

Type: Essay

Subject: HIV/AIDS Epidemiology, Policy and Prevention

Subject area: Nursing

Education Level: Masters Program

Length: 4 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Title: Healthy People 2020 Impact Paper / topic: Oral Health Indigenous Population

Instructions: 1.research topic: your course faculty will provide you with topic/s for this assignment. please check the nr503 course announcements. 2.identify your target population (for instance, age or other demographic, aggregate population); this must be in your city or state. 3.discuss population-based health education interventions for your target population that is aimed at reducing morbidity and mortality for the problem. be sure to review the research literature and hp2020 for interventions. 4.identify how and what data for interventions is being tracked. in a four (4) page paper, address the following. refer to rubric for expanded details related to grading expectations. identify the problem in the introduction section. provide an overview of the problem in your state/national. review of descriptive epidemiological and demographic data on mortality/morbidity and risk. hp2020: present the goal, overview and objectives of healthy people 2020 for the paper topic. population level prevention and health promotion review. describe population and/or primary health care focused interventions. use of scholarly literature and hp2020 is required. there should be direct correlation to evidence for all strategies.

Focus: this criterion is linked to a learning outcome discussion: overview, background and significance of the problem 1. provide background and significance of the problem. 2. this includes risks and impact of disease. 3. data: state and national: incidence, prevalence, mortality, breakdown by gender/race/religion as appropriately related (3 critical elements) this criterion is linked to a learning outcome epidemiological analysis of the problem 1. using descriptive epidemiology (provide description of term) analyze health problem 2. include demographic and related epidemiological data 3. include characteristics of at-risk population using hp2020 specified criteria (3 critical elements) this criterion is linked to a learning outcome application of hp 2020 1. identify hp2020 goals and objectives 2. relate hp2020 goals and objectives to health concern topic 3. identify guidelines and a screening method related to health concern 4. review validity (predictive power) of screening tool method to include what

population the tool is applicable to use with (for instance, adult, child, culture) (4 critical elements) this criterion is linked to a learning outcomepopulation level planning interventions 1. investigate what is being done at the population health level related to prevention and health promotion for the health problem at the national and state level 2. identify what and how outcomes are being tracked related to said interventions. 3. utilize hp2020, cdc, state public health department, research, etc. as resources for interventions and data. (3 critical elements)

Oral Health among Indigenous Population

Name

Institutional Affiliation

Course

Instructor

Date

Introduction

Currently, there are more than 400 million individuals classified as indigenous across more than 90 countries internationally. Indigenous peoples often endure significant marginalization and exclusion and a lower state of health compared with non-indigenous groups, including poor oral health and less access to dental services. Oral health surveys population level discloses details for prioritizing, informing policy and monitoring over time progress in the use of dental illness/dental services (Oral health | Healthy people, 2020). Evaluating the oral health incidence in indigenous groups thoroughly and comprehensively is an ethical question, however, given that survey instruments and sampling processes generally are not well integrated. As a result, the oral health rate and severity of the indigenous peoples are substantially underestimated or even partially estimated, which makes it difficult for policymakers to provide priority to this subject (Nath et al., 2021). Solid, accurate and relevant population-level data are evidence to support health policy, the setting of priority and the distribution of resources. Although true for all communities, health support and resources for sociologically disadvantaged people are especially important given their social and economic vulnerabilities. They are important. One such group is indigenous peoples. Indigenous peoples have a unique culture and means to relate to society and the environment both descendants and practitioners (Jamieson et al., 2021). By definition, "their historical coherence is pre-invasive and pre-colonial societies evolved on the borders of the countries". The United Nations has been pressured in recent decades both to recognize and pay close attention to indigenous peoples' rights and well-being as distinctive to other ethnic minorities. In 2007, the UN Declaration on the Rights of Indigenous Peoples culminated in this. This also happened in numerous colonized countries, with Norway being

officially recognized as an indigenous population in 1990, maybe the most recent. Despite this and the efforts from numerous advocacy groups advocating for better applications and networks on indigenous peoples, a few countries monitor indigenous population estimates correctly and thoroughly for any consequence to health or oral health outcomes (Patel et al., 2017).

Analysis of Oral Health among the Indigenous Population

The discrepancies in indigenous oral health have been noted as persistent, and inequities seem to grow in many countries. Oral health affects about half of the world's population, but up to 80% of the world's indigenous peoples (Tiwari et al., 2018). Indigenous people have almost 3-times untreated tooth decay and twice as much dental problem and have full tooth loss 5-times as those who are non-indigenous. In addition, anesthetics hospital admissions for oral health disorders among indigenous populations are more prevalent than those without indigenous population (especially among children) (Oral health | Healthy people, 2020). Scholarly evaluation shows that the risks of dental caries are higher for aboriginal and Torres-straits Islanders than for native Australians in Australia, varying from 46% to 93% compared to 28% for non-indigenous; National Canadian studies forecast that the rate of dental caries not treated is 35% for indigenous and 19% for non-indigenous people; Oral health inequality reasons include mismatch of health care with indigenous health requirements, and challenges to acceptable, adequate and cost-effective access to health treatments (Nath et al., 2021). The increasing inequality factors of the indigenous population such as poverty are a direct consequence of the historic exploitation of the indigenous individuals through colonization and assimilation strategies imposed on governments. When examining indicators for general health particularly oral health, the specific social drivers faced by indigenous peoples at global level must be put

into consideration. In national databases indigenous oral health results are typically hidden because indigenous peoples appear to be a minority of the population (Jamieson et al., 2021). Comparisons between the indigenous and non-indigenous demographics of oral health indicators could provide vital information about these controllable health outcomes. Previous reports examined, without a contrast with the equivalent non-indigenous population, the prevalence of indigenous oral health interventions. Some researchers have evaluated mainly global inequalities (Oral health | Healthy people, 2020).

Population-Based Health Education Interventions to Reduce Incidences of Oral Health in Indigenous Population

Regardless of country, societal factors in the health of indigenous communities are the focus of inequality in dental care. The indigenous communities are exposed to prolonged absorption, poverty, racial prejudice and loss of land rights in government policy practically with no exception. The whole fabric of many Indigenous societies has been torn together, damages which cannot be rectified with short remedies or even careful interventions which offer isolated and localized activities instead of upstream remedies (Oral health | Healthy people, 2020). Globally, several scholarly evaluations have focused at indigenous people's oral health interventions. These evaluations have shown that successful interventions have utilized community-based, interdisciplinary, and culturally acceptable techniques; employees in their delivery and the health outcomes (Jamieson et al., 2021). The assessments also disclose that: adopting a 'green' framework to oral health prevention, such as a multidisciplinary and multi-strategy approach; sustainable investment and social and environmental circumstances represent important barriers to good oral therapies posing a consistent hurdle at intervention

level. Oral health promotion approaches in Canada emphasize on pregnant women, through programs to advance traditional child-rearing traditions, to reduce parental-risk behavior associated with oral diseases, to lower the burden on oral health that plagues Aboriginal communities in Canada (Lawrence, 2010). Many Aboriginal people believe that a return to traditions helps promote general cultural well-being. Control of dental disorders based on a cultural wellness paradigm may seek to intertwine traditional behaviors (and wisdom) and present oral health behaviors (Tiwari et al., 2018).

Conclusion

Globally, the prevalence and severity of dental caries among indigenous peoples are higher than in non-indigenous groups. It is indeed age, sex and nation. Untreated dental decay and lost teeth due to the pathology is notably noticed at higher rates. This analysis exposes the unacceptable imbalances resulting from western imperialism and dental service patterns, favoring non-indigenous populations over indigenous communities. Increased awareness, focused prevention programs and governmental measures (including at UN and WHO) at cultural safety oral health levels are required (Patel et al., 2017). This analysis suggests the adoption of a comprehensive approach that respects Aboriginal culture and the world perspectives and recognizes traditional health practices in order to enhance and ultimately preserve Aboriginal population oral health at a level equivalent to non-Aboriginal people. Secondly, health education and promotion methods that are included into current health services, such children's care or prenatal nutrition, are preferred over stand-alone dental initiatives for young indigenous children and are compatible with the prevalent risk factor concept in disease prevention. Programs and interventions should be established in ways that do not segregate the mouth from the rest of the

child's body. As far as early preventative interventions are considered, fluoride varnish initiatives both locally and internationally, have showed that a decrease in dental problems can be obtained for Indigenous children that might potentially minimize oral health inequalities.

References

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