Symposium on Caries in AI/AN Children
August 26-27, 2016, in Hood River, OR

An Overview of Some Underlying Conceptual Issues

by

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The following is my personal perspective, and not necessarily that of QUEST or other organizations.
Past, Present and Future

We have to look at this issue with perspective
DentaQuest Oral Health 2020 goal

Goal 1  Eradicate dental disease in children.

• “With the closing of disparity gaps, 85% of children reach age 5 without a cavity”

• For many IHS and tribally-operated programs: a more realistic, but still difficult goal, would be 85% of children reach age 5 without requiring restorations and extractions under general anesthesia.
Barriers to Caries Control in AI/AN Children

A voyage into a Land of Mythology
AI/AN Children Have the Largest Health Disparity in the U.S.

“Between 1996 and 1999, the rate of hospitalization for dental caries in children younger than 6 years of age was 2/1000 (0.2%).


Naturally we don’t have good data on this but...

For many AI/AN communities ≥ 20% of children require treatment for caries under GA.
AI/AN Children Have the Largest Health Disparity in the U.S. (and Canada)

• “The overall rate [in Canada] of dental surgery to treat ECC was 12.1 per 1000 (1.2%) children 12–59 months of age.”

• Schroth et al. J Can Dent Assoc 2016;82:g20

• The overall rate in AI/AN children is...
Barrier #1: Acknowledging That There Are Profound Knowledge Gaps

To my knowledge, the current IHS Division of Oral Health (DOH) director has never publicly acknowledged that AI/AN children have the highest Health Disparity of any kind in the U.S.

“It is difficult to get a person to understand something, when their salary depends on not understanding it.”

Upton Sinclair
Barrier #1: Acknowledging That There are Profound Oral Health Disparities for AI/AN Children

IHS Dental Health Indicator for Children:
- Proportion of the children with a dental clinic visit within the last year

“You can’t say our ECC-prevention program has failed; 60 percent of 2 year-old AI/AN children have never seen a dentist!”
Partial Current IHS Dentist Vacancies, August 2016

**City, State**  
- Belcourt, ND; Aberdeen  
- Kyle, SD; Aberdeen  
- Ft. Yates, ND; Aberdeen  
- Sisseton, SD; Aberdeen  
- Belcourt, ND; Aberdeen  
- Belcourt, ND; Aberdeen  
- Pine Ridge, SD; Aberdeen  
- Flandreau, SD; Aberdeen  
- Eagle Butte, SD; Aberdeen  
- Newtown, ND; Aberdeen  
- Rapid City, SD; Aberdeen  
- Winnebago, NE; Aberdeen  
- Santee, NE; Aberdeen  
- Belcourt, ND; Aberdeen  
- Ft Yukon, AK; Alaska  
- Bethel, AK; Alaska  
- Bethel, AK; Alaska  
- Bethel, AK; Alaska  
- King Cove, AK; Alaska  
- Juneau, AK; Alaska  
- Barrow, AK; Alaska  
- Anchorage, AK; Alaska  
- Fairbanks, AK; Alaska  

**City, State**  
- Albuquerque, NM; Albuquerque  
- Taos, NM; Albuquerque  
- Red Lake, MN; Bemidji  
- Lac du Flambeau, WI; Bemidji  
- Ogema, MN; Bemidji  
- Hayward, WI; Bemidji  
- Crandon, WI; Bemidji  
- Cass Lake, MN; Bemidji  
- Webster, WI; Bemidji  
- Harlem, MT; Billings  
- Crow Agency, MT; Billings  
- Red Bluff, CA; California  
- Philadelphia, MS; Nashville  
- Rock Hill, SC; Nashville  
- Gallup, NM; Navajo  
- Gallup, NM; Navajo  
- Red Mesa, AZ; Navajo  
- Pinon, AZ; Navajo  
- Kayenta, AZ; Navajo  
- Gallup, NM; Navajo  
- Tuba City, AZ; Navajo  
- Sage, AZ; Navajo  
- Chinle, AZ; Navajo  
- Crownpoint, NM; Navajo  
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There Are Profound Knowledge Gaps in Our Understanding

What about NIDCR-funded intervention studies through the University of Colorado Oral Health Disparities Center?
Successful Initiation!!!

This protocol describes 3-year study of an innovative combination of:

1. community-based participatory research
2. clinical trial methods

...to rigorously test a lay native Community Oral Health Specialists-delivered oral health intervention...
Methods

*Intervention (INT) Group:*
• The INT comprised 5 child OHP events, 4 caregiver OHP events, and 4 FV applications during each school year.
• The INT was delivered by 8 trained tribal community members, called *community oral health specialists*. Each specialist...worked closely with Head Start teachers to coordinate.

*Usual Care (UC):*
• UC did not receive INT OHP events or FVs but received tooth-brushes and toothpaste at enrollment and data collection events
Here’s the moment we’ve been waiting for. A well-financed, well-designed, well-conducted study of doing all the ‘right’ things.
Results
Results

The Authors’ Conclusion:

“Successful approaches to prevention may require even more highly personalized shaped by cultural perspectives...”
What’s My Point?

Remember the so-called IHS ECC initiative fundamental premise: “We understand this disease – we just need to... do more of the things that we know work.”
Although Skilled with Their Pillow Arsenal...

Wimpodites were favorite targets of Viking attacks. (Gary Larson)
My 2010 Symposium Presentation on Barriers to Caries Control: Back To Reality

- How did we eliminate polio, measles, mumps, rubella, whooping cough, Hib meningitis among AI/AN children?
- By a combination of technology and public health infrastructure
- Our problem is that we have the infrastructure to control caries in AI/AN children, but we don’t have the technology.
- I was partly right...
Eradicating Polio in Nigeria

“We had the [technology and] human resources... but what was missing was the coordination.”

Dr. Andrew Etsano, Incident Manager, Nigeria National Polio Emergency Operations Center.

We Have the Components of a Successful Strategy

• A clearly identifiable and largely accessible population of children.
• Public health infrastructure
• The Technology (more later)
• At least the potential for coordination of activities and services
• What are we missing?

We have had more obstruction than support from the Director of the IHS Division of Oral Health.
IHS Strategies to Achieve the DHHS Goals

• GOAL 2: PREVENT DISEASE AND PROMOTE ORAL HEALTH

**IHS RESPONSE:** IHS works to increase the number of AI/AN aged 0–5 years who receive dental sealants by utilizing various provider types and community members in the ECC Collaborative to promote oral health and application of dental sealants.
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• **GOAL 3: INCREASE ACCESS TO ORAL HEALTH CARE AND ELIMINATE DISPARITIES**

  **IHS RESPONSE:**
What Are the Other Barriers?

We are caught in this ‘Holy Grail’ of primary prevention mindset.
What should be our only real concern?
This Changes Everything!!!
This Changes Everything

• There are pretty much two opinions:
  • It is sub-standard care.
  • It is the savior of the dental health care system.

• The Warm Springs Model is showing how simplistic and wrong of both of these opinions.
Thank you...