

Territorial Health Investment Fund Activity Report

Oral Health 2014/15

Executive Summary

Children's health is a priority for both federal and territorial governments.

Oral health in Nunavut is generally well below national averages (Inuit Oral Health Survey 2008-2009). High rates of oral disease amongst the youngest age group are particularly high. Nunavut children, six years of age and under, face the highest rate of day surgery for treatment of early childhood caries in the country at 97.2/1,000 (Canadian Institute for Health Information).

Historically, young children have not received equitable amounts of treatment service in-community by itinerant dental providers (Health Canada Data-Provider Service Reports), and their dental needs have been addressed only when emergency treatment is required. For children, in-community dental care is typically provided only for acute problems. This results in unnecessary pain and suffering, and adversely affects overall health.

In order to address these gaps in service, a pilot project to test an alternative approach to children's oral health service delivery in Nunavut was initiated in 2013, using one-time funding from the Public Health Agency of Canada, and Health Canada's Northern Region. This funding provided a strong foundation to increase capacity for treatment services at the community level. Additional funding was requested through the Territorial Health Investment Fund (THIF) to ensure territory-wide implementation and stabilization of the project.

The Nunavut Children's Oral Health Project did not access any of the THIF funds for the first year of funding. This was due to the fact that funding was received late and as a result there were unanticipated delays in implementation. The project used funds from the Public Health Agency of Canada and Health Canada, via the Northern Wellness Agreement, which were set to expire.

Funding Received

The Government of Nunavut received \$2,271,000 for 2014/15 from the THIF for the Oral Health Project.

The carryover of year one of the THIF will be expended over the next two years. Money from the THIF will be spent to increase services by dentists, dental hygienists and dental therapists, as well as by Community Oral Health Coordinators in the communities for children aged 0-8 over the next two years.

Annual Activity and Financial Reporting

Project Title	Activity	Progress	Performance Measurement	Expected Impact
Building capacity and providing dental services in communities	Hire a project coordinator (completed). Funded this fiscal year (2014/15) through the Wellness Agreement. THIF funding required for years two and three.	Position filled	Position filled from 2015/16 – 2016/17 Improved program planning, implementation, and efficiency.	<ul style="list-style-type: none"> • Providing increased treatment for urgent dental problems in community; • Reducing pain and infection by providing treatment in a timely manner; • Reducing the need for treatment under GA; • Reducing the number of children aged 0-7 on the general anaesthetic extraction list; • Reducing the reliance on medical travel for treatment outside of the community, and outside of the territory; • Reducing wait times for treatment; • Improving awareness of the causes of dental disease, particularly in young children; • Increase the number of children aged 0-7 receiving preventative dental care (e.g.
	Hire two Territorial Children’s Oral Health Coordinators (TCOHCs) to provide program direction to the COHCs (two TCOHCs hired). TCOHCs are funded through the Wellness Agreement for 2014/15. THIF funding for these position will be required for years two and three. Hire a TCOHC for the City of Iqaluit, to provide support for the overall oral health program (Fall 2014). THIF funding required for years two and three.	Positions filled	Positions filled from 2015/16 – 2016/17 Improved communication with, and oversight of COHCs. Improved productivity from COHCs. Improved communications in the community as well as better access to schools and daycares in Iqaluit. Improved organization of the Oral Health Program. Travel included.	
	Hire COHCs for at least 17 communities in Nunavut.	Positions filled	Improvement of program registration, follow-up, collection of consent forms, program messaging, and fluoride varnish applications. Eventual reduction in demand for GA and emergency services. Increase in Nunavut Land Claims Beneficiaries working with the project in communities.	

Project Title	Activity	Progress	Performance Measurement	Expected Impact
	Hire Dental Hygienists to provide services in communities.	Ongoing	<p>A contract in place with Canadian Dental Hygienist Association to provide hygienist services in communities.</p> <p>Increase in the number of ART restorations and sealants in each community.</p> <p>Eventual reduction in demand for out of community service provision, including GA service.</p>	<p>sealants, fluoride, a traumatic restorative treatment);</p> <ul style="list-style-type: none"> • Putting a renewed emphasis on innovative strategies for prevention and treatment modalities; • Reducing future treatment needs; and • Improving both oral and general health in the 0-7 age group.
	Hire part-time dentists/assistants to provide screenings and dental services in communities.	Ongoing	<p>Dentists hired to provide part-time services.</p> <p>Increase in number of screenings, extractions and ART restorations provided in each community.</p> <p>Reduce the need and demand for GA and emergency services, and eventually reduce the length and wait times of current GA lists.</p>	
	Provide training to new COHC.	Ongoing	<p>Training provided in a timely manner.</p> <p>COHC services provided in the communities.</p>	
	Chief Dental Officer (CDO) to attend face-to-face meetings in Nunavut and communities to provide overall direction and support.	Ongoing	<p>CDO provided meaningful and timely direction and support to the Oral Health Project.</p>	

Project Title	Activity	Progress	Performance Measurement	Expected Impact
	Engage existing GN dental services providers (six dental therapists) to provide treatment services in communities.	Ongoing	Increase in the amount of treatment services in the communities.	
Professional Development	Ensure TCOCHs, COHCs, dental therapists, dental hygienists and dentists receive appropriate training.	Ongoing	Schedule and provide evidence that training is provided.	
Design and implement a NU specific database	Identify data requirements for the project.	Ongoing	Creation and testing of the database for project management and evaluation. Implementation of the database.	
Procurement of consumable supplies	Purchase supplies as required for program. Shipping of supplies to communities.	Ongoing	Provide evidence that adequate supplies are provided to COHCs, hygienists, dental therapists and dentists in a timely fashion in order to fulfill project needs.	
Project Evaluation	Evaluate project effectiveness over three years using a project evaluation model.	Ongoing	Project evaluation report generated and shared with stakeholders.	