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Primary Health Care Reform

The British Columbia Dental Hygienists Association (BCDHA) supports reform of the system to bring accessible, quality, and comprehensive primary health care to all Canadians.

We support a system that advances the practice of health promotion, disease prevention, and therapeutic care through timely access to dental hygienists with capacity for bridging seamless coordination and collaboration across an appropriate range of health-related disciplines and resource supports to integrate oral health within overall health and wellbeing.

We support dental hygienists in being responsive to the underlying social determinants that influence oral health (healthy childhood development, personal skills, income, working conditions, housing, education and literacy, food security, gender, culture, social support networks, and the environment) and bridging action across health and other public sectors to make a difference.

We support dental hygienists as interdisciplinary and intersectoral partners in primary health care for improved access to services and supports, more efficient use of resources, better health outcomes, greater public satisfaction, and a sustainable system.

What BCDHA is doing

BCDHA will support our members in advancing the role of the dental hygienist as an interdisciplinary and intersectoral primary care professional within the broad system of primary health care. Support will encompass the areas of dental hygiene research, education, practice, community service, and policy.

We will seek and respond to opportunities for public comment about this issue to encourage awareness, dialogue and support. We will inform governments of our position and advocate where appropriate.

Background on Primary Health Care

In 1978, the World Health Organization (WHO) and its member nations put forward the Alma Ata Declaration for Primary Health Care (WHO, 1978) as the conceptual basis for bringing health and well-being for all. Core elements include:

1. **Accessibility**: A continuous organized supply of essential services that support health is universally available for all people without socio-cultural, economic, or geographic / transportation barriers.
2. **Public Participation**: People at every life stage have the right and responsibility for full participation, self-reliance and self-determination in addressing individual, family and community health.
3. **Health Promotion, Disease Prevention, and Therapeutic Care**: Addressing health for individuals, communities, and populations requires comprehensiveness.
4. **Evidence Based & Socially Acceptable**: Approaches must be scientifically sound but socio-culturally acceptable and affordable to people and communities.
5. **Interdisciplinary Collaboration**: A team of physicians, nurses, midwives, auxiliaries, traditional practitioners, and community health workers provide an integrated resource and referral system responsive to the social and health needs of people.
6. **Intersectoral Action**: Primary care providers must consider the underlying determinants of health to make a difference and gain commitment towards meaningful action from all sectors (health, food and agriculture, education, housing, labour, media, transportation, environment, etc) to develop healthy communities and populations.

These core elements of primary health care are supported in cited website resources and documents by Health Canada (2006), Public Health Agency of Canada (2001); Canadian Cancer Society (2009), Canadian Nurses Association (2005), and Dieticians of Canada (2009).

The Canadian Cancer Society offers this description for the role of primary care professionals in primary health care and the link to public health (2009):

In the past, "primary health care" meant the care delivered at the first point of contact with the healthcare system when an individual became ill. Over time it has become apparent that health promotion and disease prevention activities are just as important as treatment of disease in maintaining a healthy and productive society. While health promotion and disease prevention fall primarily under the responsibility of the public health system, it is recognized this must be strengthened. Primary health care has come to imply that physicians and other primary care professionals must accept a dual responsibility for treatment of disease, as well as essential tenets of health promotion and disease prevention. A reformed primary health care system must acknowledge this dual role of primary care professionals and promote integration with the public health system.

What is Health Promotion in Primary Health Care?

According to the Ottawa Charter (WHO, 1986) health promotion is the process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their health impact on individuals, families, social groups, communities, and populations. There are five key strategies recognized for health promotion globally and in Canada:

1. Building healthy public policy
2. Creating supportive environments
3. Strengthening community action
4. Developing personal skills
5. Re-orienting health services (collaborative teams, prevention and promotion)

What is Disease Prevention in Primary Health Care?

According to the Encyclopaedia of Public Health (2010, website):

1. ***Primordial prevention*** aims to avoid emergence of the underlying social, economic and determinants (eg: poverty, education, food security, etc) that influence risk.
2. ***Primary prevention*** focuses on reducing modifiable risk factors (eg: tobacco, alcohol, sun exposure, unsafe sex, environmental exposure) and increasing protective factors (eg: healthy eating, physical activity, tobacco cessation, reduced alcohol, oral self-care) prior to development of disease.
3. ***Secondary prevention*** is focused on early detection / screening (eg: Pap smear, breast mammography, colon cancer screening, oral cancer screening, blood pressure, glucose testing, periodontal assessment), early diagnosis (eg. biopsy) and early intervention (eg. nutritional counseling, addiction counseling, chronic disease management, supportive periodontal therapy, fluoride varnish, sealants) prior to emergence of signs and symptoms to prevent progression of disease.
4. ***Tertiary prevention*** reduces the negative impact of an already established disease by restoring function and reducing disease-related complications.

Oral Health Not Fully Integrated in Primary Health Care

According to excerpts taken from the CDHA Education Agenda *Pathways to Support Oral Health of Canadians* (2008):

"While federal and provincial publicly funded programs are important, they are currently limited in scope and resources. The federal, provincial and territorial Dental Directors have called on all governments to take leadership in the area of oral health given that a substantial percentage of Canadians have limited or no access to oral health services. Based on an analysis of national health surveys from 1951 to 1996, Leake identified that utilization of dental services increased from 15% to nearly 60% during this period, but this was also accompanied by

increasing inequality in access for the lower socioeconomic groups...The majority of Canadians pay for their own dental care either directly, or through private insurances plans. Hence the use of services tends to be related to income rather than need. Leake and Birch argue that this represents a market failure given that people's capacity to purchase services is least when their need is greatest.

For segments of the population, those with higher incomes or insurance plans or both, the existing model for dental services may be working. For those with incomes below the national median and without dental plans, the current model is not working. Dentists and dental hygienists alike discuss the need for alternate payment mechanisms and delivery approaches to better support social goals related to oral health. Birch and Anderson identify that there is "some indication of an increasing aversion" among some private clinicians to provide services for publicly funded clients. The current fee-for-service approach has limitations, and often hinders collaborative approaches to care."

Dental Hygienists Key: Oral Health within Primary Health Care

According to excerpts taken from the CDHA Education Agenda *Pathways to Support Oral Health of Canadians* (2008):

"There is a need for increasing the pathways for access to oral health services and integrating them with other health services. Our challenge is to move from a destructive circle of poverty with its poor health outcomes, to a circle going from policy to services, in this case oral health services. Dental hygienists are ideally positioned to assume diverse roles in such an endeavor given their primary focus on health promotion, and the provision of preventive and therapeutic services."

This is supported in a document *The Case for Integrating Oral Health into Primary Health Care* (Jatrana, Crampton, and Filoche, 2009) which recommends that dental care and primary health care be brought under one roof so that oral health policies and program are an integral part of a national primary health care, using a common risk factor approach to address the common determinants of oral and chronic disease.

To achieve this, primary care restructuring must incorporate added systems and incentives to promote practice patterns that further integrate dental hygienists in primary health care to meet the needs of underserved populations such as seniors, economically depressed, new Canadians, visible minorities, Aboriginal Peoples, and those with disabilities.

Support for Dental Hygienists in Primary Health Care

The adoption of primary health care principles by dental hygienists is reflected in evolving aspects of dental hygiene legislation, education, payment systems, and practice and in discourse at provincial and national conferences and the position statements, documents, and initiatives of provincial and national professional associations.

Dental hygiene legislation now exists (CDHA, 2009) which enables almost all Canadian dental hygienists to act in the role of primary care professionals whose practices can be informed, guided, and advanced by primary health care principles. Dental hygienists may establish private practices and work without a dentist's supervision in Alberta (2006), British Columbia (1995), Manitoba (2008), New Brunswick (2009), Nova Scotia (2007), Ontario (2007) and Saskatchewan (2000).

Dental hygiene education (entry-to-practice) in Canada through its National Dental Hygiene Competencies is standardizing the knowledge, skills, and attitudes that support the entry-to-practice role of dental hygienists as professionals through one national standard for accreditation, examination, and regulation (CDHA, 2008).

1. Professional
2. Communicator
3. Collaborator
4. Critical thinker
5. Advocate
6. Coordinator
7. Clinical therapist
8. Oral health educator
9. Health promoter

These competencies do not delineate a specific credential and reflect the differing program models across Canada. They were developed with the support and direction of Dental Hygiene Educators Canada, National Dental Hygiene Certification Board, Commission on Dental Accreditation of Canada, Canadian Dental Hygienists Association, and the Canadian Dental Regulatory Authorities Federation, and through the input of dental hygienists from across Canada who contributed to the project through their survey responses and workshop/focus group participation (CDHA, 2008). There is recognition that current dental hygiene education programs will be challenged in incorporating these competencies in compressed formats, and programs will require expansion to integrate them successfully (CDHA, 2010).

These National Dental Hygiene Competencies align well with those of other health professions, both nationally and internationally, as well as the recently developed Core Competencies for Public Health (PHAC, 2008) and the Discipline-Specific Competencies for Dental Public Health (CAPHD, 2008).

Dental hygiene education (baccalaureate): The Dental Hygiene Degree Program at University of British Columbia has developed a competency document (2009) to inform curriculum with expanded competencies specifically at the baccalaureate level, and which further support the principles of primary health care:

10. Oral Disease Prevention
11. Research Use
12. Scientific Investigation
13. Policy Use
14. Leadership

Dental hygiene payment systems have been expanded to support a role in primary health care. A number of public and private dental insurance plans have added dental hygienists to their independent service provider roster (CDHA, 2010). This enables dental hygienists to work as a primary provider within primary health care settings outside the traditional dental office.

Dental hygiene practice can achieve more efficient service delivery through innovation in dental hygiene service delivery. Dental hygienists have more flexibility and ease of transporting equipment and services compared to dentists. Dental hygienists in Canada are increasingly expanding service delivery models, including stand-alone clinics and mobile services, which provide services to under-served, northern, rural and remote populations and the homebound, frail elderly and disabled populations (CDHA, 2008). Dental hygienists are collaborative professionals with capacity to provide resources and promote access to specialized care of dentists, denturists or health professionals (nurse practitioners, physicians, nutritionists, social workers, psychologists, speech language pathologists, physiotherapists, occupational therapists, etc).

Vision of Dental Hygienists in Primary Health Care

The following vision adapted from the CDHA Education Agenda (2008) reflects areas in which dental hygienists can assume an increased role in health promotion, disease prevention and therapeutic care to support health and wellness of Canadians.

Dental hygienists will:

- Be integral members of interprofessional teams as they provide oral health education, health promotion, disease prevention, clinical therapy associated with oral health and general health and well being;
- Provide screening assessments for underserved Canadians with regard to oral cancer and other oral and chronic diseases through salivary and swab tests, new adjunctive technology as well as biopsy techniques;
- Provide the oral health perspective within behavioural surveillance, disease surveillance and risk reduction programs;
- Provide the oral health perspective to chronic disease prevention and management programs;
- Act in the capacity of "oral health brokers" to assist underserved Canadians in understanding oral health care, and the diverse and most cost-effective opportunities they have for accessing oral and general health services;
- Provide educational, health promotion, preventive and therapeutic oral health services in diverse settings to individuals and groups that commonly do not have access to our current dental delivery model;
- Assist in the management of pandemic events in coordination with other health professionals (Dental hygienists' ability with local anesthesia makes them important should safe injections sites be required for the control of pandemic events.); and
- Be members of research teams as equal partners based on their research credentials and experience.

References:

Canadian Association of Public Health Dentistry. (2008). *Discipline-specific competencies for dental public health.* Retrieved from website on March 15, 2010: http://www.caphd.ca/sites/default/files/pdf/DisciplineCompetenciesVersion4_March31.pdf

Canadian Cancer Society (2009). *Reform of the primary health care system*. Retrieved from website on March 15, 2010: http://www.cancer.ca/Canadawide/How%20you%20can%20help/Take%20action/Advocacy%20what%20were%20doing/Health%20systems%20reform/Primary%20care%20reform.aspx?sc_lang=en

Canadian Dental Hygienists Association. (2008). *Pathways to support the oral health of Canadians: The CDHA Dental Hygiene Education Agenda*. Ottawa: Canada. Retrieved from website on March 15, 2010: http://www.cdha.ca/pdfs/Profession/Policy/EducationAgenda.pdf

Canadian Dental Hygienists Association. (2008). *National dental hygiene competencies for entry-to-practice*. Ottawa: Canada. Retrieved from website on March 15, 2010: http://www.cdha.ca/pdfs/Profession/Resources/NationalCompetencies_EN.pdf

Canadian Dental Hygienists Association. (2009). *Improving cost effectiveness and program efficiencies in First Nations and Inuit Health Branch, Non Insured Health Benefits Program. Ottawa: Canada.* Retrieved from website on March 15, 2010: http://CDHA.informz.ca/z/cjUucD9taT01MjgxOCZwPTEmdT05MDAyNDE2MjMmbGk9NjYyMjM/index.html

Canadian Dental Hygienists Association. (2010). *Dental insurance coverage for clients*. Ottawa: Canada. Retrieved from website on March 15, 2010: http://www.cdha.ca/cdha/The_Profession_folder/Independent_Practice_folder/Insurance_Carriers__Govt_Programs_folder/CDHA/The_Profession/Independent_Practice/Insurance_Carriers.aspx?hkey=b2c69bfe-eea6-42f5-9c5c-f0053839473c

Canadian Nurses Association (2005). *CNA Backgrounder: Primary health care.* Ottawa: Canada. Retrieved from website on March 15, 2010: http://www.cnanurses.ca/CNA/documents/pdf/publications/BG7_Primary_Health_Care_e.pdf

Dieticians of Canada (2009). Position paper: The role of the registered dietician in primary health care: A national perspective. Ottawa: Canada. http://www.dietitians.ca/Downloads/Public/phc-position-paper.aspx

Encyclopaedia of Public Health. (2010). *Disease prevention*. Retrieved from website on March 15, 2010: http://www.enotes.com/public-health-encyclopedia/disease-prevention

Health Canada (2006). *Health care system: Primary health care.* Ottawa: Canada. Retrieved from website on March 15, 2010: http://healthycanadians.gc.ca/health-system-systeme-sante/services/primary-primaires/renewal-renouvellement-eng.php

Jatrana, S., Crampton, P., and Filoche, S. (2009). *The case for integrating oral health into primary health care*. New Zealand Med Jour, 122(1301):43-52. ISSN: 1175-8716

Public Health Agency of Canada (2008). *Core competencies for public health.* Retrieved from website on March 15, 2010: http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.php

Public Health Agency of Canada (2001). *What determines health?* Retrieved from website on March 15, 2010: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php

University of British Columbia (2009). Dental hygiene degree program: competencies (draft).

World Health Organization. (1978). *Declaration of Alma-Ata.* International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September. Retrieved on April 17, 2009: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

World Health Organization. (1978). *Ottawa Charter for Health Promotion*. First International Conference on Health Promotion, Ottawa, Canada, 21 November 1986. Retrieved on April 17, 2009: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/