RHS
QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

ORAL HEALTH

Highlights

- Eight people out of ten say they have good, very good or excellent oral health.
- The prevalence of baby bottle tooth decay in children (0-5 years old) increases with distance.
- More than a third of adults aged 65 and over have no natural teeth.
- Nearly two-thirds of the population express the need for dental care.
- The most frequently expressed care needs are examination/cleaning and having cavities filled.
- Nearly two people in ten say they have difficulties in accessing dental care.

CONTEXT

Good oral health is important for the overall health of a person. It "contributes positively to physical, mental and social well-being and the enjoyment of life's possibilities, by allowing the individual to speak, eat and socialize unhindered by pain, discomfort or embarrassment." (Canadian Dental Association, 2017).

According to the World Health Organization, there are several things that can help improve and preserve oral health, such as proper dental hygiene, healthy eating, and avoiding smoking and excessive alcohol consumption. In addition, income, access to dental care and the presence of certain public health measures (e.g., drinking water fluoridation programs) are also protective factors that can promote good oral health.

PERCEPTION OF ORAL HEALTH

The RHS 2015 data indicate that, in the general population living in First Nations communities, about eight in ten people feel that they have "good," "very good" or "excellent" oral health[1] (FIGURE 1). However, the proportion is lower among residents of communities in Zone 4, with six people in ten (59%).

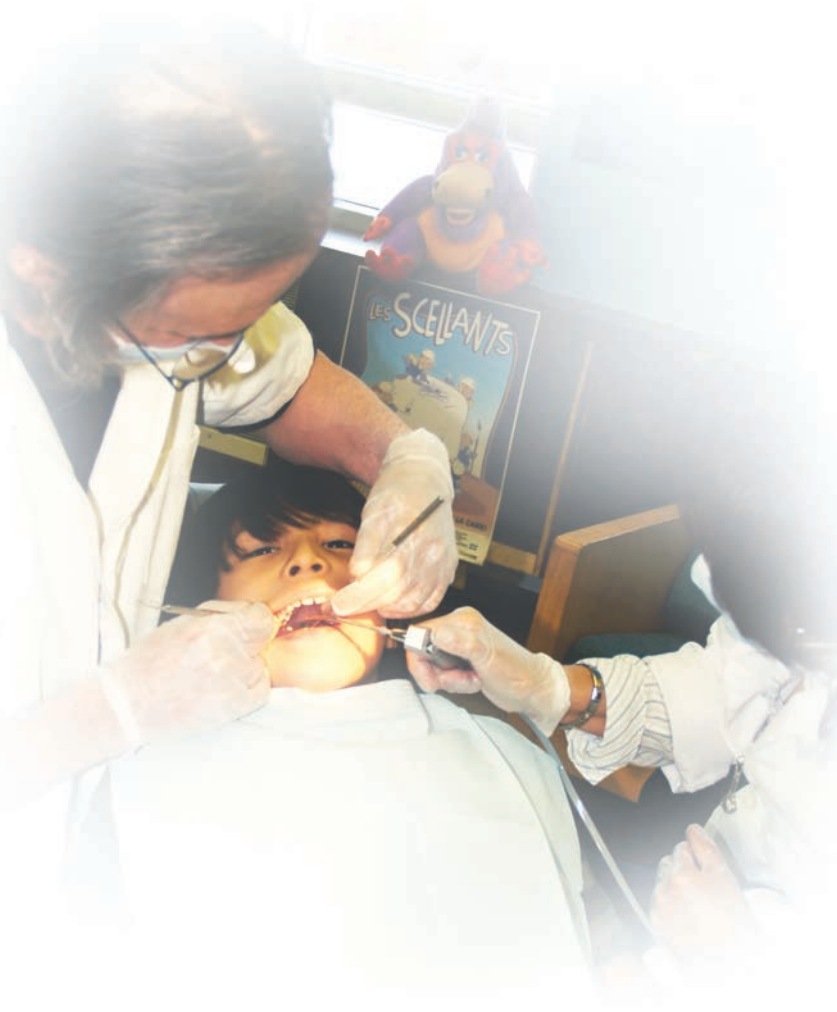
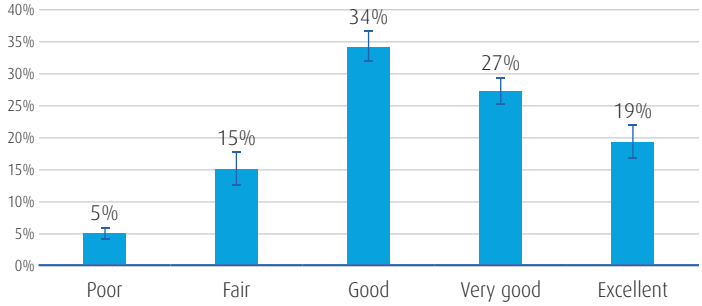


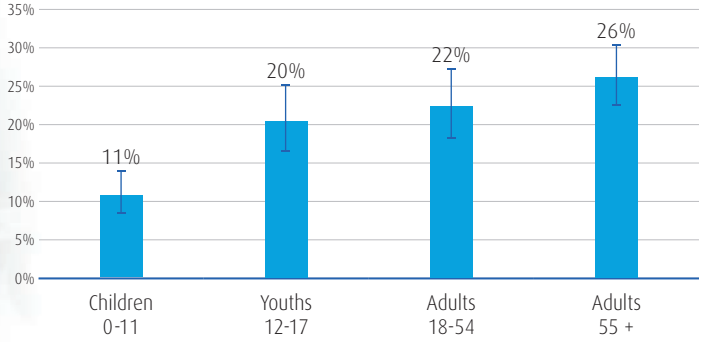
FIGURE 1
Self-assessment of oral health (total population)



Perception based on age

While about one in ten children has an oral health rating of poor or fair, the proportions are higher among youths and adults (FIGURE 2).

FIGURE 2
People who evaluate their oral health as poor or fair based on age group

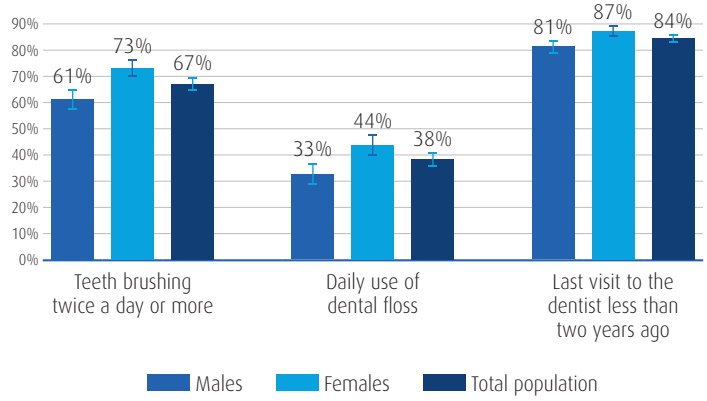


1 The oral health of children aged 0 to 11 years old was assessed by the parent or guardian answering the "children" questionnaire.

HYGIENE AND PREVENTION

According to the results of the survey, two-thirds of the population say they brush their teeth at least twice a day. On the other hand, less than four persons out of ten use dental floss daily. It is also noted that a large majority of respondents report having visited the dentist in the two years preceding the survey. As shown in FIGURE 3, females have better hygiene and prevention habits than males.

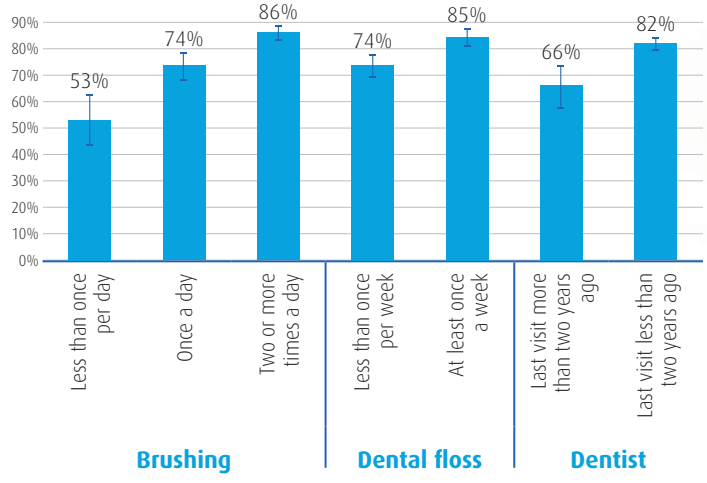
FIGURE 3
Dental hygiene and prevention habits based on gender (total population)



Impact on the perception of oral health

The data clearly indicate that people who have good hygiene practices and who visit the dentist evaluate that they have good oral health in larger proportions than those who neglect these aspects (FIGURE 4).

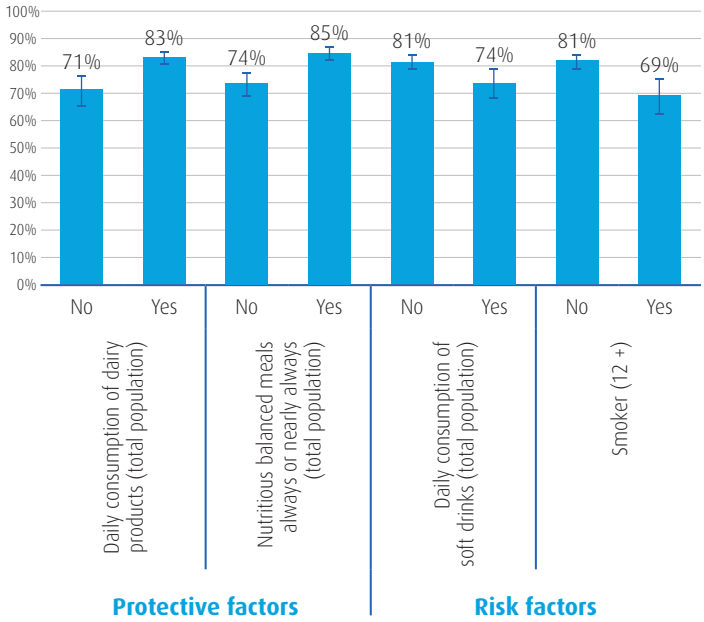
FIGURE 4
People who evaluate that they have good, very good or excellent oral health, based on the frequency of hygiene practices and visits to the dentist (total population)



SMOKING AND DIET

FIGURE 5 illustrates that people more often report having good oral health when they have good eating habits and do not smoke.

FIGURE 5
People who evaluate their oral health as good, very good or excellent based on eating and smoking habits

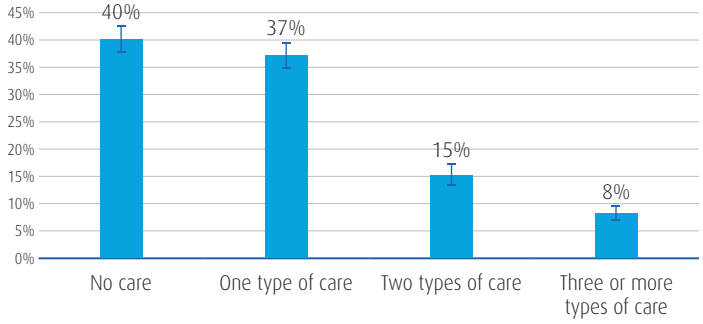


NEED FOR DENTAL CARE

Degree of need

In 2015, 62% of the population expressed the need to receive dental care, compared to 72% in 2008. Nearly a quarter of the population felt it necessary to receive two or more types of care (FIGURE 6) among the following seven types of care: examination/cleaning, cavities filled, tooth extraction, dentures (including maintenance and repair), fluoride treatment, periodontal (gum) treatment and orthodontics.

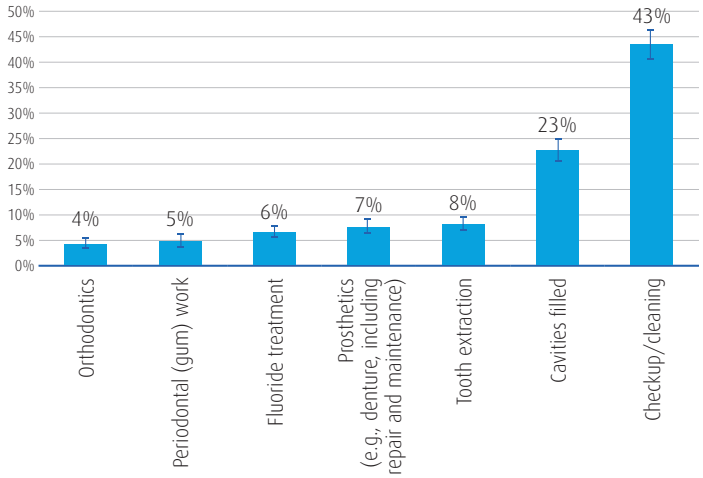
FIGURE 6
Distribution of the total population based on the number of types of dental care needed



Types of care

FIGURE 7 illustrates the dental needs reported by the population. More than four out of ten people report the need for dental examination and cleaning, and nearly a quarter say they need fillings.

FIGURE 7
Proportion of the population who needed dental care based on type of care (total population)



The needs for dental care vary according to age. Thus, there is greater need for fluoride treatment for children, youths more often express the need for orthodontic treatment and older adults are more in need of dentures.

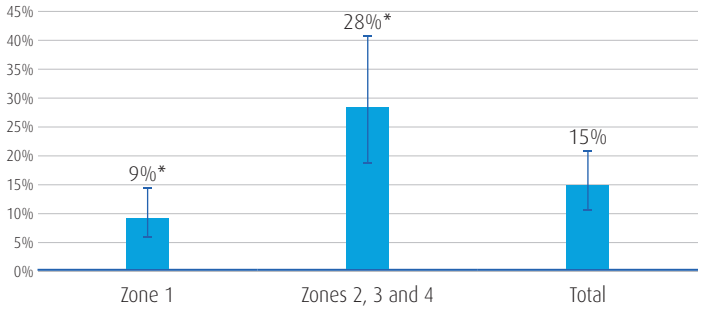
ORAL HEALTH PROBLEMS

Baby bottle tooth decay

The term "baby bottle tooth decay" refers to the decay caused by putting the child to bed with a bottle for a long time or filling the bottle with liquids other than milk or water, such as fruit juice, which contains a lot of sugar (Ordre des dentistes du Québec, 2006).

The results of the survey show that close to one in seven children (0-5 years old) is or has been affected by baby bottle tooth decay. In addition, children residing in Zones 2, 3 or 4 are more likely to be affected than those residing in Zone 1 (FIGURE 8).

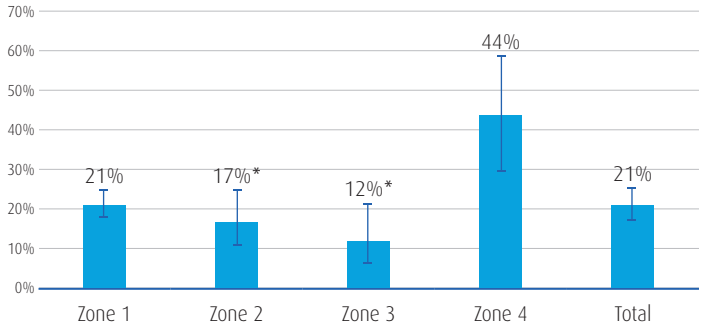
FIGURE 8
Proportion of children (0-5 years old) affected by baby bottle tooth decay based on geographical zone



Dental problems and pain

Youths (12-17 years old) are the only age group to which the question about dental problems and pain was asked. As FIGURE 4 shows, about two in ten youths report experiencing problems or pain in the month prior to the survey. Note that the proportion appears to vary by geographic zone and is considerably higher in Zone 4, with more than four youths out of ten (FIGURE 9).

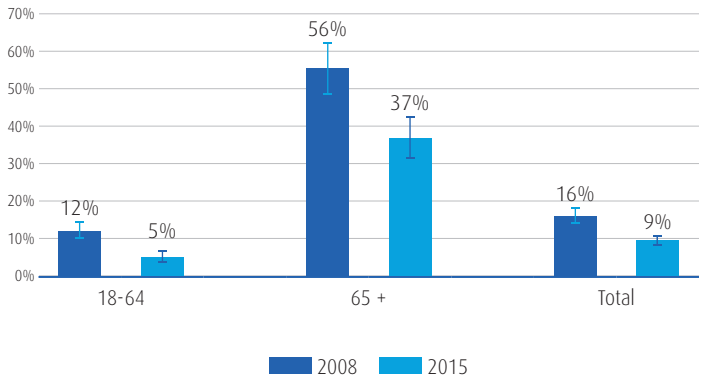
FIGURE 9
Proportion of youths (12-17 years old) who have experienced dental problems or pain during the month before the survey based on geographical zone



Absence of natural teeth

The loss of all adult teeth can lead to several problems, such as "changes in eating patterns, nutrient deficiency and involuntary weight loss, as well as speech difficulty (if left uncorrected)" (Canadian Dental Association, 2017). The survey data reveal that almost one in ten adults is affected by this problem. The situation has improved since 2008, when the proportion was about one in six adults. This condition mainly affects people aged 65 and older, but there has been an improvement since 2008, when more than half of this group reported having no natural teeth. In 2015, this is the case for just over one-third (FIGURE 10). Of these, 8%* report that they do not have dentures.

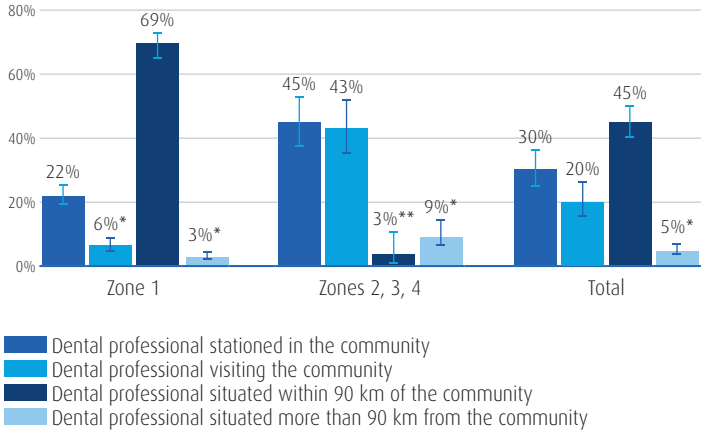
FIGURE 10
Proportion of adults who do not have any natural teeth based on age group



ACCESS TO CARE

The question about access to a dentist was only asked on the questionnaire for children (0-11 years old). At the time of the survey, as shown in FIGURE 11, half of the children had received their last dental care in the community, the others having had to travel, generally less than 90 km. This is especially the case in Zone 1 communities, where more than two-thirds of children had visited a dentist outside the community. In Zones 2, 3 and 4, a large majority of children had received care in the community, either from a dental professional who was stationed there or from a visiting dental professional. However, about one in ten children had to travel more than 90 km to see a dental professional.

FIGURE 11
Access to a dentist for children (0-11 years old) based on geographical zone

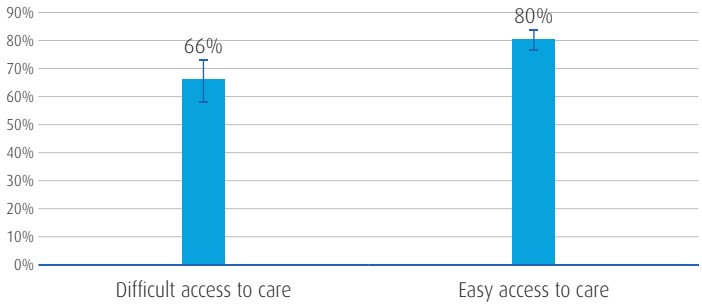


In addition to the sometimes difficult access to a dentist, other types of obstacles to dental care must be considered. For example, 11% of the population report non-coverage of certain care by the *Non-Insured Health Benefits (NIHB) Program*,[2] and 7% report direct or indirect costs (transportation, childcare) related to care.

Impact on the perception of oral health

There seems to be a link between oral health and access to dental care. The proportion of adults reporting no difficulty in obtaining care is 82%. Among them, eight out of ten people judge their oral health to be good, very good or excellent. Among those who report having had difficulties in accessing care, only two-thirds rate their oral health as good, very good or excellent (FIGURE 12).

FIGURE 12
Adults who evaluate their oral health as good, very good or excellent based on access to dental care



CONCLUSION

In light of the results of the RHS, we can state that the majority of the population believes they have good oral health and practice the recommended dental hygiene habits and dental follow-up. However, significant proportions of children, youths and adults are struggling with some dental problems and these proportions often increase with the remoteness of communities. Dental hygiene, visits to the dentist and good nutrition have a positive impact on the perception of oral health. It therefore seems important to promote good practices and healthy lifestyle habits. In addition, the importance of having easy access to dental care for all should not be understated, as this still seems to be problematic for a large part of the population.

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World Health Organization, website consulted on October 23, 2017, at https://www.mah.se/CAPP/Oral-Health-Promotion/WHO-Oral-Health-Fact-Sheet1/.

2 The NIHB Program "allows payment of certain medications and medical services that are not covered by a private insurance plan or the Régie de l'assurance maladie du Québec" (FNQLHSSC, 2017).

METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the "*" sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign "**" indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:[3]

– Zone 1 (urban): less than 50 km from a service centre with road access;

– Zone 2 (rural): between 50 and 350 km from a service centre with road access;

– Zone 3 (isolated): more than 350 km from a service centre with road access;

– Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term "community" is used to represent "Indian reserves."

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: https://centredoc.cssspnql.com.

3 INAC, http://fnp-ppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng [accessed 2018-01-03].

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