

Dr. Peter Cooney: Canada's Chief Dental Officer

For many years, CDA advocated for the creation of a Chief Dental Officer position in Canada. Health Canada's appointment of Dr. Peter Cooney to this role in 2004 has helped to raise awareness of oral health issues among Canadians. It has also enabled the federal government to coordinate its public education efforts and facilitate the collection of comprehensive oral health data.

CDA continues to maintain a strong working relationship with the Office of the Chief Dental Officer, and this *JCDA* interview is intended to provide an update on the ongoing activities and initiatives of Dr. Cooney and the Office.

JCDA: *Can you tell JCDA readers a little bit about your background and your involvement in public health policy throughout your career?*

Dr. Peter Cooney: I've always been interested in oral health. I grew up in Ireland where decay rates were quite high. So we all had to sit and have ourselves drilled. These experiences evolved into a general interest in the whole issue of oral health. I was in private practice for a number of years in London, England. Then I did my Canadian exams and bought a practice in Newfoundland. I spent 5 years there and loved it.

In 1991, after I completed my specialty, master's and fellowship in community dentistry, I joined Health Canada and worked in the Medical Services Branch in the Manitoba Region. Then in 1997, I moved to Ottawa to take on the position of National Dental Officer at the head office of the Medical Services Branch (now the First Nations and Inuit Health Branch), and went from there to be director general of the Non-Insured Health Benefits division from 1999 to 2003.

I have had the opportunity to hold the position of president with the Canadian Association of Public Health Dentistry and I am currently the chief examiner for the specialty of Dental Public Health with the Royal College of Dentists of Canada.

After I became the Chief Dental Officer at Health Canada in 2004, I had many different and exciting opportunities open up to me, including being appointed chair of the International Chief Dental Officers Public Health Section of the FDI World Dental Federation.

JCDA: *How did the Office of the Chief Dental Officer come to be?*

Dr. Cooney: The Office of the Chief Dental Officer was created in 2004 to improve the oral health status of Canadians and to increase awareness about the prevention of oral diseases. This position came about as a result of a number of dental stakeholders, including CDA, advocating for Canada to have a Chief Dental Officer. There was a need for this position nationally, and for Canada to be represented internationally as well. Canada joins about 160 other countries worldwide that have a Chief Dental Officer.

JCDA: *Who works in the Office of the Chief Dental Officer?*

Dr. Cooney: Our personnel have a combination of skills and backgrounds. There is a dental therapist, a dental hygienist and 2 dentists, as well as people with a background in health promotion, finance and administration.



The Office of the Chief Dental Officer (OCDO) works to:

- Provide evidence-based oral health perspectives on a wide range of health policy and program development issues
- Provide expert oral health advice, consultation and information
- Integrate oral health promotion with general health (wellness) initiatives
- Assist in gathering epidemiological information for program planning on federal/provincial/community levels and establish priorities for research
- Develop integrated collaborative approaches to preventing and controlling oral and associated diseases
- Provide a point of contact/liaison with professional associations, provinces, academic institutions, and other non-government organizations on oral health issues

The OCDO is involved in:

- Oral health status data collection
- Federal, Provincial, Territorial Dental Working Group
- Working with First Nations and Inuit Health Branch's Children's Oral Health Initiative
- Promotion of water fluoridation
- International oral health activities

Each summer we also have 1 or 2 students who are doing either their master's degree or a PhD.

JCDA: *What materials does the Office produce?*

Dr. Cooney: The Office does not produce materials in the sense of pamphlets or posters, but rather strives to provide expert advice on oral health, consultation and information. To meet this mandate, we have been busy over the last 4 years conducting various environmental scans, surveys and other types of needs assessments to get information about dental public health in Canada and make it accessible to the public.

JCDA: *What interested you about taking on the role of Chief Dental Officer?*

Dr. Cooney: I worked in private practice for a number of years, and while I enjoyed it, it can be frustrating to treat one person at a time. Public health dentistry enables me to work with the whole population and I am able to have a much broader effect. This is the area that interests me and what motivated me to take on the role of the Chief Dental Officer of Canada.

JCDA: *What does the Office of the Chief Dental Officer do for Canadian dentists?*

Dr. Cooney: The Office of the Chief Dental Officer aims to be a point of contact on oral health issues for dentists and other health professionals. For instance, the Office has recently supported both dentists and dental organizations on the promotion of water fluoridation.

JCDA: *What is the Office of the Chief Dental Officer's role globally?*

Dr. Cooney: My Office has had a very active international role over the past 4 years. As mentioned, I was appointed chair of the International Chief Dental Officers Public Health Section of FDI and I now network with 194 Chief Dental Officers from about 160 countries.

I have also had the opportunity to represent Canada on a 4-country advisory group that worked on the development of an oral health strategy with the Pan American Health Organization (PAHO) for 2005–2015. The purpose of this oral health strategy is to improve general health in the Americas through improvements in oral health. The details of the strategy can be found on the PAHO website at www.paho.org/english/gov/cd/CD47.r12-e.pdf.

JCDA: *Can you talk about the importance of the relationship between CDA and the Office of the Chief Dental Officer?*

Dr. Cooney: My Office and CDA have had a good relationship from the time we opened our doors in 2004, and we work hard to maintain this positive and collaborative relationship. We have been working with CDA on an oral health promotion campaign that will focus on oral cancer awareness and the connections between oral health and general health. This project has been in development for a few years and we hope it will launch this year.

JCDA: *What has the Office of the Chief Dental Officer accomplished since its inception?*

Dr. Cooney: I think that the Office has accomplished quite a bit. We have worked hard to begin filling in some of the knowledge gaps in the dental field and are participating in surveys to continue to get a better understanding about the oral health status of Canadians. For example, we now know the type of dental public programming that exists across Canada and who is working in these programs. We also know the percentage of Canadians who had access to fluoridated drinking water in 2005 and 2007 for each province and territory in Canada.

To obtain the current oral health status of Canadians, the Office is involved in 4 different surveys. The first is a partnership with Statistics Canada on its Canadian Health Measures Survey (CHMS). The data collection methods for this survey are unique in Canada and involve a self-report questionnaire on oral health, nutrition, smoking habits, alcohol use, medical history and current health status, as well as demographic and socioeconomic variables. Following the self-report questionnaire, direct measurements will be collected in a clinical setting, including blood pressure, height and weight, blood and urine sampling, clinical oral examination and physical fitness testing. This type of data collection will take 2 years and is planned to be completed by this March.

My Office has also partnered with First Nations and Inuit organizations to get a better understanding of the oral health status of First Nations on reserves and in Inuit communities. For these 2 surveys, we are using the same protocols as the CHMS so that direct comparisons can be made to the general population. This survey will be completed at the same time as the CHMS, in March.

Finally, our Office has also partnered with Statistics Canada on a Healthy Aging survey. Through this survey, we hope to get a better understanding of how people's oral health status and access to oral health services change as we get older. This survey will begin data collection this winter and will have a collection period of about one year.

JCDA: *What goals would the Office of the Chief Dental Officer like to accomplish in the short- and long-term?*

Dr. Cooney: We look forward to the results from the CHMS and other surveys to help us determine the current oral health status of Canadians, to evaluate the association of oral health with major health concerns such as diabetes, respiratory and cardiovascular diseases, and to determine relationships between oral health and certain risk factors like poor nutrition and socioeconomic factors related to low income levels and education.

My Office plans on releasing an Oral Health Report Card in 2010 that will highlight the oral health status of Canadians including the First Nations and Inuit populations.

In the long term, we want to continue our relationship with the provinces and territories, professional associations, academic institutions and regulatory bodies and work with these organizations to improve the oral health of Canadians.

JCDA: *Can you elaborate on the importance of the CHMS? How do you plan to translate the preliminary results of the survey into action by the profession and governments?*

Dr. Cooney: The oral health module of the CHMS is very important for the dental field. We haven't had solid evidence on the oral health status of Canadians for over 30 years. We need the results from the survey to support policy and program development within the field.

Our plan is to release the results of the survey in 2 different reports. The first report will be directed to the general population, our leaders and other stakeholders, and will highlight the findings from the survey. The second report will be aimed at dental professionals and will go into the findings in more depth.

My Office intends to examine the results with our stakeholders, such as CDA, other professional associations and the provinces and territories, and then we will determine how to address the findings. ➤

For more information on the Office of the Chief Dental Officer, visit www.hc-sc.gc.ca/ahc-asc/branch-dirigen/fnihb-dgspni/ocdo-bdc/index-eng.php.