



Oral Health & the Aboriginal Child


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Faculty Disclosure


- I have no relevant financial relationships with the manufacturer(s) or any commercial product(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Early Childhood Caries (ECC)

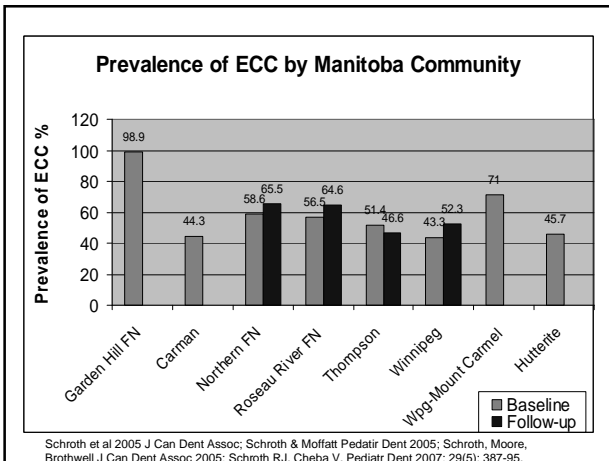


- Most common reason for pediatric day surgery under general anesthesia
- Expensive to treat (i.e. travel, facility fees, dental fees)
- Increased risk of cavities throughout childhood
- Prevalent in Manitoba & Canada especially among Aboriginal children
- Large waiting list for treatment

Determinants of ECC and caries rates in Manitoba



- Sugar added to bottle
- Bottle-feeding
- Breastfeeding protective against caries
- Plaque/debris levels
- Age of child
- Socioeconomic status (fridge in house) and low family income
- Family size
- Low maternal education
- No difference in prevalence (on-Reserve First Nations vs. disadvantaged urban community)
- First dental visit \geq 24 months of age
- Failed dental appointments



Oral Health & the Aboriginal Child



***Steering Committee Members:**

- Robert Schroth (University of Manitoba)
- Rosamund Harrison (University of British Columbia)
- Herenia Lawrence (University of Toronto)
- Sabrina Peressini (University of Toronto)

Aboriginal = First Nations (Status & non Status Indians), Métis, and Inuit



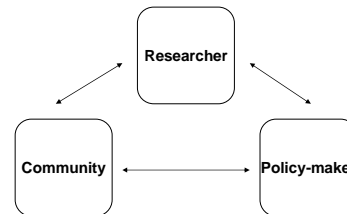
Oral Health & the Aboriginal Child



- Goal: Develop and improve collaborations, partnerships, and relationships between and among Aboriginal communities, researchers, and policy-makers.



Building bridges between Communities, Researchers, and Policy-makers



Forum Objectives

- Ethics of research involving Aboriginal communities
- How social determinants of health influence children's oral health
- Current successes in preventing ECC in Aboriginal children
- How ECC research can be integrated into larger research projects
- How research influences health policy decisions
- Participatory early childhood oral health research
- Develop a network of early childhood oral health researchers and Aboriginal communities



Discussion Group Topics

- Making child oral health a priority
- Oral health for the family and community
- Child oral health research: Together we can do it better
- Understanding the goals and measuring the outcomes of research
- Honoring beliefs
- General discussion about the goals of the workshop



Action Plan and Next Steps

1. Dissemination of Forum proceedings
2. Establishing a Clearing House for previous programs and research
3. Nurture and enhance relationships
4. Develop an Aboriginal Oral Health Research Network
5. Build community capacity in oral health research
6. Highlight the importance of oral health to overall child health



Disseminating Forum Proceedings



Oral Health and the Aboriginal Child:
A Forum for Community Members,
Researchers and Policy-makers

June 7 & 8, 2007

Winnipeg, Manitoba
Forum Proceedings



http://www.mich.ca/pdf/Dental_FinalVersion_of_Conference_Proceedings_January25-2008.pdf
<http://www.cda-adc.ca/jcda/vol-74/issue-5/429.pdf>

Clearing House/ Knowledge Transfer Site

- Locating Aboriginal early childhood oral health information is often difficult
- Goal: to create an accessible catalogue of the following:
 - Research articles, publications, and protocols on Aboriginal child oral health
 - Oral health promotion resources
- Challenge:
 - Identifying a host for this information (possibly arctichealth.ca)



Developing Partnerships

- Assembly of Manitoba Chiefs & Manitoba First Nations Centre for Aboriginal Health Research
- Healthy Smile Happy Child project



Partnering with the AMC & the Manitoba First Nations CAHR

- Invitation to undertake secondary analysis of Manitoba data from the First Nations Regional Longitudinal Health Survey (RHS) 2002/03
- Data from interviews with parents of children < 72 months of age
- Self-reported outcomes: “baby-bottle tooth decay (BBTD)” & treatment for BBTD
- Results to be shared as “Rapid Fire Reports” to communities (Knowledge Transfer)



Schroth RJ, Elias B, Hall M, McKinstry S, Harrison RL



Variable	Affected by BBTD			Treated for BBTD		
	Yes	No	P Value	Yes	No	P Value
Dental Health Service Environment & Home Environment						
Last dental care received						
>1 year ago	80 (24.3%)	249 (75.7%)	.000	23 (7.0%)	305 (93.0%)	.000
Last year	87 (46.0%)	102 (54.0%)		56 (30.1%)	130 (69.9%)	
Health services environment			.000	Suppressed	Suppressed	.000
Health centre	90 (24.2%)	282 (75.8%)				
Nursing station	73 (54.9%)	60 (45.1%)				
Allied health workers	6 (21.4%)	22 (78.6%)				
House crowding index			.005			.060
No crowding	145 (30.3%)	334 (69.7%)		70 (14.7%)	406 (85.3%)	
Crowding	22 (51.2%)	21 (48.8%)		11 (25.6%)	32 (74.4%)	
Home has running water			.007			.091
Yes	94 (28.7%)	234 (71.3%)		47 (14.4%)	279 (85.6%)	
No	64 (41.0%)	92 (59.0%)		32 (20.5%)	124 (79.5%)	
Atmosphere in the home			.007			.103
Negative	59 (41.8%)	82 (58.2%)		28 (20.0%)	112 (80.0%)	
Positive	100 (29.1%)	244 (70.9%)		48 (14.0%)	294 (86.0%)	
Grandparent(s) attended residential school			.016			.360
Yes	85 (35.7%)	153 (64.3%)		43 (18.1%)	194 (81.9%)	
No	47 (24.9%)	142 (75.1%)		28 (14.3%)	161 (85.2%)	
Remoteness index			.000			.002
Within 50 km	15 (17.9%)	69 (82.1%)		6 (7.3%)	76 (92.7%)	
50-350 km	92 (27.8%)	239 (72.2%)		47 (14.2%)	283 (85.8%)	
Air/ rail/ boat access only	62 (52.5%)	56 (47.5%)		29 (24.6%)	89 (75.4%)	



Variable	Affected by BBTD			Treated for BBTD		
	Yes	No	P Value	Yes	No	P Value
Child's Nutrition & Health Issues Profile						
Sex			.197			.550
Male	102 (34.0%)	198 (66%)		48 (16.1%)	250 (83.9%)	
Female	67 (28.8%)	166 (71.2%)		33 (14.2%)	199 (85.8%)	
Child usually free of pain/discomfort			.017			.183
Yes	122 (29.5%)	292 (70.5%)		58 (14.0%)	356 (86.0%)	
No	23 (46.0%)	27 (54%)		10 (21.3%)	37 (78.7%)	
Ear infection			.000			.081
Yes	24 (63.2%)	14 (36.8%)		9 (25%)	27 (75%)	
No	138 (28.8%)	341 (71.2%)		68 (14.2%)	410 (85.8%)	
Eats junk food			.000			.477
Yes	125 (38.0%)	204 (62.0%)		54 (16.5%)	274 (83.5%)	
No	44 (22.1%)	155 (77.9%)		28 (14.1%)	170 (85.9%)	
Drinks pop			.000			.000
Yes	116 (45.8%)	137 (54.2%)		64 (25.3%)	189 (74.7%)	
No	53 (19.3%)	222 (80.7%)		18 (6.6%)	253 (93.4%)	
Drinks milk daily			.000			.001
Yes	109 (28.0%)	280 (72.0%)		48 (12.4%)	338 (87.6%)	
No	51 (45.5%)	61 (54.5%)		28 (25.0%)	84 (75.0%)	
Child was ever breastfed			.068			.747
Yes	100 (34.4%)	191 (65.6%)		44 (15.2%)	246 (84.8%)	
No	61 (26.9%)	166 (73.1%)		32 (14.2%)	194 (85.8%)	



Healthy Smile Happy Child


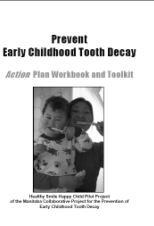

- 3 Guiding Pillars:
 - Community Development and Engagement
 - Oral Health Promotion/ECC Prevention
 - Evaluation/Research
- Originally 4 pilot communities engaged:
 - 2 First Nations
 - 2 urban centres
- Schroth RJ et al 2005. Prevalence of ECC in 4 Manitoba communities. J Can Dent Assoc.
- Expanded throughout Manitoba in 2006 to present
- Goal: Sustainable early childhood oral health promotion and ECC prevention initiatives



Objectives

- To gain community acceptance of the importance of early childhood oral health
- To build on existing programs that target young children (birth – 71 months)
- To increase parental knowledge of ECC prevention
- To increase the knowledge of existing service providers of the importance of preventing ECC
- To encourage existing service providers to incorporate ECC prevention activities in their practice

Healthy Smile Happy Child Resources

- Plus:
 - Quarterly reports of project activities to Manitoba Health
 - Anticipatory guidance fact sheets and flipchart
 - Games, teaching tools, posters
 - Eye Tooth story



Plus le bébé s'endort, plus il est important de lui faire le brossage des dents. Brossage et brossage.



My baby teeth are important for me to smile like a star. Brush and be healthy.



Jawá, Ámá, wipáta, and pop have too much sugar and can damage my teeth.




My new children are full of happy with a pop in the garden.



http://www.wrha.mb.ca/healthinfo/preventill/oral_child.php

Highlighting the Importance of Oral Health to Overall Child Health

- Support the joint Canadian Paediatric Society and American Academy of Pediatrics Position Statement on Indigenous Oral Health



Acknowledgements

Oral Health and the Aboriginal Child

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- Contributors: Hedy Canada.

Healthy Smile Happy Child

- Members – Manitoba Collaborative Project for the Prevention of Early Childhood Tooth Decay (Healthy Smile Happy Child); Lavonne Harms (Project Coordinator); HSHC Community Facilitators
- 4 original Manitoba communities and all Manitoba communities and RHAs
- Funders: Manitoba Health; the Manitoba Institute of Child Health; the Children's Hospital Foundation of Manitoba; the Winnipeg Foundation; FNHB, Health Canada; Manitoba Dental Association; Foundation of the Pierre Fauchard Academy; the University of Manitoba; the Winnipeg Regional Health Authority

Partnerships

- Manitoba First Nations Centre for Aboriginal Health Research
- Assembly of Manitoba Chiefs

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