San Xavier Dental Clinic
Dedication Ceremony

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"Addressing Dental Disparities in Indian Country"

by

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It is an honor to be here today to dedicate this new dental clinic and facilities to the service of nearly 9,000 members of the Tohono O'odham Nation and other tribal members living in the San Xavier service area of the Indian Health Service (IHS).

This new facility, with its state-of-the art dental operatories, digital radiology, electronic health records, and other enhancements, is the first of its kind in the Tucson Area. All of you here today who helped in the planning, construction, and funding of this facility should be gratified to know that your efforts have helped bring much needed, and much improved, dental care and preventive services to tribal members in the Tucson Area. This new state-of-the-art facility will be able to accommodate a much greater volume of patient visits than the old facility, as well as increase the types of procedures available. This means that patients will have access to an expanded level of care and procedures not previously available to them in the Tucson Area.

It was not too long ago that I was working in the field as a dentist, and so I know firsthand the great needs in Indian country for quality dental services and facilities. I also know, as do most of you, that it is vital that we do all we can to improve and maintain the oral health of American Indian and Alaska Native people. There is a well recognized link between oral health and the overall health of individuals; therefore, your efforts to provide quality dental services and dental hygiene education to Indian communities are an important part of fulfilling the IHS mission of raising the health status of American Indians and Alaska Natives to the highest possible level.

The importance of improving and maintaining the oral health of American Indians and Alaska Natives cannot be understated. Poor oral health interferes with learning, socialization, feelings of self-worth, and the person's ability to fend off opportunistic infections. Recent research findings have pointed to possible associations between chronic oral infections and diabetes, heart and lung disease, stroke, low birth weight, and premature births.

The text is the basis of Dr. Grim's oral remarks at the Dedication of San Xavier Dental Clinic on February 2, 2006. It should be used with the understanding that some material may have been added or omitted during presentation.

Oral health means much more than just healthy teeth. It means being free of chronic oral-facial pain, oral and pharyngeal cancers, oral soft tissue lesions, birth defects such as cleft lip and palate, and many other diseases and disorders that affect the craniofacial complex. These tissues are vital to functions that we all take for granted — our ability to speak and to smile, to laugh and to taste, to kiss and to sigh. They also provide protection against microbial infections and environmental assaults.

Acute dental conditions contribute to a range of problems for employed adults, including restricted activity and work loss, and school loss for children. Oral and craniofacial diseases contribute to compromised ability to bite, chew, and swallow foods, which can result in limitations in food selection and poor nutrition. And oral-facial pain from untreated dental and oral problems can be a major source of diminished quality of life.

Unfortunately, there are great disparities in oral health, as in many health areas, among American Indians and Alaska Natives. The 1999 Oral Health Survey of American Indian and Alaska Native Dental Patients revealed that compared to the general U.S. population, American Indian and Alaska Native dental patients experience more oral disease, including both tooth decay and periodontal disease. For example, the Survey found that almost 32 % of adults had advanced periodontal disease, compared to only 12% of adults in the general U.S. population, and that over two-thirds of American Indian and Alaska Native adolescents had untreated tooth decay, compared to 24 percent of similar aged children in the general U.S. population.

Among Indian children, even the very young, the burden of poor oral health care is especially alarming. The Oral Health Survey found that almost 80% of children aged 2-5 years and nearly 90% of youth aged 15-19 years had a history of tooth decay.

Oral diseases in children can have serious consequences. More than 51 million school hours are lost each year to dental-related illness. Tooth decay is the single most common chronic childhood disease. Pain and suffering due to untreated oral disease can lead to problems in eating, speaking, and attention in the classroom, which affect a child's ability to learn and to grow. Many children report being reluctant to smile or to talk because they are embarrassed by the state of their teeth.

The Oral Survey also revealed that American Indians and Alaska Natives do not have adequate access to preventive and restorative dental care or periodontal disease treatment, obviously a significant contributor to oral health disparities. The Survey found that about two-thirds of Indian youth and adults had untreated tooth decay, and that about 25% of all adults and elders needed treatment for advanced periodontal disease.

In general, there is a sizable backlog of dental treatment needs among American Indian and Alaska Native dental patients. The average expenditure for oral health care in the IHS is about $50 per person, compared to about $300 per person nationally. Lack of adequate resources and staff and outdated facilities are obviously contributing factors to this situation, which is why this new dental facility is so important, and why we need more like it.

Contributing to this backlog is the great need for quality dental health care professionals in our Indian communities. In order to treat the underlying burden of dental disease, there must be a significant increase in the number of dental providers available to provide care to American Indian and Alaska Native patients. For the general U.S. population there are approximately 1,500 patients per dentist, while there are more than 2,800 American Indian and Alaska Native patients per dentist in the IHS and tribal dental clinics. The IHS has a current dental vacancy rate of approximately 25% —the highest vacancy rate in the health care professional category.

The IHS is diligently working to recruit and retain dentists. New facilities such as this one go a long way towards attracting and keeping dentists.

Lifestyles issues and chronic health conditions play an important part in oral health, as they do in most diseases and adverse health conditions. Among Indian children and adults, there are regional differences in the prevalence of tooth decay and periodontal disease, indicating the influence of lifestyle and possibly environmental factors. Since 1991, there has been a significant increase in tooth decay among young Indian children between 2-5 years of age. Changes in family diet that impact even on the very young, could be contributing factors. Tobacco use is also a factor in dental disease. Individuals who use tobacco are at higher risk of both oral cancer and periodontal disease, and unfortunately, the use of tobacco products among Indian youth starts at about 13 years and steadily increases with age; 38% percent of adults are habitual tobacco users.

This is one reason I have made addressing behavioral and lifestyle issues that contribute to chronic disease a priority for the Indian Health Service. Healthy behaviors can reduce the occurrence of serious illness or injury, and the need for health services. In Indian Country, we have for some time recognized the importance of focusing on health promotion, on healthy communities and individual wellness. We know the future of Indian healthcare relies on our recognizing and addressing that most of the leading causes of death and chronic illness, including poor dental health, among our people today can be linked to unhealthy behaviors. It is therefore vital that we have programs in place to assist our people in making and sustaining healthy lifestyle choices. We must not only address the results of poor dental health, but the causes as well. I am pleased to see that there is a strong preventive care component to the dental program here at San Xavier. I encourage you to take advantage of any opportunity to strengthen and expand those efforts.

To reduce the burden of dental disease, age-specific community level prevention programs must be developed and targeted toward those at highest risk. The importance of community water fluoridation, school-based or school-linked dental sealant programs, and tobacco prevention/cessation programs should be stressed. The dental programs must work with other health care providers such as physicians and nurses to help assess, educate and refer individuals in need of dental care. This works both ways; many systemic diseases and conditions have oral manifestations. Dentists may be the first to notice these initial signs of clinical disease and can serve an important role by alerting clinicians and individuals of the need for further assessment.

Involving the community, schools, and all health care components in the care of our patients is a priority I have established for the Indian Health Service. This holistic approach to medical care should be standard practice for all of our programs, and I hope the dental program will help lead the way in promoting this kind of comprehensive, community-centered health care.

Thanks to new clinics such as the one we are dedicating today, and increased emphasis on oral health and recruitment and retention of dental professionals, I am pleased to say that improvements are being seen in the oral health of American Indians and Alaska Natives. For instance, today, most Indian children have dental sealants, which reduce the rates of tooth decay. In fact, between 1984 and 1991 alone, there was a 173% increase in the proportion of young patients without tooth decay. And in adults, there has been a decrease in decay rates over the last 9 years, and adults are losing fewer teeth to dental disease and trauma. More Indian elders are

keeping their teeth longer. Since 1984 there has been a continued trend toward fewer elders with no teeth and more elders with 20 or more teeth.

These are heartening statistics, and with the help of our Tribal partners, we at the Indian Health Service are working to further strengthen and expand our dental program.

Thank you for inviting me and asking me to speak at this historical occasion. This is a wonderful achievement, and I congratulate all of your for your hard work and dedication in making this facility a reality.