



Working with Patients who are American Indian or Alaska Native: Oral Health Screening, Referral, and Education

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Objectives for Today

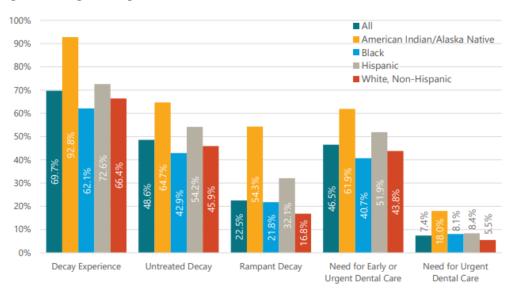
- Describe the numerous oral health inequities present among persons who are American Indian/Alaska Native in North Dakota.
- Identify and consider the barriers to accessing and utilizing preventive dental care among American Indian/Alaska Native populations and access concerns related to Indian Health Services.
- Discuss, in practice, specific oral health concerns with patients who are American Indian and Alaska Native. This will include where and how to refer through Indian Health Services for additional dental treatment or wellness checks.

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Oral Health Data

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Figure 1. Percentage of Kindergartners in North Dakota with Oral Health Concerns and Dental Visit Need, 2019



Data source: Basic Screening Survey (BSS), Department of Health

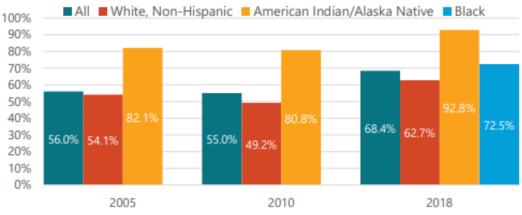
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100% ■ All ■ American Indian/Alaska Native ■ Black ■ Hispanic ■ White, Non-Hispanic 90% 80% 70% 60% 50% 80.0% 40% 30% 20% 10% 0% Have own toothbrush Brushed teeth today Flossed teeth today Ever been to the Drinks pop daily dentist

Figure 2. Percentage of Kindergartners in North Dakota by Oral Health Indicator and Race, 2019

Data source: Basic Screening Survey (BSS), Department of Health





Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report.

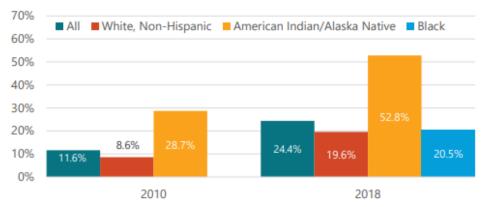
Figure 4. Percentage of Third Grade Students in North Dakota with Untreated Decay



Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report.

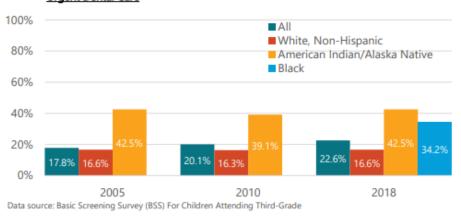
Figure 5. Percentage of Third Grade Students in North Dakota with Rampant Decay



Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

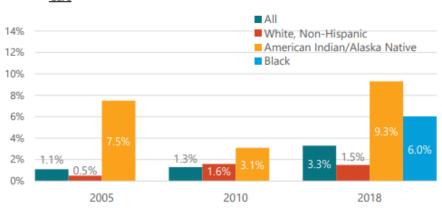
Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report. The 2004-2005 report did not look at rampant decay.

Figure 7. Percentage of Third Grade Students in North Dakota with <u>Need for Early and/or</u>
<u>Urgent Dental Care</u>



Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report.

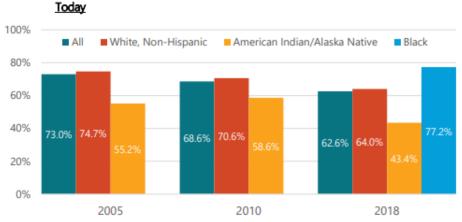
Figure 8. Percentage of Third Grade Students in North Dakota with **Need for Urgent Dental**Care



Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report.

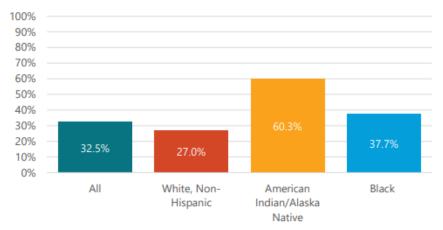
Figure 10. Percentage of Third Grade Students in North Dakota who Brushed Their Teeth



Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

Data note: In school-years 2004-2005 and 2009-2010, the sample for students who were Hispanic or Black/ African American were too small to report.

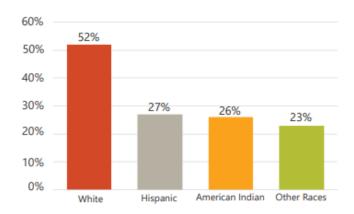
Figure 13. Percentage of Third Grade Students in North Dakota who **Drink Pop Daily**, 2018



Data source: Basic Screening Survey (BSS) For Children Attending Third-Grade

Data note: Data broken down by race for this variable were only available for the 2017-2018 school year.

Women who had their Teeth Cleaned During their Most Recent Pregnancy by Race and Ethnicity in North Dakota, 2017-2018

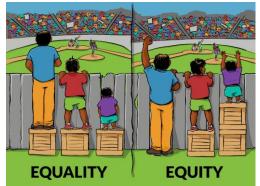




What is Health Equity?

Health equity is when all members of society enjoy a fair and just opportunity to be as healthy as possible. Public health policies and programs centered around the specific needs of communities can promote health equity.

https://www.cdc.gov/coronavirus/2019ncov/community/health-equity/race-ethnicity.html



https://interactioninstitute.org/some-reflections-on-an-illustration-of-equality-vs-equity/



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Barriers and **Opportunities**

- Minimal opportunities for dental screenings
- Limited access to preventative dental services
- •Infrastructure (water, housing, etc.)
- Socioeconomic factors
- Health Literacy

- In-clinic oral health screenings and services
- Referral for services or benefit assistance
- Providing free oral health items
- Education



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Indian Health Service Dental

IHS Geographic Regions



https://www.ihs.gov/careeropps/where-we-work/

- 12 services areas based on Geographic regions varying in size. Nashville Area is made up of over 20 states while Tucson Area is only one portion of Arizona.
- North Dakota is part of Great Plains Area which encompasses ND, SD, NE, IA



Great Plains Region



www.ihs.gov/greatplains/healthcarefacilities

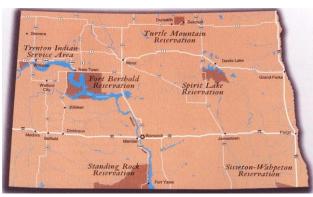
- Great Plains Area consists of 19 IHS federal and tribal facilities.
- Mix of different facilities including 7 hospitals, 8 health centers, and associated satellite clinics.
- Providing care to approximately 140,000 patients.

Great Plains Region Cont.



Map shows GPA region compared to the other areas for service population and size of area.

North Dakota Facilities



www.indianaffairs.nd.gov/tribal-nations

- Fort Berthold (3 Affiliated)
- Fort Totten (Spirit Lake)
- Trenton
- Belcourt (Turtle Mountain)*
- Fort Yates (Standing Rock)*

ihs.gov/locations/

*Hospital Facility

IHS/Public Health Overview



- The health of the population as a whole... –
 Oxford Dictionary
- the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals." — CEA Winslow
- Policies of IHS facilities will reflect on public health priorities.
- Example of this formulary or schedule of services offered.

Dental Case Scenario

66 y.o. healthy female

- Migranes, chronic foot pain, dry eyes, allergies
- Dentally- poor, worn dentition with 3 teeth in UR, 4 in anterior, 1 in UL.
- ~3 months prior to my dental visit patient was seen in ER for abscess with chief complaint "dental abscess on off for several weeks, has not seen dentist" Provider noted "dental abscess to upper tooth on right".
- ~2.5 months prior to my dental visit patient was seen by PCP. "Pt reports she has been battling this dental problem chronically for a year or more and acutely the last several months" Very poor dentition, Provider noted above left central incisor.



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Dental Case Scenario Cont.

- Patient presents for emergency with pain in max anterior.
 Patient states that area has been bothering her for a couple of months and has been on different antibiotics by ER and PCP. Patient states that teeth are sensitive to hot and cold. Patient points to #10/11 as teeth bothering her today and rates pain as 6-7/10.
- LE reveals that patient has severe wear on max anterior and mand anterior teeth with wear into the pulp on #9 and nearly to pulp on #10/11. All teeth in max anterior test WNL to percussion and palpation. #9 tests no response to cold. #10 and #11 test sensitive to cold with no lingering. Soft tissue is WNL. PA reveals widening of PDL on #9 and no periapical pathology on #10 or #11. Patient states that she had abscess on #9 gums but has since gone away. Patient has no posterior occlusion and is currently functioning solely on anterior teeth with #9-11 in occlusion.
- Dx of #9-pulpal necrosis with hx history of AAA, #10 and #11-severe wear causing pulpitis. Teeth are deemed non-restorable due to severe wear/loss of VDO.





Thank you!

Time for Questions & Answers





Upcoming Clinics

Discussing Oral Health and Prevention Strategies with Patients in Non-Dental Settings

August 26, 2021 REGISTER HERE:

https://echo.zoom.us/meeting/register/tJwuduuppz4vEt2OT9Fv9RmFsgkuT9V5F0k3

CONTACT INFORMATION



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