.R.
DENTAL ELDER ABUSE RESPONSE

Dental Elder Abuse Response

Allison Calcutt, Project Manager

Mrs. Sanders was an 87 year-old homeschool tutor from Windsor. She spent her life raising her family of 3, educating the other children of her community, and volunteering at the local community centre. Her brilliant smile was legendary.

When she retired, her health benefits did not cover dental care. Her husband pre-deceased her. When she was diagnosed with mild Alzheimer's disease her dentist started asking her children for direction over Mrs. Sander's oral care, despite the fact that his patient was well-capable of making dental decisions. Two of her children were living out of province and the third child, Susan, now 56, was more interested in preserving her "inheritance" than her mother's oral health. Mrs. Sanders stopped smiling.

Susan stopped taking her mother to the dentist, when her dentist started asking "one too many questions" about the state of her mother's oral health, which included gum disease, tooth decay and broken partial dentures. By the time Mrs. Sanders was admitted to hospital for pneumonia, the oral infections were so advanced that surgical intervention was required. Mrs. Sanders had spent years in pain, and had lost the ability to chew or speak clearly. Eventually Mrs. Sanders died of the pneumonia – an entirely preventable condition caused secondarily to oral infection.

Mrs. Sanders' case is a common reality of dental elder abuse and neglect in Canada. Many dentists may think that geriatric dentistry is not something that they will be dealing with. However, with Canada's rapidly aging population, 1 in 5 people will be over the age of 65 by about 2030. That means, in short, that every dentist will be doing geriatric dentistry. Simply – that's who the patients will be.

Some people may have heard the statistics of elder abuse and neglect. Older studies suggest that 1 in 12 older adults will be subject to elder abuse and neglect, newer studies and ongoing research suggest that the numbers are actually more like 1 in 8. Forms of elder abuse and neglect are often cited as physical, financial, emotional/psychological and sexual abuse.

Perhaps surprisingly, it turns out that the single most common form of elder abuse and neglect is found in the area of dental issues. Dental elder abuse and neglect occurs when a person or system fails to provide necessary dental care for an older adult.

Nearly 1 in 3 of older adults have untreated tooth decay and about 1 in 4 of 65 – 74 year olds have severe gum disease. This bacterial infection is associated with chronic disease and severe health events including issues related to diabetes (tooth loss), respiratory issues (pneumonia) and heart and stroke factors since gum disease may increase the risk for cardiovascular disease. For older adults over 75 years old, 1 in 2 have significant root decay. These untreated caries can progress to the pulp (nerve) of the tooth, causing pain and dental abscess, which may lead to more serious infections, such as bacteremia and septicemia, severely compromising the health of the older adult. Thousands of older adults are at severe risk of preventable death due to neglected oral health.

One of the ways of preventing elder abuse and neglect is advance planning around financial and health or personal care decisions. However, there is almost no information anywhere to guide people in thinking through how to plan in advance for required dental care.

So what is being done about it?

Recently, a new program called the Dental Elder Abuse Response (D.E.A.R) project was developed by Dr. Natalie Archer, DDS and Laura Tamblyn Watts, LLB in Toronto. D.E.A.R is a joint pilot project of Archer Dental, the Canadian Centre for Elder Law and the National Initiative for the Care of the Elderly. The project, which received a Federal government grant through the New Horizons for Seniors Program, is the first in Canada to create materials and training to help people understand and take action with respect to this issue. Working with dentists, dental hygienists, seniors, caregivers and community organizations, the D.E.A.R. project is creating workshops, online videos, helpful brochures and checklists to provide practical, hands-on material to recognize and prevent dental elder abuse and neglect. These materials also help to start the conversation about advance care planning related to dental issues. Continued on page 7...

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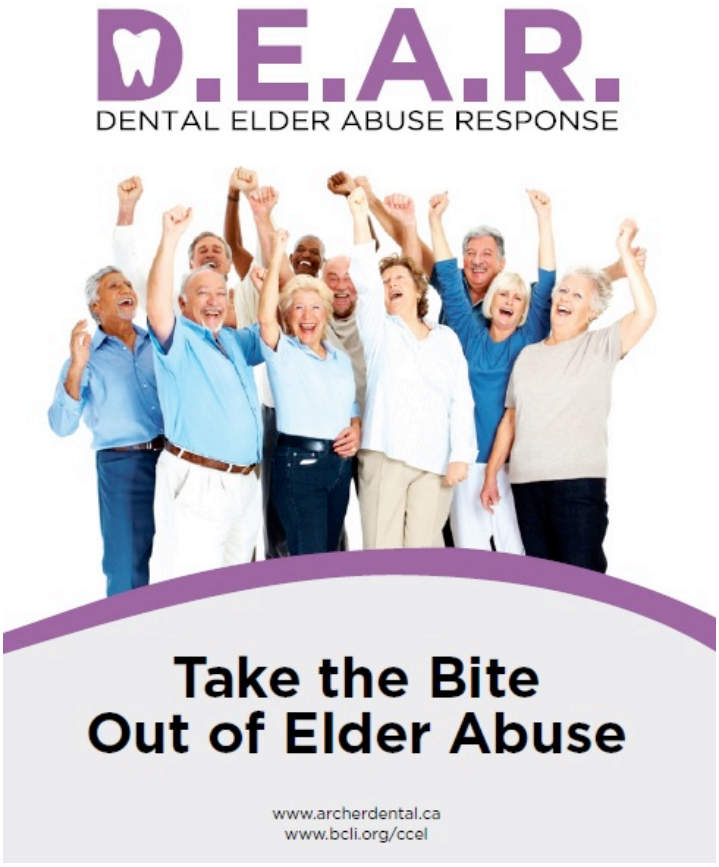
Planning in advance is vitally important to ensure you receive the dental care you want now and in the future. Older adults, their families and caregivers, should consider the following key questions:

1. What's important to you for your dental care?
2. How much should I budget for dental care and if so, what does it cover?
3. Do I have insurance for dental care and if so, what does it cover?
4. Who else knows my dental insurance information?
5. Who else knows who my dentist is?
6. Does my personal care substitute decision-maker know what I want if I am no longer able to make dental decisions for myself?

The issues that we face with respect to dental care for the elderly are widespread. The D.E.A.R project is designed to be the springboard for a much larger undertaking - the start of an educational initiative that will grow and serve people across Canada.

It might be too late to help Mrs. Sanders. But it is not too late to help the other millions of Canadian seniors at risk. Help us Take the Bite out of Elder Abuse.

Contact Information: allison.calcutt@gmail.com or visit www.archerdental.ca



Oral heath, research, and CAPHD: Pathways to Health Equity for Aboriginal Peoples

Jeff Laplante, CIHR-Institute of Aboriginal Peoples' Health; Sarah Viehbeck and Nancy Edwards, CIHR-Institute of Population and Public Health; Jodi Cullum, CIHR-Institute of Musculoskeletal Health and Arthritis

First Nations, Inuit and Métis Peoples' health is negatively affected by a history of culture loss, racism and stigmatization, loss of language and connection to the land, environmental deprivation, and feeling spiritually, emotionally, and mentally disconnected from their Indigenous identity. (1, 2) Equally as important is acknowledging and understanding factors that have positive effects on wellness in some Aboriginal communities, such as personal and community resilience, restoring and promoting identity, keeping cultures and languages alive, and self-governance. Additionally, factors such as income, education, employment, housing, social class, social support, and access to health services are all part of determining whether people are healthy or not. (3)

The greatest potential to redress the health inequities experienced by First Nations, Inuit and Métis Peoples lies in changing the social factors that impact their lives and in developing community-oriented solutions. To this end, the Canadian Institutes of Health Research (CIHR), Canada's federal health research funding agency, has launched a 10-year, $25 million dollar initiative called Pathways to Health Equity for Aboriginal Peoples (Pathways). The overall goal of Pathways is to develop an evidence base in how to design, offer and implement programs and policies that promote health and health equity in four priority areas: Oral Health, Suicide, Diabetes & Obesity, and Tuberculosis.

Pathways funds research with an implementation science approach, to understand how to scale-up interventions based on what works to bring about change; and how, under what conditions, and whether an intervention can be effectively adapted for different places, populations, and contexts. To ensure that culturally appropriate methods and approaches are used in the research, Pathways encourages the use of Indigenous Ways of Knowing, which includes knowledge of and experience with practices that encompass concepts of health, wholeness and resilience, and approaches to wellness and healing. Indigenous Ways of Knowing must inform interventions for them to succeed, because they will be more culturally appropriate and more meaningful to Indigenous peoples, and be more accepted than non-Indigenous approaches.

Oral Health in First Nations, Inuit and Métis Contexts

The Canadian Oral Health Strategy developed by the federal, provincial and territorial dental directors has indicated that special emphasis must be put on at-risk segments of the population including First Nations, Inuit and Métis Peoples. Poor general health and lack of access to appropriate care contribute to poor oral health.

Publicly-funded Canadian health care largely excludes oral health services, and for First Nations, Inuit and Métis Peoples, access to oral health care is lessened by a number of additional financial, geographical, cultural and social barriers. While oral health in the general Canadian population has improved overall, segments of society including lower income Canadians and First Nations, Inuit and Métis Peoples have not benefitted from this improvement. (4)

Several recent reports recognize oral health as a key part to overall health, draw attention to the considerable health inequalities in First Nations, Inuit and Métis oral health, and suggest priorities for action on prevention, access, and coordination of dental health services (e.g., ITK (5) and the Ontario Chief Medical Officer of Health (6)). Further, The First Nations Oral Health Strategy, embraced and endorsed by the Assembly of First Nations, is designed to support a collaborative approach, ensuring a First Nations perspective is integral to oral health interventions for First Nations Peoples (7). These documents all propose promising actions to improve oral health, many of which could be suitable for study under the Pathways initiative.

CIHR Funding Opportunities: Generating evidence on what works, for whom, and under what conditions

As part of Pathways, several funding opportunities will be available to support oral health research.

Implementation Research Team Grants

The Pathways Implementation Research Teams (IRTs) funding opportunity supports the overall goal of Pathways in developing a better understanding of how to implement and scale up interventions and programs that reduce health inequities experienced by First Nations, Inuit and Métis Peoples. ...Continued on page 9...

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The IRTs will conduct research to identify effective population health interventions, strengthen them, and support scale-up. Clinical interventions are only eligible for funding if implemented at a population level. Research funding will be provided for three different components and teams can apply directly to any of the three components according to how ready the intervention is to be scaled up. Development Grants (Component 1) will support research teams to identify promising or effective interventions and build relationships with communities. Enhancement and Adaptation Grants (Component 2) will support research teams aimed at strengthening the effectiveness or scalability of interventions through community-informed enhancements or adaptations. Scalability Grants (Component 3) will support research teams to study the scale-up of promising interventions across heterogeneous communities.

Population Health Intervention Research Grants

Population Health Intervention Research grants are available to support research on "natural experiments" including programs, policies and resource distribution approaches that have been initiated by others (e.g., policy makers) and that have the potential to impact health and health equity at the population level. Population health interventions operate within or outside of the health sector. The PHIR grants funded through Pathways will focus on studying policy interventions and the relationship to the health and health equity of First Nations, Inuit and Métis Peoples, as well as contribute to an understanding of how contextual conditions may intersect with population health interventions to promote health and health equity.

Some of these funding opportunities will be launched in 2014 and in subsequent years and information will be available through the CIHR Funding Opportunities website: https://www.researchnet-recherchenet.ca/rnr16/search.do?fodAgency=CIHR&fodLanguage=E&view=currentOpps

FOR MORE INFORMATION ABOUT *Pathways* VISIT:

http://www.cihr.ca/e/43630.html

An Invitation to CAPHD Members

Pathways-funded research will benefit from interdisciplinary teams that have relevant experience working with First Nations, Inuit, and Métis communities in different contexts. Teams should also include expertise related to Aboriginal lived experience(s), public/population health intervention(s) and related research, contextual influences on scale-up, implementation science, Indigenous knowledge, and content knowledge related to oral health or the other Pathways priority areas. It is expected that teams doing research in oral health will be led from a variety of disciplines and not only from the dental professions.

Given the role of the Canadian Association of Public Health Dentistry as a national voice for dental public health in Canada with the goals of improving oral health and assuring oral health equity in Canadians, members are surely well-positioned and encouraged to contribute to research teams funded through Pathways.

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Update on the new MPH/Diploma in Dental Public Health graduate program at the University of British Columbia

Dr. Mario Brondani, Program Director

We are pleased to inform that the combined Masters of Public health (MPH)/Diploma in Dental Public Health at the University of British Columbia has been formally launched for both national and international dentists and dental hygienists from accredited programs.

The program has been opened for registration since April 15 with deadline May 1 for September 2014 entry. Please visit: http://www.dentistry.ubc.ca/Education/Grad/MPH/DentalPublicHealth/ for more information and updates, including deadlines. For 2015 entry, registration will start December 1 with deadline February 1

As we briefly outlined on the Mosaic Q&A in 2012, http://www.caphd.ca/sites/default/files/MosaicIssue2Nov2012.pdf, the program is a non-thesis, course-based combined degree as follows:

- MPH from the University of British Columbia School of Population and Public Health at the Faculty of Medicine.
- Diploma in Dental Public Health from the University of British Columbia Faculty of Dentistry.

It is a 2.5 years non-clinical degree that connects the academic, service and international research excellence of the Faculty of Dentistry with the interdisciplinary academic environment offered by the School of Population and Public Health.

Our program is focused in critical thinking and evidence-based practice combined with statistical and epidemiological course work to prepare graduates in developing dental public health services, carrying on research and program evaluation, and undertaking policy development locally and globally.

Although it is a non-thesis degree, the program offers opportunities for students to engage into different aspects of research, with some courses requiring a publishable manuscript and others, a research protocol to be implemented. The required and elective courses expose students to various research areas and core discipline competencies in dental public health including, but not limited to:

- Community-based health programs and interventions
- Health disparities and determinants of oral health
- Aboriginal and refugees oral health assessment and analysis
- Dental and Dental Hygiene Educational research
- Health policy and critical issues in dental public health
- Oral health programs and oral health services utilization
- Access to care by marginalised communities, including First Nations and Inuit populations
- Data analysis of provincial, national and international data sets
- International and global health
- Policy development, implementation and analysis
- Leadership and communication
- Diversity and critical issues in dental public health

The practicum placement is a mandatory full-time field experience to take place at an assigned local, national or international setting, and could involve a government agency, a health organization, a community dental association, and other sites that we are partnering with. The practicum takes place during the last 6 months of the program, and objects to:

- Develop a major research project within a learning contract (with leaning objectives and evaluation, and ethical considerations)
- Offer hands on meaningful activities in dental public health-related fields
- Produce a manuscript aimed for peer reviewed publication

We are pleased to join efforts with the profession in Canada and offer a program that will enhance the knowledge and skills of future leaders of dental public health in Canada and internationally.

Although this program is in a non-thesis format, students will receive supervision and mentorship by faculty members, much like a graduate supervisor, who will offer advice and help students through the program.

At the moment, there will be no PhD stream available within this program and students who already have a MPH will have to complete another MPH given that this is combined program with both degrees awarded conjointly.

For further information, please contact Dr M Brondani, Program Director at brondani@dentistry.ubc.ca or at 604- 822-6562.

NATIONAL COLLABORATING CENTRE FOR ABORIGINAL HEALTH

CENTRE DE COLLABORATION NATIONALE DE LA SANTÉ AUTOCHTONE

National Collaborating Centre for Aboriginal Health (NCCAH) recognizes oral health as an emerging priority

Nicole Lindsay, Research Associate

The National Collaborating Centre for Aboriginal Health (NCCAH) is one of six National Collaborating Centres established and funded by the Public Health Agency of Canada to support public health renewal in Canada. Each centre is focused on a different aspect of public health. The NCCAH supports First Nations, Inuit and Métis peoples in realizing their health goals and reducing current health inequities.


CHILD & YOUTH HEALTH

EARLY CHILDHOOD TOOTH DECAY

What Is It?

What To Look For?

Prevalence

Given the alarmingly high rates of early childhood tooth decay and the high incidence of risk factors for periodontal disease among First Nations, Inuit and Métis peoples in Canada, oral health has become an emerging priority area of the NCCAH. Responding to a lack of accessible, Aboriginal-focused and community-oriented information about early childhood tooth decay and general oral health and hygiene, in 2013 the NCCAH published two fact sheets focused on oral health in First Nations, Inuit, and Métis communities. These fact sheets cover basic information targeted to parents, communities and front-line workers about prevalence, risk factors, prevention, and treatment of early childhood caries (ECC) and periodontal disease in children and adults. To date, over 500 of these resources have been distributed to communities, Aboriginal health organizations, government agencies, and at conferences.

Prevalence of early childhood caries and periodontal disease in Aboriginal communities

The First Nations Information Governance Centre has conducted two Regional Health Surveys (Phase 1 in 2002/03 and Phase 2 in 2008/10) focused on the health status of First Nations on-reserve populations. A snapshot of their findings focused on oral heath provides some interesting insights. Their findings on children's oral health showed that:

- Between 2002/03 and 2008/09, there was a 10% increase in the number of 5-year olds who had received dental care in the last 6 months (from 40.4% to 50.7%)
- A higher percentage was reported of infants aged 0-2 affected by Baby Bottle Tooth Decay (BBTD, also referred to as early childhood caries, or ECC) in 2008/09 (18.7%) compared to 2002/03 (11.9%). RHS Phase 1 reported that 30.9% of First Nations children aged 3-5 years were affected by BBTD, as were 26.9% of children aged 6-11 years.
- Reported rates of dental fillings also increased, from 28.4% of 3-5 year-olds in 2002/03 to 36.2% in 2008/09, and from 32.5% of 6-11 year-olds in 2002/03 to 41.9% in 2008/09.


SANTÉ DES ENFANTS ET ADOLESCENTS

LA CARIE DE LA PETITE ENFANCE

De quoi s'agit-il?

Quels sont les signes?

Prévalence

Continued on page 12...

Continued from page 11...


EMERGING PRIORITIES

ORAL HEALTH AND HYGIENE

Development of Periodontal Disease

Risk Factors

sharing knowledge · making a difference

For adults, many of the risk factors of periodontal disease (including smoking, diabetes, osteoporosis, obesity, low socioeconomic status) are markedly higher among Aboriginal populations than among non-Aboriginal populations. The RHS Phase 2 shows a slight increase in self-reported diabetes in First Nations adult populations from 19.8% in 2002/03 to 20.7% in 2008/09. The RHS Phase 2 also reported that 43% of First Nations adults identify as daily smokers, compared to 17.1% of the general Canadian population.

Similarly, the Inuit Oral Health Survey Report 2008-2009 reports that Inuit people experience significantly poorer oral health when compared to southern Canadians, and further, their issues frequently remain untreated. The report indicates very high rates of coronal caries among Inuit children, finding that over 85% of preschoolers had been affected by dental caries (with an average of 8.22 deciduous teeth affected). These rates climb to 97.7% among adolescents, and even higher for adults. As the report points out, these rates are significantly higher than for southern Canadians.

Although there is very little available data on oral health in Métis communities, a Statistics Canada health report focused on the health of First Nations children living off reserve and Métis children younger than age six shows that the incidence of dental problems among Métis children is slightly lower (22.4%) than for First Nations children living off reserve (29.9%).

Interventions for Aboriginal Oral Health

The Canadian Institutes of Health Research (CIHR) has identified oral health as one of four focus areas in its new signature initiative, Pathways to Health Equity for Aboriginal Peoples. This new long-term initiative, announced in 2012, will invest $25 million in research on four exemplar areas: suicide, tuberculosis, obesity and oral health.

The Children's Oral Health Initiative is a federal program aimed at preventing and reducing early childhood caries through early interventions in on-reserve First Nations and Inuit communities. Children's Oral Health Initiative services are delivered primarily in northern communities, in collaboration with the governments of Nunavut and the Northwest Territories. Services available in select First Nations and Inuit communities include screenings, topical fluoride applications, dental sealants, alternative restorative treatment, oral health information sessions, and referrals to other dental professionals for further treatments. The COHI program also offers community-level prevention and oral health promotion activities such as awareness campaigns and presentations at target locations such as Aboriginal Head Start programs, daycares, preschools, immunization clinics and community groups.

References:

1. These English fact sheets can be downloaded from the NCCAH website at http://www.nccah-ccnsa.ca/34/Publications.nccah and French Versions here: http://www.nccah-ccnsa.ca/400/Prendre_soin_de_ses_dents.nccah

2. Findings from First Nations Information Governance Centre, RHS Phase 2 Quick Facts, found at http://www.fnigc.ca/our-work/regional-health-survey/rhs-phase-2-national-results.html

3. Findings from Health Canada, Inuit Oral Health Survey Report 2008-2009, found at http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_oral-bucco/index-eng.php#a0

4. Statistics Canada (March 2013), Health of First Nations children living off reserve and Métis children younger than age six, Health Reports Vol. 23, no. 1. Found at http://www.statcan.gc.ca/pub/82-003-x/2012001/article/11624-eng.pdf

5. CIHR, Fact Sheet – Pathways to Health Equity for Aboriginal Peoples. Found at http://www.cihr-irsc.gc.ca/e/45406.html

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 April 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 March 1st for the April newsletter and October 1st for the November newsletter.

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, 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.

CALENDAR *of events*

APRIL
- Mosaic Newsletter Spring Issue
- Dental Health Month
- Renew your CAPHD membership

MAY
- 8th-9th- 13th Alberta Dental Public Health Conference
- 26th-29th- Canadian Public Health Association Conference

JUNE
- 4th-5th- Prevent More to Treat Less: Public Health and Primary Care Together Conference
- 15th- CAPHD Conference Abstract Submission Deadline
- 15th- CAPHD 2014 Student Bursary Application Deadline

SEPTEMBER
- 11th-13th CAPHD Scientific Conference & AGM

OCTOBER
- October 1- Deadline for Mosaic Submissions

NOVEMBER
- Mosaic Newsletter Winter Issue