



Oral Health Status and Practices Among Native Hawaiian Elders

National Resource Center on Native American Aging
at the University of North Dakota

Introduction

Oral health is an integral part of general health and contributes to overall health-related quality of life (Gift & Atchison, 1995). The oral cavity contributes to health-related quality of life at the biologic and social psychological levels (Gift & Redford, 1995). Although many oral health research studies have been conducted over the past twenty years, the majority of studies focused on the Caucasian population. Fewer studies have examined the oral health of Native Hawaiians and even fewer have focused on Native Hawaiian elders (e.g., 60 years and older). The studies in existence tend to find that Native Americans possess more oral health problems than their Caucasian counterparts, and Native elders possess the more serious of these oral health conditions/symptoms.

In an effort to learn more about the oral health status of Native Hawaiian elders, the National Resource Center on Native American Aging contracted with officials from the Hawaii State Department of Health (Division of Dental Health) to conduct a survey of 100 elders regarding dental health. Included in the survey were Hawaiians from the sites of Waimanalo (O'ahu), Papakolea (O'ahu), Hoolehua (Moloka'i), and Anahola (Kaua'i). About three-quarters (77%) of the respondents were female and ages ranged from 60 to 87 years.

Preventive Dental Health Practices

Elders were asked about their typical preventive dental health practices. Table 1 indicates that only about 40 percent said they visited a dentist every six months, the time period recommended by most dentists. About one-third (33.7%) said they visited a dentist only if they were experiencing a dental problem.

Table 1 - Usual Frequency of Visiting a Dentist

<u>Frequency</u>	<u>Percent</u>
Every six months	40.4
Every year	13.5
Longer than a year	11.2
Only when having problems	33.7
Never	1.1

When elders were asked why they delayed in visiting a dentist, the most common response was that they did not possess a dental problem that warranted such a visit (See Table 2). Such an answer further indicates a need to educate Native Hawaiian elders regarding the importance of preventive dental care. Other cited reasons for delay included high financial costs, unfamiliarity with local dentists, and fear/apprehension.

Table 2 - Reason for Delay in Visiting a Dentist

<u>Reason</u>	<u>Valid Percent</u>
No apparent dental problem	59.1
High Cost	13.6
Don't know a dentist	11.4
Fear/Apprehension	9.1
Other	6.8

Oral Health Indicators

Based on the examining dentists' ratings, 22.6% of the respondents had good oral hygiene, 38.7% had fair hygiene, and 38.7% had poor oral hygiene. Table 3 indicates that more than one-quarter (28%) were fully edentulous (i.e., missing all teeth), with 60% missing at least 20 teeth. Eighty of the 100 respondents said they had full or partial dentures.

Table 3 - No. of Missing Teeth in Respondents

<u>Number</u>	<u>Percent</u>
0 - 9	14.0
10 - 19	22.0
20 - 29	32.0
30 +	28.0

When elders were examined for adverse oral health symptoms or conditions, most had at least one. The most commonly occurring problems included loose- or poorly-fitting dentures, presence of an alveolar mucosal lesion (e.g., tooth socket abrasion/wound), difficulty in chewing, and presence of a vestibular lesion (e.g., gum abrasion/wound). Several other oral health problems were noted which also warranted prompt care from a dental health professional (see Table 4).

Table 4 - Adverse Oral Health Conditions/ Symptoms

<u>Condition/Symptom Type</u>	<u>Percent</u>
Loose/uncomfortable dentures	19.0
Tooth socket abrasion	15.0
Difficulty chewing	7.0
Gum abrasion	6.0
Lip lesion	5.0
Bad breath	5.0
Tongue lesion	4.0
Clicking jaw	3.0
Toothache	2.0
Bleeding gums	2.0
Cold sores	2.0
Dry mouth	2.0
Poor taste	2.0
Temporomandibular Joint (TMJ) pain/ facial muscle tenderness	2.0
Other symptoms	5.0

Table 5 illustrates the incidence and severity of gingivitis (inflammation of the gums) and periodontitis (inflammation of the tooth's supporting tissues including gums and bone) among the Native Hawaiian elders. Results indicated that 59% had at least one of these conditions. The most common categorizations included generalized mild periodontitis (16%) and generalized moderate periodontitis (12%). Close to 10% had severe gingivitis or periodontitis, signifying very high need for dental care. Of the 25 fully edentulous elders, none of these conditions were noted.

Table 5 - Presence and Severity of Gingivitis and Periodontitis

<u>Dental Health Problems</u>	<u>Percent</u>
Generalized mild gingivitis	10.0
Generalized mod./severe gingivitis	8.0
Localized moderate gingivitis	10.0
Localized severe gingivitis	3.0
Generalized mild periodontitis	16.0
Generalized moderate periodontitis	12.0
Generalized severe periodontitis	7.0
Localized moderate periodontitis	4.0
Localized severe periodontitis	8.0

Conclusion

Results indicated that a number of Native Hawaiian elders typically underutilize dental health services. Nearly 60% said they visit a dentist only on an annual basis or longer. The most common reason for not visiting a dentist more frequently was that they were not currently experiencing a "dental problem." This response indicates a lack of understanding regarding the importance of and a need for preventive dental care.

The presence of numerous adverse oral health indicators was noted among the elders, signifying the immediate need for dental health care. Also, the presence of these conditions provides support for previous underutilization of preventive dental care among many of the elders. Thus, findings indicate there is a need for educational efforts to inform Native Hawaiian elders about the importance of good oral hygiene habits and appropriate use of local dental health resources.

References

Gift, H.C., & Redford, M. (1992). Oral health and the quality of life. *Clinical Geriatric Medicine*, 8, 673.
 Gift, H.C., & Atchison, K.A. (1995). Oral health, health, and health-related quality of life. *Medical Care*, 33, 57.

This publication was developed by the National Resource Center on Native American Aging at the University of North Dakota. Funding for this project is provided by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services. For additional information call 701-777-3437 or 800-896-7628.