

Oral Health for the First Americans

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I would like to share with you a brief overview of the oral health and the oral health delivery system available for American Indian and Alaska Native (AI/AN) people. The purpose of my presentation is to briefly provide insight on the basis of Federally sponsored health care for AI/AN; why the Indian Health Service exists; who receives services; why they receive them; and what type of services they receive. I'd also like to describe the oral health care system and oral health of Indian people.

The basis for this government-to-government relation between Tribes and the Federal government dates back over 200 years. Health services for Indians are authorized by the Constitution, treaties, and legislative and judicial actions. Many treaties exist between the United States government and Indian Nations. Many were never ratified by the Senate and many details are unclear; however, there is a common theme. Large tracts of land were ceded for certain benefits, including health care.

WHY IHS EXISTS

The Indian Health Service is the principal Federal health care provider and health advocate for Indian people, and its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. The IHS was created in 1955, prior to that time health care was provided to Indian people through the Bureau of Indian Affairs.

WHO WE SERVE

Indian people lag behind the general U.S. population in income, employment and health status. The majority of Indian people are unable to seek private health care.

WHERE WE ARE

The Indian Health Service could be considered the best rural health care delivery system in the United States. Sixty percent of the hospitals and clinics are located in remote areas. Most facilities are on or near Federal reservations and are located in 35 states - most of them west of the Mississippi River.

WHAT WE DO

The Indian Health Service currently provides health services to approximately 1.5 million AI/AN people. Dental services are a high priority of the IHS user population and contribute significantly to the number of overall health care services provided by the IHS. The ratio of dentists to population in IHS hospitals and facilities is about 1:2800 as compared to 1:1500 for the general all U.S. population. The IHS oral health care system provides care to approximately

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25 percent of the IHS user population each year as compared to about 60 percent of the overall US population that receives dental care each year. The IHS funding is sufficient to meet approximately 50 percent of the dental needs of the eligible population. Disease rates among the AI/AN population are high as compared to the general U.S. population.

Preliminary results from the 1999 Oral Health Survey show significant health disparities between Indian children and youth and the general U.S. population. Approximately four times as many Indian preschool age children have experienced dental disease as compared to all U.S. children in this age group. While 70 percent of the U.S. pre-school children receive a dental visit, only about 25 percent of Indian children receive an annual dental visit. The caries experience in six to eight year old Indian children is approximately two times higher than for all U.S. children in this age group. Significant differences exist in dental caries experience in adolescent Indian children and U.S. children as well.

While the oral health of Indian people has improved over the past four decades, still much remains to be done. Currently the IHS has embarked on an Oral Health Initiative aimed at raising the oral health status and improving access to dental care. The Initiative is focused on improving recruitment and retention of oral health professionals into the IHS, improving the dental public health infrastructure, enhancing health promotion and disease prevention, i.e., community water fluoridation, sealants, and control of Early Childhood Caries (ECC), and improving data quality. We believe this initiative will result in better access to care and better oral health for Indian people.

In addition, partnerships with tribes, Federal and state organizations, and the private sector provide additional resources for the oral health needs of this population. The IHS has developed a demonstration project to prevent and control ECC in collaboration with Early Head Start and Head Start grantees, Woman, Infant and Children programs (WIC), community members, and health professionals. There are seven sites in the demonstration project which focus on an interdisciplinary approach to controlling severe dental caries in children. One of our tribal programs in Crow Agency, Montana has developed a partnership with the Proctor and Gamble Corporation to increase the number of preschool children who have not experienced dental decay. Children who are caries-free have their pictures put on one of two lighted billboards on the highway coming into the reservation.

In an effort to improve the dental public health infrastructure, the Division of Oral Health recently developed a grants program to help tribes and Area/regional office dental staff provide training and technical assistance to address the Healthy People 2010 oral health objectives as well as several of the Government Performance and Results Act (GRPA) oral health objectives. The IHS and the Centers for Disease Control and Prevention (CDC) have developed an interagency agreement to provide training and technical assistance to tribes to assist them in their efforts to enhance the quality and quantity of tribally managed community water fluoridation programs.

The IHS and tribes are working together to improve the oral health of Indian children and their families.

