NL Initiatives in Oral Health – Documents and History

Forum: Increasing Capacity to Inform Oral Health Policy

October 21, 2009
Overview

- Background - History
- Process for OHP
- Draft OHP
- Provincial Plans/Strategies
- Next Steps
Background – NLDHP History

- Dental Health Plan - Introduced early 1950’s
- Focus on children
- First universal program in Canada
- Social Assistance Component Added
Background – NLDHP History

- MCP fees frozen – 1992 rates
- Balance Billing introduced
- Decrease in utilization rates
- Proposal to Cabinet
Background – NLDHP History

- Cabinet approved Budget increase
- Balance billing eliminated
- Other elements - Poverty Reduction Strategy
Impetus for an Oral Health Plan

- Oral health means much more than healthy teeth
- Oral health is integral to overall health
- Safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease
- General health risk factors, such as tobacco use and poor dietary practices, also affect oral and craniofacial health

Many people experience needless pain and suffering, complications that devastate overall health and well-being, as well as financial and social costs that diminish their quality of life.

Tooth decay is the single most common chronic childhood disease - 5X more common than asthma and 7x more common than hay fever.

Nearly 25% of Americans between the ages of 65 and 74 have severe periodontal disease.
Building an OHP

The Building Blocks:
- Population Health Model
- Wellness Plan
- Presentations by NLDA
- Stakeholder Consultation Sessions
  - 4 sessions held: one in each of the four Regional Health Authority areas
- Discussion Document
- What We Heard Document
- Interviews
- Internet/Literature Research
- Regional Health Authorities
Draft Oral Health Plan - Overview

- *Go Healthy: Keep Smiling*
- Aligned with Provincial Wellness Plan
- Targets all segments of society across the full life cycle
- Part of long-term strategic plan of the Department that has a vision for individuals, families and communities achieving optimal health and well being
Department’s Strategic Goals

- Improve population health
- Strengthen public health policy
- Improve accessibility to priority services
- Improve accountability and sustainability in the delivery of services within available resources
Social Determinants of Health

Factors that determine health:

- Social support networks
- Income and social status
- Employment and working conditions
- Social environments
- Physical environments
- Education level
- Healthy child development
- Health services
- Personal health practices and coping skills
- Biology
- Gender
- Culture
Guiding Principles

- Collective and Collaborative
- Integrated
- Evidence Informed
- Sustainable
- Accountable
Partnerships

- Other Government Departments
- Regional Health Authorities
- Newfoundland and Labrador Dental Association
- Newfoundland and Labrador Dental Board
- Newfoundland and Labrador Dental Hygienists Association
- Newfoundland and Labrador Dental Assistants Association
- Newfoundland and Labrador Denturists Association
- Federal Government
- Nunatsiavut Government
- Innu Nation
- Mushuas Innu Band
- Municipal Governments
- Non-government Organizations
- Community Groups
Key Directions

- Raise awareness of oral health as a public health issue and as an important component of general health
- Improve knowledge and skills related to self care in oral health
- Improve access, particularly for at risk populations
- Monitor and evaluate oral health status and access
Key Direction #1 – Raise Awareness

- Poor oral health has potentially serious physical and social repercussions
- There are high costs associated with untreated conditions
- Dental disease is largely preventable
- OHP seeks to raise the understanding of oral health as a significant health issue
Key Direction #1 Raise Awareness – Proposed Actions

- Include oral health as part of government policies and programs
- Raise the profile of oral health at FPT forums
- Partner with the federal government on its oral health initiatives
- Investigate the effectiveness and cost benefits of public health initiatives such as fluoridation and dental sealants
- Work with RHAs to identify under serviced areas
- Expand oral health capacity in Dept/RHAs
Key Direction #2 – Improve Knowledge and Skills

- Oral health, like most aspects of health is dependent upon a partnership between the individual/family and dental care providers.
- People need to appreciate and accept that good oral hygiene really can make a significant difference in offsetting decay and that tooth loss is not inevitable.
- Personal hygiene is not costly, nor onerous.
Key Direction #2 – Improve Knowledge and Skills – Proposed Actions

- Develop a combination of oral health promotion activities
- Develop appropriate messaging/toolkits for specific groups
- Work with governments and agencies of Aboriginal peoples to support appropriate messaging and oral health promotion
- Work with schools and sports organizations on messaging related to wearing proper protective equipment
- Educate individuals/families through health professionals – dentists, dental hygienists, dental assistants, physicians, nurses and nutritionists
- Build partnerships with stakeholder groups (e.g., Seniors Resource Centre, Independent Living Resource Centre)
Key Direction #3 – Improve Access

- Oral health is improving among many sectors of the population, i.e., those with higher incomes, private insurance and higher education.
- Those at higher risk such as many persons with lower incomes, seniors and Aboriginal peoples, are not experiencing these improvements.
- Access to dental health services is essential to improving the oral health of the total population.
- Potential barriers to access include geographic, physical, financial and human resources.
Dentists by RHA (2009)

- Eastern (61%)
- Western (14%)
- Labrador-Grenfell (12%)
- Central (13%)
Key Direction #3 – Improve Access - Proposed Actions

- DHCS and RHAs work with NLDA, NLDB and other partners to support more innovative approaches to service delivery, notably in rural and remote areas.
- Develop mechanisms to meet oral care needs of seniors in community and residents in long term care facilities, including training for caregivers.
- Develop mechanisms to respond to the needs of disabled persons in community and in institutions.
- Include dentists on Primary Health Care Teams.
- Improve recruitment and retention strategies.
Key Direction #4 – Monitoring and Evaluation

- Monitoring and evaluation activities are essential in ongoing development of the appropriate policies, planning service delivery and maximizing the available resources.
- Data sources need to be developed that will allow the surveillance of standardized oral health data over time.
- Baseline data is important in relation to specific at risk populations.
- Good data collection will support Government’s commitment to being accountable.
Key Direction #4 – Monitoring and Evaluation – Proposed Actions

- Monitor on a regular basis expenditures and utilization by specific age groups and service types under the NLDHP
- Monitor and evaluate the implementation of the Oral Health Plan
- Support epidemiological studies of select populations and/or select geographic areas (e.g., children, seniors, Labrador)
- Consult/collaborate with stakeholders/partner agencies - the NLDA, NLDB, NLDHA, the Seniors Resource Centre, the Independent Living Resource Centre, NLCHI, NLCAHR and Dalhousie
Provincial Plans/Strategies

- Wellness Plan
  - Provincial Food and Nutrition Policy
  - Healthy Students, Healthy Schools
  - Tobacco Control
  - Injury Prevention

- Healthy Aging Policy Framework

- Public Health

- Primary Health Care

- Early Childhood
Provincial Plans/Strategies (cont’d)

- Poverty Reduction Strategy
- Violence Prevention Initiative
- Immigration Strategy
Next Steps

- Continue to Work on OHP
- Seize opportunities for oral health promotion
- Seek funding
- Implement OHP
- Support OHP initiatives under other Plans
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Thank-you