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Scaling up the Healthy Smile Happy Child Initiative: Tailoring and enhancing a community development approach to improve early childhood oral health for First Nations and Métis Children

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Background:

There is an urgent need to implement comprehensive and intersectoral strategies to reduce early childhood caries (**ECC**). Healthy Smile Happy Child (**HSHC**) is a collaborative partnership that takes an upstream community development approach to engage communities in ECC prevention strategies and promotion of early childhood oral health.

Objective:

Our partnership and this project's activities aim to build individual and community capacity (knowledge, awareness and behavior change) to improve young children's oral health.

Methods:

The Implementation Research Team (**IRT**) partnered with First Nations and Métis communities in the Spirit of Reconciliation to listen to and support traditional teachings regarding oral health, to identify approaches and practices in Indigenous children's oral health, which would benefit from modification and recommend new ones, and to adapt and assess the effectiveness and scalability of HSHC. Nine sharing circles/focus groups comprising a total of 59 participants were completed and data is being analyzed. Participants included parents, grandparents, Elders, community members and leaders in four urban and rural First Nations and Métis communities. Next, baseline questionnaires will be completed by parents of children aged <72 months. The children will then participate in oral health screenings.

Results:

We highlight a multidisciplinary process to develop respectful research relationships, engage a working governance structure, build upon current linkages, and implement and learn from tailored HSHC approaches in participating communities. We will evaluate, modify, and refine existing HSHC approaches to be scaled-up.

Conclusion:

Scaling-up HSHC is committed to culturally informed enhancements for both First Nations and Métis children in order to address the problem of ECC. Team members and stakeholders will guide the tailoring and enhancements of this intervention to improve the oral health and well-being of First Nations and Métis children. The IRT will continue promote meaningful engagements and relationships with First Nations and Métis communities and their organizations.

Conclusion:

Preliminary results suggest that communities with COHI do not have significantly lower rates of dental surgery to treat S-ECC. However, including other known risk factors of S-ECC in further statistical analyses will help to determine whether COHI leads to lower rates of surgery under general anesthesia.