



Towards a Cavity-Free Future For Infants and Children in Canada

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Conflicts

Consultancy work (paid to my employer)

Haleon

NHS England

Trustee/Director (non-paid)

ACFF

Oral and Dental Research Trust

British Society of Paediatric Dentistry

Plan

ACFF

Policy Labs

Canada Policy Lab

Plan

ACFF

Policy Labs

Canada Policy Lab

Alliance for a cavity free future

The ACFF is a Global not-for-profit organisation which seeks to promote **integrated clinical and public health** action to confront the **disease burden of caries**, fight caries initiation and progression, and by joining together **across professional, geographic, and stakeholder lines**, to create a unified a global community of supporters, progress towards a Cavity-Free Future for all age groups.



29 Chapters (50 countries)



Led by a Global Expert Panel



Goals: Alliance for a cavity free future

GOAL 1 – Every Child born in 2026 and thereafter should stay cavity-free during their lifetime

GOAL 2 – ACFF and its Chapters will work towards ensuring that ninety percent of dental schools and dental associations accept the philosophy behind the “new” approach of “caries as a continuum” in order to improve dental caries prevention and management.

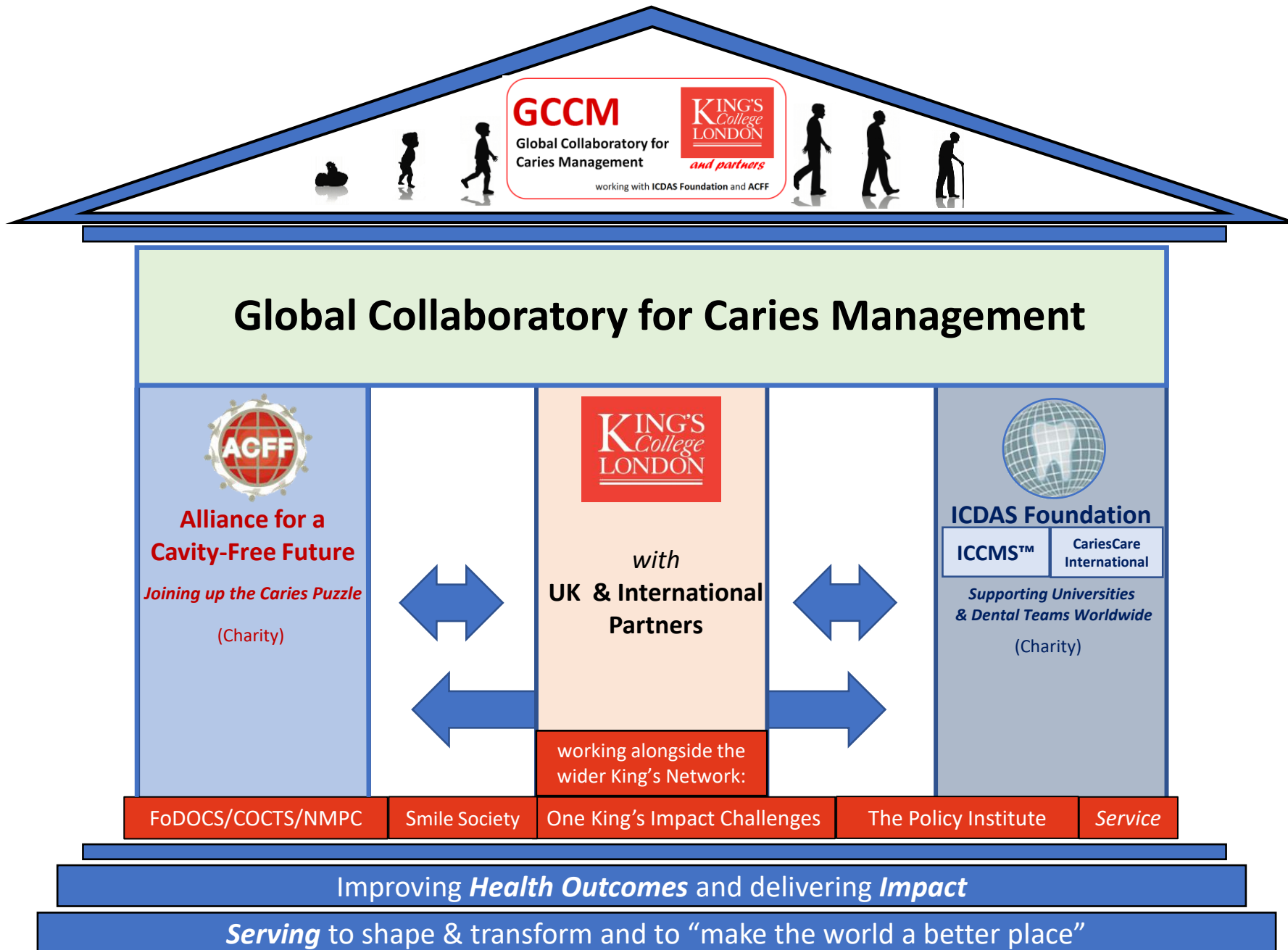
GOAL 3 – ACFF and its Chapters will work collaboratively with a broad range of organisations to achieve a reduction in caries inequality within and across countries, in the context of both oral and general health.

GOAL 4 – ACFF and its Chapters, members and partners should work to promote integrated, comprehensive and locally appropriate caries prevention and management systems and monitoring approaches.

ACFF Caries Puzzle: Stakeholders

2016 Symposium ‘**Joining up the evidence to make an achievable difference.**’





Plan

ACFF

Policy Labs

Canada Policy Lab

What is a policy lab?

Influencing policy = complex

Need multiple approaches – one approach = policy lab

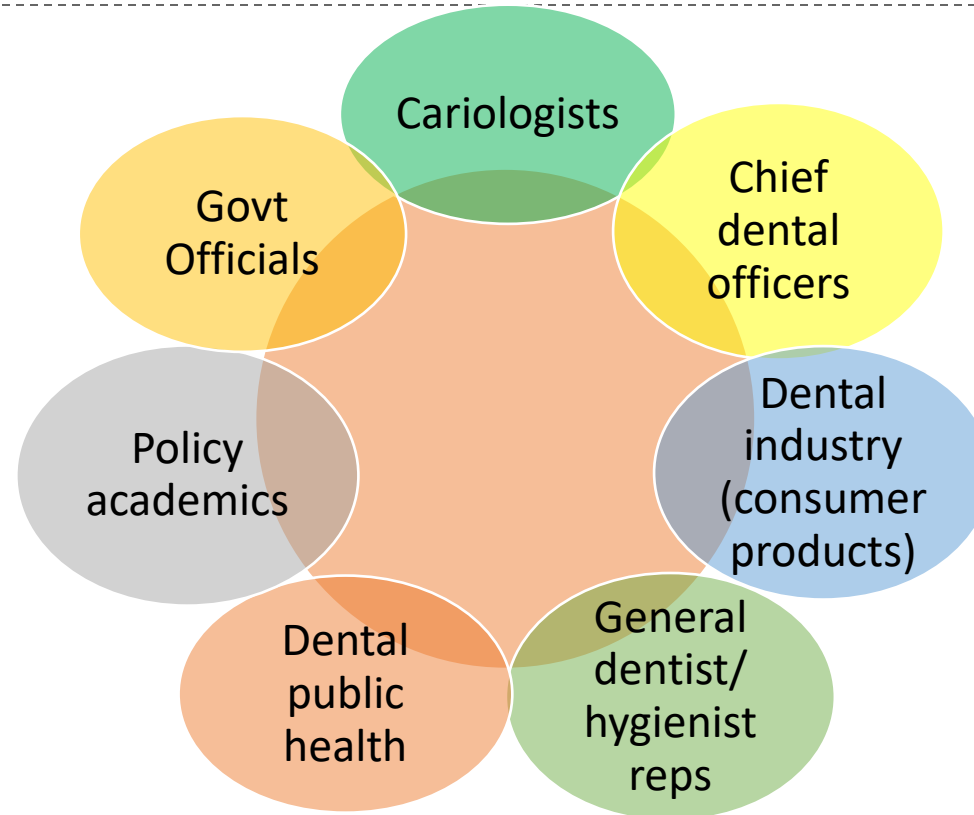


Bring together
stakeholders in one room

Try to ensure all starting
from same baseline

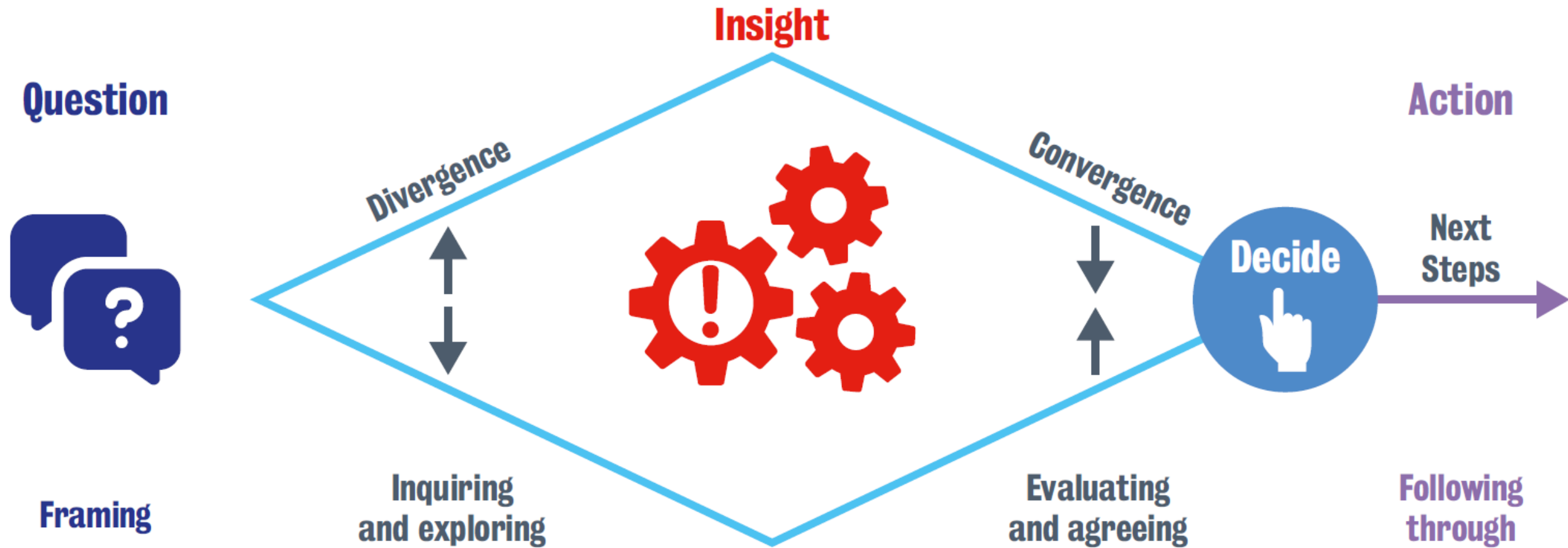
Interactive workshop
style

Stakeholders

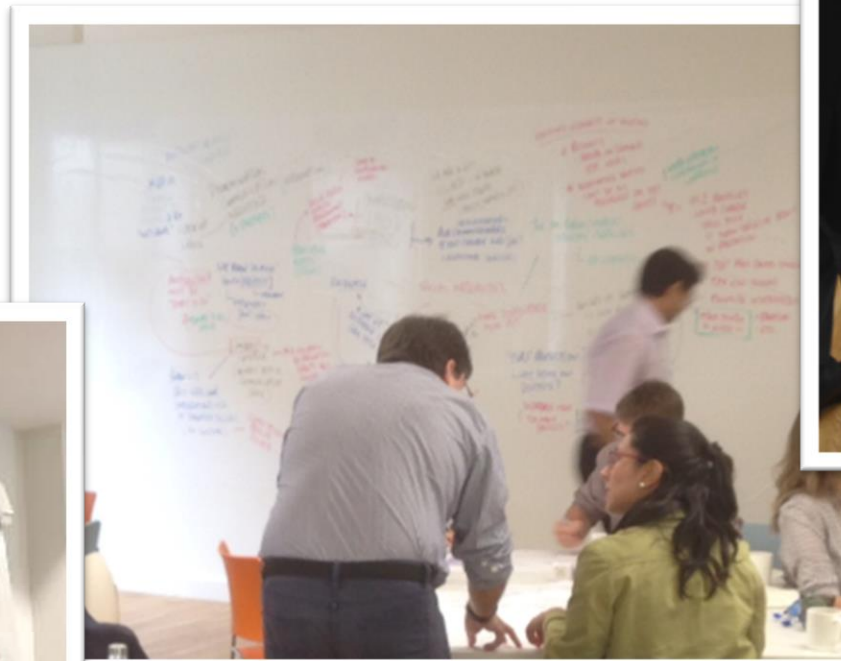


A common baseline






Interactive workshop



ACFF Policy Lab Network



Glocal approach



The four key areas of focus for policy development which were highlighted in the Consensus document were:

1. Effective prevention and management of dental caries and cavities across the life course
2. Addressing caries and cavities risk factors across the life course to fight major non-communicable diseases
3. Integration of primary and secondary prevention across the life course to address the burden of cavities and caries
4. Comprehensive data collection for effective prevention and management of dental caries and cavities

Policy Lab Network
Supporting/facilitating country level
or specific issue policy labs

Plan

ACFF

Policy Labs

Canada Policy Lab

Why now in Canada?

Global moment of opportunity

WHO Oral health strategy and action plan

FDI Vision 2030

In Canada

Federal government interest in oral health

Political agreement to prioritise oral health during planning

Budgetary agreement – one month after report

ACFF Chapter

Driven by Prof Bob Schroth – chapter co-chair

Towards a Cavity-Free Future for Infants and Children in Canada

KING'S
College
LONDON

Given recent developments in oral health care policy and practice in Canada and internationally, what else is needed in terms of investments or other conditions to maximize caries prevention and care amongst infants and children?

Professor Nigel Pitts - *The Alliance for a Cavity-Free Future* & King's College London Faculty of Dentistry, Oral and Craniofacial Sciences

Ross Pow - *Power of Numbers Ltd*



February 2023



First country level
First oral health
(previously dentistry)

Lab Nov 2022
Report Feb 2023



Policy Lab Participants

Prof. Paul Allison, *McGill University*

Dr Elise Bertrand, *Quebec Health Services*

Dr Kevin Brand, *University of Ottawa*

Ms Heather Brownlee, *Canadian Dental Assistants Association*

Ms Lisette Dufour, *Federal Health Ministry*

Ms Jeanette Edwards, *Health Care Excellence Canada*

Prof. Colleen Flood, *University of Ottawa*

Dr Clive Friedman, *University of Toronto and Western University*

Ms Janet Gray, *Saskatchewan Health (retired)*

Dr Khalida Hai-Santiago, *Manitoba Health, Shared Health*

Ms Ondina Love, *Canadian Dental Hygienists Association*

Dr Michael Moffatt, *University of Manitoba*

Dr Stéphanie Morneau, *Quebec Health Services*

Dr Marcella Ogenchuk, *University of Saskatchewan, College of Nursing*

Prof. Nigel Pitts, *ACFF Facilitator and Global ACFF Chair*

Mr Ross Pow, *ACFF Facilitator*

Prof. Bob Schroth, *University of Manitoba, ACFF Canada-US Co-Chair*

Dr Astha Shah, *Canadian Dental Association*

Dr James Taylor, *Federal Health Ministry, FDI GDOs & Dental Public Health Section*

Ms Joan Weir, *Canadian Life and Health Insurance Association*



The diagram below shows the different stages of the workshop as it moved through the diamond flow.

Reviewing the current position

- What progress has been made so far, where has it been fastest and greatest?
- What are the biggest constraints or challenges?
- What other facts, figures or examples are worth knowing about to inform the discussions?
- What are the most important insights to frame and inform the discussions?



Identifying the opportunities for change

- What are the lessons from developments internationally that show how progress might be made in Canada?
- How do the impacts of previous Policy Labs point to opportunities in Canada?
- What is happening in Canada that can be built on?



Generating a long list of potential ideas for action

- What actions could be considered from the perspective of different stakeholders?
- How much impact would these actions have in the short- and longer-term?
- How much effort and resource would be needed to implement these actions?



Working up a short list of proposals

- What is the 'ambition' for 2030 – what will have changed in the way caries prevention and care is organised and delivered?
- What tangible outcomes will the proposal bring about?
- What needs to happen and who would be involved?
- What would be the milestones between then and now?



Suggesting next steps

- What could be done to follow through on the outputs of the Policy Lab?
- Which stakeholders might be the focus for initial engagement?



How can the report be used?

Inform

Evidence all brought together/synthesised in one place

Used by advocates to inform themselves and those they are influencing

Share and Connect

Initiatives and ideas in the report shared globally

Work together

Full range of stakeholders

Working on the ideas in the document

Towards a Cavity-Free Future for Infants and Children in Canada

Given recent developments in oral health care policy and practice in Canada and internationally, what else is needed in terms of investments or other conditions to maximize caries prevention and care amongst infants and children?



THE CHALLENGE

Untreated tooth decay afflicts up to 90% of children in some Canadian communities



THE OPPORTUNITY

This is a 'moment in time' to maximize caries prevention and care for children in Canada



THE AMBITION FOR 2030

Enhanced prevention, wider access, improved outcomes and sustainable funding

2.2 Developments in Canada

Federal Dental Care proposal

In March 2022, the federal government committed \$5.3 billion to provide dental care for the uninsured, beginning with children under 12 years of age. Now referred to as the 'Canada Dental Benefit', the program currently will target children under 12 years of age from families with an annual income of less than \$90,000.¹⁹

Canadian Caries Risk Assessment Tool

The Canadian Caries Risk Assessment Tool²⁰ (< 6 years) is for use by non-dental primary care providers. This has now been included in the Rourke Baby Record and assists with prevention, accessing fluoride varnish application and getting a referral to a dental provider.

Silver diamine fluoride (SDF) for non-restorative management of caries

Approval for the use of SDF is part of a growing acceptance of 'medical management' of caries, compared with more traditional surgical management involving, for example, 'drill and fill'.⁶ The Non-Insured Health Benefits program is the first insurer to cover SDF for registered First Nations and Inuit children.

First dental visit by 12 months of age



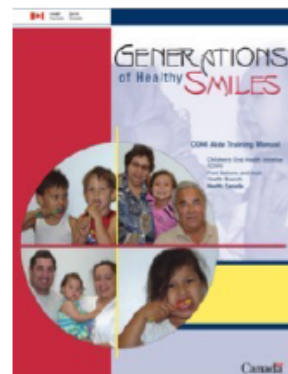
The Canadian Dental Association's (CDA) recommendation for a first dental visit by the eruption of the first tooth and no later than 12 months of age, signals an increased emphasis on the promotion of oral health and prevention of dental disease for infants and children.

Many provinces have now developed campaigns targeting parents to promote first dental visits by a child's first birthday, and there is growing awareness of this important milestone.

1-5 year olds within Cycle 7 of Canadian Health Measures Survey

The inclusion, for the first time, of children aged between 1 and 5 in cycle 7 of the Canadian Health Measures Survey will lead to much better national data on the prevalence of early childhood caries (ECC) in infants and preschool children.

Children's Oral Health Initiative (COHI)²¹



The Department of Indigenous Services' 'COHI', which started in 2004 in some Canadian First Nation and Inuit communities, aims to shift the focus from treating disease to prevention and less invasive care. It targets pregnant women, parents and caregivers of preschool and

school age children, offering screening, 1-1 oral health information sessions, fluoride varnish, sealants and atraumatic restorative treatment (ART).





Dental Therapy Program

The upcoming opening of an Indigenous dental therapy education program and dental therapy school at the University of Saskatchewan²² is a major boost to the development of the oral health workforce working with communities that currently experience the greatest levels of harm from caries and other oral diseases.

Position Statement on "Early Childhood Caries in Indigenous Communities"

The publication of the Joint Canadian Paediatric Society's and American Academy of Pediatrics' position statement makes clear the priority that must be given to ECC in Indigenous communities given the scale of child health disparity when compared with the general population of both countries.²³

Figure 2: Proposed actions for making progress towards a Cavity-Free Future for infants and children in Canada

 Strategic enablers	<ul style="list-style-type: none">• Sustainably fund caries prevention and care• Make the most of data
 Upstream prevention	<ul style="list-style-type: none">• Focus policy on the wider determinants of health and especially sugar consumption• Promote locally appropriate fluoride strategies
 Oral health workforce	<ul style="list-style-type: none">• Shift perceptions and practice in the oral health profession from treatment to prevention• Expand and integrate the oral health workforce
 Community empowerment	<ul style="list-style-type: none">• Co-design culturally and community appropriate services with patients and communities• Develop practical tools or apps to empower parents and families in prevention

MAKING IT HAPPEN

Working together with the full range of stakeholders will be critical to the next steps in this journey towards a Cavity-Free Future for infants and children in Canada. Stakeholders include:

Government and
health systems

Oral health care
professionals

Other providers of
services to infants
and children

Patients, families
and carers, local
community bodies

Payers and
insurers



Professional bodies,
guidance and
education providers

Dental and oral
health industries

Engaging and acting across four complementary themes is essential. The themes identified are:

- Strategic enablers
- Upstream prevention
- Oral health workforce
- Community empowerment



 Strategic enablers	 Upstream prevention	 Oral health workforces	 Community empowerment
<ul style="list-style-type: none">• Sustainably fund caries prevention and care• Make the most of data	<ul style="list-style-type: none">• Focus policy on the wider determinants of health and especially sugar consumption• Promote locally appropriate water fluoride strategies	<ul style="list-style-type: none">• Shift perceptions and practice in the dentistry profession from treatment to prevention• Expand and integrate the oral health workforce	<ul style="list-style-type: none">• Co-design culturally and community appropriate services with patients and communities• Develop practical tools or apps to empower parents and families in prevention

Stakeholder suggestions for initial engagement around the Policy Lab themes for action

<ul style="list-style-type: none">• Government and health systems• Dentists and other oral health care professionals• Payers and insurers• Professional bodies, guidance and education providers	<ul style="list-style-type: none">• Dental and oral health industries• Government and health systems• Dentists and other oral health care professionals• Patients, families and carers, local community bodies	<ul style="list-style-type: none">• Government and health systems• Dentists and other oral health care professionals• Other providers of services to infants and children• Payers and insurers• Professional bodies, guidance and education providers	<ul style="list-style-type: none">• Dental and oral health industries• Government and health systems• Other providers of services to infants and children• Patients, families and carers, local community bodies
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- A sponsoring committee could be formed to continue thinking and planning around how to broaden the stakeholder engagement
- Individual working groups could be set up for each of the themes, drawing on people with the particular skills, contacts and motivations to drive progress
- A broader network could be created, inviting all those interested in being part of improving the oral health of infants and children
- An open conference could be convened to springboard off publication of the report, giving a wide range of potential collaborators the chance to come together for a dialogue on how to work together.

Learning?

Correct stakeholders are key

Difficulty involving patients

Good understanding of country political situation and policy context/structure

Creating a safe space – including relaxing together

Would be great to see further country level policy labs

A Word of Thanks

As will become evident through reading this report, the participants involved in this first Canada Oral Health Policy Lab contributed with a breadth of knowledge, expertise and insight. We would like to thank all of them for joining this important event, and acknowledge that without them the significant outcomes detailed in this report would not have been achieved.

A special thank you goes to Professor Bob Schroth (University of Manitoba), co-Chair of ACFF's Canada-US Chapter, who helped convene the Policy Lab and delivered a presentation on the Canadian context to inform the discussions. Additional thanks also to Professor Paul Allison (McGill University), Dr Carlos Quinonez (Vice Dean and Director of the Schulich Dentistry School), Dr Khalida Hai-Santiago (Oral Health Consultant at the Government of Manitoba), Dr James Taylor (Federal Health Ministry, FDI CDOs & Dental Public Health Section), and Nick Miller (Alliance for a Cavity-Free Future) for their input to the organization and running of the event.

Towards a Cavity-Free Future for Infants and Children in Canada

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THE FIRST STEPS:

ACTIONS TO CREATE MOMENTUM TOWARDS THE 2030 AMBITION



STRATEGIC ENABLERS

- Sustainably fund caries prevention and care
- Make the most of data



UPSTREAM PREVENTION

- Focus policy on the wider determinants of health and especially sugar consumption
- Promote locally appropriate water fluoride strategies



ORAL HEALTH WORKFORCE

- Shift perceptions and practice in the dentistry profession from treatment to prevention
- Expand and integrate the oral health workforce

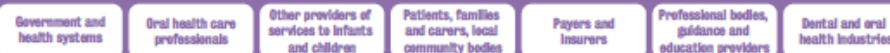


COMMUNITY EMPOWERMENT

- Co-design culturally and community appropriate services with patients and communities
- Develop practical tools or apps to empower parents and families in prevention

MAKING IT HAPPEN

Working together with the full range of stakeholders will be critical to the next steps in this journey towards a Cavity-Free Future for infants and children in Canada. Stakeholders include:



Engaging and acting across four complementary themes is essential. The themes identified are:

- Strategic enablers
- Upstream prevention
- Oral health workforce
- Community empowerment