

Dental hygienists: Agents of change for tomorrow's seniors

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On December 11, 2013, I had the privilege of participating in a panel discussion entitled “Oral Health Care: Essential to Healthy Aging and Quality of Life.” The panel discussion, hosted by the University of Manitoba’s Centre on Aging, was attended by oral, social, and health care providers, government officials, instructors and students from a variety of different disciplines, and a number of interested and concerned older adults from the community. Also observing the panel was Dr. Martin Chartier, Assistant Chief Dental Officer of Canada. Joining me on the panel were Dr. Margaret Pilley, BSc(Pharm), DMD, FAGD, representing private practice dentistry, and Dr. Khalida Hai-Santiago, DMD, Oral Health Consultant for Manitoba Health. I was delighted to participate, as the topic of applying oral-overall health connection principles to improving the quality of life of seniors is particularly dear to my heart. With our society’s aging population, never before has this focus been as critical to our dental hygiene profession as it is right now.¹ The panel discussion and the resulting interaction between the panelists and those in attendance affirmed very loudly and clearly that 1) the older adult cohort is here; 2) they are an ever-growing population; and 3) there is a growing deficit between their needs and currently available oral health services.

Yes, the Canadian demographic reality is that our society is getting older. Over the last half of the last century, the proportion of senior citizens in Canada rose from 7.7% of the overall population to 13%, and is expected to increase to 20% by the year 2031.² This cohort faces another unfortunate reality: as people retire, access to dental benefits that they may have enjoyed while employed is likely to diminish or disappear altogether.³ More than half (53%) of the adults between the ages of 60 and 79 do not have any form of dental insurance, compared to 32% in the overall population.⁴ If they are to maintain the same level of oral health, retirees must cover more and more of the costs of their oral care. At the same time, their ability to shoulder this increasing financial burden typically decreases as they age.^{1,3} Something has to give, and far too often that something is adequate oral health care.



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Les hygiénistes dentaires : des agents de changement pour les aînés de demain

Le 11 décembre 2013, j’ai eu le privilège de participer à une discussion entre spécialistes portant sur « Les soins buccodentaires : Essentiels pour le vieillissement sain et la qualité de vie ». Invitées par le Centre de vieillissement de l’Université du Manitoba, les personnes participantes comprenaient des fournisseurs de soins buccodentaires, sociaux et sanitaires, des fonctionnaires gouvernementaux, des enseignantes et des étudiantes de diverses disciplines ainsi que plusieurs autres adultes âgés, intéressés et concernés, de la communauté. L’observateur de la table ronde était le Dr Martin Chartier, dentiste en chef adjoint du Canada. S’étaient jointe à moi à la table ronde, la Dr^{ce} Margaret Pilley, BSc(Pharm), DMD, FAGD,

représentant la pratique dentaire privée, et la Dr^{ce} Khalida Hai-Santiago, DMD, consultante en santé buccale à Santé du Manitoba. J’étais ravie de participer, car l’application des principes de santé buccodentaire et généraux pour améliorer la qualité de vie des aînés est un sujet précieux à mon cœur. Avec le vieillissement de la population de notre société, ce sujet n’avait jamais été aussi critique pour notre profession d’hygiène dentaire qu’actuellement.¹ La discussion du panel et l’interaction entre les panelistes et l’assistance ont affirmé vigoureusement et clairement la présence et le nombre toujours grandissant des personnes âgées ainsi que la croissance du déficit entre leurs besoins et les services de soins buccodentaires actuellement disponibles.

Oui, la réalité démographique canadienne affirme que notre société vieillit. Au cours du dernier demi-siècle, la proportion de personnes âgées du Canada a augmenté, passant de 7,7 % à 13 % de la population, et l’on prévoit qu’elle atteindra 20 % en 2031.² Cette cohorte fait face à une autre triste réalité : au moment de la retraite, il est fort probable que les prestations d’assurance dentaire dont les gens auraient bénéficié durant leur emploi diminueront ou disparaîtront entièrement.³ Plus de la moitié (53 %) des adultes âgés de 60 à 79 ans n’ont aucune forme d’assurance dentaire, comparativement à 32 % dans l’ensemble de la population.⁴ Pour maintenir le même niveau de santé buccodentaire, les personnes à la retraite doivent assumer de plus en plus le coût de leurs propres soins à cet effet. En outre, leur capacité de soutenir la croissance de ce fardeau financier diminue typiquement en vieillissant.^{1,3} Certaines choses devront changer et, trop souvent, ce sont les soins buccodentaires adéquats.

Les adultes âgés d’aujourd’hui sont beaucoup plus conscients de l’importance de maintenir une bonne santé buccodentaire. Ils sont plus éduqués en ce sens, plus astucieux politiquement et plus

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Today's older adults are much more aware of the importance of maintaining good oral health. They are better educated, more politically astute, and more willing to accept social services than ever before.² This age group is also healthier and more likely to have their own teeth compared to the generations before them.^{1,2,3} However, despite their increased awareness and ability to advocate for themselves, barriers to accessing oral health care for seniors remain.^{1,3} The older adults in attendance at the panel discussion confirmed this reality, expressing frustration over both the ability to pay and, at a very fundamental level, the limited information on what dental services are available to them.

A growing concern is the fact that only 12% of seniors over the age of 65 possess the literacy skills necessary for making basic health-related decisions.⁵ It is critical to consider the literacy issue and to recognize it as another barrier to service, as it has been demonstrated that low literacy has direct and indirect impacts on health.⁶ One senior in attendance echoed this sentiment, calling for oral health-related material to be simple, to-the-point, and accessible through senior services on community websites.

It is important for dental hygienists to be sensitive to the unique aspects of Canada's senior population if we are to serve their needs effectively. Our profession should insist on more opportunities to be involved in community programs for seniors and improved access to preventive health clinics. Interestingly, this panel discussion provided a unique opportunity for interprofessional collaboration. By simply sitting next to someone at the event, one dental hygienist was able to connect with the executive director of an active living seniors' organization. Plans are now in the works for collaborating to provide current oral health information to seniors who are involved with that group.

Partnerships with programming initiatives for seniors support knowledge exchange on oral health concerns among individuals, their caregivers, and policy makers.^{1,3} As is the case with the advent of nurse practitioners in the nursing profession, alternative roles for dental hygienists may emerge to help improve access to care for underserved populations, including seniors.⁷ While it is important for the dental hygiene profession to remain true to its traditional roles and core services, it should also pay attention to these trends and opportunities and become agents for change.

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