

Oral Health: Its Place in a Sustainable Health Care System for Canadians

A Submission to:

The Commission on the Future of Health Care in Canada

Federal/Provincial/Territorial Dental Directors

January, 2002

**Federal/Provincial/Territorial Dental Directors (FPTDD)
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What the submission is about.

The stated mandate of the Commission on the Future of Health Care in Canada is to “make recommendations on sustaining a publicly-funded health system that balances investments in prevention and health maintenance with those directed to care and treatment.”

The Federal, Provincial and Territorial Dental Directors (FPTDD), through this submission would like to point out the huge omission of oral health from health care in general, and to make specific recommendations that can, in a sustainable way, assist Canadians to achieve, maximize or maintain their own optimal level of oral health. Our organization realizes that although a strong case can be made for inclusion of ‘dentistry’ in the Medicare system, large increases in the structure and funding of Medicare are not the objective of the Commission. We will, therefore, make recommendations based on establishing direction and organizational structure in the delivery of oral health care services in Canada, and on assisting Canadians to become less reliant on the system.

In this submission, we hope to point out some of the problems and barriers facing many Canadians in achieving their own optimal oral health, and as well some of the problems inherent in the current method of delivery of oral health care services. Throughout the document are several recommendations that we feel would be useful in helping to formulate a rational approach to oral health care in Canada. Although we recognize that the Commission will not be able to solve all of the problems in this area, we are hopeful that setting in place a method of structured approach can allow for better planning in future changes.

What is the Federal/Provincial/Territorial Dental Directors organization?

The Federal/Provincial/Territorial Dental Directors (FPTDD) organization is made up of the Directors of Dental Public Health and/or Senior Dental Consultants for each of the provinces and territories in Canada, as well as the Senior Dental Consultant for the First Nations and Inuit Health Branch (FNIHB). As will be pointed out in this brief, missing from the organization is a Senior Dental Consultant for the Government of Canada. Currently and regrettably, this position does not exist within the structure of the federal government.

The purpose of the FPTDD is to enhance the effectiveness of public dental programs in order to improve the oral health of Canadians. Although the oral health of the majority of Canadians has improved over the past three decades, inequities exist in rates of disease and access to dental care. One quarter of the population are at higher risk of oral diseases, and public programs, based on prevention of disease, promotion of health and reduction of the barriers that limit access to prevention and treatment, need to be targeted primarily to this group in order to be effective.

The terms of reference for the FTPDD are attached as Appendix 1, to this document.

Why a submission to the Commission on the Future of Health Care in Canada?

Oral health is integral to good general health. As quoted from the Surgeon General's Report in the United States, "You cannot be healthy without oral health. Oral health and general health should not be interpreted as separate entities. Oral health is a critical component of health and must be included in the provision of health care and the design of community programs." In the past, oral health has been viewed separately from general health and has been excluded from the health care system. For example, an infection in any part of the body would be treated under Medicare, except if the infection is in a tooth or its surrounding structures. The reasons for this exclusion are not clear.

Canada as a nation has no national oral health strategy or plan, no leadership from the federal level, and no relevant, recent, coordinated national database or monitoring of oral health or disease. This is in spite of the fact that spending on oral health care in Canada exceeds six billion dollars annually - over seven per cent of all health care expenditures.

The FPTDD feels that the lack of central leadership and planning constitutes a major gap in the health care system. Governments, as representatives of the people of Canada need to be the ones who provide this leadership and planning. We are asking the Commission to look at our recommendations in this submission, and to consider making strategic planning for improvements in oral health part of the agenda for a sustainable health care system in Canada.

What are the problems?

Following are some of the problems facing the country and individual Canadians regarding oral health, as well as some recommendations for improving oral health at the community level. We tend to look more at setting in place a strategic plan to move the whole area of oral and dental health forward in a sustainable way, rather than suggesting that the costs of dental treatment be included in the Medicare system.

1. Lack of leadership, structure and a strategic plan

Currently Canada has no National Oral Health Strategic Plan. Although health comes under provincial jurisdiction, it is important that we as a nation have strong leadership from the Federal Government to work with the provinces and territories in establishing a framework in which oral health can be properly recognized as a very important component of general health and developed within the whole concept of health. Many developed and developing countries have at least parts of oral health incorporated into their

health systems, and have central planning for improving oral health. In the United States, there are measurable goals established in their Healthy People 2010 document¹. They are also in the process of establishing a National Oral Health Plan, as was recommended in the Surgeon General's Report on Oral Health.²

In Canada, there is no Senior Dental Consultant reportable to the Federal Minister of Health. Although this position was present in the past, it became vacant in the mid-nineties and was never filled. As a result of this position being vacant, there is a vacuum of leadership at the national level, and there is no one available or mandated to move oral health issues forward within the overall concept of health, or to work on the preventive, promotional or integrative aspects of oral health. Although regional differences and responsibilities need to be respected, coordination between the provinces is lacking.

There is a wide variation in the leadership positions within the provinces and territories. Some provinces and territories have full-time dental directors/consultants, whose duties involve strategic planning and monitoring, while others have minimal recognition of oral health. In New Brunswick, there are no dental personnel within government at all, and in Alberta, dental services are administered totally on a regional basis, with central planning and monitoring being left with the University of Alberta, but with no mechanism for policy development at the provincial government level.

Recommendations:

- *That a Federal Senior Dental Consultant position be established and filled, with the initial duties of working with the provinces and territories toward*
 - *The establishment of a national oral health strategic plan;*
 - *The development of an ongoing electronic database of oral health status;*
 - *The establishment of definitions for 'oral health' and 'minimal oral health' at the individual and community levels;*
 - *The development of oral health indicators and goals, as well as programs and legislation that can help attain those goals; and*
 - *The establishment of a system of monitoring oral health.*

- *That each province and territory assure that it has dental personnel trained or knowledgeable in policy development and dental public health, and with a reporting mechanism at a high level within the health system, in order to provide planning for oral health improvement within the province or territory.*

2. Oral Health is not sufficiently recognized as an important part of general health.

As stated previously, oral health is integral to general health, and one cannot have good general health without good oral health. Oral health is essential for some of the most important aspects and routine functions of daily living - eating, communicating, socializing and self esteem. In addition, children cannot develop or learn as well if they are suffering from dental problems.

When considering oral health as a part of general health it should be realized that:

- Dental decay and periodontal disease (gum disease) are infectious diseases.
- Almost all oral/dental disease is preventable.
- Safe, easy and effective preventive measures are available for preventing dental diseases.
- Early Childhood Tooth Decay (ECTD - a profound type of tooth decay with early onset and rapid progression) affects significant numbers of young children - between 5% and 60% of the young child population, depending on which segment of population is surveyed. There are linkages between ECTD and Failure to Thrive (FTT), problem eating, poor sleep and poor behavior.³ The majority of general anaesthetics performed in hospitals for preschool children are for treatment of dental decay.
- There are linkages between periodontal disease and Pre-term Low Birth Weight (PLBW) babies, cardiovascular disease, strokes and respiratory disorders.³
- There are linkages between poor oral health, and malnutrition and involuntary weight loss in seniors.³ There are also suspected linkages between poor oral health and depression in the elderly.

Recommendation:

- *That the Federal Government undertake a major educational/promotional campaign for the purpose of educating and informing Canadians of the linkages between oral health and general health, and the benefits of good oral health.*

3. The Medicare System covers very few services related to oral health.

There are very few oral/dental health services covered under our Canadian Medicare system. Although a good case can be made for inclusion of dental care under the Medicare system, especially for certain groups such as maternal and child care, it is recognized that this is not likely to happen in the foreseeable future. There are, however, several disease entities in which oral/dental care is an essential and even critical aspect of the overall treatment, but where the necessary dental treatment is not always an insured benefit of our health care systems in each province or territory. Examples of this include:

- Congenital defects such as cleft palate, and other craniofacial syndromes.
- Oral effects of radiation therapy to the head and neck.
- Leukemia and other types of cancer
- Heart defects, myocardial infections
- Renal and heart transplants
- Diseases of the immune system (HIV, etc.)
- Hemophilia and other blood disorders.

Recommendation:

- *Where oral health care services are integral to the success of medical health outcomes, insured benefits should be available for the costs of the dental services.*

4. Access to care and delivery of oral health care services.

In Canada, almost all dental services are delivered in private dental offices on a fee-for-service basis. For most of the population this has worked well in the past and great improvements in the level of oral health have occurred. These same improvements have not occurred, however, for approximately 25% of the population, who have a disproportionate burden of disease and little or no access to services. Surveys have shown that disease rates are higher for the poor, seniors, immigrants, First Nations people, etc., - ie.

those groups with the least access to traditional dental care services.

With rising costs of dental care, usually exceeding rises in the consumer price index, more and more people who do not have third party insurances are being excluded from being able to access routine dental services. Fortunately, private third party dental insurances have expanded over the past two decades and have been a great benefit in covering the costs for much of the population. However in the future it is less likely that these insurances will expand further, and rising premiums for them are making them non-sustainable. In some scenarios, employees are offered optional packages from which to choose benefits and the dental benefit may not be chosen in all cases. In addition, many people lose their dental insurance upon retirement. There will always be a segment of the population who will not have third party dental insurances, or other means of access to the traditional types of service delivery. It will be necessary to investigate and facilitate the development of other types of service delivery for those affected.

In the next decade, the baby boomers will enter into their senior years. Many of these people will have more of their own natural teeth than in past generations, and may become more reliant on care givers to assist them in oral care. The planning for this demographic change needs to take place now.

Public dental programs in most provinces and territories cover only limited services for welfare clients, and very basic children's dental services for only the poorest of the poor. Also, there is no consistency in provincial public programs, and no portability of services from one province or territory to another. For First Nations people, clarification is necessary on which jurisdiction (federal or provincial) is responsible for the provision of services. A listing of public dental programs in the provinces and territories is available from the web site of the Canadian Association of Public Health Dentistry.⁴

Accreditation of public dental programs is in its infancy. As public dental programs become more integrated into community health programs, the accreditation process of the Canadian Council of Health Services Accreditation⁵ will need guidelines and indicators to be able to thoroughly assess and compare public dental programs. An accreditation process would assist the delivery of programs, assuring that they are effective and efficient and that they are leading to measurable health outcomes. It could also bring more consistency to programs across the country.

Dental legislation (Dental Acts) is controlled by the Dental Regulatory Bodies in the provinces. Governments do not have direct control over the practice of dentistry or the practices of any dental professionals, including dentists, dental therapists, dental hygienists, denturists, technicians and assistants. These professionals are either self-regulating, unregulated, or are subject to the control of another professional body. Many of the dental acts are old, do not adequately address the issues of delegation, supervision and scope of practice and can be somewhat restrictive in terms of access to treatment. In addition, Acts and Regulations are often written with only the traditional dental practice setting in mind. This can lead to difficulties in implementing oral health care programming in non-traditional practice settings (e.g., long-term care facilities, community health centers, schools, community clinics, public health settings, etc.). Central leadership is required to ensure that provincial/territorial governments consider non-

traditional dental care settings when reviewing legislation and policy. In addition, there needs to be commitment to review dental legislation on a regular basis, with access to care as one of the main criteria in a review.

Recommendations:

- *That the federal government and provinces/territories investigate alternative delivery systems for the segments of Canadian society who do not have access to traditional fee-for-services dental services.*
- *That research be conducted, and planning initiated, for meeting the needs of the rapidly growing number of seniors who have more of their own natural teeth and may be reliant on others for their preventive and treatment oral care needs.*
- *That the federal government, provinces and territories through the FPTDD, work with the Canadian Council of Health Services Accreditation to develop criteria, indicators and guidelines for the accreditation of publicly-funded dental programs.*
- *That the provinces and territories review legislation, especially as it pertains to access to care and facilitating alternate delivery systems.*

5. Inequities in oral health

Although dental decay rates have decreased dramatically in the past three decades, and the majority of Canadians are benefiting from improved oral health, the following trends have been noted:

- most recently, the reduction in decay rates has leveled off and in some areas a slight increase in decay rates is becoming evident.
- there are segments of the population that are disproportionately affected by dental decay, and for those people dental decay is a major health problem. Also, those segments are ones in which access to dental care is an ongoing issue.

Rather than go into examples of the inequities in oral disease, we refer to the excellent submission to the Commission on the Future of Health Care in Canada from the Canadian Association of Public Health

Dentistry, which is also available from the web site of that organization.⁶ In addition, a recent article in the Journal of the Canadian Dental Association on a Canadian Perspective of the U.S. Surgeon General's Report on Oral Health in America provides good background on the inequities in oral disease and in the interrelationship between oral health and general health.⁷

The inequities in oral disease can only be challenged and rectified if:

- Adequate research is conducted in the prevention of oral diseases;
- Alternate delivery systems tailored to the needs of the disadvantaged are implemented and/or enhanced; and
- Legislation and programs in all health and environmental agencies are considered that make healthy choices the easiest choices for Canadians to make.

Recommendations:

- *That the Canadian Dental Faculties as well as the provinces and territories conduct further research in oral health and research into the reasons for differences in oral health amongst individuals and amongst different segments of the population, and that this research be adequately funded and promoted.*
- *That alternate dental delivery systems be explored, which improve access to prevention and treatment services for those people that the fee-for-service system does not adequately assist.*
- *That legislation in all health and environmental agencies consider the choices that people make regarding health, and that healthy choices be facilitated and easier to make than non-healthy choices.*

6. Barriers to Optimal Oral Health

There are barriers to the access of health care services that need to be reduced in order for disadvantaged groups to achieve equal opportunities in accessing dental treatment and preventive dental services. The barriers include:

Financial Barriers - under the present fee-for-service private system, only those people who can afford

services, or who have dental insurances and can afford the co-payments, have access to services. If dental care were part of Medicare, this would remove the financial barrier to treatment, but as long as it is not, other ways are needed (such as alternate delivery systems) to make dental care services available to all.

Geographic Barriers - communities that do not have dental services available to them require better integration of preventive services with other health jurisdictions, as well as alternative means of providing diagnostic, preventive and treatment services.

Social Barriers - some groups in society are intimidated by, or feel uncomfortable in, a private office setting. Alternative delivery systems that are socially acceptable to these groups need to be available to them. These groups can include the poor, immigrants (especially where language, cultural or background differences exist) and First Nations people.

Legislative Barriers - legislation needs to facilitate access to treatment and alternate delivery systems. There are examples of quality, cost-efficient alternate dental health delivery systems in Canada and in other countries – legislation should not be an impediment to implementation of them, provided they can demonstrate improved access and/or quality of care.

In addition to making adequate dental services available to all Canadians, it is also important to help people become less reliant on services and more in control of their own health. Nearly all oral diseases are preventable through safe, effective and simple means. It is necessary to educate people of this fact and provide them with the knowledge and skills to be able to take control of their health.

Recommendations:

- *That the reduction of barriers to oral health (and all areas of health) be a cornerstone of changes in delivery systems in the future.*
- *That the Federal Government through the mechanism of funding transfers ensure that some of the resources are used for reduction of the barriers to oral health care (financial, geographic, social and legislative barriers).*

7. Lack of evidence in establishing/changing programs and services.

In order to deliver effective, accessible public dental programs, and services through private dental offices, there is a need for evidence-based decision making. It is important to know the relative effectiveness of preventive regimens and treatment services in order to effectively utilize available resources where they will provide the best health outcomes. Clinical Practice Guidelines need to be produced which will assist governments and practitioners in the delivery of oral health services. The best health outcomes, through the most cost-effective methods should be the principle focus of clinical practice guidelines.

There is a start in the process of gathering evidence for oral health, through the Canadian Collaboration on Clinical Practice Guidelines In Dentistry (CCCD), a creation of the Canadian Dental Association. The CCCD will be conducting a thorough process of determining the evidence for many aspects of dentistry. The process will be very long, however, and requires adequate funding. Through a position of strong leadership, the Government of Canada should be assisting this process as well. Years ago, when there were senior dental consultants, and before the days of ‘evidence-based health care’, Health Canada did excellent work in producing guidelines based on the evidence of the day in areas such as Dental Radiology, and Preventive Dental Care. This needs to be revived, through the position of a Senior Dental Consultant at the federal level, and using modern methodology in assessing evidence. The process should be complimentary to the fine efforts of the Canadian Collaboration on Clinical Practice Guidelines in Dentistry.

Recommendation:

- *That through a federal Senior Dental Consultant, the Government of Canada initiate a process of evidence-based-dentistry research, complimentary to, and assisting the efforts of the Canadian Collaboration on Clinical Practice Guidelines in Dentistry.*

Strategy for the Improvement of Oral Health of Canadians

As an important aspect of the health of Canadians, Oral Health should be a major consideration when addressing the needs for a sustainable, accessible, effective health care system.

The Federal/Provincial/Territorial Dental Directors realize that change evolves over a period of time and

not all recommendations can be implemented immediately. The best starting point is with a framework from which future changes can be made, and this framework does not exist at this point in time. The two most important aspects of such a framework would be:

- a) A recognition of the fact that oral health is an important, integral component of general health; and
- b) National leadership to work with the provinces and territories toward oral health improvements in Canadian society.

There is a need in this country for a National Oral Health Strategy, which can only be developed by the federal government in coordination with the provincial and territorial governments, and with input from all stakeholders including providers (such as the Canadian Dental Association, Canadian Dental Hygienist Association, etc.), and citizens (especially groups representing the disadvantaged). In the same way that Medicare is developed by governments, with input from the national and provincial medical associations, an oral health strategy should be developed by governments with input from the relevant stakeholder groups.

A federal government Senior Dental Consultant needs to be appointed with the initial mandate of working collaboratively with the provinces, territories, providers and the public toward:

- Developing a National Oral Health Strategy.
- Developing measurable national oral health goals, and strategies that could be picked up by the provinces or regions to attain these goals.
- Developing a universally usable database of oral health indicators, and monitoring trends of oral health.
- Establishing definitions of oral health, minimal oral health at the individual level, and minimal oral health at the community level.
- Assisting the provinces and territories in developing provincial/territorial strategies to improve oral health.
- Working collaboratively with the Canadian Dental Association (the CCCD), the Canadian Dental Hygienist Association, other affiliated associations and Canadian Dental Faculties in developing clinical practice guidelines based on sound evidence.
- Promoting good oral health and informing the public of the linkages of oral health with general health.
- Developing resources for Canadians and for health care workers to use for the improvement of oral health.
- Implementing strategies towards making people more self reliant (ie.- increase acceptance of responsibility for their own health)
- Increasing research on oral health diseases and treatments.
- Incorporating the best evidence in decision making in all oral health issues and programs.

In addition to setting the framework to direct future evolution of oral health care in Canada, it is necessary to investigate alternate forms of dental care delivery in order to make dental care accessible to the millions of Canadians who now do not have access to basic services.

Legislation, both in the forms of provincial and territorial Dental Acts, and of general health and environmental legislation, should be reviewed to assure that there are no impediments to accessibility of oral care and to work toward making healthy choices the easiest choices for Canadians.

Lastly, the Medicare system should be looked at to see about inclusion of more dental services, especially where dental treatment is an essential component in the treatment of other diseases or conditions.

Conclusions

Oral health is one of the most important, yet most overlooked, aspects of general health. It is integral to good general health - without good oral health, one cannot attain good general health. There are known linkages between oral disorders and general health conditions, but in spite of this, oral health is not covered under the Medicare system. Good oral health is important for many aspects of daily living, such as eating, talking, socializing and for our self-esteem.

Great improvements have been made over the past three decades in reducing dental decay rates and in treatment modalities. A significant portion of Canadian citizens, however, have not benefited from these improvements and have disproportionate levels of disease and limited access to dental care. Higher levels of oral diseases are found amongst the poor, the disabled, seniors, First Nations, and immigrants. For these people particularly, there are significant barriers standing in the way of dental services and good oral health.

Dental diseases for the most part are preventable through safe, effective and simple means. The way of the future is through more education, prevention and promotion activities, directed mostly to the disadvantaged.

The Federal/Provincial/Territorial Dental Directors believe that significant improvements in the oral health of Canadians can be attained through a sustainable, effective and accessible health care system, provided oral health is recognized as an important component of the health care system and strong leadership towards a planned approach is implemented. We ask the Commission on the Future of Health Care in Canada to give good consideration to our recommendations and make Oral Health a vital component of Health Care.

For more information or clarifications on the contents of this submission the following people can be contacted:

Dr. Barry Maze, Chairperson, Romanow Commission Submission Committee
Phone 902-368-4915. Email dbmaze@ihis.org.

Dr. Steven Patterson, Current Chairperson, Federal/Provincial/Territorial Dental Directors.
Phone 780-492-8240. Email steven.patterson@ualberta.ca

Appendices
Appendix 1 – Terms of Reference

**TERMS OF REFERENCE
FOR THE
FEDERAL, PROVINCIAL AND TERRITORIAL
DENTAL DIRECTORS AND CONSULTANTS WORKING GROUP**

Preamble

The Federal, Provincial and Territorial Dental Directors and Consultants Working Group addresses the oral health concerns of Canadians in a national venue. The Working Group represents the interests of Federal, Provincial and Territorial governments in developing and promoting optimal oral health through the development of national oral health strategies, while respecting jurisdictional responsibility for the delivery of health care service and policy development.

Activities

- < To identify emerging oral health issues of importance to the public;
- < To advise the Public Health Working Group on the process to respond to oral health matters;
- < To develop recommendations to achieve more effective Federal/Provincial/Territorial dental public health systems;
- < To liaise with stakeholders groups on oral health issues;
- < To develop a national oral health strategy and to advise on policy recommendations;
- < To work toward coordinated and collaborative data collection efforts and evaluation/analysis processes.

Membership

The members of the Forum are the senior dental directors or consultants or their designate from each province and territory, and Health Canada.

Meetings

The Working Group shall meet at least twice annually, supplemented by conference calls as required. The location of the meeting will be determined by group consensus, but will rotate amongst the membership.

Chair

Decided jointly by the Working Group.

Funding

Shared funding between agencies as determined by consent.

Reporting mechanisms

Minutes, reports and recommendations from the Working Group and any sub-committees will be circulated to all Working Group members for distribution to their respective organizations as appropriate.

Secretariat

The secretariat services for the Working Group will be provided by Health Canada, with minutes being recorded by the hosting agency.

Observers and Guests

Observers and guests may attend a defined portion of a meeting of the Working Group through a formal request to the Chair and subject to the approval of the Working Group membership. The Working Group will allow stakeholders engaged in dental public health activities to discuss their concerns and identify issues, which can be investigated.

Appendix 2 - List of FPTDD Recommendations in this submission

1. That a Federal Senior Dental Consultant position be established and filled, with the initial duties of working with the provinces and territories toward:
 - The establishment of a national oral health strategic plan;
 - The development of an ongoing electronic database of oral health status;
 - The establishment of definitions for ‘oral health’ and ‘minimal oral health’ at the individual and community levels;
 - The development of oral health indicators and goals, as well as programs and legislation that can help attain those goals;
 - The establishment of a system of monitoring oral health.
2. That each province and territory assure that it has dental personnel trained or knowledgeable in policy development and dental public health, and with a reporting mechanism at a high level within the health system, in order to provide planning for oral health improvement within the province or territory.
3. That the Federal Government undertake a major educational/promotional campaign for the purpose of educating and informing Canadians on the linkages between oral health and general health, and the benefits of good oral health.
4. That where oral health care services are integral to the success of medical health outcomes, insured benefits should be available for the costs of the dental services.
5. That the federal government and provinces/territories investigate alternative delivery systems for the segments of Canadian society who do not have access to traditional fee-for-services dental services.
6. That research be conducted, and planning initiated, for meeting the needs of the rapidly growing number of seniors who have more of their own natural teeth and may be reliant on others for their preventive and treatment oral care needs.
7. That the federal government, provinces and territories, through the FPTDD, work with the Canadian Council of Health Services Accreditation to develop criteria, indicators and guidelines for the accreditation of publicly-funded dental programs.
8. That the provinces and territories review legislation, especially as it pertains to access to care and facilitating alternate delivery systems.
9. That the Canadian Dental Faculties as well as the provinces and territories conduct further research in

oral health, and further investigation into the reasons for differences in oral health amongst individuals and amongst different segments of the population, and that this research be adequately funded and promoted.

10. That legislation in all health and environmental agencies consider the choices that people make regarding health, and that healthy choices be facilitated and easier to make than non-healthy choices
11. That the reduction of barriers to oral health (and all areas of health) be a cornerstone of changes in delivery systems in the future.
12. That the Federal Government through the mechanism of funding transfers ensure that some of the resources are used for reduction of the barriers to oral health care (financial, geographic, social and legislative barriers).
13. That, through a federal Senior Dental Consultant, the Government of Canada initiate a process of evidence-based-dentistry research, complimentary to, and assisting the efforts of the Canadian Collaboration on Clinical Practice Guidelines in Dentistry.

References

¹ Healthy People 2001 . Available at

<http://web.health.gov/healthypeople/document/html/volume2/21oral.htm>

² Surgeon General Report on the Oral Health of Americans - accessible at

<http://www.nidcr.nih.gov/sgr/sgr.htm>

³ Oral disorders, systemic health, well-being and the quality of life. Locker D, Matear D. 2000. Community Health Services Research Unit, Faculty of Dentistry, University of Toronto. pages 1-17.

Available on the CAPHD website at <http://www.caphd-acsdp.org/articles1.html>

⁴ Listing of Public Dental Programs in Canada. Web site of the Canadian Association of Public Health Dentistry. <http://www.caphd-acsdp.org/programs.html>

⁵ The Canadian Council of Health Services Accreditation. <http://www.cchsa.ca>

⁶ Canadian Association of Public Health Dentistry Submission to the Commission on the Future of Health Care in Canada. Also available at <http://www.caphd-acsdp.org/news.html>

⁷ The U.S. Surgeon General's Report on Oral Health in America: A Canadian Perspective. Lawrence HP, Leake JL. JCDA Nov 2001, Vol 67, No. 10. Also available in full version at <http://www.cda-adc.ca/jcda/vol-67/issue-10/eng/587.html>