THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES

November 2021

National Standards for Long-Term Care: Addressing Oral Health for Overall Health

A discussion paper from the Canadian Dental Hygienists Association

ACKNOWLEDGEMENTS

The Canadian Dental Hygienists Association is grateful to the following registered dental hygienists who shared their expertise, assistance, and practical advice during the drafting of this discussion paper.

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ABOUT THIS DISCUSSION PAPER

The Canadian Dental Hygienists Association (CDHA) welcomes a national discussion of priorities and opportunities to do better for people living in long-term care homes across Canada. When it comes to national standards for safe, reliable, and high-quality care in long-term care homes, meeting the oral health needs of residents is an important prerequisite.

PURPOSE

(1) Increase awareness of the connection between oral health and overall health.

(2) Present the evidence for including oral health in national standards for long-term care services in Canada, highlighting published research and health system data/information.

(3) Make recommendations for incorporating oral health care in national service standards for long-term care homes.

INTENDED AUDIENCE

This discussion paper will be of interest to federal, provincial, and territorial governments, health system policy makers, funders and program developers, frontline workers in the long-term care sector, regulated oral heath professionals, regulatory authorities, operators and administrators of long-term care homes and other congregate living facilities, educators, caregivers, and advocates for older people and people with disabling and chronic conditions.

This paper is consistent with CDHA's strategic direction to influence the national public policy environment for improving the overall health of Canadians and dental hygienists' ability to practise as primary health care providers.

ABOUT THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

CDHA is the collective national voice of Canada's 30,219 dental hygienists, directly representing over 20,000 members. Since 1963, CDHA has supported its members in providing quality preventive and therapeutic oral health care as well as health promotion for the Canadian public. CDHA builds on the strength, passion, and dedication of its members to advance the profession through advocacy initiatives, public awareness campaigns, research, education, and professional development.

DENTAL HYGIENE

Dental hygienists are primary oral health care professionals who provide clinical assessments and therapy to prevent and treat oral conditions and diseases. They also offer oral health education and health promotion strategies to people of all ages. As the sixth largest regulated health profession in Canada, dental hygiene draws on a growing body of knowledge to guide clinical practice and support clients in making evidence-informed decisions regarding their oral health.

Dental hygienists are educated at universities and colleges across Canada. To practise in Canada, dental hygienists must be registered or licensed by the appropriate regulatory body in their respective province or territory. Dental hygienists work in a variety of settings such as dental offices, dental specialty practices, public health, **independent dental hygiene practices*** (e.g., without the supervision of dentists, and typically in non-traditional office settings such as stand-alone dental hygiene clinics, mobile practices, and community health centres), **long-term care homes**, and hospitals. Beyond clinical practice, many dental hygienists have roles in education, health promotion, research, and administration.

In the context of long-term care homes, there are many approaches to oral health care delivery, most of which involve external service arrangements.[1,2] Commonly, dental hygienists who practise independently work with residents in long-term care homes either by using fully equipped dental operatories (specialized workspaces) inside the facilities or by bringing their own mobile equipment. Currently, the number of dental hygienists who work with long-term care residents across Canada is unknown.

Dental hygiene-specific research adds to the body of oral health knowledge, allowing the profession to meet the evolving and complex oral health needs of the public and enhance the oral health and well-being of Canadians. This discussion paper highlights dental hygiene-driven research and Canadian-led oral health research wherever possible to support its recommendations.

*Permitted in most jurisdictions, independent dental hygiene practices are growing in number and facilitating the public's choice of where and from whom they receive professional oral care.

LONG-TERM CARE HOME RESIDENTS

While most people living in long-term care are seniors, there are also younger adults who reside in these facilities. The recommendations in this paper consider the oral health needs of all those living in long-term care homes, regardless of age.

HEALTH SERVICES IN OTHER CONGREGATE LIVING SETTINGS

These recommendations may be generally considered for congregate living settings where health services are delivered, such as assisted living facilities, supportive housing, group homes for persons with disabilities, shelters, and others. Separate recommendations for correctional facilities would be advisable.

Recommendations for congregate living settings where health services are delivered in Indigenous communities should be driven by Indigenous leaders.

RECOMMENDATIONS AT A GLANCE

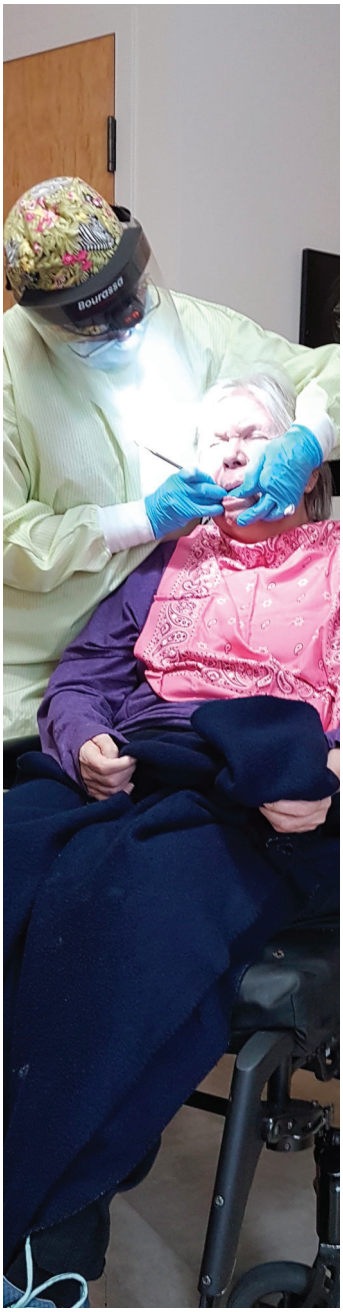
Oral health is vital for overall health and well-being.

Poor oral health in people living in long-term care homes is multifactorial in nature. It seldom results from a single underlying condition or cause, but rather from a combination of contributing and predisposing factors.

As essential primary health care professionals, dental hygienists working in long-term care homes identify many oral health issues and concerns that are not seen by other health professionals. They know that it is more important than ever to accelerate strong, consistent, and tangible strategies to meet the oral health needs of Canada's aging population and the more than 400,000 residents in long-term care homes across the country. They also know that these improvements in oral health should be made in person-centred and evidence-informed ways.

CDHA's recommendations for addressing oral health within national standards for long-term care services cover five critical aspects of service delivery. Collaboration among all jurisdictions and new targeted federal funding and accountability systems will be necessary to realize these goals.

National Standards for Long-Term Care: Addressing Oral Health for Overall Health



1 CARE TEAMS WITH DENTAL HYGIENISTS

Professional staffing and interprofessional collaboration in long-term care homes should incorporate dental hygienists to ensure a comprehensive program of oral health services to meet the assessed oral health needs of residents.

2 ORAL HEALTH SERVICES FOR RESIDENTS

Oral health care services for long-term care home residents must include oral health assessments, the development of personalized oral health care plans, and the provision of daily mouth care by dental hygienists.

3 ORAL HEALTH EDUCATION FOR STAFF

All direct-care workers in long-term care homes should receive education on oral health. This education should be developed and delivered by dental hygienists.

4 ORAL HEALTH IN LEGISLATION PERTAINING TO LONG-TERM CARE HOMES

Legislation pertaining to long-term care homes across the country must reflect minimum standards for oral health care and related aspects.

5 ORAL HEALTH IN ACCREDITATION STANDARDS FOR LONG-TERM CARE HOMES

Accreditation standards specific to oral health services in long-term care settings should be developed and enforced.

FAST FACTS

3.5 billion

THE ESTIMATED NUMBER OF PEOPLE AFFECTED BY ORAL DISEASES.

Untreated dental caries (tooth decay) in permanent teeth is the most common oral disease.

Source: *World Health Organization.*[3]

2021

THE APPROVAL DATE OF THE WORLD HEALTH ASSEMBLY'S HISTORIC RESOLUTION ON ORAL HEALTH.

Approved in May 2021, the resolution urges member states to address key risk factors of oral diseases shared with other noncommunicable diseases, such as high intake of free sugars, tobacco use and harmful use of alcohol, and to enhance the capacities of oral health professionals. It also recommends a shift from the traditional curative approach to care towards a preventive approach that includes promotion of oral health within the family, schools, and workplaces, as well as timely, comprehensive, and inclusive care within the primary health care system.

Source: *World Health Organization.*[4]

96%

THE PERCENTAGE OF CANADIAN ADULTS WITH A HISTORY OF DENTAL CAVITIES.

Source: *Canadian Health Measures Survey, 2007-2009.*[5]

52%

THE PERCENTAGE OF THOSE AGED 65–79 WITH MODERATE-TO-SEVERE PERIODONTAL DISEASES ACCORDING TO A RECENT PAN-CANADIAN PROFILE OF CHRONIC DISEASES AMONG SENIORS AGED 65 YEARS AND OLDER.

Source: *Government of Canada, 2020.*[6]

425,755	**THE NUMBER OF CANADIANS LIVING IN LONG-TERM CARE OR RETIREMENT HOMES AND ASSISTED LIVING FACILITIES.** **Source:** *Statistics Canada, 2016 Census.*[7]
2,076	**THE NUMBER OF LONG-TERM CARE HOMES IN CANADA.** **Source:** *Canadian Institute for Health Information, 2021.*[8]
75%-80%	**THE PERCENTAGE OF DIRECT CARE TO NURSING HOME RESIDENTS IN CANADA PROVIDED BY UNREGULATED, NON-PROFESSIONAL WORKERS (CARE AIDES).** **Source:** *Estabrooks et al., 2015.*[9]
60%	**THE PERCENTAGE OF RESIDENTS IN 32 LONG-TERM CARE FACILITIES IN ALBERTA, MANITOBA, ONTARIO, AND NEW BRUNSWICK WHO WEAR DENTURES.** The percentage of edentulous (the condition of having no teeth) residents with poor hygiene of their dentures was 43%. **Source:** *Yoon et al., 2018.*[10]
9%	**THE PERCENTAGE OF LONG-TERM CARE RESIDENTS WHO NEEDED URGENT DENTAL TREATMENT FOR INFECTION, SEVERE DECAY, ULCERS, AND BROKEN TEETH.** Findings of four registered dental hygienists who completed a standardized oral health assessment of residents in Alberta, Manitoba, Ontario, and New Brunswick. **Source:** *Yoon et al., 2018.*[10]

30,219	**THE NUMBER OF DENTAL HYGIENISTS WORKING IN CANADA.** **Source:** *Canadian Institute for Health Information, 2020.*[11]
6th	**THE RANKING OF DENTAL HYGIENE AMONG REGULATED HEALTH PROFESSIONS IN CANADA (BASED ON NUMBER OF PRACTITIONERS).** **Source:** *Canadian Institute for Health Information, 2020.*[11]
$265.5 billion	**THE TOTAL HEALTH EXPENDITURE IN CANADA BY BOTH PUBLIC AND PRIVATE SECTORS IN 2019.** **Source:** *Canadian Institute for Health Information. National Health Expenditure Trends, 2020.*[12]
$16.6 billion (6.3%)	**THE TOTAL HEALTH EXPENDITURE FOR DENTAL SERVICES IN 2019.** By use of funds, 6.3% of the total health expenditure in Canada was for dental services, including professional fees of dentists (includes dental assistants and dental hygienists) and denturists, as well as the cost of dental prostheses and laboratory charges for crowns and other dental appliances. **Source:** *Canadian Institute for Health Information. National Health Expenditure Trends, 2020.*[12]
$1.0 billion	**THE PROPORTION OF PUBLIC-SECTOR HEALTH EXPENDITURE BY USE OF FUNDS: DENTAL SERVICES IN 2019.** The public sector includes governments and government agencies. **Source:** *Canadian Institute for Health Information. National Health Expenditure Trends, 2020.*[12]

> Despite the fact that poor oral health of elderly long-term care (LTC) residents has long been identified by health care providers and confirmed through many studies, there is a surprising lack of progress being made to improve this situation.

Compton and Kline, 2015
Canadian Journal of Dental Hygiene[13]

INTRODUCTION

The Canadian Dental Hygienists Association (CDHA) defines oral health as the state of the mouth and associated structures being free from disease and, where future disease is inhibited, maintaining functions such as eating, talking, and smiling, contributing to overall health, well-being, and quality of life. Oral health is integral for overall health and well-being.

Seniors' oral health has been a long-standing priority for CDHA but has taken on greater urgency during the COVID-19 pandemic following tragic revelations of deficiencies in care and staffing in long-term care homes across the country. This discussion paper lays out our position on why and how national standards for long-term care services must address oral health. CDHA and dental hygienists working in Canada stand ready to support conversations and policy movement on this important matter.

CDHA welcomes the federal government's commitment to improving long-term care services across Canada as evidenced by its September 2020 announcement in the Speech from the Throne that it will "work with the provinces and territories to set new, national standards for long-term care so that seniors get the best support possible."[14] A commitment to strengthening long-term care and supportive care was also reflected in the government's 2021 budget, which provides "$3 billion over five years, starting in 2022-23, to Health Canada to support provinces and territories in ensuring standards for long-term care are applied and permanent changes are made."[15]

CDHA is also pleased to note work being led by the Health Standards Organization on a national long-term care services standard that will focus on resident- and family-centred care practices and reflect the importance of respect, dignity, trust, and quality of life; safe and reliable care based on evidence-informed practices; and a healthy and competent workforce to ensure sustainable, team-based, compassionate care.[16] This is important work.

Oral health professionals, researchers, and advocates understand that quality oral health care is critical to ensuring the health and well-being of residents living in long-term care homes.[17-19] It is time that Canadian governments and policymakers understand this too.

Dental hygienists working with residents in long-term care homes see firsthand many oral health issues and concerns that are not recognized by others. Oral conditions and diseases can cause pain, discomfort, difficulties chewing and swallowing, and are also associated with heart and lung diseases, diabetes, and stroke. That is why dental hygienists are calling for the inclusion of oral health care in the development, implementation, and accountability for national standards in long-term care.

According to March 2021 data from the Canadian Institute for Health Information, Canada has 2,076 long-term care homes; 46% are publicly owned and 54% are privately owned.[8] Clinical experts who manage the multifaceted oral health care needs of frail elders understand that oral care is often overlooked in long-term care facilities.[20, 21] **Dental hygienists believe that Canada's long-term care homes often lack the necessary funding to provide routine professional oral care to residents.**

Dental hygienists also point to poor oral health in long-term care homes and the significant staffing and cost barriers that many residents in long-term care face when it comes to effective daily mouth care.[22-28] Many people often enter long-term care with pre-existing oral conditions such as periodontal disease, tooth decay, and broken or missing teeth.[23,29,30] A further decline in oral health often follows, primarily attributed to the inadequate provision of daily mouth care.[24,31] Furthermore, residents without access to oral care services are at risk for developing oral conditions and complications requiring invasive, traumatic, and expensive dental procedures as they age.[23,32-36]

These concerning trends and vulnerabilities among people living in long-term care homes point to the urgency of addressing oral health alongside other aspects of long-term care services, operations, and practices in the development of national standards for long-term care. In support of one of CDHA's leading public policy priorities, the recommendations in this paper seek to promote and protect **the oral health of some of the most vulnerable among us—those living in long-term care homes—so that they may enjoy better overall health.**

> Poor oral health raises healthcare costs and affects residents' quality of life and safety through unnecessary pain, suffering, and elevated risk of malnutrition, aspiration pneumonia, respiratory diseases, diabetes, cardiovascular diseases, and premature death. Bad breath, changed dental aesthetics, and altered speech can affect self-image and self-esteem, with serious psychological and social consequences.

Hoben, Poss, Norton, and Estabrooks, 2016
Population Health Metrics[37]

LINKS BETWEEN ORAL HEALTH AND OVERALL HEALTH

Poor oral health is associated with a host of systemic conditions such as diabetes, aspiration pneumonia, chronic obstructive pulmonary disease, heart disease, and immune-mediated inflammatory diseases (e.g., arthritis).[38] As the prevalence of some of these chronic conditions in older adults (over age 65) is very high (e.g., diabetes 26.8%, heart disease 27%), it is critical that continuous, comprehensive dental hygiene care be available to this population.[39]

In a series of position papers published in the *Canadian Journal of Dental Hygiene*, CDHA explored these oral-systemic links.[38,40-42] From a dental hygiene practitioner perspective, the evidence from the most current and high-quality research supports care practices, communication, and client education to prevent and treat periodontal diseases. It is important for everyone to understand that disease in the mouth (soft tissues, teeth, and throat), microbial load, oral inflammation, and infection can lead to serious, chronic health conditions.

PERIODONTAL DISEASE

A key consequence of periodontal disease is the development of inflammation and infection, which can increase the risk of developing or worsening cardiovascular disease, stroke, diabetes, and associated complications.[33,43-46] Periodontal disease is associated with pain, tooth loss, malnutrition, and systemic diseases affecting overall health.[47-49] Dental caries (cavities or tooth decay) and periodontal disease can increase a person's susceptibility to aspiration pneumonia, the leading cause of death from infections in long-term care residents.[17,50-55] Other areas of emerging research suggest associations between periodontal disease and rheumatoid arthritis, osteoporosis, and cognitive impairment.[56-60]

CHRONIC DISEASES

Analysis using national data from the 2003 Canadian Community Health Survey found that approximately 80% of seniors aged 65 and older live with some type of chronic disease.[61] This high prevalence of chronic disease may make this population particularly vulnerable to oral disease because of the resulting constraints on daily activity, including oral hygiene. Peripheral health conditions, such as neuralgia (nerve pain) and dysphagia (difficulty swallowing), and the medications used to treat them can directly or indirectly affect oral health.[62]

MOUTH, HEAD, AND NECK PAIN

Many oral conditions, such as dental caries (cavities or tooth decay), infections, and ulcerations of soft tissue lining the mouth, can cause significant discomfort. Xerostomia (dry mouth) can also cause mouth and throat pain, contributing to swallowing difficulties.[45] Oral pain can have a significant negative impact on people's ability to learn, work, socialize, speak, and eat.

At the same time, there are many oral diseases or complications that do not cause pain and may not be identifiable by non-oral health professionals. These can include, for example, abnormal tissue changes or inflamed and ulcerated gums that may appear normal to some providers and thus go without proper treatment. Dental hygienists and other regulated oral health professionals easily recognize and identify these conditions as potential warning signs of oral cancer, aspiration pneumonia, and other medical and systemic issues.

ORAL HEALTH-RELATED QUALITY OF LIFE AND COMFORT

Poor oral health can have significant implications for the social and psychological well-being of seniors. Reduced eating and chewing ability may lead to malnutrition; difficulty speaking may cause embarrassment and lead to social withdrawal. It is well established that good oral health improves mental health, social well-being, and overall quality of life.

For residents in long-term care, mindful attention to their oral health and pain levels is essential for maintaining quality of life and comfort. Because evidence suggests that poor oral health and social isolation may contribute to the development of chronic health conditions, effective strategies should target both oral health and social isolation simultaneously.[63]

DIGNITY

Many may not think of oral hygiene in terms of one's sense of pride and self-esteem. Dental hygienists know that, when their clients receive careful, considerate, and compassionate daily mouth care, they maintain a sense of dignity.

> Another point to consider when designing and evaluating oral health care improvement strategies is that oral health is influenced by more than oral health care alone. Influencing factors are general health of the older people (which can fluctuate a lot), the support of family (informal care), the care dependence of the older person, financial situation, access to dental care and oral health status at the intake in the institution.

Weening-Verbree et al., 2012
International Journal of Nursing Studies[64]

IN THE NEWS: ORAL HYGIENE IN THE CONTEXT OF THE COVID-19 PANDEMIC

During the COVID-19 pandemic, oral health has been featured in several news reports and scientific publications. A few examples are presented below as they illustrate some of the issues that must be carefully considered when addressing not only oral health care for long-term care residents, but also clinical practice by oral health professionals.

LOCAL NEWS STORY: LACK OF ORAL CARE DURING A COVID OUTBREAK CAUSED INFECTION AND COMPLETE LOSS OF TEETH IN AN ONTARIO LONG-TERM CARE RESIDENT

The COVID-19 pandemic highlighted the sad reality of oral care's low priority in long-term care homes. In a story reported in the *Orangeville Banner* in August 2020,[65] a woman explained that she took her mother, who lives in a long-term care residence where a large COVID-19 outbreak occurred, to a follow-up dentist appointment, and learned that all of her mother's teeth had to be removed. As explained by the dentist in a letter to the daughter, "Several teeth had infection present and there was food found in between her teeth."[65] The story stressed that the loss of teeth was the result of a lack of oral care.

CANADIAN ARMED FORCES REPORT ON LONG-TERM CARE REVEALED ORAL HYGIENE FINDINGS

The Canadian Armed Forces (CAF) was called in April 2020 to help seven high-priority long-term care homes in Ontario that were dealing with COVID-19 outbreaks and in immediate need of critical staffing support. In May 2020, the CAF delivered an interim report that painted a disturbing picture of conditions in these homes.[66] The report included the following oral health findings pertaining to poor standards of care:

- No orders or supplies for mouth care for palliative residents
- Mouth care and hydration schedules not being adhered to
- Food left in a resident's mouth while they slept
- Swallowing assessments not up to date (safety issue)

The report outlined a host of additional issues and functions associated with oral health, such as eating status, nutrition, hydration, pain levels, and wellness.

BRITISH RESEARCHERS FOUND A LINK BETWEEN POOR ORAL HYGIENE AND SEVERITY OF COVID-19 DISEASE

In a study published in the *British Dental Journal*, researchers explored the complications of COVID-19 seen among those with poor oral health and periodontal disease.[67] The oral microbiome and its connection to COVID-19 outcomes was analyzed. Key takeaways from the study were that:

- Inadequate oral hygiene can increase the risk of interbacterial exchanges between the lungs and the mouth, increasing the risk of respiratory infections and potentially post-viral bacterial complications.
- Good oral hygiene has been recognized as a means to prevent airway infections in patients, especially in those over age 70.
- Periodontal disease is correlated with chronic diseases that increase the severity of COVID-19 infection. Notably, it increases risk for heart disease by 25%, triples the risk for diabetes, and raises the probability of developing high blood pressure by 20%.

INTERNATIONAL STUDY LED BY McGILL RESEARCHERS SUGGESTED THAT GUM DISEASE MAY BE ASSOCIATED WITH HIGHER RISKS OF COMPLICATIONS FROM COVID-19, INCLUDING ICU ADMISSION AND DEATH

In a study published in the *Journal of Clinical Periodontology*, researchers discovered that COVID-19 patients with gum disease were 3.5 times more likely to be admitted to the intensive care unit, 4.5 times more likely to need a ventilator, and 8.8 times more likely to die when comparing to those without gum disease.[68] The study also found that levels of biomarkers in the blood, which indicate inflammation in the body, were significantly higher in COVID-19 patients with gum disease, which may explain the higher rates of complications for those patients. The research team from this multinational observational study crossed dental records with medical records of patients with severe cases of COVID-19 between February and July 2020. The study highlights the importance of good oral health in the prevention and management of COVID-19 complications.

RESEARCHERS FOUND THAT THE VIRUS THAT CAUSES COVID-19 CAN INFECT CELLS IN THE MOUTH

To investigate the involvement of the oral cavity in COVID-19 disease, a research team conducted a series of experiments on oral tissue samples from healthy people and people with COVID-19. The findings suggest that the mouth, via infected oral cells, may play a bigger role in SARS-CoV-2 infection than previously thought. It appears that infected saliva may propagate COVID-19 infection to other parts of body including the lungs. Results from the research appeared in *Nature Medicine*.[69]

EVIDENCE TO SUPPORT SAFE RETURN TO CLINICAL PRACTICE BY ORAL HEALTH PROFESSIONALS IN CANADA DURING THE COVID-19 PANDEMIC

Published on the Government of Canada website, this evidence synthesis was commissioned by the Office of the Chief Dental Officer.[70] Researchers at McGill University conducted a comprehensive review of the evidence concerning key issues that inform the provision of oral health care in Canada during the COVID-19 pandemic. The goal of the project was to generate a single, high-level national expert document that Canada's oral health regulatory authorities could then consult when developing consistent guidance for their registrants at the provincial/territorial level.

> Since the 1970s, public financing of dental care in Canada has declined. While in the 1970s, nearly 20% of dental expenditures were attributed to public funding, that figure has now decreased to 5.6%. Low- and middle-income individuals are often ineligible for employment based or public dental insurance given their type of employment or level of income, especially when public dental coverage for adults is often limited to recipients of social assistance programs or to the few who meet restrictive low-income eligibility thresholds.

Farmer et al., 2016
Canadian Journal of Dental Hygiene[71]

REASONS FOR ADDRESSING ORAL HEALTH IN NATIONAL STANDARDS FOR LONG-TERM CARE SERVICES

For dental hygienists, inaction on oral health is a threat to the overall health and wellness of Canadians, particularly those whose needs are underserved. Below we offer six clear arguments to drive home the importance of addressing oral health as part of efforts to develop national standards for long-term care services.

ORAL HEALTH IS CRITICAL

Oral health professionals and researchers in Canada agree that good oral health is vitally important for people of all ages and even more so for older adults, seniors, and the most vulnerable who are receiving care in residential settings. Furthermore, when considering the burden of oral diseases (from dental caries and periodontal diseases to oral cancers), it is worth underscoring that most oral conditions are largely preventable with routine assessments and daily mouth care or are treatable in their early stages.

IT'S ABOUT RESPECTING AND PROMOTING THE DIGNITY OF RESIDENTS

Dental hygienists understand that the need for good oral health is crucial as people age. Oral health in the context of frailty and end-of-life care is poorly understood for improving care in long-term care homes. Supporting residents in long-term care and preserving their dignity are core values to Canadians. Ensuring that residents have access to the services and supports they require based on their individual needs and circumstances, is essential for maintaining their dignity, sense of pride, and quality of life.

IT'S TIME TO OVERCOME LONGSTANDING CHALLENGES AND BARRIERS TO ORAL HEALTH SERVICES IN LONG-TERM CARE HOMES

Robust mandated assessment tools and daily mouth care in Canada's long-term care system have long been identified as deficient, and many long-term care residents face barriers to oral health care.[13,37,72]

Examples of barriers in long-term care are as follows:

- Long-term care homes with insufficient capacity for the delivery of routine oral hygiene/health services and the timely detection of oral/dental problems. More specifically:
  - low priority given to ensuring proper oral health care for each resident
  - limited staff roles and time for oral health (typically a result of highly demanding and challenging workloads and work environments, competing care needs, instability in the sector's workforce, and low funding)
  - staff with limited knowledge/training to recognize and report oral health concerns and competently meet oral health needs
  - staff behaviours/attitudes towards delivery of oral care (which can be affected by residents' behavioural or physical difficulties or comfort)
  - inadequate availability of oral care supplies
- Residents' ineligibility for municipal or provincial/territorial programs for dental services (lacking in many jurisdictions)
- Residents' (or their families') inability to pay for services from a dental hygienist or dentist (out-of-pocket or insurance)
- Residents who struggle with oral self-care (due to physical limitations, prevalence of dementia or other cognitive impairments)

LONG-TERM CARE SERVICES NEED TO ADAPT TO INCREASINGLY COMPLEX HEALTH CARE NEEDS OF AGING AND DEPENDENT CANADIANS, AND THIS INCLUDES THEIR ORAL HEALTH NEEDS

Modern medical, drug, and technological advancements mean that some Canadians are enjoying longer and healthier lives. However, increasing chronic disease rates in the population and the growing prevalence of age-related conditions (such as dementia) can compound the complexity and acuity of care that people need.[73]

In the oral health realm, the increasing frequency and complexity of restorations (such as bridges, crowns, and implants), oral prosthetics, and increased risks for oral cancer among the dependent elderly must also be recognized. Professional dental hygiene services and interprofessional collaboration in long-term care settings are crucial for the provision of proper and adequate routine oral care.

CANADIANS EXPECT A HIGH STANDARD OF CARE NO MATTER WHERE THEY LIVE

Long-term care residences are homes for more than 400,000 people in Canada. In order for all Canadians to receive the oral health care they deserve no matter where their home is in this country, services in all provinces and territories need to meet the same minimum set of standards.

INCLUDING ORAL HEALTH IN NATIONAL STANDARDS REQUIRES A COMMITMENT FROM ALL LEVELS OF GOVERNMENT

While many people take great pride in our nation's universally available coverage for hospital and physician services, long-term care homes and oral health services both fall outside the national public health system. Oral health services remain funded largely from private insurance or out-of-pocket spending by Canadians who have the means.

CDHA believes that there are roles for all levels of government when it comes to realizing the shared goal of improving the lives of those in long-term care homes. We add our voice to the growing calls for the federal government to play a stronger leadership role in setting national standards and the tone for this important work.

CDHA recommends that the federal government provide new targeted funding to help provinces and territories implement standards for long-term care services, which should include a focus on oral health care for every resident. In addition, funding should be tied to oversight and accountability systems to enforce those standards of care.

At the same time, CDHA encourages provinces and territories to share evidence-informed practices, strategies, and efforts to address the unmet oral health needs of vulnerable populations in their jurisdictions.

Dental hygienists are confident that federal, provincial, and territorial leaders can agree on minimum standards for meeting the health and oral health needs of those living in long-term care homes in this country. These evidence-informed standards should be specific enough to prevent gross disparities in quality and access across jurisdictions, yet flexible enough to accommodate provincial/territorial jurisdictions and contexts.

CDHA understands that the federal government is also working to set national standards for mental health services which will be included in renewed health agreements with the provinces and territories. There is also the example of collaborative work between jurisdictions on initiatives to safely restart Canada's economy during the COVID-19 pandemic. As agreed among the first ministers, one of the seven key priorities for the federal investment of $19 billion was to protect vulnerable populations, including seniors in long-term care facilities. This 2020 agreement provided a federal investment of $740 million to support one-time costs over 6 to 8 months for measures aimed at controlling and preventing infections, which could include addressing staffing issues in long-term care, home care, and palliative care facilities.[74]

> This study provides an estimate of the prevalence of oral health problems in residents living in long-term care homes across Canada and indicates that improvement in oral health care is needed. Future work on development strategies aimed at optimising oral health for long-term care residents is required.

Yoon et al., 2018
Gerodontology[10]

RESPONSES TO ORAL HEALTH NEEDS IN LONG-TERM CARE

The following examples of practice guidelines, programs, and educational resources developed by professional associations, regulatory bodies, practitioners, academic institutions, and others offer insight into ongoing efforts to address oral health care for residents in long-term care across Canada. These examples are not exhaustive.

BRITISH COLUMBIA: REPORT ON SENIORS' ORAL HEALTH

This 2008 report was prepared by the British Columbia Dental Association's (BCDA) Geriatric Dentistry Committee working with the University of British Columbia's Faculty of Dentistry. In the context of long-term care, the report discusses various care models that have been implemented throughout the province. The report also outlines a 2006 pilot program undertaken by the University of British Columbia Geriatric Dentistry Program together with BCDA and Three Links Care Centre to eliminate the financial barriers to basic dental care in long-term care facilities.

Find it online: http://germiphene.com/wp-content/uploads/2015/01/Report-on-Seniors-Oral-Health-British-Columbia-Dental-Association.pdf

SASKATCHEWAN: BETTER ORAL HEALTH IN LONG-TERM CARE—BEST PRACTICE STANDARDS FOR SASKATCHEWAN

The Better Oral Health in Long Term Care—Best Practice Standards for Saskatchewan is an education and training program that was adapted collaboratively by the Saskatchewan Oral Health Professions Group (College of Dental Surgeons of Saskatchewan, Saskatchewan Dental Assistants Association, Saskatchewan Dental Hygienists Association, and Saskatchewan Dental Therapists Association), in partnership with the University of Saskatchewan College of Dentistry, Saskatoon Health Region, and private practice dentists. The program includes a suite of three portfolios for nurses and care workers, general practitioners, registered nurses, and educators.

The original portfolios were developed by the Better Oral Health in Residential Care Project funded by the Australian government's Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program.

Find it online: https://saskohc.ca/images/pdf/resources/res4.pdf

MANITOBA: MOUTHCARE RESOURCES FOR CAREGIVERS

Led by the University of Manitoba's Centre for Community Oral Health, this collection of long-term care fact sheets and video clips was developed as an integral component to mouth care training for caregivers. In 2000, the University of Manitoba's Centre for Community Oral Health expanded its focus in caring for underserved populations through the creation of the Health Promotion Unit.

This upstream approach was adopted to help improve the oral and overall health of communities served by providing prevention-focused health promotion programming alongside essential treatment of existing disease. The Health Promotion Unit made a significant commitment to improve the oral health of dependent individuals in long-term care facilities.

Find it online: https://umanitoba.ca/dentistry/community-and-partners/centre-community-oral-health/mouthcare-resources-caregivers

ONTARIO: ORAL HEALTH: SUPPORTING ADULTS WHO REQUIRE ASSISTANCE

This clinical best practice guideline for evidence-based nursing practice was produced by the Registered Nurses' Association of Ontario (published May 2020). This guideline promotes an interprofessional approach to providing oral care for adults (18 years of age and older), enhances the delivery of oral care interventions, and should ultimately lead to positive oral health outcomes for this population.

This guideline includes recommendations for practice (primarily for nurses and the interprofessional team who provide direct care to persons and support for their families), education (for those responsible for the education of nurses and other health care providers), and organizations (for managers, administrators, and policy makers).

Find it online: https://rnao.ca/bpg/guidelines/oral-health-supporting-adults-who-require-assistance-second-edition

QUÉBEC: DENTAL CARE AND DAILY ORAL HYGIENE PROGRAM—SERVICES FOR RESIDENTS

Announced by the Québec government in early 2019, this program aims to improve and maintain the dental health of people living in residential and long-term care centres (CHSLDs). The program is intended to keep residents comfortable and healthy by ensuring that they have good oral hygiene, have no untreated pain or oral disease, and are able to eat painlessly and enjoy eating.

The following oral health services are available free of charge for all residents:

- Oral assessments on admission and every six months by a nurse in collaboration with a practical nurse, if necessary.
- Daily oral hygiene care by a personal support worker, with the help of a practical nurse as needed (oral hygiene products are provided free of charge by the care centre). Services include toothbrushing and denture cleaning.
- Preventive care by a dental hygienist: scaling, denture identification with residents' names, and fluoride varnish application.
- Exams by a dentist and emergency exams as needed.
- Exams and assessments by a denturist as needed.

Find it online: https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-231-27A.pdf

NOVA SCOTIA: DENTAL HYGIENISTS PREVENT MORE TO TREAT LESS: PROMOTING HEALTH AND PREVENTING DISEASE BY INTEGRATING DENTAL HYGIENISTS, AT THEIR FULL SCOPE OF PRACTICE, INTO NOVA SCOTIA'S PRIMARY HEALTH CARE SYSTEM

Commissioned by the College of Dental Hygienists of Nova Scotia (CDHNS) this 2014 white paper outlined the significant contribution that dental hygienists make to the prevention of oral diseases and to the promotion of oral health. It also identified the need to develop a comprehensive oral health strategy for Nova Scotia that optimizes the scope of practice of dental hygienists, and to involve dental hygienists in the making and delivery of this strategy to the public.

In the context of long-term care, CDHNS recommends that all long-term care facilities in Nova Scotia have access to a dental hygiene coordinator (Recommendation 11).

With respect to the interdisciplinary team model for delivering primary care services, CDHNS strongly recommends that dental hygienists be included in the primary health care system as key preventive therapists who contribute meaningfully to collaborative interdisciplinary health care teams (Recommendation 7).

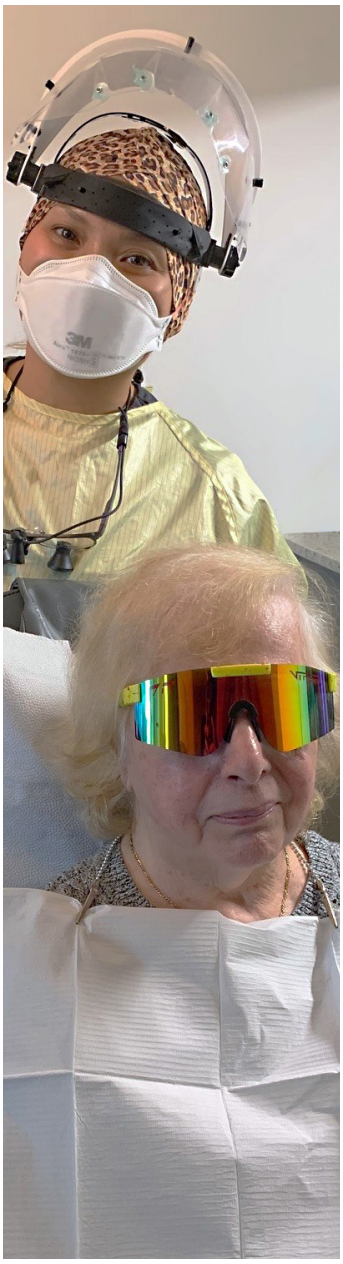
Find it online: https://cdhns.ca/images/CDHNS_Prevent_More_to_Treat_Less_OCTOBER_2014_FINAL-_Updated_Contact_Info_-_Sept_2019.pdf

NOVA SCOTIA: BRUSHING UP ON MOUTH CARE—ORAL HEALTH RESOURCE FOR THOSE WHO PROVIDE CARE TO RESIDENTS

Led by the Dalhousie University Faculty of Dentistry, this oral care educational resource was developed as part of the 2008–2012 Oral Care in Continuing Care Settings Project funded by the Nova Scotia Health Research Foundation. The resource covers the preparation and storage of oral care supplies, necessary steps for providing daily oral care, daily oral health assessments to check the mouth for any abnormalities, annual oral health assessments for assessing various aspects of oral health, oral hygiene care planning tools, and more.

Find it online: https://cdn.dal.ca/content/dam/dalhousie/pdf/dept/ahprc/BrushingUp-OCManual.pdf

RECOMMENDATIONS FOR ADDRESSING ORAL HEALTH IN NATIONAL STANDARDS FOR LONG-TERM CARE SERVICES



1. Professional staffing and interprofessional collaboration in long-term care homes should incorporate dental hygienists to ensure a comprehensive program of oral health services to meet the assessed oral health needs of residents.

2. Oral health care services for long-term care home residents must include oral health assessments, the development of personalized oral health care plans, and the provision of daily mouth care by dental hygienists.

3. All direct-care workers in long-term care homes should receive education on oral health. This education should be developed and delivered by dental hygienists.

4. Legislation pertaining to long-term care homes across the country must reflect minimum standards for oral health care and related aspects.

5. Accreditation standards specific to oral health services in long-term care settings should be developed and enforced.

RECOMMENDATION 1: PROFESSIONAL STAFFING AND INTERPROFESSIONAL COLLABORATION IN LONG-TERM CARE HOMES SHOULD INCORPORATE REGISTERED DENTAL HYGIENISTS TO ENSURE A COMPREHENSIVE PROGRAM OF ORAL HEALTH SERVICES TO MEET THE ASSESSED ORAL HEALTH NEEDS OF RESIDENTS.

Managing the overall health needs of residents in long-term care homes requires a multidisciplinary care team approach—think of interprofessional collaboration among nurses, dietitians, oral health professionals, physicians, social workers, personal support workers, health care aides, physiotherapists, and others. To ensure clinical oversight and expertise for oral health services and supports in long-term care homes, dental hygienists must be included as primary health care providers given their expertise in oral health promotion and disease prevention.

As the starting point for the recommendations that follow, expanding care teams to include the knowledge, expertise, and skill set of dental hygienists lays the foundation for comprehensive oral health services to meet the assessed oral health needs of residents.

The scope of dental hygiene practice describes the roles, procedures, actions, and processes that a registered dental hygienist is educated, competent, and authorized to perform. Across Canada, all registered dental hygienists are educated and competent to perform the required scope of practice competencies needed to serve the needs of residents in long-term care homes.

Dental hygienists use a systematic, problem-solving approach to the delivery of quality, safe, and effective dental hygiene treatments and services. This process involves assessment, diagnosis, planning of treatments and services, implementation of the care plan, and evaluation of outcomes. Dental hygienists have specialized knowledge to improve the oral health of residents by:

- Performing oral health assessments for the prevention, early diagnosis, and risk reduction of oral and general health-related problems.
- Managing the provision of appropriate daily mouth care and ensuring oral health findings are integrated within daily care plans.[75-77]
- Making appropriate referrals when indicated.
- Maintaining accurate and comprehensive oral/dental records.
- Providing oral health education and training to staff and families/caregivers.

As trusted, reliable, and competent team members, dental hygienists are well positioned to oversee the delivery of oral care and work across disciplines to advocate for positive oral health outcomes. This means making full use of the profession's role and scope of practice as primary health care providers.

> …when important information is missing or inaccurate, there is an increased potential for suboptimal clinical care, posing a significant risk to the health and safety of residents.
>
> The LTC sector should also consider the role of registered oral care professionals in the assessment and documentation of residents' oral/dental status.

McKeown, Woodbeck, and Lloyd, 2014
Canadian Journal of Dental Hygiene[72]

RECOMMENDATION 2: ORAL HEALTH CARE SERVICES FOR LONG-TERM CARE HOME RESIDENTS MUST INCLUDE ORAL HEALTH ASSESSMENTS, THE DEVELOPMENT OF PERSONALIZED ORAL HEALTH CARE PLANS, AND THE PROVISION OF DAILY MOUTH CARE BY DENTAL HYGIENISTS.

CDHA recommends that all long-term care homes across Canada include organized oral health services and programs to match the needs of people living in those homes. As a minimum standard, the major components of these services and programs should be oral health assessments and daily mouth care plans.

ORAL HEALTH ASSESSMENTS

Within 14 days of admission, every resident should receive a systematic and comprehensive oral health assessment to establish baseline oral health status. The assessment will also identify issues or abnormalities (such as infection, disease, pain or trauma) that need attention. Then, referrals to the appropriate oral health care professionals should be made.

Dental hygienists are educated to complete these oral health assessments. Typically, an oral health assessment examines a person's head and neck structures, gums, and soft tissues (i.e., bleeding, swelling, inflammation, ulceration), lips, tongue, teeth (i.e., decay, broken tooth, fillings, mobility), saliva, swallowing capacity, oral appliances (i.e., dentures, crowns, bridges), and documents the presence of oral/dental pain, the level of oral cleanliness, functionality, and the comprehension and communication abilities of the client.

Oral health assessments should be:

- Developed and delivered by dental hygienists.
- Done within 14 days of a person's admission to a long-term care home and at least annually thereafter. Excellence in oral health care involves continual assessment of residents.

Outputs from health assessments are used to support clinical and operational decisions. In several Canadian jurisdictions the clinical data are collected using an internationally accepted standard, the Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0) to assess long-term care residents on a regular basis.[78] This clinical assessment instrument guides clinicians in gathering resident-specific information which supports the development of care plans. The RAI-MDS 2.0 assessment includes client-level measures of function, mental and physical health, social support, and service use.

The validity and reliability of the oral health assessment tool are critical to ensuring the accurate collection of clinical data that will be used to generate individualized daily mouth care plans and make appropriate referrals to other health professionals, as required. A recent study of oral/dental indicators in the use of the RAI-MDS 2.0 in nursing homes in Alberta, Saskatchewan, and Manitoba points to some limitations and the need to regularly assess residents' oral health using valid, reliable, and practical tools.[37]

Studies have identified under-reporting of oral/dental status in the RAI-MDS as a challenge.[37,60,72,79] One of the key findings from a study conducted to facilitate improvements in oral care for long-term care in rural Ontario was that "when important information is missing or inaccurate, there is an increased potential for suboptimal clinical care, posing a significant risk to the health and safety of residents."[72]

Aside from the properties of the assessment tools, another aspect of note relates to the assessors themselves. Studies point to the benefit of having qualified oral health professionals conduct oral health assessments for the collection of reliable clinical data.[37,72,79] One study led by dental hygiene researchers at the University of Alberta investigated discrepancies in assessments between oral health professionals and nursing staff. The findings showed that oral health professionals using RAI-MDS 2.0 identified a 74% prevalence of moderate to severe gingivitis in a group of long-term care residents whereas non-oral health staff had identified inflamed gums in under 1% of residents.[79] Data analysis showed negligible documentation of the residents' orofacial pain.

Other assessment tools such as Management Information Systems (MIS) are also common in Canada. Developed by the Canadian Institute for Health Information, the Standards for Management Information Systems is a set of national standards for gathering and processing data and for reporting financial and statistical data on the day-to-day operations of Canadian health service organizations.[80]

MOUTH CARE PLANS (ORAL HYGIENE)

As is the case for *everyone*, daily personal oral hygiene is essential (e.g., brushing, flossing, rinsing, proper storage or removal of dental prostheses). The information collected by dental hygienists during oral health assessments should be used to create individualized mouth care plans for routine daily oral hygiene practices and establish baseline oral cancer screening/soft tissue assessments to detect future visible changes in oral health. These plans should be integrated into direct-care hours for each resident.

A typical daily mouth care plan for long-term care services should cover toothbrushing, denture brushing and soaking, gum/mouth cleaning, mouth rinsing, checking for stored food, and checking for sores in mouth.

Essential oral hygiene supplies and products that long-term care homes should procure and stock for daily oral hygiene services are soft toothbrushes, toothpaste (or antimicrobial rinses), floss, interdental cleaners, denture brushes, denture containers, denture cleansers, mouth/lip moisturizers, and mouth props (for residents with difficulty keeping their mouth open).

Mouth care plans should be:

- Delivered daily by dental hygienists or by staff who have been educated by dental hygienists. When delivered by non-oral health professionals, the delivery of daily oral care should be routinely assessed by dental hygienists.

RECOMMENDATION 3: ALL DIRECT-CARE WORKERS IN LONG-TERM CARE HOMES MUST RECEIVE EDUCATION ON ORAL HEALTH. THIS EDUCATION SHOULD BE DEVELOPED AND DELIVERED BY DENTAL HYGIENISTS.

As experts in oral disease prevention and oral health promotion, dental hygienists expect long-term care homes to raise the bar on oral health education for all non-oral health care professionals who provide direct care to residents. This recommendation is aimed at ensuring the quality and consistency of daily oral hygiene care provided to residents. Dental hygienists know that enhancing the capacity of long-term care homes in this way is crucial for supporting better oral care and better oral health outcomes for residents.

Studies have shown that non-oral health care professionals in long-term care consistently identify lack of knowledge and skill, as well as negative staff attitudes towards oral health, as barriers to the provision of oral care.[37,64]

Education of non-oral health care professionals should be developed and delivered by dental hygienists. Standardized continuing education programs for all health care workers in long-term care homes should address the following topics, concepts, and competencies (this is not an exhaustive list):

- The importance of oral health to overall health and wellness
- Basic knowledge and skills for daily mouth care
- Basics of using oral tools (i.e., toothbrush, floss, tongue cleaners)
- Basics of labelling, caring for, and safely storing oral prostheses
- Proper documentation
- Basic identification of changes to oral tissue
- Identifying issues in need of follow-up by a dental hygienist
- Adapting oral care to residents who present with dementia, other cognitive impairments, or who are resistant or exhibit combative behaviours

Innovative approaches to this education program should be considered, including on-the-job training, train-the-trainer models, online learning, mobile and digital innovations, communities of practice, interprofessional initiatives (e.g., among dental hygiene, nursing, dietitians), service partnerships, resources (e.g., books, assessment tools, posters), and more.

Advancing work on this recommendation can lead to exciting partnerships and quick-start initiatives between governments and interested long-term care sector leaders, dental hygiene education experts and education programs, post-secondary institutions, academic research, dental industry, businesses, communities, and others.

RECOMMENDATION 4: LEGISLATION PERTAINING TO LONG-TERM CARE HOMES ACROSS THE COUNTRY MUST REFLECT MINIMUM STANDARDS FOR ORAL HEALTH CARE AND RELATED ASPECTS.

CDHA looks to the federal government to convene all jurisdictions and related stakeholders for a discussion of ways to set minimum, standardized oral health references in all legislative and regulatory instruments affecting long-term care homes.

Currently the specification of oral health in existing legislation varies significantly across jurisdictions. To achieve successful change in how oral health is delivered in long-term care homes, CDHA recommends that legislation governing long-term care in each Canadian jurisdiction should reference oral health in a standardized way. As a starting point, these oral heath references must include:

- Dental hygienist services
  (oral health assessments, daily mouth care plans)
- Oral health care plans
- Oral health care/service standards
- Access to the appropriate level of qualified
  oral health professionals
- Requirements for written policies and procedures
  for oral health services
- Monitoring and evaluation of the provision of oral
  health care services

It is our expectation that such an engagement process would prompt other constructive ideas and issues for the consideration of all jurisdictions, including the federal jurisdiction if the potential for shifting long-term care to the public health system is an option.

RECOMMENDATION 5: ACCREDITATION STANDARDS SPECIFIC TO ORAL HEALTH SERVICES IN LONG-TERM CARE SETTINGS SHOULD BE DEVELOPED AND ENFORCED.

CDHA recommends that independent programs administered in all long-term care settings specifically assess oral health care and services for continuous quality assurance of oral health services. Such external reviews based on established standards will ensure that provincial and territorial governments and long-term care home operators/administrators demonstrate a commitment to the access to safe, efficient, and quality person-centred dental hygiene care for their residents.

This recommendation is also directed to accrediting bodies in Canada and organizations that develop accreditations standards (like the Health Standards Organization). CDHA calls upon standards development organizations to engage Canadian oral health practitioners, researchers, policy advisors, and other experts from every region of the country in the development of standards and assessment methodologies for oral health services in long-term care homes.

When it comes to focus areas for accreditation standards specific to oral health services in long-term care homes, CDHA has identified the following key themes as a starting point:

- Access to and delivery of oral health services
- Quality of oral health services
- Safety of oral health services
- Communication among oral health and non-oral health professionals
- Education for staff
- Risk assessment and risk management

Whereas accreditation of all long-term care homes across the country is not mandatory, CDHA calls on governments to create effective oversight and accountability systems to enforce national standards, care, and staffing in long-term care homes.

WHAT DENTAL HYGIENISTS ARE SAYING

"These recommendations are precisely the services that I have been providing in the long-term care homes for the past 13 years. The dental hygiene practice in long-term care homes is the foundation for optimal oral care. With my experience, long-term care residents are often too medically compromised to receive complex extractions or restorative dental care. Too often they are put on 'palliative' dental care, which means that we monitor for symptoms such as infection and pain and the physician will prescribe antibiotics or medication as needed and often sent to the hospital.

Silver diamine fluoride arrests cavities; temporary restorations can be done to alleviate pain on contact and stop the progression of cavities—two examples of excellent treatment choices dental hygienists can use for medically compromised individuals.

This is the window of opportunity to emphasize and accentuate the value of preventative oral care services in a long-term care setting. By having a preventative approach, we can control dental disease and improve the oral health, overall health, ability to eat food, and socialize. We improve their quality of life. Recognizing primary oral care professionals with other health professionals will have a snowball effect in the health system for the long-term care population."

As told to CDHA by a Canadian dental hygienist, November 2020

"The dream would be facilities having a dental hygienist on staff; hours per week depending on number of beds in the facility. This is currently how local facilities employ physiotherapists. All new residents would have an oral health assessment provided by the dental hygienist, a care plan would be developed, any referrals made for treatment. Should scaling, fluoride or labelling of dentures be required it could be provided by that dental hygienist at a time in the schedule. The dental hygienist would continue to educate the caregivers in proper daily oral care and on a rotational basis assess the oral health of all residents. Should oral care be determined to be inadequate with a resident, the dental hygienist would work with the caregivers to improve the provision of the care."

As told to CDHA by a Canadian dental hygienist, November 2020

"People living in LTC have higher health risks of disease and infection, higher risk of increasing or accelerating their disease due to periodontal disease, have limited resources, limited staff to devote the time to aid with their oral care; therefore more routine maintenance is required, which is essential to improve their overall health."

As told to CDHA by a Canadian dental hygienist, September 2021

"I work in long term care and this is what I have encountered with what residents ask me: 'Please brush my teeth daily. I have taken care of my teeth my whole life and want them to continue to remain healthy. I know that if my mouth is healthy it helps to keep my body healthy and prevent any other illness. I deserve this respect and demand this basic care. Please help me live with dignity.'"

As told to CDHA by a Canadian dental hygienist, September 2021

"A healthy mouth which is free from harmful bacteria is crucial for overall health, quality of life and self esteem at ALL ages, but even more so for our seniors with so many comorbidities and often reliance on others for their oral care."

As told to CDHA by a Canadian dental hygienist, September 2021

"Prevention is key. Legislation is needed mandating initial oral assessments including planning for practical and thorough delivery of oral care on a daily basis to meet oral health needs. This is absolutely critical to preventing devastating oral diseases and to maintaining overall health and quality of life. Currently, this is not being done. The mouths of residents living in long term care are disastrous, these vulnerable elders are suffering greatly in silence. It's heartbreaking and unjust."

As told to CDHA by a Canadian dental hygienist, September 2021

"The absolute vital need for LTC residents to have access to regular, professional, individualized oral health care is currently being ignored and neglected. Sadly, this is resulting in pain, malnourishment, poor overall health outcomes including infection and even death. Updated legislation MUST include regular PROFESSIONAL oral health assessments and services. An integral part of this legislation will include registered dental hygienists as they are specifically educated for this role as preventive care providers."

As told to CDHA by a Canadian dental hygienist, September 2021

CONCLUSION

Like many other countries around the world, Canada faces challenges in providing its vulnerable populations with the oral health services they need. This is especially true for those living in long-term care homes. CDHA knows that Canada can do better to support them.

When it comes to the burden of oral diseases and oral health disparities among the underserved, many longstanding issues have been exacerbated by the COVID-19 public health crisis. In light of the tragedies and loss experienced during the pandemic, particularly in long-term care homes, we know that oral health care is only one of the many aspects needing meaningful change to better protect individuals living in long-term care.

This paper clearly identifies the evidence for incorporating dental hygienists as essential members of the interprofessional care teams and for including oral health care in national standards for long-term care.

As the national voice for dental hygienists in Canada, CDHA asserts that dental hygienists are essential primary health care professionals who work to prevent and treat oral diseases, promote oral health, and foster evidence-informed decision making related to oral health by their clients. Their expertise must not be overlooked in the development of national standards for long-term care.

In light of recent government statements about the long-term care sector and needed investments for seniors, CDHA and dental hygienists who work with people living in long-term care homes are cautiously optimistic about the possibilities and promise of meaningful and timely policy actions to build capacity for oral health care services in long-term care homes.

CDHA recognizes that the way forward also requires a parallel consideration of other relevant elements, such as data collection and reporting, health equity, implementation costing, economics, health workforce planning, health ethics, diversity and inclusion, monitoring and surveillance, accountability and transparency to Canadians, knowledge mobilization and translation, innovation in partnership with industry and communities, and much, much more.

When it comes to establishing national standards for long-term care services in Canada, a focus on oral health is critical. It is too important for overall health and wellness. CDHA supports all levels of government and is interested in collaborating with health system policy makers, decision makers, and advisors in improving oral and overall health outcomes for people living in long-term care homes across this country.

Finally, CDHA takes this moment to acknowledge all essential workers in long-term care homes for their tireless efforts to support the health, wellness, and safety of people under their care.

GLOSSARY

"Aspiration pneumonia" means a type of pneumonia that might occur if a person breathes something in instead of swallowing it. The infiltration of food or other substances from the mouth or stomach into the lungs may infect the airways and lead to aspiration pneumonia.

"Calculus" means the hard deposit that can develop on the tooth; also known as tartar.

"Dental caries" means tooth decay or cavities. Decay happens when bacteria in the mouth make acids that attack the tooth's surface, or enamel.

"Dental hygienist" means a primary health care professional who assesses oral health by examining teeth, gums, and mouth, taking x-rays, and performing oral cancer screenings. A dental hygienist provides appropriate clinical therapies, including the removal of calculus, dental biofilm (plaque), and stain, and the application of fluoride and sealants to help prevent and stabilize cavities. In some provinces, dental hygienists can prescribe medications. A dental hygienist also offers oral health education and instruction to help clients maintain good oral hygiene habits at home.

To practise in Canada, a dental hygienist must be registered or licensed by the appropriate provincial or territorial dental hygiene regulatory authority. Requirements for registration or licensure, including clinical experience, examinations, and ongoing professional development, vary by province or territory.

"Edentulous" means the condition of having no teeth.

"Independent dental hygiene practice" means dental hygiene services that are offered by dental hygienists without supervision from a dentist. In most provinces legislation allows dental hygiene care independent of a dentist or without a dentist on site. The scope of practice for independent dental hygienists varies across the country.

Findings from CDHA's 2019 Job Market and Employment Survey show that independent dental hygienists account for 5% of the dental hygiene profession, an increase of 2% since 2015. The highest proportion of independently practising dental hygienists are in Ontario, where they account for 7% of the dental hygiene workforce. Of CDHA's more than 20,000 members, approximately 1,200 are independent dental hygienists and that number is growing every day.

"Oral health" means the state of the mouth and associated structures being free from disease and, where future disease is inhibited, maintaining functions such as eating, talking, and smiling, contributing to overall health, well-being, and quality of life.

"Periodontal" means the structures that surround teeth to keep them in place, such as gums, bone, and the tissue (called the periodontal ligament) that attaches the teeth to the bone.

"Periodontitis" means gum disease where there is bone loss; it is a serious infection of the gums that damages supporting tissues of the teeth and, if left untreated, can lead to tooth loss and negatively affect many aspects of health. According to the 2007-2009 Canadian Health Measures Survey, 52% of Canadian ages 65 and older have periodontal disease.

"Plaque or dental biofilm" means soft and sticky debris or film that can be found on teeth from lack of brushing or flossing.

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FURTHER READING

REGISTERED DENTAL HYGIENISTS ARE ESSENTIAL PRIMARY HEALTH CARE PROFESSIONALS

December 2020 statement from CDHA's board of directors.
https://files.cdha.ca/profession/policy/EssentialDHStatement.pdf

DENTAL HYGIENE PROFESSION IN CANADA

This document helps readers understand the dental hygiene profession in Canada: regulation, supply numbers, accredited programs, and credentials.
https://files.cdha.ca/profession/Regulatory_Authority_chart_0521_FINAL.pdf

FACTS ABOUT DENTAL HYGIENISTS

https://www.dentalhygienecanada.ca/pdfs/OralCare/Facts/Did_you_know_info_sheet_Feb_2021.pdf

CANADIAN JOURNAL OF DENTAL HYGIENE (CJDH)

Established in 1966, CJDH is the peer-reviewed research journal of the Canadian Dental Hygienists Association.
cjdh.ca

COVID-19, CDHA, AND DENTAL HYGIENE: TIMELINE

This timeline presents highlights from December 31, 2019, to April 3, 2021.
https://www.cdha.ca/covidtimeline/?WebsiteKey=096c87da-2001-4e4b-aa50-1caed665204c

DENTAL HYGIENE CANADA

General information for the public on oral health.
dentalhygienecanada.ca

CANADIAN FOUNDATION FOR DENTAL HYGIENE RESEARCH AND EDUCATION

The Canadian Foundation for Dental Hygiene Research and Education is a charitable organization led by dental hygienists for dental hygienists and Canada's only foundation dedicated exclusively to dental hygiene research and education. Formed in 2004, it provides research grants to support Canadian dental hygienists in building the profession's body of knowledge, improving dental hygiene education, and developing research-enhanced dental hygiene practice to ensure optimum oral health across the lifespan.
cfdhre.ca

THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES