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MISSION
The California Tribal Epidemiology Center (CTEC) is housed within the California Rural Indian Health Board, Inc. (CRIHB). CTEC was established in 2005 to assist in collecting and interpreting health information for American Indians and Alaska Natives (AIAN) in California. CTEC is 1 of 12 Indian Health Service (IHS) Division of Epidemiology and Disease Prevention-funded Tribal Epidemiology Centers that provide epidemiological support to each IHS region and often partner with local IHS area offices to provide these services. CTEC receives core funding from IHS along with supplemental grants. Our mission is to work directly with Tribes and Tribal and Urban Indian Health Programs to monitor the health status of AIANs in California and develop effective public health services that respect the cultural values and traditions of our communities.

FUNDING
In 2018, the Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion issued an Oral Health Surveillance supplemental grant funding opportunity. CTEC worked with the California Dental Support Center (DSC), also housed at CRIHB, in order to fulfill the program’s objectives. The DSC is one of eight centers funded by the IHS Clinical and Preventive Dental Support Centers Project.

OBJECTIVE
The objective of the Oral Health Needs Assessment survey was to determine oral health disparities, needs, capacity, gaps, and program infrastructure in California's Tribal and Urban Indian Health Programs (IHPs).

METHODS
To fulfill objectives, CTEC developed an Oral Health Needs Assessment survey. CTEC administered the assessment survey to Tribal and Urban Indian Health Program dental directors/delegated dental staff during the Annual IHS California Area and CRIHB Dental Continuing Education Conference held in Sacramento on May 6th – 9th, 2019. For the dental directors who were not able to attend the conference, CTEC staff conducted individual in-person meetings to complete the survey. All dental directors/delegated dental staff who completed the survey received a $25 gift card.

ANALYSIS
The Oral Health Needs Assessment survey data analysis was performed using two computer software programs: Statistical Analysis Software (SAS) version 9.4 and Nvivo. SAS was used to analyze all quantitative questions and Nvivo was used to analyze qualitative questions. For the quantitative analyses, descriptive frequencies were displayed in either a chart or table. For the qualitative analyses, main themes were found to provide an overall description of the responses collected.

FINDINGS
Upon analyzing the qualitative and quantitative data from the Oral Health Needs Assessment survey, CTEC was able to determine distinct oral health disparities, needs, capacity, gaps and program infrastructure in California's Tribal and Urban IHPs.

The findings include information on types of dental insurance accepted at IHPs; types of dental specialists practicing at IHPs; services and procedures provided at IHPs; dental health care professionals’ perspectives on elder attitudes towards dental visits; barriers to oral health in IHPs; dental healthcare professionals’ views on oral health concerns in AIAN adults, elders, and pediatric patients; types of dental healthcare professionals needed at IHPs; and strengths and weaknesses of IHPs.

The next several pages include infographics to visually display the findings of the Oral Health Needs Assessment survey.
39 Dental Healthcare Professionals completed the CTEC Oral Health Needs Assessment survey

- DENTAL DIRECTOR: 26
- DENTIST: 6
- REGISTERED DENTAL ASSISTANT: 2
- REGISTERED DENTAL HYGIENIST: 2
- OFFICE MANAGER: 2
- UNKNOWN: 1

35 of 36 Indian Health Programs completed the CTEC Oral Health Needs Assessment survey

- 30 TRIBAL INDIAN HEALTH PROGRAMS
- 5 URBAN INDIAN HEALTH PROGRAMS

Quick Fact: 36 Tribal and Urban Indian Health Programs operate 62 dental clinics in the state of California
TYPES OF DENTAL INSURANCE ACCEPTED AT TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

- Private Insurance: 33
- Medicaid/Medi-Cal: 35
- Indian Health Service: 30
- Veterans Affairs, Military, TRICARE: 18
- Other: 3
- Medicare: 2
TYPES OF DENTAL SPECIALISTS PRACTICING AT TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

<table>
<thead>
<tr>
<th>Dental Specialist</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dentist</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>Prosthodontist</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric Dentist</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Endodontist</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Orthodontist</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

Full-time | Part-time
SERVICES AND PROCEDURES PROVIDED AT TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

Note: The number displayed at the end of each bar represents the number of Tribal and Urban Indian Health Programs that offer the respective service and procedure.
Tribal Elder **Positive** Attitudes towards Dental Visits

"Compliant and generally follow through with recommendations."

"Most are quite happy to be getting dental care."

"Respectful towards our clinics and thankful for treatment they receive."

"Appreciative of the care we can provide."

---

Tribal Elder **Negative** Attitudes towards Dental Visits

"Have bad dental experiences that have created phobia."

"Come for emergency only."
BARRIERS TO ORAL HEALTH AT TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

1. Lack of specialty care in clinics

2. Excessive wait times scheduling an appointment

3. Scheduling patients out too far in advance for appointments
DENTAL HEALTHCARE PROFESSIONALS’ VIEWS ON ORAL HEALTH CONCERNS IN AIAN ADULTS

1. Tooth Decay
2. Gum Disease
3. Toothaches and Dental Emergencies
4. Bruxism (Teeth Grinding)
5. Tooth Sensitivity
DENTAL HEALTHCARE PROFESSIONALS' VIEWS ON ORAL HEALTH CONCERNS IN AIAN PEDIATRIC PATIENTS

1. Tooth Decay
2. Early Childhood Caries
3. Toothaches and Dental Emergencies
4. Malocclusions (Misalignment of Teeth or Bite)
5. Fractured Teeth from Sports Injury
DENTAL HEALTHCARE PROFESSIONALS’ VIEWS ON ORAL HEALTH CONCERNS IN AIAN ELDERS

1. Tooth Decay
2. Gum Disease
3. Toothaches and Dental Emergencies
4. Tooth Erosion
5. Bruxism (Teeth Grinding)
Lack of specialty dental healthcare professionals in Indian Health Programs is a barrier to care. Below are the top 5 types of dental healthcare professionals needed in Indian Health Programs.
MOST FREQUENT STRENGTHS IN TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

1. Quality of Patient Care
   “Dedication of dental providers to patient care.”

2. Clinic Services
   “Same day appointments available for emergency care.”

3. Customer Service from Dental Healthcare Professionals
   “Good customer service provided to our patients.”

4. Time with Patients
   “Our people taking and providing time to listen to our patients.”

MOST FREQUENT WEAKNESSES IN TRIBAL AND URBAN INDIAN HEALTH PROGRAMS

1. Lack of Specialty Care Providers
   “Lacking of dental specialists.”

2. Short Staffed in Clinics
   “There are so many patients and not enough providers.”

3. High Number of No-Show Appointments
   “Patients don’t show up to appointments.”

4. Wait Times for Appointments
   “Appointment access is difficult because we have so many patients.”
APPENDIX

Definition of Terms

**Amalgam Fillings**: liquid mercury and metal alloy mixture used in dentistry to fill cavities caused by tooth decay

**Bridges**: literally bridge the gap created by one or more missing teeth

**Bruxism**: a condition in which one grinds, gnashes or clenches teeth

**Caries**: decay of the tooth structure

**Dental Implant**: an artificial tooth that is surgically embedded in the bone of the jaw

**Interim Therapeutic Restorations**: a type of provisional restoration that may be placed without local anesthesia using fluoride releasing glass ionomer

**Malocclusion**: imperfect positioning of the teeth when the jaws are closed

**Veneer**: wafer-thin, custom-made shells of tooth-colored materials designed to cover the front surface of teeth to improve appearance
ORAL HEALTH NEEDS ASSESSMENT SURVEY
The California Tribal Epidemiology Center (CTEC) and the California Dental Support Center (DSC) housed within the California Rural Indian Health Board (CRIHB) are administering an oral health needs assessment to gather information to determine oral health needs, gaps, capacity, and concerns in the Native community. The purpose of the oral health needs assessment is to help CTEC conduct oral health surveillance to improve oral health in the Native community.

**Name of Dental Clinic:** ____________________________________________________

**Job in Dental Clinic:** ____________________________________________________

### Type of Dental Clinic

Is your dental clinic a Tribal Health Program or Urban Health Program?

- [ ] Tribal Indian Health Program
- [ ] Urban Indian Health Program

### Type of Oral Health Providers

Which of the following dentist practice at your dental clinic? (select all that apply)

- [ ] Full Time Endodontist
- [ ] Part Time Endodontist
- [ ] Full Time General Dentist
- [ ] Part Time General Dentist
- [ ] Full Time Oral and Maxillofacial Surgeon
- [ ] Part Time Oral and Maxillofacial Surgeon
- [ ] Full Time Orthodontist
- [ ] Part Time Orthodontist
- [ ] Full Time Pediatric Dentist
- [ ] Part Time Pediatric Dentist
- [ ] Full Time Periodontist
- [ ] Part Time Periodontist
- [ ] Full Time Prosthodontist
- [ ] Other _________________________

### Dental Healthcare Coverage

What type of dental health insurance does your dental clinic accept? (select all that apply)

- [ ] Indian Health Service, Tribal Health
- [ ] Military
- [ ] Medicaid/Medi-Cal
- [ ] None
- [ ] Medicare
- [ ] Other _________________________
- [ ] TRICARE (formerly CHAMPUS), VA,
## Dental Services

Which of the following services/procedures do you provide at your dental clinic? (select all that apply)

| □ Amalgam Fillings | □ Implant restoration |
| □ Bridges | □ Interim therapeutic restorations |
| □ CAD/CAM Crowns | □ Invisalign |
| □ Composite Fillings | □ Orthodontist |
| □ Conscious sedation | □ Referrals |
| □ Crowns | □ Root canals |
| □ Dental care for children under 3 | □ Sealants |
| □ Extractions | □ Silver diamine fluoride |
| □ Implant placement | □ Veneers |
| □ Others _________________________ | |

## Oral Health Concerns in the Native Community

A. Which of the following oral health problems is a concern in your **Native American adult patients**? (select all that apply)

| □ Bad breath | □ Tooth decay |
| □ Bruxism | □ Tooth erosion |
| □ Canker sores | □ Tooth sensitivity |
| □ Gum disease | □ Toothaches and Dental emergencies |
| □ Herpetic sores | □ Xerostomia |
| □ Oral cancer | □ Others _________________________ |
| □ Temporomandibular Disorders (TMD) | |

B. Which of the following oral health problems is a concern in your **Native American elder patients**? *(Patient over age 65)* (select all that apply)

| □ Bad breath | □ Tooth decay |
| □ Bruxism | □ Tooth erosion |
| □ Canker sores | □ Tooth sensitivity |
| □ Gum disease | □ Toothaches and Dental emergencies |
| □ Herpetic sores | □ Xerostomia |
| □ Oral cancer | □ Others _________________________ |
| □ Temporomandibular Disorders (TMD) | |

C. Which of the following oral health problems is a concern in your **Native American pediatrics patients**? *(Patient under age 18)* (select all that apply)

| □ Aphthous ulcers | □ Malocclusions |
| □ Bad breath | □ Tooth decay |
| □ Cleft lip/palate | □ Tooth sensitivity |
| □ Early childhood carries (ECC) | □ Toothaches and Dental emergencies |
| □ Fractured teeth from sports injury | □ Other _________________________ |
| □ Gum disease | |
Barriers to Oral Health

Which of the following are barriers to accessing oral health services in your Native American patients?

- Cost of care
- Excessive wait times in waiting room
- Scheduling patients out too far in advance
- Inadequate or no insurance coverage
- Lack of availability of services
- Lack of specialty care in clinic
- Lack of oral health education
- Referred services location are too far
- Lack of transportation

Lack of dental providers:
(Select all that apply)

- General dentist
- Oral surgeons
- Endodontist
- Pediatric dentist
- Registered dental hygienist
- Registered dental assistant
- Dental assistant

Additional Questions About the Dental Clinic

Does your dental clinic track “cycle time”?

- Yes
- No

Please describe a typical workday at the dental clinic.

How many Native American patients on average come in daily to your dental clinic?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many dentists do you currently have at your dental clinic?</td>
<td></td>
</tr>
<tr>
<td>Can you describe the elder (65 and older) Native American Patients?</td>
<td></td>
</tr>
<tr>
<td>What is their attitude towards their dental visits?</td>
<td></td>
</tr>
<tr>
<td>What are your biggest strengths at your dental clinic?</td>
<td></td>
</tr>
</tbody>
</table>
What are your biggest weakness at your dental clinic?

Additional Comments

Please write any additional information you believe we should know about your dental clinic and/or the oral health of the Native community you serve.
Questions?

Contact:

Vanesscia Cresci, MSW, MPA
Director, Research and Public Health Department
California Rural Indian Health Board, Inc.
1020 Sundown Way
Roseville, CA 95661
Ph: (916) 929-9761 x 1500
vcresci@crihb.org