Canadian Dental Association
Brief to the House of Commons Standing Committee on Finance
2005
Pre-Budget Consultations

INTRODUCTION

The Canadian Dental Association (CDA) represents over 18,000 dentists throughout the country. CDA is the authoritative national voice of dentistry, dedicated to the advancement and leadership of a unified profession and to the promotion of optimal oral health, an essential component of general health.

FINANCIAL IMPACT OF ORAL DISEASE

Oral care accounts for 7.1 percent of total public and private health spending in Canada, amounting to over 9 billion dollars in 2004. Since oral disease is almost entirely preventable, and since advanced oral disease arising from neglect is much more costly than prevention, it is a demonstration of fiscal responsibility for governments to ensure that all Canadians are educated about preventive oral health, and are not barred by limited means from accessing oral health care.

HEALTH OF CANADIANS

Oral Health Status – Putting the Mouth back in the Body

Dental disease has been referred to as one of the most common health problems in the world today. The Canadian Dental Association recognizes that oral health can affect the functional, psychological and social dimensions of an individual's overall health status. Dental problems also lead to a reduction of daily activity that results in a loss of productive work time, which in turn negatively affects the productivity of the Canadian economy. New research is also beginning to demonstrate that oral conditions have complex interactions with whole-body systems, and can affect overall health. For example, diabetes and periodontal diseases often occur in tandem, and each condition exacerbates the disease cycle of the other. Periodontal diseases, such as infections under the gumline, have also been implicated in pre-term low birth weight babies and cardiovascular disease. These conditions have high societal costs, both in

terms of their toll on the quality of life of sufferers, and in the direct expenses for care under the public health care system.

There are some common risk factors – including tobacco use and poor diet, as well as some common best practices – regular professional care, not smoking and healthy eating. Dentistry is a profession with a mantra of prevention. Further research must be conducted to determine whether a causal relationship exists between gum diseases and other health outcomes, and if so, what preventive dental measures can be taken to improve overall health.

The good news is that, for the most part, Canadians enjoy a good standard of oral health. In a 2004 Statistics Canada Canadian Community Health Survey (CCHS), relying on self-diagnosis, over 80% of Canadians reported having good to excellent oral health. In addition, water fluoridation and the use of fluoride products such as toothpaste are relatively prevalent, resulting in reduced caries experience in many areas; high access to dental plans results in the majority of Canadians visiting the dentist at least annually; and Canadian dentists provide leading-edge standards of care, based on exemplary training and skills.

Before we declare victory over dental disease, however, we must ensure that high levels of oral health are enjoyed by *all* Canadians, which is currently not the case. In the same CCHS survey, at least 14% of Canadians reported that their oral health was only fair to poor. The oral health questions contained in the survey were very basic and do not give us a full picture. But from this and other available information, we are able to reach some basic conclusions: access to dental insurance has a high correlation with dental visits; dental caries is most prevalent among lower socio-economic groups; and First Nations and Inuit Canadians experience significantly poorer oral health than other Canadians. In addition, there appears to be a trend developing of a higher incidence of cavities among children. The Canadian Dental Association will monitor this situation closely, as new information is gathered, to determine whether a true trend exists, and if so, what can be done to reverse it.

The Canadian Dental Association recommends that funding be invested in public oral health promotion and the collection of statistical oral health indicators. We acknowledge the creation of

the role of the Chief Dental Officer within Health Canada as an important step forward in this endeavor. As members of the Canadian Coalition for Public Health in the 21st Century (CCPH21), CDA applauds the government's decision to invest in public health through the creation of the public health agency and the appointment of a public health officer. We continue to support the CCPH21 recommendation of sustainable funding for broad-based public health initiatives.

The Canadian Dental Association recommends that government work in conjunction with stakeholders including the Canadian Dental Association and patient groups, to raise awareness of oral health issues such as early childhood caries both within government, and to the public through oral health promotion efforts.

The Canadian Dental Association recommends that government demonstrably re-invest in tobacco denormalization and other tobacco reduction strategies as cited by the Canadian Coalition for Action on Tobacco, of which CDA is a member.

Dental Insurance

The CDA supports optimal oral health for all Canadians, provided through a delivery system, which is open and flexible. Historically in Canada, the quest for affordable and accessible oral health care has been a partnership of professionals, governments, businesses and labour. This approach has helped shape a private sector system that creates an incentive for prevention and oral health maintenance. All the partners have made their individual contributions. Canadian dentists ensure that their patients receive good value by providing world class dental care.

Employers have done their part by financing plans for their employees. Plan providers have designed effective dental plans as their contribution to the partnership. The federal government has provided a tax incentive of deductibility on plan premium costs for employers. While originally, this benefit was restricted and unavailable to the unincorporated self-employed, CDA applauds all the partners who supported the thrust to extend tax deductibility of plan premiums to Canada's unincorporated self-employed. CDA is particularly grateful to the House of Commons

Standing Committee on Finance for making specific recommendations calling for this action[1], and the Minister of Finance for taking action in the 1998 Budget[2].

Dental insurance plans and tax incentives are benefiting the majority of Canadians. But for those not covered through either of these schemes, more attention is required.

The Canadian Dental Association recommends that the federal government should continue to provide a tax incentive of deductibility on plan premium cost for employers and continue to extend the tax deductibility of plan premiums to unincorporated self-employed Canadians

Oral Health of Poor Canadians

In developed countries, it is typically the case that 20% of the population experiences approximately 80% of cavities. Not surprisingly, that 20% tends to be made up primarily of members of the lower socio-economic groups. While, as previously noted, comprehensive data to fully demonstrate this phenomenon are not currently available in Canada, common sense and anecdotal evidence predict that similar situations exist here.

The reasons for a higher prevalence of dental caries amongst the poor, and particularly very young poor children, are varied and complex. Solutions to the problem will similarly require a multi-faceted approach. Publicly-funded dental plans to address the needs of poor Canadians are not, in and of themselves, the solution. Governments have consistently shrunk their investments in oral care over the past decades. Overall costs of dental care have increased - $ 9.28 billion in 2004, but public investment has shrunk from 9.2% in 1990 to less than 5% currently - evidence that social dental plans are viewed as “fat” when fiscal planners look for areas to cut, and are typically subject to reduced levels of coverage over the lifetime of the plans.

This is not to say that a safety net is unnecessary – certainly there needs to be a formal mechanism in place to address oral health needs of those for whom the inability to pay for services is a barrier to access to care. In designing, implementing and sustaining these programs, however, governments are encouraged to actively consult with stakeholders and care providers to ensure that the goal – in this case to improve the oral health of the population – can reasonably hope to be met within the parameters of the plan.

Even more than the need for dental plans, however, is the need for oral health education. While virtually all Canadians are aware of the need, and heed the advice, to brush their teeth, many are not informed about the oral health needs of young children. Early childhood caries is a devastating disease that can occur as a result of this lack of information and action. While it occurs in every socio-economic group, early childhood caries rates remain high among less-advantaged populations. Early childhood caries, also know as "baby bottle syndrome", is both preventable, and if detected early, highly treatable. Unfortunately, many children do not see a dentist in their early years. In the preschool aged child, if early childhood caries has been left untreated, it can result in the loss, or serious decay of many or all of the their front teeth. This untreated decay is painful and can prevent children from eating a nutritious diet, from sleeping well, and from concentrating.

Removing junk foods from elementary schools is a step in the right direction, and an idea that enjoys broad public support, according to a recent public survey by the Canadian Dental Association. 84% of those questioned felt that all snack foods sold in public schools should be low in sugar. Governments have already identified the early childhood years as critical to future development of the child – certainly early childhood caries is a developmental barrier that is relatively easy to prevent and correct. By undertaking a broad-based health promotion approach to prevention of early childhood caries, this government could make a tremendous impact on the health of less-advantaged Canadian children.

The Canadian Dental Association recommends a needs-based approach to the creation of a social safety net aimed at providing oral care services to socio-economically disadvantaged Canadians.

The Canadian Dental Association recommends that consideration of new oral health funding or delivery models, or alteration of existing models should respect the following key principles:

- Patients should be free to attend the dentist of their choice
- Long-term relationships between dentists and patients should be encouraged and fostered
- Dentists and patients should be able to make treatment decisions in joint consultation, free from third-party interference based on coverage
- Recognize that dentists are the only oral health care providers who are able to diagnose

and make full oral health plans for patients

- That a patient's private health information should be protected both by the dentist providing care and by government institutions providing funding for care

The Canadian Dental Association recommends that the federal government investigate financial options to encourage access to dental care.

For seniors - this might include the establishment of Personal Wellness Investment Funds, which would allow seniors to transfer funds into dedicated personal wellness accounts when converting funds from Retirement Savings Funds to Retirement Income Funds.

Oral Health of First Nations and Inuit Peoples

First Nations and Inuit Canadians have distinct oral health needs from other Canadians, and different mechanisms through which to receive oral health care.

As many as 72% of First Nations and Inuit children aged two to five suffer from early childhood tooth decay (also known as baby bottle caries) and the decayed, missing, filled teeth (DMFT) rate for 12-year old First Nations Children ranges from 6.9 to 8.7[3]. This is two to three times higher than the DMFT for non-Aboriginal children in Canada where statistics are gathered, and is comparable to the DMFT rate in countries in transition such as the Ukraine (4.4) and Latvia (4.2), as well as developing nations such as Costa Rica (4.8). [4]

The Non-Insured Health Benefits (NIHB) dental plan, administered by the First Nations and Inuit Health Branch (FNIHB) of Health Canada, provides coverage for dental services in a wide range of categories. Recent improvements to the design and administration of the plan, such as the elimination of the threshold for basic care, should assist in reducing these oral health disparities. CDA is encouraged by this development and supports continued dialogue between Health Canada, patient groups and CDA towards ongoing improvement to the program and the oral health outcomes for aboriginal Canadians.

This is in keeping with this government's commitment, in Speeches from the Throne, and in meetings with aboriginal groups, to improving the quality of life of aboriginal peoples in Canada. In addition, the House of Commons Standing Committee on Health, in its report: *First Nations*

and Inuit Dental Health[5], acknowledged the need for changes and ongoing cooperation in order for the NIHB program to better meet the oral health needs of aboriginal Canadians. This issue is especially important in the context of pre-budget consultations because the federal government has an opportunity to deliver on its promises by dedicating resources to a recognized problem and in turn to foster the growth and health of individuals with this community, particularly children.

The Canadian Dental Association recommends continued evolution of the NIHB Dental program to reduce oral health disparities for First Nations and Inuit Canadians.

PROFESSIONAL ISSUES

Canadian Faculties of Dentistry

In the current harsh economic climate, Canadian Faculties of Dentistry are struggling to stay afloat. Many concurrent challenges are coming to a head together, exhausting and frustrating dental academics trying to find workable solutions.

In many ways, dental faculties are vulnerable in ways that Faculties of Medicine are not. Dental Education is more costly because of the requirement for universities to operate expensive educational dental clinics – the costs of which are up front and visible to economy-seeking university administrations. As a consequence, some Canadian universities have undertaken to "integrate" faculties of medicine and dentistry. Such integrations may be more concerned with economy than with the improvement of education for dental and medical students.

The financial problems of dental education should be of concern to the federal government. Faculties of dentistry provide dental services to a wide range of individuals, including a large number of economically disadvantaged members of the community. University dental specialty clinics –where students learn the dental specialties such as orthodontics, oral surgery, pediatric dentistry, etc.-- also provide services in these dental services to the public. In smaller provinces, the university specialty clinic may be the only source of specialized dental care in the region.

The Canadian Dental Association recommends that the federal government encourage greater financial support of dental schools on the basis of their provision of affordable dental care to many low-income individuals and families.

Dental Faculty Recruitment – "No Professors, No Profession"

Due to the increasing disparity of income between academic pursuits and private practice, there has been a reduction in professionals making the choice to pursue careers in education and research. This puts further strain on the already tightened budgets of dental faculties as they look for ways to create career promotion opportunities and special financial support programs that might attract greater numbers of high-quality dental educators.

CDA is also concerned about the potential for increased relocations to the United States, of well-qualified professors from Canadian faculties of dentistry. While the faculty recruitment problem may be partially related to demographic factors, the increasing problems faced by Canadian faculties of dentistry (and doubts about their future sustainability) must be recognized as contributing factors.

Oral and Craniofacial Research

Individuals who choose to pursue careers in academia are faced not only with reduced remuneration relative to their private-practice counterparts, but also have increasing difficulty securing research funding. Research is not only an essential component of academic life, but is vital in order to continuously improve the oral health of the population. In Canada, much of this research is conducted within Faculties of Dentistry at Canadian Universities, and most of it requires external funding. A large percentage of funding readily available to independent researchers in this country comes through the umbrella structure of the Canadian Institutes for Health Research (CIHR).

Canadian oral health researchers are widely recognized as amongst the best in the world, however, in the last year less than one percent of CIHR funding was awarded to oral researchers, despite the fact that 7% of overall national health expenditures were for oral care. This is a further reduction from 1999, when oral researchers were awarded 1.6%, which was still well below optimal levels.

When this trend is coupled with the financial constraints facing universities that are making it difficult for them to attract and retain top quality academic dentists and researchers, it is clear that we are on the cusp of a crisis situation.

The Canadian Dental Association recommends that the federal government make oral health a visible priority by allocating more proportionate funding to oral research. A minimum of 3.5% of CIHR funding should be devoted to oral health, given that oral care comprises 7% of national health expenditures.

As a result of the inadequate funding available to them, dental faculties are forced to look to other sources of revenue and savings, which also poses challenges to the continuing viability of the dental profession. Decision-makers feel that they have been painted into a corner in terms of their revenue options, and tuition fees have borne the brunt. Unfortunately, from the vantage point of the profession as a whole, ever-increasing tuition fees are short-term gain for long-term pain.

Tuition Fees

Tuition fees for Canadian dental students are already the highest of any of the professional programs.[6] With de-regulation in many provinces, this situation has grown considerably worse. High tuition fees, as well as fear of accumulating a high debt load, create socio-economic barriers to application for postsecondary education in professional programs. They may also deter people who traditionally have lower incomes, such as disabled persons and single mothers, from pursuing an education that would lead to a professional career. Over the long term, this will undoubtedly lead to a homogenization of the dental profession. While there is currently not an overall shortage of dental practitioners in Canada, rural areas often have difficulty attracting and retaining practitioners. High tuition fees will likely exacerbate this already existing shortage of dentists in rural areas.

As members of the National Professional Association Coalition on Tuition (NPACT), CDA shares a number of other concerns related to rapidly increasing tuition fees:

Decreased Access to Professional Services

Access to some professional services is already difficult for many communities. All of the members of NPACT are concerned that high debt loads will generate fewer professionals available or interested in practicing in these areas.

Effects on the Health and Well being of Students

With higher tuition fees, the stress of trying to make ends meet while in university will increase. This will have a negative impact on the health and well being of individuals studying in professional programs.

The Canadian Dental Association recommends that the federal government increase financial support for students, in the form of bursaries and scholarships. This support should be non-coercive; developed at the same time, or in advance, of any tuition increase; in direct proportion to tuition fee increases, and provided at levels that meet the needs of students.

The Canadian Dental Association recommends that funding to dental schools be increased to lessen the pressures creating tuition increases and faculty shortages.

PERSONAL FINANCES

Retirement Income

The small business and self-employed sector is the fastest growing sector of the Canadian economy. Like other small business and self-employed individuals, most Canadian dentists must plan for their retirement by investing exclusively through Registered Retirement Savings Plans (RRSPs).

The Canadian Dental Association (CDA) is a member of the Retirement Income Coalition (RIC) a broad Coalition of Canadian professional, business and seniors' organizations dedicated to reforming Canada retirement income system.

We note that Canada caps its limit for tax exempt contributions to retirement savings plans at extremely low levels compared to other industrialized countries such as the United States and the United Kingdom. The Federal Government in its 2005 Budget took steps to address this

disparity. It implemented increases to the annual limit for RRSPs to a $22,000 limit effective 2010, as well as the elimination of the 30 per cent foreign property limit for tax deferred retirement plans. We commend these steps forward and the acknowledgement that the Canadian population is aging and Canadians want to be self reliant in their retirement years.

Parental Leave

Dentistry is quickly becoming a profession with equal participation of men and women. Graduates of dental school have typically already completed an undergraduate degree, and therefore enter the working world at an age when marriage and family is a not-too-distant goal. As discussed earlier, however, they also enter the profession saddled with mortgage-sized loans to repay, and significant start-up costs if they wish to buy or establish a dental practice. Often, once the practice is established, it evolves into a family business, with the spouse of the dentist managing office affairs. But because Employment Insurance is unfairly structured, neither spouse is eligible to take parental leave, thus adding further financial stress to what could become a thriving family unit. In order to make infant care financially feasible to dentists, staff and other health care workers, CDA makes two recommendations, which echo some of the innovative ideas brought forward to the Prime Minister's Task Force on Women Entrepreneurs.

The Canadian Dental Association recommends that dentists, and other self-employed individuals, be afforded the opportunity to withdraw funds without penalty from RRSP savings in order to facilitate maternity leave – provisions for repayment shall be determined according to precedence.

CONCLUSIONS AND SUMMARY OF RECOMMENDATIONS

The CDA complements the House of Commons Standing Committee on Finance for undertaking extensive pre-budget hearings so that it may create a report to the Minister of Finance that will address the following worthwhile objectives: assuring Canadians greater levels of economic prosperity widely shared by all Canadians; and assuring the highest quality of life for all.
We trust that our recommendations will assist the Committee in creating a report to achieve these worthwhile objectives.

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the role of the Chief Dental Officer within Health Canada as an important step forward in this endeavor. As members of the Canadian Coalition for Public Health in the 21st Century (CCPH21), CDA applauds the government's decision to invest in a public health through the creation of the public health agency and the appointment of a public health officer. We continue to support the CCPH21 recommendation of sustainable funding for broad-based public health initiatives.

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The Canadian Dental Association recommends continued evolution of the NIHB Dental program to reduce oral health disparities for First Nations and Inuit Canadians.

The Canadian Dental Association recommends that the federal government take action to help financially support the dental schools on the basis of their provision of dental care, which offers affordable services to many low-income individuals and families. This increased funding would also alleviate some of the pressures driving tuition fee increases.

The Canadian Dental Association recommends that the federal government make oral health a visible priority by allocating more proportionate funding to oral research. A minimum of 3.5% of CIHR funding should be devoted to oral health, given that oral care comprises 7% of national health expenditures.

The Canadian Dental Association recommends that the federal government increase financial support for students, in the form of bursaries and scholarships. This support should be non-coercive; developed at the same time, or in advance, of any tuition increase; in direct proportion to tuition fee increases, and provided at levels that meet the needs of students.

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ENDNOTES

[1] Report of the Standing Committee on Finance, *Keeping the Balance, Security and Opportunity for Canadians,* 1997. *Communication Canada, Ottawa.*
[2] The Honourable Paul Martin, P.C., M.P., Minister of Finance, *The Budget Speech,* 1998
[3] First Nations and Inuit Regional Health Survey, National Report 1999. First Nations and Inuit Regional Health Survey and National Steering Committee.
[4] Federation Dentaire Internationale (FDI) website: http://www.fdiworlddental.org/ , Global Dental Information.
[5] First Nations and Inuit Dental Health, *Report of the Standing Committee on Health. 2003, Communication Canada, Ottawa.*
[6] Statistics Canada, The Rising Cost of Education: Average fee increase (2002/03/04) by program: (Online).