



## **Guiding Research within the Dental Hygiene Profession: Principles and Priorities**

### **Guiding Principles for Dental Hygiene Research**

These guiding principles provide an overarching umbrella for the conduct of dental hygiene research:

- Ethical issues underpin all areas and ethical conduct is the first consideration.
- Acceptable evidence from research includes qualitative, quantitative and mixed method approaches.
- Interprofessional and intersectoral partnerships are preferred.
- Cultural and linguistic sensitivities are requisite.
- Participatory research is recognized as empowering to individuals and communities.
- Vulnerable populations should be considered as a cross cutting theme where ever possible.
- Knowledge translation, as defined by CIHR (<http://www.cihr-irsc.gc.ca/e/39033.html>) is a required component in all research endeavors.

### **Four Pillars of Research**

The Canadian Institutes of Health Research (CIHR) categorizes health research into four broad pillars:

#### *Biomedical*

Research identifiable with this pillar of research involves cellular, body system, and whole body processes, as well as therapies or devices that may be used to improve health.

#### *Clinical*

Clinical research on humans includes diagnosis and intervention through treatment, prevention, and health promotion.

#### *Health Services*

The way that health services are delivered, their quality and costs, and how they are received, are all issues for research in health services.

#### *Social, Cultural, Environmental, and Population Health*

Investigating how the oral health of populations, or sub-populations, is affected by the

determinants of health is the goal and theme of the Social, Cultural, Environmental and Population Health.

Many research topics are cross-cutting; that is, the same topic may be researched across all four pillars. Topics that cut across two or more pillars can be approached from different perspectives, from the cellular level to that of individuals and populations.

### **Dental Hygiene Research Priorities**

In 2014, through a multi-phase consensus building approach involving multiple levels of stakeholders, the CDHA Research Advisory Committee (RAC) developed dental hygiene research priorities for guiding Canadian dental hygiene researchers over the next several years.

The following table provides a summary of the 3 major dental hygiene research priorities and specific examples of research areas within each priority.

**CDHA-RAC Canadian Dental Hygiene Research Priorities Summary**

<b>Research Priority</b>	<b>Examples</b>
Capacity Building of the Profession	<ul style="list-style-type: none"> <li>a. DH degree vs. diploma</li> <li>b. National practice standards</li> <li>c. Interprofessional and interdisciplinary collaborations</li> <li>d. Optimizing and advancing DH scope of practice</li> <li>e. Higher education</li> <li>f. Other behaviour change interventions (i.e. tobacco cessation, obesity, diabetes)</li> <li>g. Knowledge translation</li> </ul>
Risk Assessment and Management	<ul style="list-style-type: none"> <li>a. Periodontal Inflammation; periodontal disease diagnosis; periodontal treatment including adjunctive and new therapies</li> <li>b. Caries; screening, diagnosis and management including therapies directed at underserved (i.e. ART, IST)</li> <li>c. Oral cancer screening, differential diagnosis and management including new diagnostic tools (i.e. velscope) and referral process</li> <li>d. Tobacco use and risk assessment and interventions including assessment tools and pharmacological interventions</li> <li>e. Impact of aging on oral health</li> </ul>
Access to Care and Addressing Unmet Oral Health Needs	<ul style="list-style-type: none"> <li>a. Public health policy issues including access to oral health care and unmet oral health care needs</li> <li>b. Senior care, aging process and unmet oral needs</li> <li>c. First Nations, Inuit and Metis oral health and unmet needs</li> </ul>