



ARIZONA
AMERICAN INDIAN
ORAL HEALTH SUMMIT
"Taking the Lead to Improve Oral Health"

The State of American Indian Children's Oral Health in Arizona

*Arizona Department of Health Services
Bureau of Women and Children's Health
Office of Oral Health*



Why is Oral Health Important?



Why is Oral Health Important?

- 51 million school hours lost per year
 - (*Gift HC 1997*)
- Failure to thrive, impaired speech development, inability to concentrate in school and reduced self-esteem.
 - (*Office of Disease Prevention and Health Promotion 2000*)
- Decreased school performance, poor social relationships, and less success later in life
 - (*US General Accounting Office 2000*)

Why is Oral Health Important?

- Tooth decay is a chronic, infectious disease
- Early tooth decay is a predictor of a life- time of oral disease
- Dental care is the most common unmet health need in children
- Cannot be cured, only mitigated



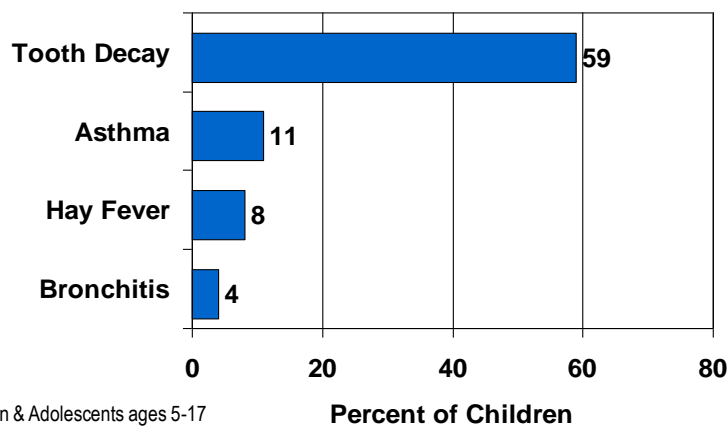
Why is Oral Health Important?

- Dental diseases linked with other health problems
 - Premature/Low-birth weight infants
 - Failure to Thrive
 - Diabetes
 - Cardiovascular diseases
 - Stroke



“You’re not healthy without good oral health.”
(C. Everett Koop)

Why is Oral Health Important?



NAHNES III 1996

Oral Health Disparities in Arizona American Indian Children

Data Sources:

- ❖ Oral Health Survey of Arizona Preschool Children 2009
- ❖ Arizona Healthy Bodies, Healthy Smiles Survey 2010



Arizona Oral Health Surveys

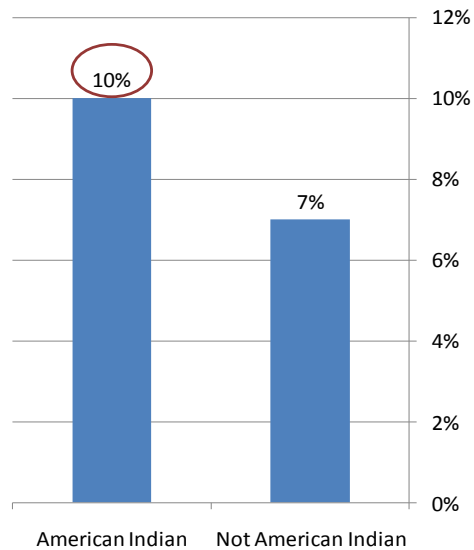
- Open mouth survey- calibrated survey teams
- CDC provided technical advice on:
 - Survey design, sampling and analyses
- Standardized survey instrument:
 - ASTDD Basic Screening Survey
 - can generalize information to the population
 - can make comparisons to other states

Prevalence of Early Childhood Tooth Decay

❖ One in ten children have early childhood tooth decay; a severe and aggressive form of tooth decay.



Children Ages Birth to 5



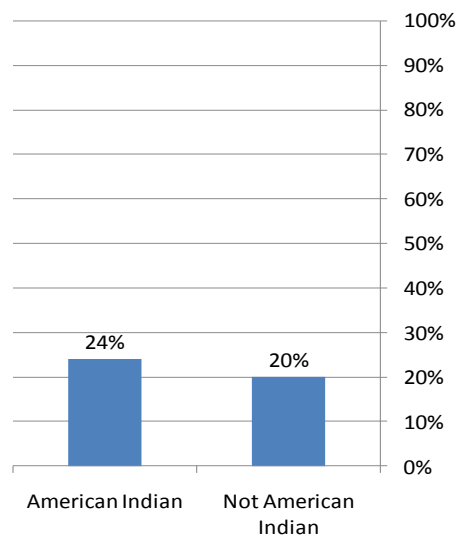
Office of Oral Health, Arizona Department of Health Services, Arizona Oral Health Survey of Preschool Children, 2009©

Prevalence of Untreated Decay

❖ For American Indian children, the average number of teeth with untreated tooth decay was about 4¼ teeth per child. This average is significantly greater than the average for non-American Indian children, at 2½ teeth per child. ($P < 0.05$)



Children Ages Birth to 5

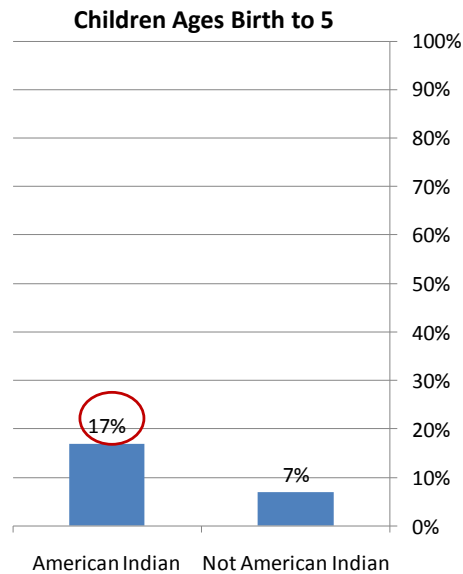


Office of Oral Health, Arizona Department of Health Services, Arizona Oral Health Survey of Preschool Children, 2009©

Prevalence of Treated Decay

❖ Significantly more American Indian children were observed to have one or more teeth with treated decay, compared to non-American Indian children. ($P < 0.05$)

❖ Among the children with treated decay, the average number of teeth affected was about the same for both American Indian (4½ teeth) and non-American Indian children (4 teeth).



Office of Oral Health, Arizona Department of Health Services, Arizona Oral Health Survey of Preschool Children, 2009©

Oral Health Disparities in Arizona American Indian Children

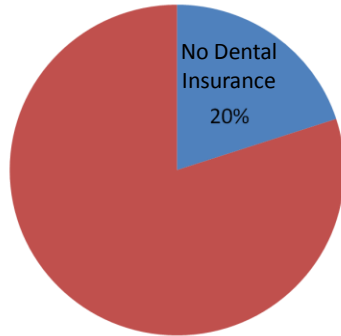
❖ Arizona Healthy Bodies, Healthy Smiles Survey of 3rd Grade Children 2010



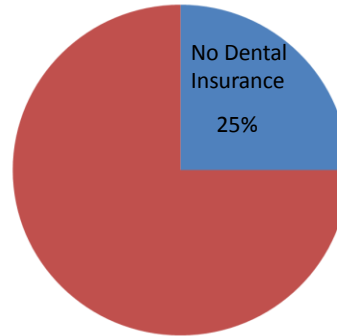
Dental Insurance Coverage

❖ Similar percentages of American Indian children and non-American Indian children are covered by some form of dental insurance. (The difference between 20% and 25% is not large enough to be statistically significant.)

American Indian



Not American Indian

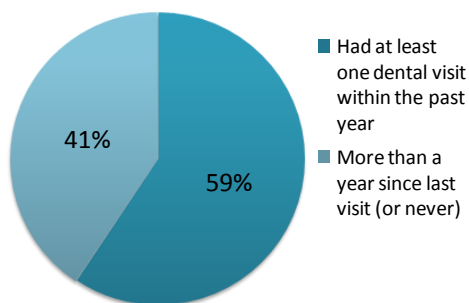


Arizona Department of Health Services, Office of Oral Health, Arizona Healthy Smiles—Healthy Bodies Survey of 3rd Grade Children 2010

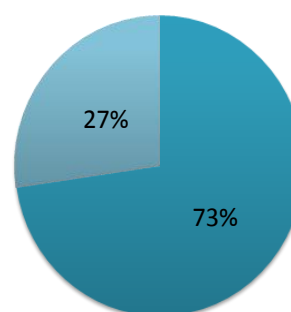
Dental Visits in the Past Year

American Indian children were significantly less likely to have seen a dentist during the year before their screening, compared to non-American Indian children. ($P < 0.05$)

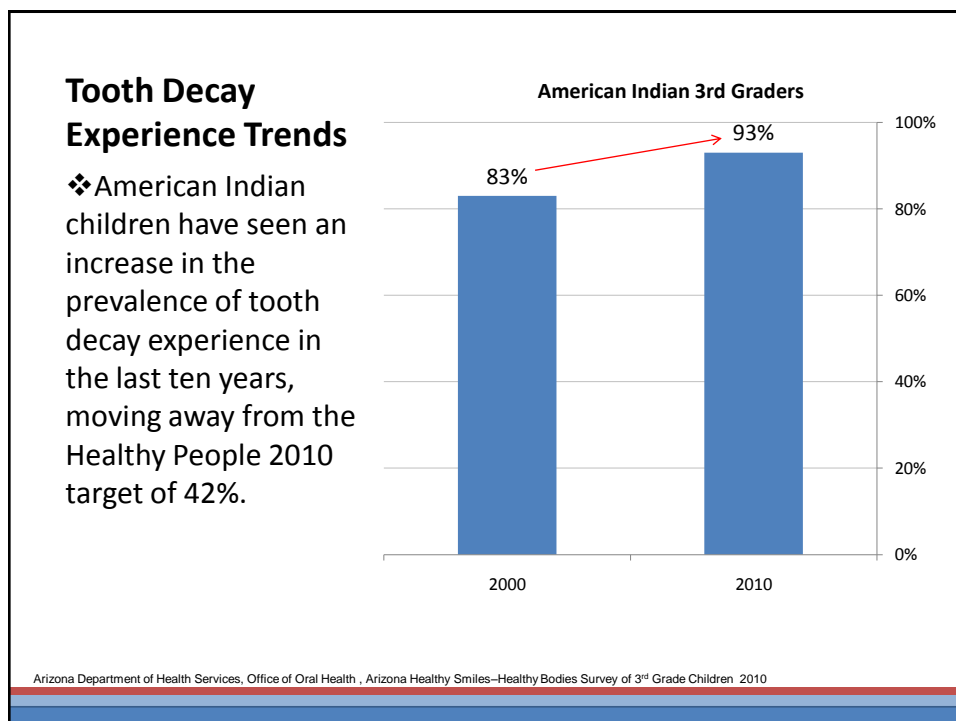
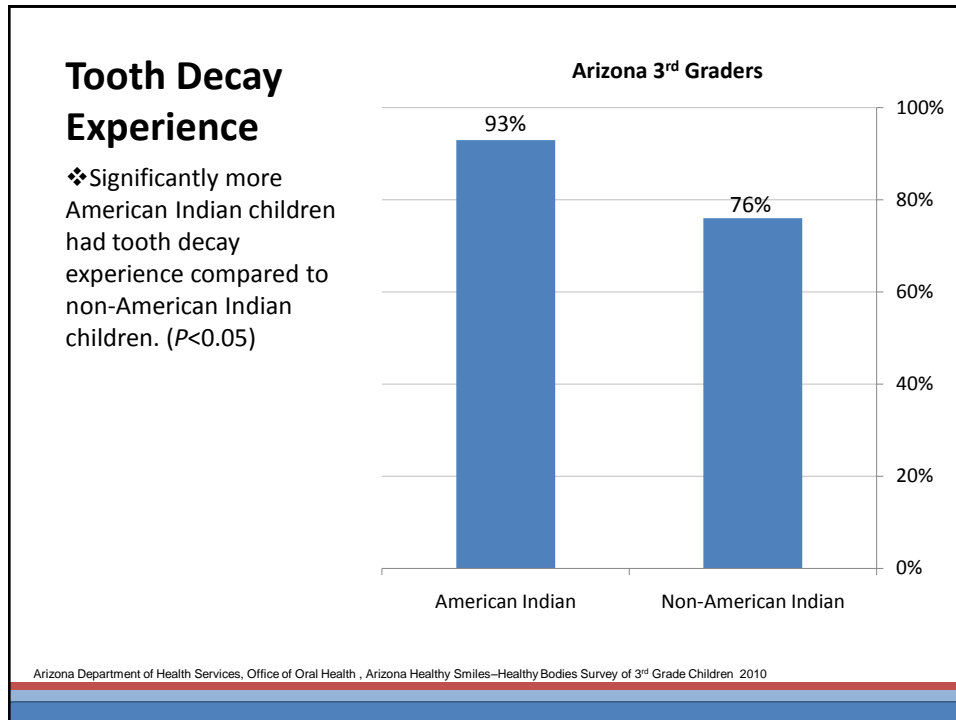
American Indian



Not American Indian



Arizona Department of Health Services, Office of Oral Health, Arizona Healthy Smiles—Healthy Bodies Survey of 3rd Grade Children 2010

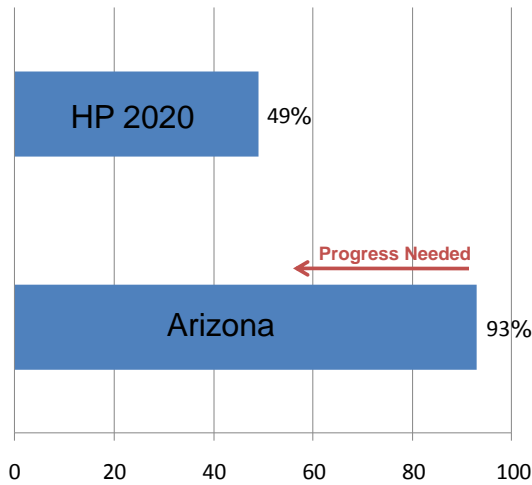


Arizona American Indian Children: Comparison to Healthy People 2020

❖ **Healthy People 2020**

Target: Reduce the proportion of children aged 6-9 years with tooth decay experience to 49 percent.

❖ If this goal is to be met in the American Indian population, significant improvements in their oral health status must be accomplished in the next nine years.

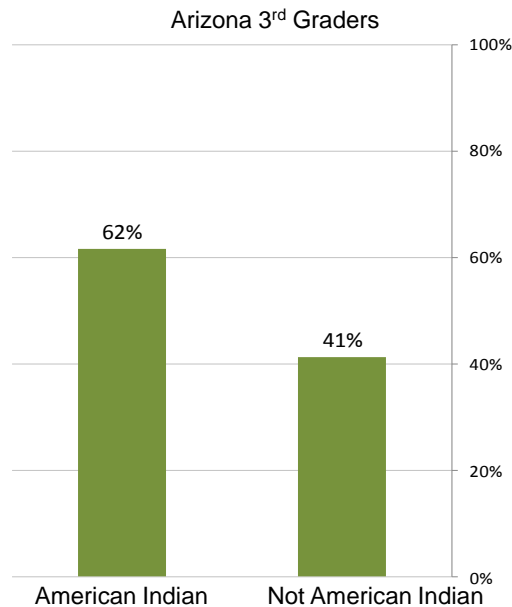


Arizona Department of Health Services, Office of Oral Health , Arizona Healthy Smiles-Healthy Bodies Survey of 3rd Grade Children 2010

Untreated Tooth Decay

• Significantly more American Indian children were observed to have one or more teeth with untreated decay, compared to non-American Indian children. ($P < 0.05$)

• For children with untreated decay, the average number of teeth affected was 2½ teeth per child. This average was the same for both American Indian and non-American Indian children.

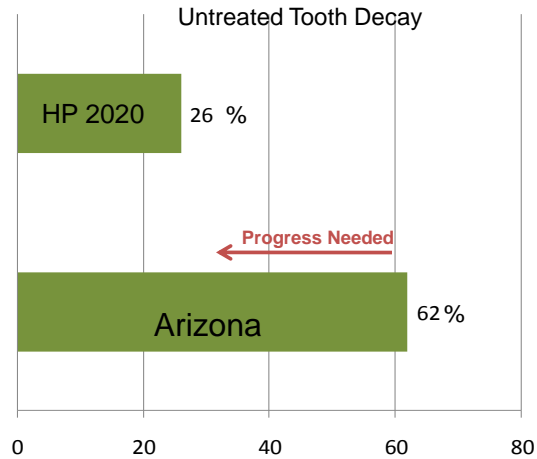


Arizona Department of Health Services, Office of Oral Health , Arizona Healthy Smiles-Healthy Bodies Survey of 3rd Grade Children 2010

Arizona American Indian Children Comparison to Healthy People 2020

❖ Healthy People 2020
Target: Reduce the proportion of children aged 6-9 years with untreated tooth decay to 26 percent.

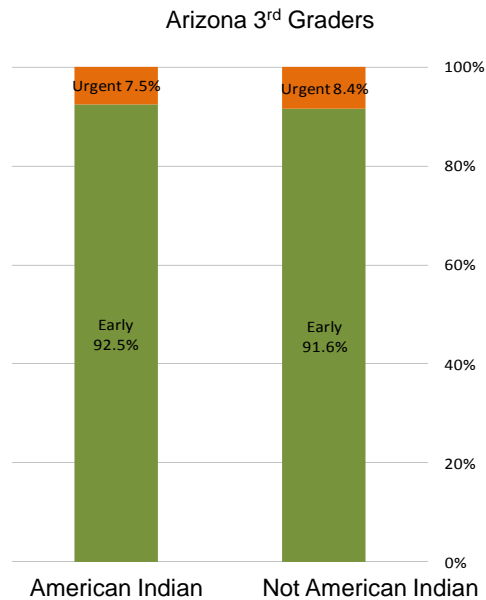
❖ If this goal is to be met in the American Indian population, significant improvements in their oral health status must be accomplished in the next 10 years.



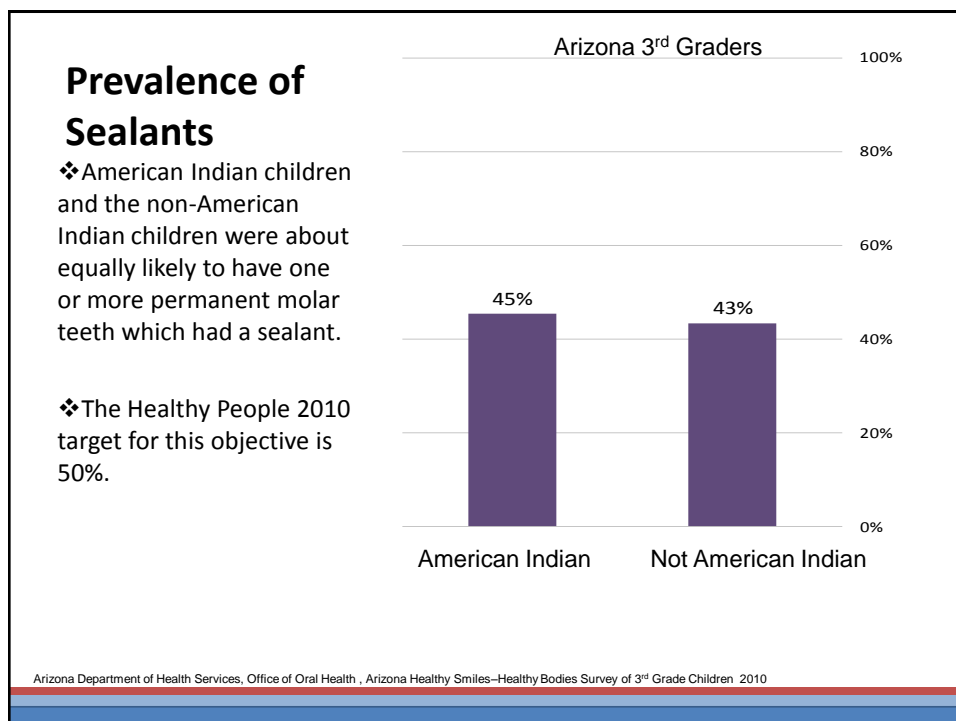
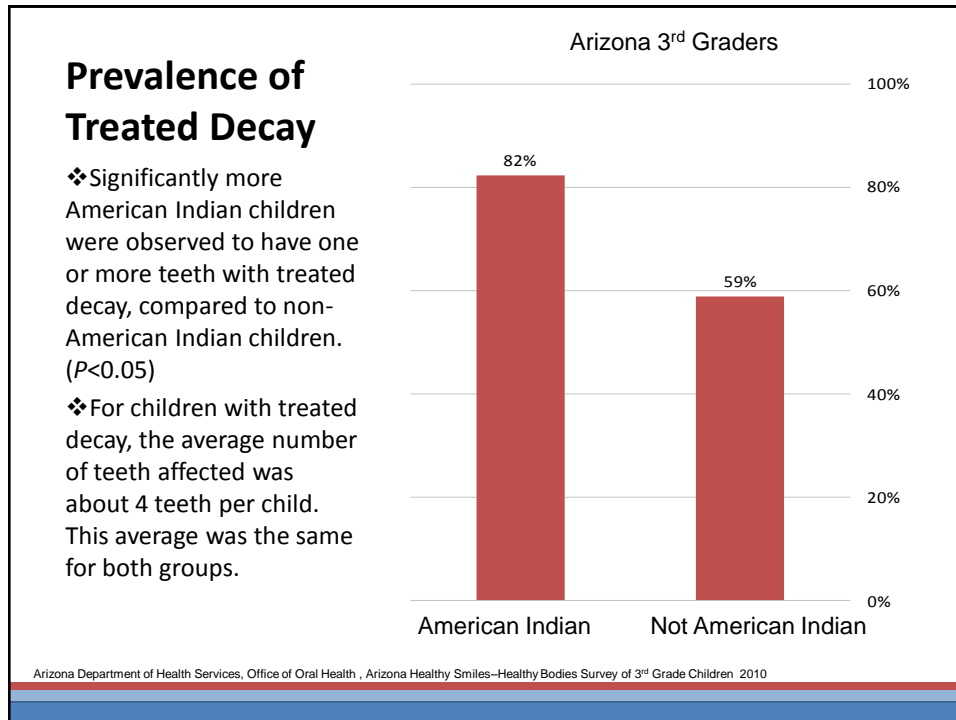
Arizona Department of Health Services, Office of Oral Health, Arizona Healthy Smiles-Healthy Bodies Survey of 3rd Grade Children 2010

Severity of Untreated Decay

❖ Among children who had at least one tooth with untreated decay, American Indian and non-American Indian children did not differ on the severity of treatment needs for tooth decay.

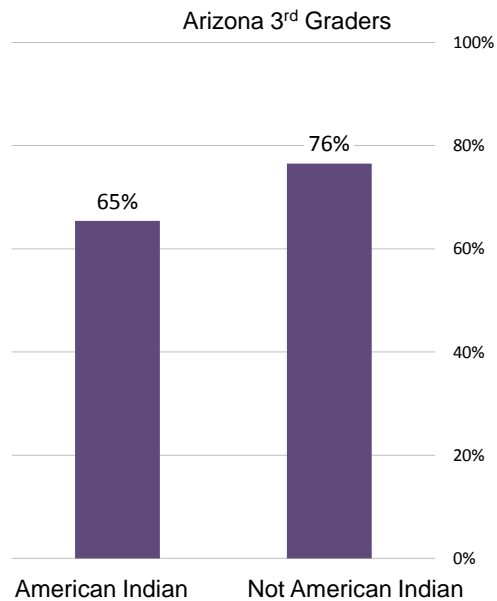


Arizona Department of Health Services, Office of Oral Health, Arizona Healthy Smiles-Healthy Bodies Survey of 3rd Grade Children 2010



Children Needing Sealants

❖ American Indian children were significantly less likely than the non-American Indian children to have one of more teeth which needed to be treated with a sealant. ($P < 0.05$)

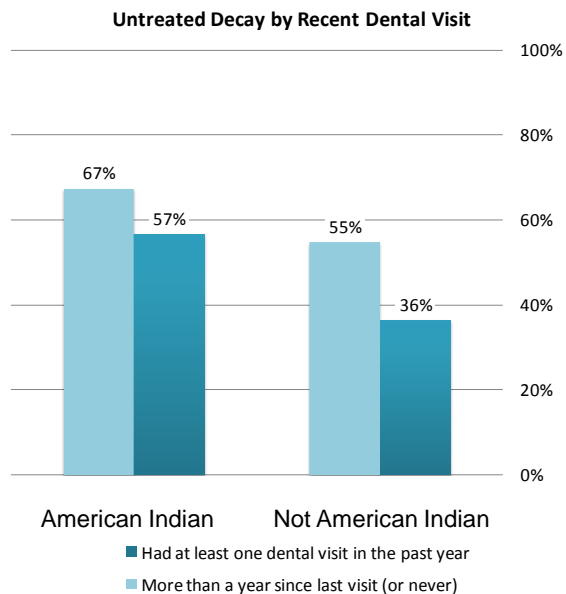


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Untreated Decay, by Recent Dental Visit

❖ For the non-American Indian children, untreated decay was much less prevalent among those who had a dental visit in the past year (36%), compared to those who had not had a dental visit (55%).

❖ But for the American Indian children, the disparity between those who had and had not seen a dentist recently was much smaller, 57 and 67 percent, respectively.



Arizona Department of Health Services, Office of Oral Health, Arizona Healthy Smiles—Healthy Bodies Survey of 3rd Grade Children 2010

Summary Findings

- Tooth Decay in American Indian children starts early and progresses into childhood.
- American Indian children were significantly less likely to have seen a dentist during the past year, compared to non-American Indian children.
- Significantly more American Indian children had tooth decay experience compared to non-American Indian children

Arizona Department of Health Services, Office of Oral Health , Arizona Healthy Smiles–Healthy Bodies Survey of 3rd Grade Children 2010

Summary Findings (continued)

- Only 45% of American Indian Children had dental sealants falling below the Healthy People 2010 target of 50%.
- American Indian children have seen an increase in the prevalence of tooth decay experience in the last ten years, moving away from the Healthy People 2010 target of 42%.

Arizona Department of Health Services, Office of Oral Health , Arizona Healthy Smiles–Healthy Bodies Survey of 3rd Grade Children 2010

Arizona Department of Health Services
Office of Oral Health

Enhanced Dental Teams Grant

Developing Dental Care Access
for Underserved Communities and Families



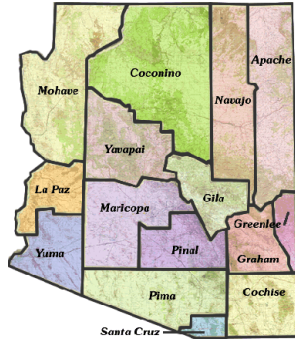
Enhanced Dental Teams Grant

Three Year Teledentistry Grant

Multiple demonstration models throughout Arizona. Some examples are:

- **Hopi Health Care Dental Clinic**
model: remote school location
- **Northern Arizona University**
model: training dental hygiene students
- **Northern Arizona Council of Governments**
model: Head Start
- **Inter Tribal Council of Arizona, Inc**
Identification of additional Tribal models

Grant Regions



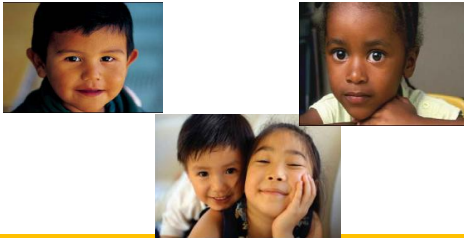
Regional Oral Health Coordinators are located in:

Northeastern Arizona – Navajo/Apache/Gila


Northern Arizona Region - Coconino/Yavapai

Southern Arizona Region - Pima/Cochise/Santa Cruz

Western Arizona Region- Mohave/La Paz



For more information, contact
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