

CANADIAN DENTAL HYGIENISTS ASSOCIATION

2015–2021

DENTAL HYGIENE  
RESEARCH AGENDA

EXECUTIVE SUMMARY



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

## Executive Summary

The Canadian Dental Hygienists Association (CDHA) recognizes the importance of dental hygiene specific research, both to the profession and to the broader health care system. Profession-specific research adds to the overall body of 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.

In 2013, CDHA and its Research Advisory Committee acknowledged the need to review and, if necessary, updated CDHA's 2009 Dental Hygiene Research Agenda. Using various models, and sources, including an environmental scan, stakeholder survey, and prioritization exercise, CDHA identified key research priorities to guide the development of CDHA's 2015-2021 Dental Hygiene Research Agenda. The 2015-2021 agenda informs researchers, educators, dental hygienists, and other health professions, and members of the public of these updated research priorities, and aim to effect change in the following key areas: risk assessment and management of health conditions; access to care issues and unmet oral health needs of individuals; and capacity building within the dental hygiene profession.

CDHA remains committed to promoting and supporting research to improve the oral health of Canadians for generations to come. CDHA acknowledges that research priority and agenda setting is no a one-time exercise. The research agenda will be reviewed regularly, and priorities may be adapted based on evolving trends and needs of the profession and the public.

## CDHA's 2015-2021 Dental Hygiene Research Agenda

RISK ASSESSMENT AND MANAGEMENT	ACCESS TO CARE AND UNMET NEEDS	CAPACITY BUILDING OF THE PROFESSION
<ul style="list-style-type: none"> <li>• Caries, oral mucosal/cancer, periodontal, quality of life assessments &amp; treatment planning</li> <li>• Inflammation</li> <li>• Impact of aging</li> <li>• Adjunctive therapies</li> <li>• Behaviour change (tobacco cessation, nutritional counselling, motivational interviewing)</li> <li>• Identification of populations at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy public policies to address complex issues</li> <li>• Seniors and aging</li> <li>• First Nations, Métis, Inuit</li> <li>• Low income families</li> <li>• Other unmet oral health population group needs</li> </ul>	<ul style="list-style-type: none"> <li>• DH degrees vs. diploma</li> <li>• National Standards</li> <li>• Interprofessional collaboration</li> <li>• Optimizing/advancing scope of practice</li> <li>• Higher education</li> <li>• Integration of new knowledge and emerging research</li> </ul>