



**Oral Health and the Aboriginal Child:
A forum for community members, researchers
and policy-makers**

**Executive Summary of
Forum Proceedings**

June 7 & 8, 2007

Winnipeg, Manitoba

Executive Summary

“Oral Health and the Aboriginal Child: a Forum for community members, researchers and policy-makers” was held June 7 and 8, 2007 at the Manitoba Institute of Child Health in Winnipeg, Manitoba. The focus of this event was the oral health of young Aboriginal Canadians. While the majority of Canadian children experience little or no dental decay (dental caries) during early childhood, a shocking number of children still suffer extensive tooth decay. This disparity is most apparent in Aboriginal children from both urban and remote First Nations and Inuit communities.¹⁻⁶

This “invitation-only” workshop was attended by 42 community members, researchers and policy-makers from across Canada who gathered with the goal of developing and improving national collaborations and relationships between and among child oral health researchers and Aboriginal communities; researchers and other researchers; and researchers, Aboriginal communities, and oral health policy decision makers. The event was supported by a number of organizations, universities, and companies including three institutes of the Canadian Institutes of Health Research: the Institute of Human Development, Child and Youth Health, the Institute of Musculoskeletal Health and Arthritis and the Institute of Aboriginal Peoples’ Health.

The Forum began on Day 1 with presentations by four experts in Aboriginal health. Dr. Kue Young spoke broadly on health disparities in the Northern regions. Ms. Jane Gray gave an overview of the First Nations Regional Longitudinal Health Survey 2002/2003 bringing this long-awaited survey to life for the Forum attendees. Following Ms. Gray, Dr. Marion Maar contrasted Aboriginal and academic worldviews related to research. She then focused on the Aboriginal and academic perspectives on research values and ethics and described how one community took action to make research work better for them. The final speaker, Dr. Peter Cooney of Health Canada, reviewed data on the current status of children’s oral health in Canada. He then discussed the role of the office of the Chief Dental Officer in terms of access to care. Finally, he reviewed the Federal Government’s involvement in oral health care.

These presentations were followed by facilitated small group discussions on pre-selected topics. Topics included the following:

- Making child oral health a priority.
- Oral health for the family and the community.
- Child oral health research - together we can do it better.
- Understanding the goals and measuring the outcomes of research.
- Honoring beliefs.

Day 2 of the Forum began with a panel discussion that allowed attendees to ask questions of the speakers from Day 1. Topics discussed included the following:

- Ethics committees in Aboriginal communities.
- Incentives for research participation.
- Cultural competence of institutional review boards.



Following the panel discussion, each of the four members of the Forum’s Steering Committee presented research that they had been part of that focused on Aboriginal child oral health. Dr. Herenia Lawrence described a research-community partnership that addressed children’s oral health inequalities in the Sioux lookout Zone of Northwestern Ontario. She provided an overview of the strategies for preventing oral diseases in young children currently in place on First Nations reserves located in the Sioux Lookout Zone, and highlighted the most recent strategy, “Baby Teeth – Keep them Beautiful with Fluoride Varnish,” which has recently been evaluated for its effectiveness and feasibility. Dr. Rosamund Harrison presented a “case study” of a research project in the interior of British Columbia in which she had been a principal investigator. She described her role as a non-Aboriginal researcher from outside the community; the project itself; how the project “stood up” in the context of recent Canadian Institutes of Health Research guidelines related to Aboriginal research; how the project could have been organized differently given what we “know now,” and her views on future directions for such research. The presentation by Dr. Robert Schroth discussed barriers to moving research evidence into policy, identified the benefits of collaboration, discussed how community-development can be used to improve child oral health, and discussed the benefits and history of a multi-agency, multi-disciplinary, and intersectoral collaborative partnership in Manitoba. Finally, Dr. Sabrina Peressini presented an example from Manitoulin Island that explained how a qualitative research methodology could aid our understanding of how to improve Aboriginal child oral health.

Following these presentations, workshop attendees either completed their deliberations on the break-out group topics from Day 1 or discussed in their small groups whether the workshop had fulfilled its original goals and objectives and proposed some “next steps.”

Some key components of the recommendations that evolved from the presentations and discussions of the Forum were:

- *Disseminating the Proceedings* in a variety of formats to a variety of key organizations and individuals.
- *Establishing a “clearing house”*, easily accessible to Aboriginal communities, cataloguing resources, information, protocols, data and “lessons learned” from previous research and oral health promotion projects (successful or not).
- *Nurturing the relationships* developed at this Forum by expanding the Steering Committee to enhance Aboriginal representation. The suggestion was for a follow-up meeting to be held in an Aboriginal community that would give an opportunity for Aboriginal people to share their stories about child oral health.
- *Developing an Aboriginal Oral Health Research Network* to champion an integrated and collaborative research environment for Aboriginal communities, researchers and policy-makers for trials and demonstrations projects with a goal of improving Aboriginal child oral health. Some basic considerations for the research network would be to listen to communities, integrate traditional knowledge, consider oral health in terms of overall child health, tackle the social determinants of health, involve Aboriginal groups often overlooked in research, (urban Aboriginals, Métis), and be committed to qualitative research and participatory action research.



- *Building the capacity* of Aboriginal communities for oral health research by, for example, establishing a mentoring program for young Aboriginal scholars to promote more interest in child and community oral health research.
- *Highlight the importance of oral health to overall child health* in all research undertakings.

Reference List

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- (3) **Lawrence HP, Romanetz, Rutherford L, Cappel L, Binguis D, Rogers JB. Effects of a community-based prenatal nutrition program on the oral health of Aboriginal preschool children in northern Ontario. Probe 2004; 38(4):172-190.**
- (4) **Peressini S, Leake JL, Mayhall JT, Maar M, Trudeau R. Prevalence of early childhood caries among First Nations children, District of Manitoulin, Ontario. Int J Paediatr Dent 2004; 14(2):101-110.**
- (5) **Harrison R, White L. A community-based approach to infant and child oral health promotion in a British Columbia First Nations community. Can J Community Dent 1997; 12:7-14.**
- (6) **Young TK, Moffatt ME, O'Neil JD, Thika R, Mirdad S. The population survey as a tool for assessing family health in the Keewatin region, NWT, Canada. Arctic Med Res 1995; 54 Suppl 1:77-85.**

