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safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*




# Summary Report

$\Delta \dot{C}^b$   $\Delta \dot{C}^L$   $\Delta \dot{C}^C$   
 $\Delta \sigma^b$   $\Delta \sigma^L$   $\Delta \sigma^C$

# Inuit Oral Health Survey 2008 - 2009

Δεδομένα  
 Πηγή  
 Έκδοση  
 2008 - 2009

Canada

A stylized map of Canada is shown in a dark blue color. The map is surrounded by decorative elements: a white wavy line follows the top and right edges, and a yellow wavy line follows the left edge. Various colored shapes (red, yellow, teal, and blue) are scattered around the map, some resembling traditional Indigenous art patterns. 

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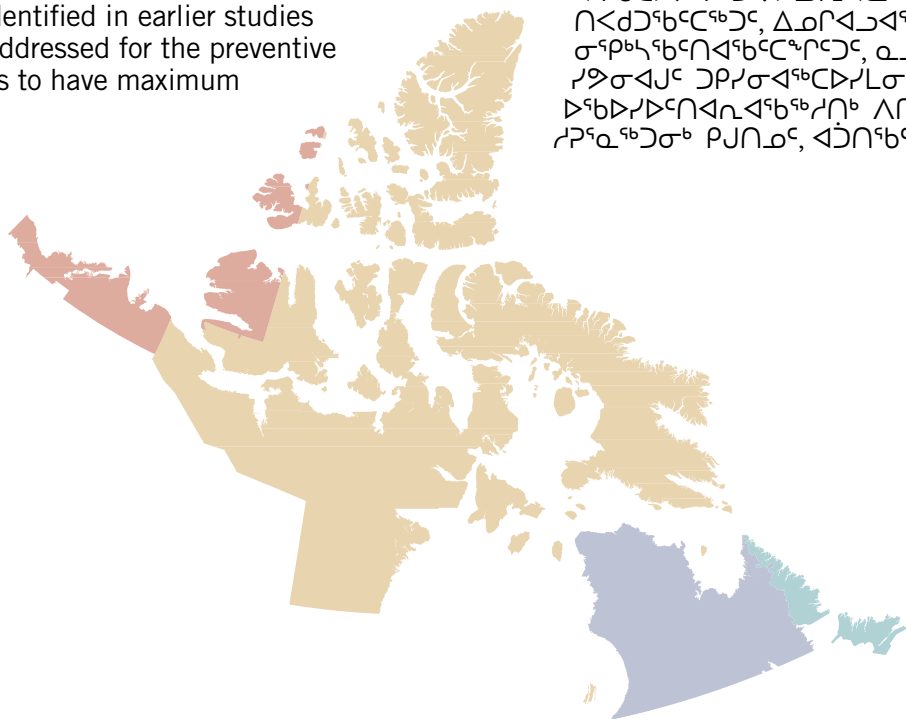


The prevalence and severity of dental caries has decreased among 6 year-olds. The proportion of decayed teeth successfully treated among that same age-group has improved from 20% reported in 1991/92 to 55% in the present survey.

Still, the oral health conditions cannot be treated away even if more resources could be applied. More emphasis on community-based primary preventive measures backed up by early detection and prompt basic treatment would appear to be the best course to make a difference. However, these two strategies cannot do the job by themselves. The threats to health such as high rates of tobacco use, crowded housing and food insecurity which have been identified in earlier studies need to be addressed for the preventive dental efforts to have maximum effect.

ሂደታቸው የሚቀንሱ ለሀገራችን የሚኖሩ ህጻናት ስርዓተ ጥበቃ ስር ሲገኙ ለጥቅም ላይ የዋለው የጥናት ዓመት 6-ወር ሕፃናት ለጥናቱ ሲገኙ የሚከተለውን ልዩነት ማሳየት ይቻላል፡፡ 1991/92-ዓ.ም. 20% ሲሆን፣ 2007-ዓ.ም. 55% ሆኗል፡፡

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כחצי מיליון

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- 85 >ኣዕሰር ልዑቅ 3-5-መቶ ልርሳይገታዕቲ  
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- 99 >ኣዕሰር ልዑቅ 20-39-መቶ  
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By collecting information related to the health of the mouth, teeth and gums, this survey will help:

- Identify future oral health and oral health care challenges;
- Provide essential information to those involved in making important decisions about oral health care policies and programs for the Inuit population; and
- Provide a baseline for noting any improvement that may occur as a result of new oral health promotion and disease prevention initiatives such as the Children's Oral Health Initiative (COHI).

The survey was conducted in six sites across the country. The interviews and examinations occurred over a period of 8 months from November 2008 to June 2009. The survey-teams visited each community for approximately two weeks.

Staff from Health Canada trained interviewers and recorders from each participating community to help with the collection of the IOHS interview and examination phases.

Specially trained dentists performed the oral health clinical examinations to the same standards as the Oral Health Component of the Canadian Health Measures Survey that was administered to participants from the rest of Canada.

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- Inuit adults had an average of 1.52 Root, Decayed or Filled teeth (RDFT).

## Older Adults

- Older Inuit adults (40 year of age and up) had more root cavities (53%) than adults 20 to 39 years of age (39%).

## Untreated Coronal and Root Cavities

- 3 Inuit adults out of 5 (60%) had cavities that needed a filling.
- 44% of Inuit adults (20 years of age and up) had a root cavity that needed a filling.

- Δ<sup>c</sup>Δ<sup>c</sup> Δ<sup>b</sup>Δ<sup>c</sup> CdbDLeJc 1.52-Γ<sup>c</sup>Jc  
PUN<sup>c</sup>Lc Δ<sup>a</sup>Vσ, Γ<sup>a</sup>bPL<sup>c</sup> D<sup>e</sup>E<sup>a</sup>σ<sup>c</sup>  
Δ<sup>c</sup> bJ<sup>b</sup>PL<sup>c</sup>.

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- $\Delta^a \mathbf{a} \Delta \sigma^{\mathbf{b}} \mathbf{b} \Delta^c \Delta \mathbf{a} \Delta^c$  ( $\Delta \rho \Delta^c$  40- $\sigma^b$   $\Delta^a \mathbf{b} \Delta^c$ )  $\Delta \Delta \Delta^c \rho \Delta^c \Delta^a \Delta^c \Delta^c \Delta^c$  (53  $\Delta^a \mathbf{b} \Delta^c$   $\Delta^a \mathbf{a} \Delta^c$   $\Delta \rho \Delta^c$  20- $\sigma^b$  39- $\mathbf{a}$   $\Delta \rho \Delta^c$   $\Delta^a \mathbf{a}$  (39  $\Delta^a \mathbf{b} \Delta^c$ )).

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# Periodontal Conditions

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ԳԵՏԻՆ ԳՐԱԴԱՐԱՆ

**Periodontal** refers to the structures that surround teeth to keep them in place, such as gums, bone and the tissue (called the periodontal ligament) that attach the teeth to the bone. These periodontal structures can be affected by disease which can affect the health of affected teeth and surrounding tissue. The information collected as part of the survey included debris, calculus, gingivitis, pocket depth and Loss of Attachment (LOA).

## Debris and Calculus

Debris is the soft, cream-coloured build-up, or stains, that can be found on teeth.

Calculus is the hard material that can develop on the tooth (also known as tartar).

- 20% of Inuit adults in the survey were found to have calculus scores in the highest range.

Both of these conditions can be prevented by brushing or flossing, but calculus can only be removed by a dental professional. Neither debris nor calculus is a measure of disease, but they can increase the risk for the development of gingivitis.

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# Gingivitis

Gingivitis is a reversible form of gum disease and refers to inflammation of the gum tissue. Gingivitis begins with the build-up of plaque on the teeth. The bacteria in plaque produce materials that can make the gums swell and bleed.

- Over 30% of Inuit adults (20 years of age and up) have moderate to severe gingivitis.

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**Loss of attachment (LOA)** is the distance (in millimetres) between the point where the enamel of the tooth meets the root, and the bottom of the pocket between the gum tissue and the tooth. LOA is considered the true measure of the effects of disease on the periodontal structures.

A person with an LOA of 3mm or less is considered to be healthy.

A person with an LOA of 4 – 5mm is considered to have, or have had, moderate disease.

A person's ability to chew can be affected at an LOA of 5mm or greater.

A person with an LOA of 6mm or more is considered to have, or to have had, severe disease.

A person is at risk of losing their tooth if the LOA is 6 mm or greater.

Age is an important factor when looking at loss of attachment. For example, a 70 year old with an LOA of 4mm may be considered to have aged successfully, but a 20 year old with an LOA of 4mm would seem to be at increased risk for losing the tooth.

- The survey found that 83.5% of Inuit adults (who have teeth) are considered to be healthy in terms of LOA (LOA = 0-3mm)
- 3.9% of Inuit dentate adults have had severe disease (LOA of 6mm or more).

It is important to note that LOA is usually not reversible, but can be prevented through good oral hygiene habits including brushing and flossing, professional care, and avoiding tobacco.

**Oral lesions** are any open sores, lumps, bumps, or red or white patches in the mouth. Oral lesions can develop on the lips, tongue, cheeks or gums. An oral lesion could be minor or could be a sign of larger health issues. It is important to have any oral lesions checked by a dental professional.

- 9.9% of Inuit adults have at least one oral lesion.

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ბეწეწი ბეწეწი

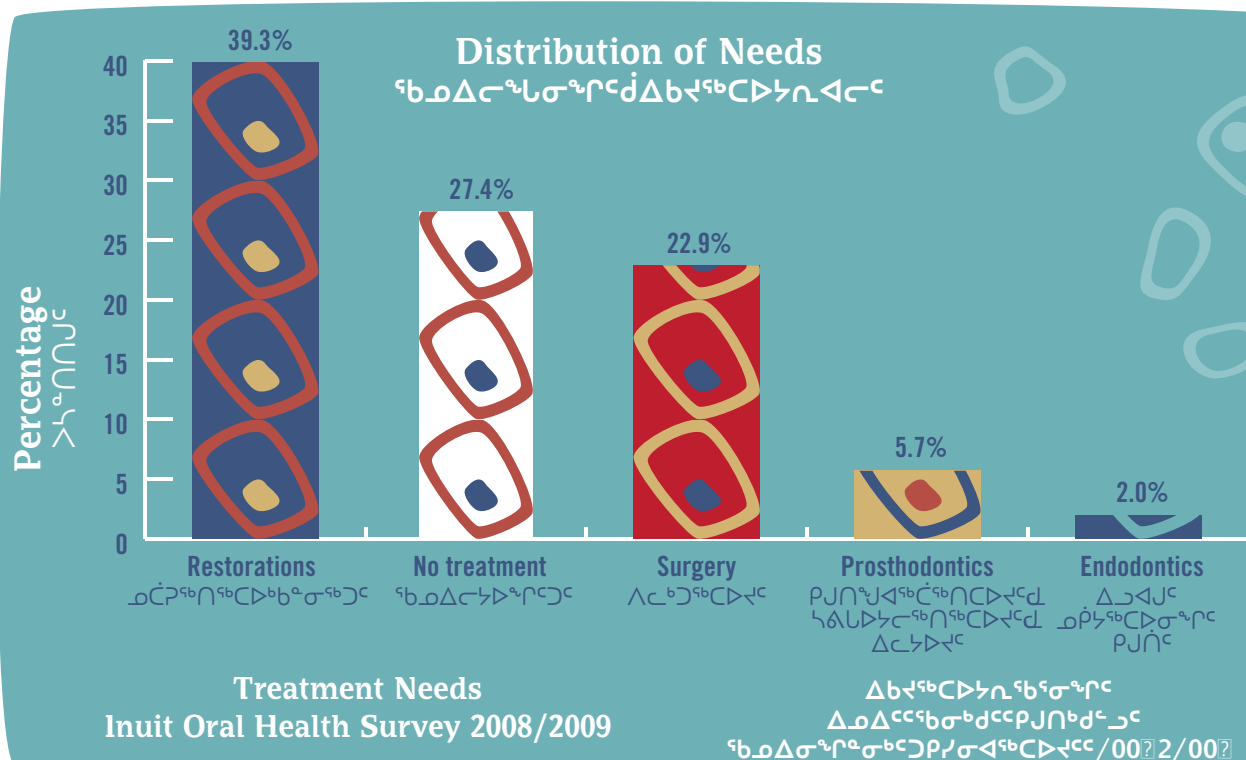
At the end of each dental examination, the dentist recorded whether the respondent/patient needed care and, if so, what kind. It was also noted if the case was urgent (i.e. treatment necessary within a week).

From the assessments and evaluation of the dentists, a priority list was created ranging from most severe, such as a life-threatening conditions (i.e. severe infection or suspected oral cancer) and severe pain; to lower priorities, such as a required filling or improvements to oral health regimes. The latter conditions could be dealt with over a longer period of time.

More specifically, the priority list included: urgent needs; surgical needs; root canals; fillings; crown and bridge work; gum care; braces, a group of services including problems with the jaw, aesthetics and soft tissues.

The list ended with those requiring no dental help.

Some patients have several conditions of varying urgency to be treated.

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The rate of edentulism on Inuit aged 40 years old and up is lower (improved) than measured in 1993.

The closest comparison may be with results of the 1990-91 survey of Canada's Aboriginal children, using the numbers found for the Northwest Territories (NWT). At that time, the NWT included the Nunavut territory and 84% of the examined 6 year-old children were Inuit. In the 1990-91 survey, 95% of 6 year-olds had one or more dmft+DMFT compared to 86% in the current report. Mean counts of teeth affected were also lower: 8.9 in 1990-91 compared with 8.3 in 2009. In 2009, 4.5 or 55% of the teeth were successfully restored compared to 1.8 or 20% of the affected teeth in 1990/91.

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INDICATOR	ᑭᓪᓇᐃᔨᕐᕙᕈᕐ	First Nations and Inuit Oral Health Survey 1990-1991	ᓄᓇᖃᖃᖃᖅᑐᕐ ᐃᓄᐃᕐᓗ ᖃᓂᔨᕐᕙ ᑲᑳᑎᕈᕐᓗ ᑐᑲᑲᓯᓂᐊᖃᓚᐅᓯᒪᓂᖅᑦᑦ 1990-1991	Inuit Oral Health Survey 2008-2009	ᐃᓄᐃᕐ ᖃᓂᔨᕐᕙ ᑲᑳᑎᕈᕐᓗ ᑐᑲᑲᓯᓂᐊᖃᓚᐅᓂᖅᑦᑦ 2008-2009
% children aged 6 only who have or had at least one cavity (dmft/DMFT)	>ᓴᓂᑎᖅᑦ ᑲᑲᑲᕐ ᐅᑲᐅᕐᕐ 6-ᓂᔨ ᐊᓚᐅᓯᖃᖃᑲᑎᖅᓗᓂᕐᕐ ᐊᐅᒪᓂᖃᓚᐅᖃᖅᑐᕐ (dmft/DMFT-ᖅᑦᑦ)	95%	95 >ᓴᓂᑎᕐ	86%	86 >ᓴᓂᑎᕐ
Teeth affected by decay on children aged 6 only	ᑲᑳᑎᖅᑦᑦ ᐊᖅᑐᖃᖃᓚᐅᓯᒪᓚᐅᖃᖅᑐᕐ ᑲᑲᑲᕐᓇᖅᑐᓄᕐ ᐅᑲᐅᕐᕐᓂ ᑲᑲᐊᓂ 6-ᓂ	8.9	8.9	8.3	8.3
Decay teeth filled on children aged 6 only	ᑲᑳᑎᖅᓗᖅᑐᕐ ᐃᓚᐅᖅᐅᓯᒪᕐᕐ ᑲᑲᑲᕐᓂ ᐅᑲᐅᕐᕐ 6-ᓂ ᑲᑲᐊᓂᓂ	1.8	1.8	4.5	4.5



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