To: Dr. Erika Paterson  
From: Rida Irshad  
Date: June 22nd, 2022  
Subject: Proposal for Increasing Community Oral Hygiene Programs Tailored to Individuals with Special Needs.

**Introduction**

Dental care in general for most people in society is an “unpleasant” experience; many individuals acknowledge that they have dental anxiety when visiting the dental clinic. A fact that is not commonly known or understood by the public is that preventive dentistry may be the most affordable and convenient option available to reduce dental anxiety, financial burdens, and trauma caused by undergoing extensive dental procedures. One could imagine or know from experience that these can only be intensified for those individuals with special health care needs (SHCNs).

Individuals with SHCNs suffer at a significantly higher rate than those of their healthier peers in society due to the additional barriers of challenges that come with their physical or intellectual disabilities when it comes to their oral health. One of the major components of this issue is the lack of knowledge in relation to dental care for individuals with SHCNs themselves, their care givers or family members and even dental professionals. These factors together have caused a gap in our communities and have left one of the most vulnerable populations with lack of support and educational programs when it comes to their oral health – which in fact very much relates to their overall health.

**Statement of Problem**

Individuals with SHCNs suffer higher rate of tooth decay compared to the general population; tooth decay often leads to much more complicated dental concerns such as having a root canal treatment, or even tooth loss. Much of this can be prevented with good, effective, oral hygiene care regimen at home. There are many layers to this issue, however the biggest factors with oral hygiene care with SHCNs individuals are: one, they all have their own unique challenges – some may have physical difficulties, others may suffer from intellectual difficulties, or some may have such extensive general health care concerns that dental care gets put on the back burner. Two, lack of support and lack of knowledge for those with SHCNs, and their care takers regarding proper home oral hygiene care.

**Proposed Solution**

There are multiple barriers to accessing dental care for people with special needs; one of the solutions for this issue can be to develop more community outreach programs that would benefit this group of individuals. The focus would be to reach out to community leaders, community councillors, non-profit organizations, foundations such as the Alberta Dental Foundation or other similar foundations for support and fundings needed for the community educational programs; we would also seek dental student volunteers from schools such as the University of Alberta or NAIT. The end goal is to create effective oral hygiene community programs specifically tailored to the needs of our chosen demographic to educate the population on good oral hygiene care in hopes to decrease the rate of oral health care issues.

**Scope**

To assess the feasibility of developing community programs specifically tailored to individuals with SHCNs I will need to assess the following:

* How many community programs are currently available for those with SHCNs?
* How large is the demand for oral hygiene programs for this group of people?
* What is the current level of knowledge regarding oral hygiene care for individuals with SHCNs and their care givers?
* How big of an impact will these community oral hygiene programs have on the selected population’s oral and overall health?

**Methods**

I plan to mainly construct my research through interviews and surveys. Working as a dental hygienist, I plan to interview and distribute surveys to dentists at my practice as well as other co-workers to collect data on the issue from a dental provider perspective. Secondly, I plan to interview my patients that I see regularly who are on the spectrum or know someone close to them who has SHCNs; I also plan to use online social groups to survey care providers and SHCNs individuals anonymously to get a deeper perspective of their issues. Interviewing both sides will provide a broader understanding of challenges, demand, and perspective on the proposed solution.

**My Qualifications**

I graduated with Dental Hygiene Diploma program from Toronto College of Dental Hygiene in 2015; since then, I have been practicing as a Registered Dental Hygienist in the province of Alberta for over six years. I am also currently in my third year of Dental Hygiene Degree completion program (BDSc) through the University of British Columbia. During my studies, I have had both the opportunities to participate in a variety of community dental programs as well as be on the planning committee of developing dental community programs. My experience in the dental field and passion for helping my community will prove to be a good match for this project.

**Conclusion**

Individuals with SHCNs are proven to be at higher risk for dental health concerns – this not only puts their oral health as well as overall health at risk but can be a great burden on them financially and mentally. Simple solutions such as an educational community oral hygiene program tailored to their specific needs can be an inexpensive way to lower risk of health concerns as well as reduced time and money spent on extensive dental procedures. By addressing the four main areas of inquiries mentioned above, I can determine the feasibility of developing oral hygiene community programs for the chosen demographic. Following your endorsement, I will begin to conduct my research.