SNAPSHOT

What dental hygienists are saying about national standards for long-term care and the need to address oral health

CDHA members across the country were polled in September 2021 on the topic of national standards for long-term care (LTC). Here are some highlights of the perspectives and insights they shared.
TOP CONCERNS ABOUT THE UNMET ORAL HEALTH NEEDS OF PEOPLE LIVING IN LONG-TERM CARE HOMES

- Lack of daily mouth care for residents
- Staff with limited time to devote to oral hygiene activities
- Staff with limited knowledge of basic oral hygiene

MOST IMPORTANT ORAL HEALTH RECOMMENDATION TO INCLUDE IN NATIONAL STANDARDS FOR LONG-TERM CARE HOMES

- Professional oral care services for residents (including oral health assessments, personalized oral health care plans, daily mouth care)

KEY MESSAGES FROM DENTAL HYGIENISTS FOR ALL LEVELS OF GOVERNMENT

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.

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.
Dental hygienists should be a part of the Health Care Team. The mouth is the portal to your overall health and should be assessed for each patient upon admittance.

Most seniors enter long-term care facilities with many if not all their natural teeth, which is a major shift from years ago when many entered long-term care with a full set of dentures. Despite this, the oral health care programs in LTC facilities have not improved to accommodate this change. As a result, oral health declines rapidly due to plaque buildup on the natural teeth. This, accompanied by dry mouth caused by medications and a high carbohydrate diet, often of soft or puréed foods that linger in the mouth, results in rampant decay of the teeth. This can cause pain and discomfort and lead to nutritional deficiencies due to poor eating. Then there are implications on overall health as a result of inflammation from gum disease which can affect the heart, joints, diabetes among other health conditions. There’s also the risk of aspiration pneumonia from oral plaque entering the lungs.

Improving oral care would not only improve the quality of life for seniors, but it would also reduce the strain on the health care system by improving their overall health. LTC facilities should have treatment rooms for dental professionals to be able to come into the facility to provide care. Also, having a dental hygienist do initial assessments and regular follow up would ensure an appropriate standard of care is maintained. Our population is aging, and we will have more seniors than ever before in LTC. It’s time to take action to prevent a major health crisis.
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.

Teeth are connected to the body: oral health is related to general health. Without the involvement of dental hygienists to monitor oral health, assess the treatment needs, train the staff, and provide onsite hygiene services for ALL seniors, this aspect of HEALTH is severely neglected. Unacceptable in a Universal Health Care system that we have in Canada.

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