



## **The Canadian Dental Hygienists Association**

**Submission to the Standing Committee on the Status of Women,  
Regarding Challenges Faced by Senior Women in Canada**

**Submitted March 29<sup>th</sup>, 2019**

## **BACKGROUND**

The Canadian Dental Hygienists Association (CDHA) represents the sixth largest regulated health profession in Canada. Over 29,000 registered dental hygienists make up the first line of preventive oral care in Canada, providing therapeutic clinical care, education and health promotion to help improve oral health.

As healthcare professionals that practice in a variety of settings, dental hygienists regularly support seniors and understand the barriers to health care faced by senior women across geographies and settings. Many dental hygienists work outside of the traditional dental office setting. They help senior women in hospitals and long-term care facilities, and even in the home setting. In fact, 6% of dental hygienists have established their own practices to bring services directly to clients.

## **SENIORS ORAL HEALTH**

By 2031, one in four Canadians will be over age 65, with many seniors retaining most, if not all, of their natural teeth. With the doubling of the senior population of today, oral care for seniors will need to adapt, and government has a role to play.

Oral health is crucial to overall health, and accessing preventive care for your teeth, mouth and gums should be seen no differently as other forms of healthcare. Yet, barriers remain in place that limit the settings and supervision requirements of care that needs to be provided. Women, who tend to live longer, will disproportionately bear the burden of poorer oral health outcomes as the population continues to age.

For those that do not have private health insurance, the problems faced are even more challenging. It has been found that between 2005 and 2013-2014 the likelihood of senior retirees having access to employer sponsored health insurance declined by 3.4%.<sup>1</sup> Overall, Canadians between the ages of 60 and 79 are 40% less likely to have private dental insurance compared to the general population. As a result, they have limited access to oral care services. The need for these services, including regular cleaning, only increases if people become chronically ill or have to move to a long-term care residence.

Older adults, especially those who rely on others for care, have poor oral hygiene and high rates of untreated oral disease. These preventable oral diseases frequently result in more costly emergency procedures and are associated with more serious health complications. It is important for the committee to make serious recommendations that ensure senior women do not have to turn to a hospital for oral caries that have progressed to abscesses, or worse. Fortunately, daily mouth care can improve oral and overall health.

It is increasingly important to add to quality of life and not simply extend the years Canadians are living. Oral care services are now required for many more years than in the past. Even those senior women with dentures and implants still require preventive and therapeutic care.

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<sup>1</sup> <http://cmajopen.ca/content/7/1/E15.full>

Finally, it is important to recognize that dental hygienists are highly trained in spotting symptoms of two issues particularly challenging for senior women. First, they have experience identifying oral cancers. According to the U.S. Oral Cancer Foundation, oral cancers make up 85% of head and neck cancers and have an “historically high death rate... due to the cancer being routinely discovered late in its development.”<sup>2</sup> Better oral health screening, would significantly aid in the early identification of oral cancers. Second, elder abuse is a concern for this committee, and dental hygienists are routinely trained in identifying the signs of abuse, which disproportionately affect women. In this way, it is also important for the committee to consider ways in which preventive treatment and screening by oral health practitioners can be encouraged and promoted.

## **WHAT THE FEDERAL GOVERNMENT CAN DO**

### **Partner with provinces and territories on long-term care guidelines**

1. The federal government, in partnership with provincial governments, oral care professionals, and key stakeholders, develop long-term care and homecare standards for daily mouth care as well as regular professional prevention and check-ups.
2. For those provinces/territories that implement the LTC standards, the federal government will provide additional transfer funding to support the implementation of the guidelines

### **Support oral care for low income seniors with transfer payment incentive**

The federal government will take needed action to incentivize provinces and territories to develop preventive oral care supports for low-income seniors. Provinces that establish and deliver oral care supports for low-income seniors would receive additional transfer funding from the federal government to support their initiatives.

### **Support CDHA’s proposed Oral Health Practitioner model**

CDHA has partnered with post-secondary institutions and received some funding from the federal government to develop curriculum for an Oral Health Practitioner model. This level of training would allow OHPs to deliver services like nurse practitioners have done successfully in the jurisdiction where they are active.

In order to support the success of this new professional designation and model of care, it is important that the federal government encourage its provincial partners to adopt regulations that allow for greater flexibility of care. Dental hygienists and Oral Health Practitioners will need to be able to visit long-term care facilities, independent seniors living facilities, and people living in home care settings to provide optimum oral care. Making these changes will add efficiency and improve health access outcomes for senior women.

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<sup>2</sup> <https://oralcancerfoundation.org/facts/>