Cultural Perspectives of Early Childhood Caries

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Early Childhood Caries (ECC)

- ECC = primary tooth decay in children < 72 months of age

- Risk factors include:
  - Diet
  - Bottle use – at bedtime, propping, prolonged use, contents
  - Poor oral hygiene
  - Parental knowledge
  - Lack of fluoridated water
  - Delayed first dental visit
Early Childhood Caries

- Common chronic disease of early childhood (5x more prevalent than asthma)

- Elevated rates of ECC are seen in various groups (e.g. Aboriginal, Immigrant & Refugee, Hutterite, and disadvantaged populations)

- Traditional oral health promotion activities have had little impact on reducing the incidence of ECC and may not be effective in these communities
Healthy Smile Happy Child

- Multi-agency, collaborative approach using community development principles to promote preschool oral health and prevent ECC

- Multiple grant funded initiative to prevent ECC

- Project staff work to build relationships with existing programs to enable community action

- Emphasis placed on building capacity to ensure sustainability of oral health promotion
Project History

- Baseline study in 2001 with 4 pilot communities
  - Determined caries rate and prevalence as well as caregiver awareness, knowledge, behaviours
- Community development principles used to engage the 4 communities after baseline study
  - Community-based initiatives & resources developed
- In 2006, MB Health committed $1.2 million over 2 years to expand project provincially
  - Secured 3rd year of extension funding
1. Community Identification and Relationship Building

- To Develop Community Acceptance – 4 high risk communities were identified (2 on-reserve and 2 off-reserve)
- A project coordinator worked with leaders in each community to identify community acceptance of the project.
- To building on existing programs – The project coordinator identified existing programs/services that target young children (0-5 years) and their parents. I.e. Headstart, Family Centres etc.

2. Oral Health Promotion & Education Program Delivery

- To increase parental knowledge of early childhood tooth decay prevention
- The Project coordinator provided an orientation to the previously developed “Circle of Smiles” and other oral health promotion materials.
- Sustainable and ongoing utilization of the oral health promotion resources through community building strategies.
- Created a new manual based on community developed tools (Prevent Early Childhood Tooth Decay Action Plan Workbook & Toolkit; Think About Your Baby’s Teeth Poster).

3. Research/Evaluation

- To establish a baseline of the prevalence of ECC
- To evaluate the impact of the oral health promotion strategy on parental knowledge and attitudes
- To evaluate the effectiveness of oral health promotion strategies on the incidence of early childhood tooth decay
- Established baseline
- Determined long term effectiveness of the program on the incidence of early childhood tooth decay
- Determined long term effectiveness of the program on parental knowledge and attitudes re: early childhood tooth decay
- Follow-up studies
Evaluation Projects

- Follow-up study with 4 pilot communities
  - Demonstrated significant improvements in knowledge, attitudes, and behaviour
  - Reduced number of children with untreated decay

- Evaluation of community workshops on improving preschool oral health knowledge

- Qualitative evaluation of project activities and service provider & caregiver knowledge of ECC
Purpose of Qualitative Cultural Study

- Participants were asked to share their personal understandings and experiences related to ECC
- Focus group discussions were organized to:
  - Learn more about how each of these groups define preschool oral health and view ECC
  - Explore similarities and differences in the groups’ perceptions
  - Gather suggestions from each group on potential ways to promote preschool oral health & prevent ECC in their communities
Methods

Focus group discussions are an effective way to learn about people’s lived experience: how they think, feel, and behave; and the attitudes, beliefs, and conditions that shape their thoughts, feelings, and actions.
Methods

- Series of 4 focus group discussions with parents and caregivers of children 0-6 years of age:
  - Urban Aboriginal
  - Hutterite
  - Immigrant
  - Refugee
- Focus groups were held in Winnipeg and rural locations in southern Manitoba
- Language barriers influenced 2 of the groups
  - Participants were available who could act as an interpreter for a few of their peers
Focus Group Participants

- Focus groups were held with Aboriginal, Hutterite, Immigrant, and Refugee communities
  - Aboriginal participants were recruited through 2 community programs
  - Hutterite participants were recruited through a teacher and researcher who is a member of a Colony
  - Refugee participants were recruited through a program providing services and support
  - Immigrant participants were recruited through an EAL class
Focus Group Questions

- Can you share with me what good oral health means for your child?
- How important is good oral health for your child to their overall health?
- What things do you do to keep your child’s teeth healthy?
- Where do you get information about keeping your child’s teeth healthy?
- When your child’s teeth are not healthy, what things do you do to make them healthier?
- Is there anything else that you would like to tell me about what we talked about today?
Results

Urban Aboriginal Focus Group

- Referred to healthy teeth as being clean, free from decay and not falling out
  - One parent expressed that the health of baby teeth may not be a concern since they fall out anyway

- Referred to sugar intake/junk food and lack of brushing as contributors to decay

- Some did not believe that bottle at night could cause decay

- Indicated mouth care should begin at birth and as soon as teeth appear
Urban Aboriginal Focus Group

“It’s hard with my kids to get them to brush their teeth. I have to hold them there and brush them for them. They don’t like to brush their teeth. It only takes a couple of seconds, but it’s a big deal.”
Hutterite Focus Group

- Referred to healthy teeth as “well taken care of” and they reflect the “whole health” of the body

- Stated it is important for children to have healthy baby teeth to “build habits for a lifetime of brushing”

- Singled out improper diet, not rinsing teeth with water after sweets/food, lack of fluoride, and genetics as contributors to decay

- Reported connections between decay and heart problems and other health conditions
Hutterite Focus Group

Acknowledged that sweets play a role in ECC, however felt that brushing and rinsing with water may be more important than candy intake

“You can have a kid who doesn’t eat candy and doesn’t brush, or a kid who eats lots of candy and brushes, and the kid who eats a lot of candy will be better off.”
Refugee Focus Group

- Referred to healthy teeth as “strong”, “nice” and “don’t have any problems so don’t have to go to the dentist.”

- Identified chocolate, sugar, inadequate oral hygiene, and genetics as contributors to decay
  - Find it difficult to control intake while child is at school

- Most agreed that good oral health contributes to child’s overall health

- Indicated that mouth care should begin at birth
Refugee Focus Group

“My baby is one year old and whenever I want to brush, I take him by the hand and brush in front of him. Now whenever I go to the bathroom, he will pick up the brush and put it in my mouth. When they see what we do, they will do it surely.”
Immigrant Focus Group

- Referred to healthy teeth as the condition of the teeth, oral health practices, and diet
  - “If the first set of teeth starts bad then that will transfer to new [adult] teeth.”
- Focused on diet (sugar) and not brushing teeth before bed as contributing to decay
  - Observed that back home less accessibility to sweets
- Noted that overall health is impacted with decay citing behavior changes seen in a child with ECC
  - “Our teeth are not there just for beauty – they work for us.”
Immigrant Focus Group

“Sometimes you need to scare them. My daughter likes chocolate and sugar. When she has cereal, I give her a little sugar but she wants more. I tell her that if I give her more sugar, when I take her to the dentist, he’ll remove all her teeth…Now, sometimes she says, “Don’t put sugar!”
Summary of Findings

- Groups generally had a good understanding of what does and does not contribute to good oral health.

- Aboriginal & Hutterite parents mentioned the link between healthy teeth and emotional wellness.

- Immigrant & Refugee parents spoke about the relationship between healthy baby teeth and healthy adult teeth.

- All groups agreed that oral hygiene practices and good nutrition were important.
Summary of Findings

- The most significant challenge parents faced was getting their child to cooperate with oral hygiene routines.

- Little mention of the cost of dental services or access issues.

- Aboriginal & Hutterite groups reported relatively high rates of dental surgery whereas Immigrant & Refugee groups reported few significant oral health problems.
Summary of Findings

- All groups shared culturally-specific knowledge and practices
  - Aboriginal caregivers discussed traditional medicines and the inclusion of Elders in dental practice
  - Muslim participants in the Refugee group pointed out that the Prophet recommends daily oral hygiene
  - Immigrant & Refugee groups spoke about using a sewak or twig to clean teeth
  - Hutterite caregivers mentioned their routine practice of giving water to babies
Summary of Findings

- All groups most frequently identified their families as whom they learned about oral health practices for children.
- Also learned from health educators and practitioners.
- All groups mentioned the importance of peer networks, interaction, and personal relationships when promoting oral health in their communities.
- Suggested that activities could piggyback on existing programs available in communities.
Summary of Findings

- Immigrant & Refugee groups recommended peer-based learning and using existing programs such as EAL classes.

- Hutterite participants were the only group that identified the internet and print materials as effective:
  - Information sharing in the community kitchen.

- Aboriginal group emphasized the value of interactive activities during home visits or workshops.
Conclusions

- Results will assist in tailoring oral health promotion to different cultural communities

- Findings point to the effectiveness of peer-based learning and the development of mutually empowering relationships

- Meaningful community engagement and community development strategies can help us continue to develop, provide, and refine health promotion activities
Reporting Findings to Communities

- Full report was provided to each community organization and program that aided in recruitment

- Currently in the process of preparing a summary of findings for focus group participants
Health Smile Happy Child Partners

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