Oral Health in Canada: a Federal Perspective

Canadian Agency of Drugs and Technology in Health (CADTH)

Lisette Dufour, RDH
Senior Oral Health Advisor
Office of the Chief Dental Officer
Public Health Agency of Canada
OVERVIEW

- Office of the Chief Dental Officer
- Dental coverage and dental expenditures in Canada
- Oral Health Status of Canadians
- Challenges
- CADTH’s contributions
- Key messages
Office of the Chief Dental Officer

Health Portfolio resource, housed within the Health Promotion and Chronic Disease Prevention Branch of the Agency

Main focus:

- Provide evidence-based and expert oral health perspectives on a wide range of health policy and program development
- Oral health promotion/ disease prevention
- Needs assessment and surveillance, coordination/ management of committees
- Collaboration with federal departments/ Branches, other provincial governments, and NGO’s.
FEDERAL GOVERNMENT – DENTAL COVERAGE

- Under the Canada Health Act, provincial / territorial health insurance plans insure:

“Medically or dentally required surgical dental procedures performed by a dentist in a hospital, where a hospital is required for the proper performance of the procedures.”


- Other dental coverage at the discretion of the provincial or territorial governments.
FEDERAL GOVERNMENT - DIRECT ORAL HEALTH PROGRAMS COVERAGE

- Health Canada: for First Nations and Inuit
- Veterans Affairs: for veterans
- Department of National Defence: for military, staff, humanitarian crisis
- Royal Canadian Mounted Police: for staff
- Correctional Services Canada: for inmates
- Immigration, Refugees, and Citizenship Canada: for refugees

Other Areas of Support:
- Public Service Dental Care Plan
- Pensioners Dental Services Plan
- Non-taxation of dental benefits
- 3% of income, tax allowance
## ORAL HEALTH IN CANADA

### Expenditures - Government of Canada

<table>
<thead>
<tr>
<th>Organization</th>
<th>Expenditure</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Canada</td>
<td>$245.5M</td>
<td>2014</td>
</tr>
<tr>
<td>Veterans Affairs</td>
<td>$14.4M</td>
<td>2014</td>
</tr>
<tr>
<td>Department of National Defence</td>
<td>$27M</td>
<td>2008</td>
</tr>
<tr>
<td>Royal Canadian Mounted Police</td>
<td>$12.8M</td>
<td>2014</td>
</tr>
<tr>
<td>Correctional Services Canada</td>
<td>$4.7M</td>
<td>2014</td>
</tr>
<tr>
<td>Immigration, Citizenship and Refugees</td>
<td>$0.6M</td>
<td>2014</td>
</tr>
</tbody>
</table>

### Other Areas of Support:

<table>
<thead>
<tr>
<th>Program &amp; Benefits</th>
<th>Expenditure</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Service Dental Care Plan</td>
<td>$267M</td>
<td>2005</td>
</tr>
<tr>
<td>Pensioners Dental Services Plan</td>
<td>$69M</td>
<td>2005</td>
</tr>
<tr>
<td>Non-taxation of dental benefits</td>
<td>$1.5B</td>
<td>2005</td>
</tr>
<tr>
<td>3% of income, tax allowance</td>
<td>$0.5B</td>
<td>2005</td>
</tr>
</tbody>
</table>
ORAL HEALTH IN CANADA

Dental Care Expenditures (2012)

• Second-largest share of private-sector spending was on dental care services.

• Canadians spent $11.7 billion on private dental care, of which about
  – $7.0 billion was paid for by insurance firms
  – $4.7 billion by households.

• Represents over 6% of total health expenditures
ORAL HEALTH IN CANADA

Dental Care Expenditures (2012)

- 62% have private dental insurance
- 6% have public insurance
- 32% have no dental insurance (pay out of pocket)

Income affect

- 78% higher income, privately insured
- 50% lower income, do not have dental insurance
ORAL HEALTH IN CANADA

Percentage of People with Private Dental Insurance - by age group

Ages 6-59: 67.5%
Ages 60-79: 38.6%
47% of lower income Canadians need 1+ types of treatment

26% of higher income Canadians need 1+ types.
## ORAL HEALTH STATUS

### National Comparisons

<table>
<thead>
<tr>
<th></th>
<th>1972</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Visiting</strong></td>
<td>50%</td>
<td>74.5%</td>
</tr>
<tr>
<td><strong>Children (6-11)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence – permanent teeth</td>
<td>74% (8-10yrs)</td>
<td>23.6%</td>
</tr>
<tr>
<td>DMFT</td>
<td>2.5 (8-10yrs)</td>
<td>0.5</td>
</tr>
<tr>
<td>dmft / DMFT</td>
<td>6.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Adolescents (12-19)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence</td>
<td>96.6%</td>
<td>58.8%</td>
</tr>
<tr>
<td>DMFT</td>
<td>9.2</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edentulism</td>
<td>23.6%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Coronal Caries</td>
<td>96.1%</td>
<td>95.9%</td>
</tr>
<tr>
<td>DMFT</td>
<td>17.5</td>
<td>10.7</td>
</tr>
<tr>
<td>Root Caries</td>
<td>n/a</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
ORAL HEALTH STATUS

Oral Lesions

It is estimated that in 2015:

» 4,400 Canadians will be diagnosed with oral cavity cancer;

» 1,200 Canadians will die from oral cavity cancer

» Men are more affected (66%)

Canadian Cancer Statistics 2013
CHALLENGES IN CANADA

• Access to care challenges:
  – Cost
  – Size of the country and its isolated rural communities
  – Aging population (medically compromised, reduced mobility, mental illnesses, etc.)

• Progress has been made but the oral health status has remained of great concern for under-privileged groups:
  – Lower socio-economic status children and families
  – Indigenous populations
  – Seniors
  – New comers
Leading cause of day surgery for children 1 to younger than 5

19,000 day surgery per year

$21.2 million per year (excluding costs associated with care providers and travel to care)

Source: CIHI Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery under General Anesthesia

Remarques
Le Québec a choisi de ne pas participer à l’étude.
Données fondées sur le groupeur du SGCA 2013.
8.6 times more surgeries on children from neighbourhoods with high (versus low) Aboriginal populations

3.9 times more surgeries on children from the least (versus the most) affluent neighbourhoods

3.1 times more surgeries on children from rural (versus urban) neighbourhoods

Source: CIHI Treatment of Preventable Dental Cavities in Preschoolers: A Focus on Day Surgery under General Anesthesia
## CHALLENGES IN CANADA

First Nations and Inuit Populations Comparison Children 6 -11 years of age

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Canadian</th>
<th>First Nations</th>
<th>Inuit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>dmft</td>
<td>48%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>DMFT</td>
<td>24%</td>
<td>67%</td>
</tr>
<tr>
<td></td>
<td>dmft + DMFT</td>
<td>57%</td>
<td>94%</td>
</tr>
<tr>
<td>Mean</td>
<td>dmft</td>
<td>1.99</td>
<td>5.28</td>
</tr>
<tr>
<td></td>
<td>DMFT</td>
<td>0.49</td>
<td>1.87</td>
</tr>
<tr>
<td></td>
<td>dmft + DMFT</td>
<td>2.48</td>
<td>6.58</td>
</tr>
</tbody>
</table>
CHALLENGES IN CANADA
First Nations and Inuit Teenage Population

![Bar chart showing prevalence of dental issues among Canadian, First Nations, and Inuit teenagers.](chart.png)
Almost 50% of seniors had root decay and gum disease;

With retirement, the CHMS highlighted a decrease in dental insurance coverage;

Seniors / Long-Term Care Residents’ study
  • 44% to 51% still have untreated decay in their mouth

Left with Needs Resources
CHALLENGES IN CANADA

• Increase in the number of visits to hospital emergency & associated costs:
  ➢ Report to the Ottawa Board of Health November 2015:
    • Ottawa Hospital
    • In 2004, 1,140 visits at the hospital emergency for dental pain versus in 2014 where visits have increased to 1,740 @ $513. (900K).

  ➢ Data from a US Study in 2013:
    • 2 million visits related to dental pain ranging from $400 to $1,500 per visit (800M – 3B).

• The dental problem remains unsolved;
• Increase in the use of painkillers and antibiotics.

Source:

http://app05.ottawa.ca/sirepub/cache/2/b5niv1dmihhf13zxju24cyaa/31943402232016013732350.PDF
http://www.ada.org/~/media/ADA/Public%20Programs/Files/ER_Utilization_Issues_Flyer.ashx
CHALLENGES IN RESEARCH

• Identify the gaps in knowledge;
• Emphasize the importance of integrating research on oral inequalities, with wider approaches to reducing health inequality as a whole;
• Recognize the importance of multi-disciplinary and translational research seeking input from a range of social scientists and health professionals;
• Develop disease-prevention strategies based on broad social and environmental determinants of health;
• Advocate for the inclusion of oral health with other health sectors in all policies.

http://www.fdiworldental.org/media/77552/complete_oh_atlas.pdf
CADTH CONTRIBUTIONS

Rapid responses for the OCDO on:

• Use of dental amalgam and composite resins.

• Mouth guards in contact sports and their relation with concussions.

• Oral health risk assessment particularly with the risk of tooth decay with children under 7.
TO CONCLUDE...

• Recognition and consideration of oral health matters;
• Poor oral health has a significant financial burden to health care systems and those concerned;
• Oral health and general health are closely related and should be considered holistically;
• Need to focus on a common risk factors approach.

We need multi-sectorial collaborations – oral health specialists should be at the table!