

# 16 QUEBEC FIRST NATIONS: DENTAL CARE

Chapter 16 of the Quebec First Nations Regional Health Survey (RHS, 2008) focuses on findings related to dental care. It reports on oral health, access to dental care, and what the respondents deem as necessary care. This is a summary of the information included in Chapter 16. Therefore, it does not include all the knowledge covered by the survey, and may be open to different interpretations. To have a complete understanding of the results, the reader is invited to consult the entire chapter.

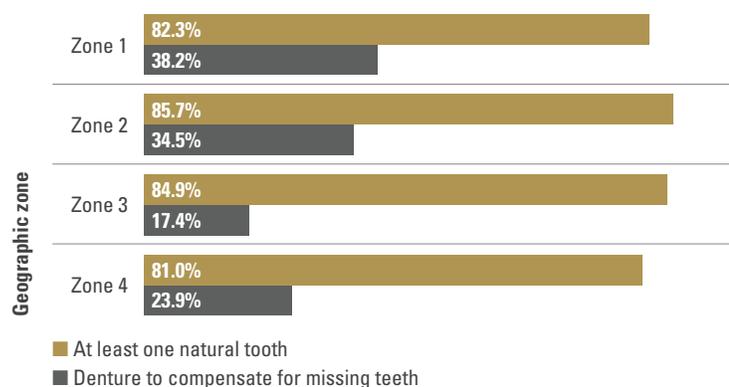
## Dental care and oral health

Survey results indicate that 15.9% of First Nations adults aged 18 and up in Quebec have no more permanent teeth. This is more than double the rate in the Canadian population (6%), according to Statistics Canada data. More than half (56.9%) of First Nations adults aged 65 and up have no more permanent teeth, and this compares to 40% of adults aged 65 and up in the general Quebec population (based on data collected in 2008 in the Québec Population Health Survey).

## Dentures to compensate for missing teeth

Adults aged 65 and up were the most likely to use dentures to compensate for missing teeth (72.9%). As Figure 1 illustrates, the proportion of adults who have at least one natural tooth is similar in all geographic zones,<sup>1</sup> but the proportion of adults with dentures is lower in remote communities. This difference is likely in part explained by barriers to service access related to remoteness.

**Figure 1: Proportion of adults with natural teeth (N=10,050) and/or who wear dentures to compensate missing teeth (N=19,048), based on geographic zone**



## Dental problems

Youths aged 12-17 were most likely to have experienced a dental injury in the 12 months before completing the survey (2.4%, as compared to 0.4% of children aged 0-11 and 0.7% of adults aged over 18). Of youth who had experienced a dental injury, 83.1% were men and 16.9% were women.

In 2002, results suggested that 14.8% of children under 11 experienced baby bottle tooth decay, whereas results of the 2008 survey reveal that 20.7% of children experienced this. The main causes of early childhood caries are improper use of bottles (sugary contents and extended use) and breast-feeding over an excessive period of time. Based on survey results, fruit juice was the fourth most common type of liquid put in bottles, with

51.4% of children who use baby bottles drinking fruit juice. Survey results also indicate that baby bottle tooth decay is more likely to occur in children living in low income households.

**Table 1: Distribution of food taken in baby bottles (N=5,173)**

Type of food taken in baby bottles	%
Iron-enriched formula	74.8
Water	64.4
Milk	59.1
100% fruit juice	51.4
Breast milk	25.7
Normal formula	24.3
Kool-aid and other powders	9.2
Canned milk	6.3
Milk powder	4.3
Soda	3.9
Tea	3.9
Other	3.8
Soy milk	2.4
Herbal tea	0.6
Coffee substitute	0.2

Concerns related to baby bottle tooth decay include loss of teeth, related orthodontic and aesthetic problems, and difficulty making speech sounds. Some of these consequences are also tied to psychological and relationship issues.

## Access to dental care

Based on survey results, an estimated 66.2% of the Quebec First Nations population had visited a dentist in the year prior to filling out the survey. Health professional recommendations call for a yearly visit to the dentist. Based on Statistics Canada census data, 74% of Canadians had followed this advice.

### <sup>1</sup> Geographic zone

Degree of geographic isolation is based on a zone system developed by Indigenous and Northern Affairs Canada (INAC).

Zone 1: The community is located less than 50 km from a service centre with year-round road access.

Zone 2: The community is located between 50 km and 350 km from a service centre with year-round road access.

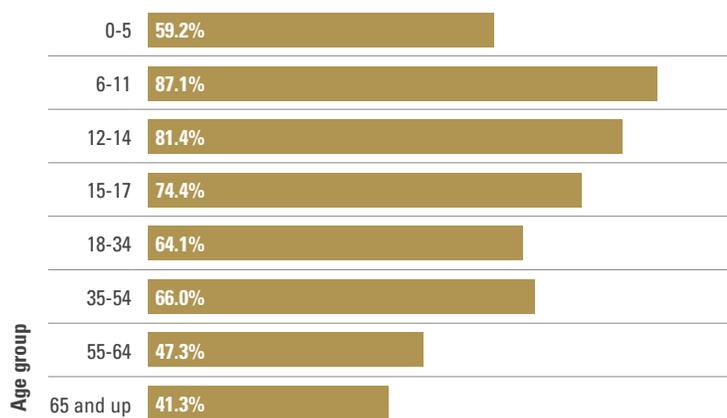
Zone 3: The community is located over 350 km from a service centre with year-round road access.

Zone 4: The community has no year-round road access to a service centre.

Service centre: The nearest location where the community members must go in order to access service providers, banks and governmental services.

As Figure 2 illustrates, for the First Nations population, school age groups were most likely to have visited a dentist within the past year. Elders aged 55 and up were least likely to have recently visited a dentist.

**Figure 2: Proportion of the population who visited the dentist over the year before the survey, based on age (N=29,004)**



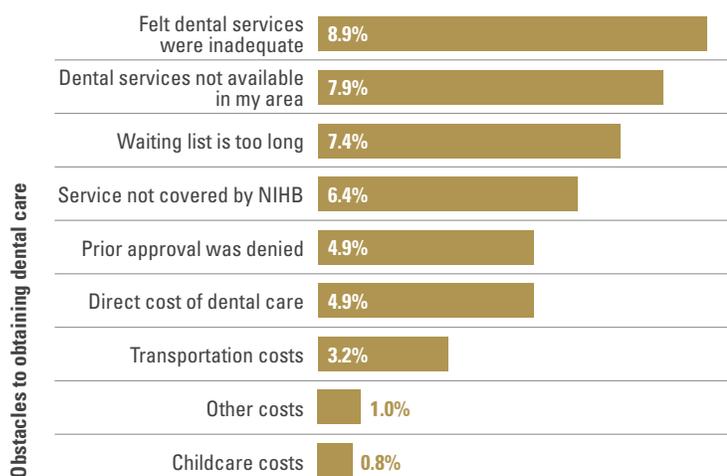
Among the total adult First Nations population in Quebec, women (68.4%) were more likely to have visited a dentist in the past year than men (53.3%).

Survey data suggests that geographic isolation has a significant influence on when the last visit to the dentist was. First Nations living in the most remote zone (Zone 4) were least likely to have visited a dentist within the last year: 48.1% of this population had visited a dentist, compared to 66.9%, 72.8%, and 66.2% for populations in Zones 1, 2, and 3, respectively.

### Obstacles to obtaining dental care

Adults aged 18 and up were asked about obstacles to obtaining dental care. More than one-fifth (22.8%) of respondents reported having experienced at least one obstacle. Figure 3 illustrates the obstacles identified by respondents, from most common to least common.

**Figure 3: Proportion of adults who encountered obstacles to obtaining dental care (N=19,068)**



Adults who reported often or sometimes encountering physical, mental, or health challenges which limit the nature or number of their domestic or professional activities were more likely to report having experienced obstacles to obtaining dental care (33.7% and 31.7%, respectively,

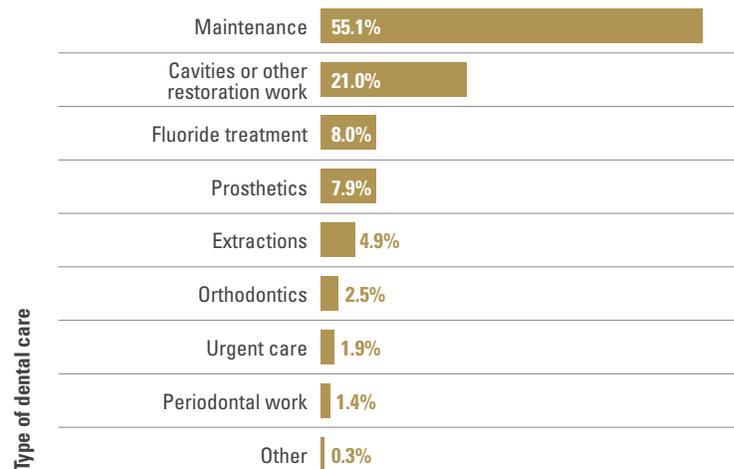
compared to 20.1%). Adults who reported often experiencing these challenges were less likely to have visited a dentist within the past year (52.5%, compared to 61.6%).

### Dental care needs

Survey data suggests that 27.4% of First Nations individuals in Quebec did not believe they were in need of dental care at the time of survey completion, with 40.6% of adults aged 55 and up holding this belief. Of the 72.1% of respondents who reported being in need of dental care, individuals from hard-to-access communities were over-represented: 90.2% of respondents from Zone 4 communities reported being in need of dental services, as compared to 67.6% of respondents from Zone 1 communities.

The most commonly-reported needed services were check-ups and teeth cleaning (55.1%), with the next most commonly reported needed services being those related to cavities (21%). See Figure 4 for more detailed information.

**Figure 4: Types of dental care needed (self-declared) by the population at the time of survey (N=29,013)**



### Conclusion

Overall survey findings suggest discrepancies between the oral health of Quebec First Nations and the Canadian population as a whole, and also suggest some setbacks in oral health for Quebec First Nations as compared to 2002 findings. The survey results point to some differences based on gender, as well as differences in service access and need based on geographic zone.

Finally, this summary provides an overview of Chapter 16 of the Quebec First Nations Regional Health Survey. For more details on the survey results, the full chapter is available at the following link: <http://cssspnql.com/docs/centre-de-documentation/chapitre-16-soins-buccodentaires-eng.pdf?sfvrsn=2>

