

Indigenous oral health inequalities begin in childhood: A multi-country study

23 June 2019

At the 97th General Session & Exhibition of the International Association for Dental Research (IADR), held in conjunction with the 48th Annual Meeting of the American Association for Dental Research (AADR) and the 43rd Annual Meeting of the Canadian Association for Dental Research (CADR), Dandara Haag, University of Adelaide, Australia, gave an oral presentation on "Indigenous Oral Health Inequalities Begin in Childhood: A Multi-country Study." The IADR/AADR/CADR General Session & Exhibition is held at the Vancouver Convention Centre West Building in Vancouver, BC, Canada from June 19-22, 2019.

need for equity in social and economic policies, along with culturally appropriate and early oral health interventions.

More information: This oral presentation, #3470, was held on Saturday, June 22, 2019 at 2:45 p.m. in Room 303 of the Vancouver Convention Centre West Building, Vancouver, BC, Canada.

Provided by International & American Associations for Dental Research

There is limited documentation on the magnitude of oral health inequalities between Indigenous and non-Indigenous people across a range of countries and comparable oral health indicators that focus specifically on [children](#). This study compared relative oral health inequalities between Indigenous and non-Indigenous children and adolescents ages five to 15 years-old from Brazil, New Zealand and Australia.

Data were collected from the most recent nationally representative oral health surveys in each country and gingival inflammation, dental caries experience, untreated decayed [teeth](#) and missing and filled teeth were assessed in the primary and permanent dentitions. Parent-reported child oral health was also evaluated.

The authors found that irrespective of country, Indigenous children had worse oral health than their non-Indigenous counterparts in all indicators. The magnitude of these differences was greatest in Australia for the proportion with dental caries experience, untreated decay or gingival inflammation. For missing teeth, filled teeth and poor parent-reported child oral health, the magnitude of inequality was greatest among Brazilian children. These findings suggest that Indigenous and non-Indigenous oral health inequalities begin in childhood. This reinforces the

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