First Nations Oral Health

Introduction:
The Oral Health Status of First Nations and Inuit Canadians requires serious attention. Through its Throne Speech, this government identified the need for action to improve the quality of life of First Nations peoples in Canada, and yet, the condition of their mouths more closely resembles those of third-world residents than those of other Canadians.

First Nations and Inuit Canadians are unique not only in their need for dental care, but also in the delivery system available to provide for that care. The federal government plays an integral role in the delivery of care to First Nations and Inuit People through the dental portion of the Non-Insured Health Benefits (NIHB) program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada. This is a well-intentioned program but it is suffering from serious flaws.

Facts:

! Decayed, missing, filled teeth (DMFT) rate for 12-year old First Nations Children ranges from 6.9 to 8.7 \(^ i \). By comparison, non-aboriginal Ontario 13-year-olds have a DMFT rate of 1.7. Caries rates are much higher among aboriginal Canadian youth than children in countries in transition such as Croatia (2.5), Estonia (4.1) Latvia (5.8) \(^ ii \).

! 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)\(^ iii \).

! Periodontal disease is rampant – close to three-quarters of a surveyed First Nations population experienced bleeding from the gums at one or more sites\(^ iv \). Periodontal disease may exacerbate diabetes, pregnancy outcomes such as low-birth weight babies, and heart disease – major health concerns.

! Utilization rates of the NIHB dental program are low – only 38% of the covered population compared to 67% for pharmacy\(^ v \). Of those who do arrive at the dental office, many patients go home untreated awaiting the ruling of a burdensome “pre-determination” process carried out by government and do not return afterwards.

Consequences:
Poor oral health may result in more than the loss of teeth, it can also impact on both the physiological and psychological health of the individual. Individuals who suffer from visibly poor oral health are disadvantaged when seeking employment, and embarrassed by common social interactions.
Recommendations:
The Canadian Dental Association recommends that government significantly strengthen the health promotion portion of the NIHB program, including increased education on the importance of regular dental visits and the connection of oral health to overall health.

The Canadian Dental Association recommends that funding to the NIHB program be focused on the provision of care, rather than administrative processes and invasive on-site audits. Additionally, the “pre-determination” level should be elevated to a minimum of $1000.00 to address the urgent care needs of this population.

CDA’s Commitment:
The Canadian Dental Association is committed to continuing its work with government in the promotion of best oral health practices. CDA also commits to work with the FNIHB to improve the NIHB dental program from an administrative perspective, with the ultimate goal of improving the oral health of the First Nations and Inuit peoples.

---

ii Federation Dentaire International Website: http://www.fdiworldental.org/, Global Dental Information
NB – the rates quoted may understate actual utilization for both dental and pharmacy since data do not include contract services, provincial coverage or alternate providers.

BC Dentists and Status Indians Seek Improved Dental Care

VANCOUVER, May 24 /CNW/ - The Association of Dental Surgeons of BC (ADSBC) and the First Nations Chiefs' Health Committee (FNCHC) are working together to address a number of concerns with the federal government's dental plan for Status Indians in BC and across the country.

The federal government, through Health Canada, is responsible for providing oral health care to Status Indians and Inuit. Dental coverage is available to these two groups through the Non-Insured Health Benefits Plan (NIHB).

The ADSBC and the FNCHC are collectively asking for changes to NIHB to ensure that Status Indians patients receive an appropriate level of oral health care in a timely and equitable manner.

Requested changes include raising the pre-determination levels from $600 to $1,000 annually, increasing the levels of dental coverage to those of standard dental plans, adopting dental industry standards to their accountability process, and instituting changes to uphold the confidentiality of Status Indians health records.

“"The plan is onerous to administer, and therefore costly to dental offices and the government, and does not recognize the needs of most of these
patients," says Dr. Wayne Chou, President of the ADSBC. As an example, he noted that many Status Indians in BC live in remote areas. "With respect to the predetermination level, it's impractical to ask patients who travel great distances to see their dentist, to come for an exam and then come back to have the treatment done once Health Canada has determined that the treatment is appropriate."

Many BC dentists began refusing to accept the NIHB dental plan in March on a recommendation of their association's board, which cited frustration in achieving headway with Health Canada over the past four years. The ADSBC has now asked dentists to again accept the plan for the next 90 days to allow Status Indians and dentistry to jointly lobby for changes and allow government the opportunity to respond. A meeting is scheduled on May 30 between Minister of Health Anne McLellan and the Canadian Dental Association (CDA) to discuss this national issue.

Status Indians' dental health is among the poorest in Canada. In BC, utilization of the NIHB dental program has dropped from 43% in 2000 to 39% in 2001, according to the NIHB annual report for 2000/2001.

-30-
For further information: Anita Caspersen, ADSBC, (604) 714-1985; Beth Keeping, CDA, (613) 523-1770 Ext. 2213; Shaunee Pointe, FNCHC, (604) 913-2080