



Dental Support Center

1020 Sundown Way

Roseville, CA. 95661

Phone: (916) 929-9761



CRIHB Office in Roseville

DSC Advisory Committee

Nicamer Tolentino, MPH

HSD Deputy Director

(CRIHB)

Jan Carver, MSHS, RDH

Dental Project Coordinator

(CRIHB)

Consuelo Gambino, BA

Dental Support Center Coordinator

(CRIHB)

Dr. Steve Riggio, DDS

Deputy Director/Area Dental Officer

(IHS/CAO)

Dr. Chalise Morgan, DDS

Shingle Springs Tribal Health & Wellness Center

(Central CA Programs)

Dr. Rick Trahin, DDS

Feather River Tribal Health, Inc.

(Northern CA Programs)

Dr. Elizabeth Lauron, DDS

Riverside-San Bernardino County Indian Health

(Southern CA Programs)

Dr. Alice Huang, DDS

American Indian Health & Services

(Urban Indian CA Programs)

Stacey Wobbe, RDH

Greenville Rancheria Tribal Health Program

(RDH Representative)

Paige Drahn, RDA (not pictured)

Chapa-De Indian Health Program (RDA Representative)



CALIFORNIA DENTAL SUPPORT CENTER NEWSLETTER

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Care Coordination is the Key to Better Outcomes



Our Mission

Reduce dental decay in Native American infants, children, and adults. Provide training, technical assistance, and resources to Tribal and Urban dental clinics operating in California.



The California Rural Indian Health Board, Inc. is the grant administrator for the California Dental Support Center.

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Visit us at:

www.crihb.org/dental



CRIHB's Local Dental Pilot Project, the Dental Transformation Initiative (DTI) aims to reduce dental decay in Medi-Cal members under age 21. One important part of our program is care coordination, which is a collaborative process with the patient or parent to identify barriers to care and work to find solutions to them. The care coordinator links people with resources and services that enable them to get the care they need.

The care coordinator does more than make appointments. The care coordinator assesses the family's strengths and existing resources, works with the patient to make goals and an action plan to improve oral health, coordinates referrals, and follows up with the patient to ensure attendance at appointments. In addition, the care coordinator provides oral health instruction, assists with completing paperwork and arranging transportation, and does whatever to enable the patient to get needed dental care. The expected outcomes of care coordination are an increased use of services, a reduction in non-traumatic dental emergency room visits, a reduction in lost school or work days, and reduced costs through more consistent preventive care. The investment in care coordination lowers the no-show rate, resulting in increased productivity. Consider making care coordination a part of your dental clinic.

For more information, please contact Jan Carver at (916) 929-9761 x 1308 or jcarver@crihb.org.

2019 Gaby Rector Registered Dental Hygienist Scholarship Awardees!

Congratulations to the 2019 scholarship recipients, Kathy Mitchell from Pit River Health Service and Maggie Velazquez from Redding Rancheria Tribal Health Center, for being selected to attend the 2019 RDH Under One Roof Conference from July 31-August 2, 2019 in Grapevine, TX. The DSC will directly pay the awardees up to \$2,000 to cover the cost of attending the conference (registration, lodging, and travel).



Upcoming Certification Courses for Registered Dental Assistants (RDAs) and Dental Assistants (DAs)

Courses for RDA/DA's are offered through the Foundation for Allied Dental Education (FADE) Institute in Folsom, CA. Registration is free through the Dental Support Center and full travel reimbursement may also be provided.

Pit & Fissure Sealant (Must be RDA): August 24-25, 2019

Infection Control/Dental Practice Act: September 7, 2019

Radiation Safety: September 13-15, 2019

Coronal Polish: September 21-22, 2019

Provisional Crown: October 11, 2019

RDA Written Review: October 18, 2019

To register for a course, please contact Consuelo Gambino at (916) 929-9761 x 1307 or cgambino@carih.org.



2018-2019 Indian Health Service Oral Health Survey

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system designed to monitor trends in oral health among the American Indian/Alaska Native (AIAN) population served by IHS and Tribal Health Programs. Since the implementation of the surveillance system, oral health data have been obtained from four different age cohorts: preschool children, elementary school children, adolescents, and adults. From July of 2018 to January 2019, IHS conducted oral health surveys of AIAN children 1-5 years of age to obtain data on untreated tooth decay and dental sealants in primary (baby) teeth and to monitor the prevalence of Early Childhood Caries (ECC). Tribal and Urban Indian Dental clinics were randomly selected across the nation to participate in the survey. The participating programs in California included: Chapa-De Indian Health Program, K'ima:w Medical Center, Northern Valley Indian Health, Pit River Health Service, Sonoma County Indian Health Project, Southern Indian Health Council, and United Indian Health Services.



The results of the 2018-2019 oral health survey are presented as five key findings:

1. Since 2010, ECC has steadily declined nationally, and untreated ECC in AIAN preschool children has significantly declined by 5%.
2. ECC continues to be a serious health problem for many AIAN preschool children, despite declining rates.
3. Some IHS Areas and programs have had dramatic, statistically significant reductions of 24-45% in the prevalence of ECC.
4. One out of every six one-year old AIAN children suffer from ECC.
5. While almost twice the national level, dental sealants on primary molars in AIAN children may be underutilized.

For more information on the 2018-2019 oral health survey, please visit <https://www.ihs.gov/doh/>.

Source: <https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf>

Dental Therapy — Another Tool in the Fight for Oral Health

California has an oral health care crisis. There are currently 434 dental health professional shortage areas, where the ratio of dentists to the population is so low that the federal government considers the area underserved. One solution that is growing in popularity in the United States is the use of Dental Health Aide Therapists (DHATs). DHATs, a.k.a. dental therapists, are midlevel dental care providers, similar to physician assistants in medical care. DHATs are trained to provide a limited set of preventive and restorative dental procedures. Their training matches the training dentists receive to perform the same procedures. The Commission on Dental Accreditation standards for DHAT programs require three academic years of post-high school education. Depending on the state, this is usually followed by a period of preceptorship under the direct supervision of a dentist. After completion of the preceptorship, DHATs function under general supervision.



DHATs currently operate in 14 states and they have functioned successfully in over 50 countries, beginning in the 1920s. In 2003 the Alaska Native Tribal Health Consortium built upon the Community Health Aide Program to be the first in the U.S. to introduce dental therapists. A 2018 study of Alaska DHATs found a 284% decrease in children having their four front teeth extracted, and adults having a 26% decrease in extractions. Studies of dental therapists worldwide show that the services they provide are performed safely and competently. One study in Canada compared the quality of restorations by dental therapists and dentists. Result: the quality of dental therapists was equal to or better than that of dentists.

DHATs perform the basic procedures authorized under their state's scope of practice law, referring more advanced cases to the dentist. This frees the dentist to spend more time working "at the top of his/her license." Surveys of states currently using dental therapists show an overall increase in dental office productivity and profitability. The patients are highly satisfied with the care they receive from DHATs.

Ideally DHATs are recruited from underserved communities to which they will return to practice. There are many advantages to this. The DHAT is likely to remain in the underserved community for years to come. As a member of the community, the DHAT has a level of cultural competence that outsiders do not possess. Dental therapy is a source of good jobs for a community. But most importantly, communities with DHATs see reductions in dental decay and increases in oral health.

A campaign to authorize dental therapy in California is beginning. As more people learn about the advantages of having mid-level dental providers, momentum is building to join the eleven states that currently authorize dental therapists.

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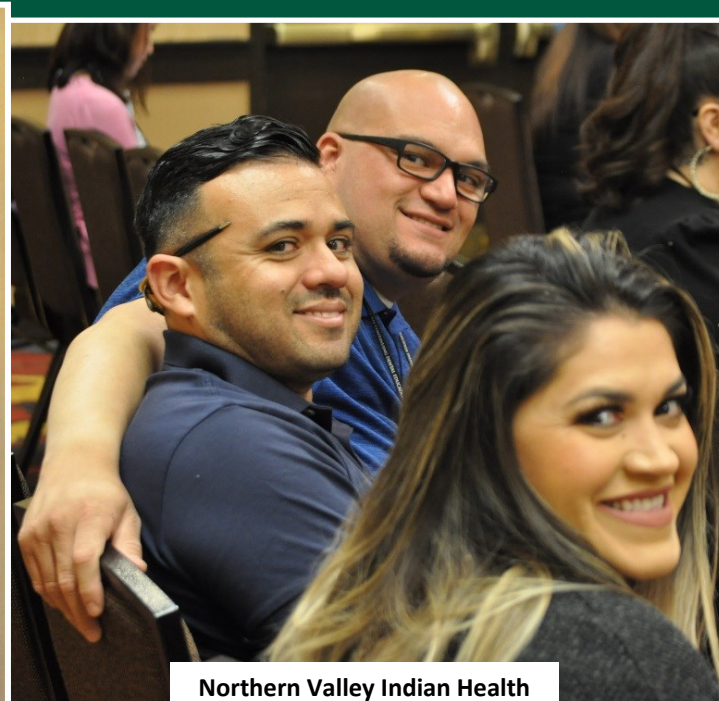
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2019 Continuing Dental Education Conference Highlights

The California Dental Support Center (DSC) and the California Area Indian Health Service hosted the 2019 Continuing Dental Education Conference from May 6-9, 2019 in Sacramento, CA. This four-day conference for dentists, dental hygienists, dental assistants, front office personnel, and billing staff supported continued education in the dental and health professions. With over 400 attendees from Tribal and Urban Indian Health Programs, participants were able to network, receive the latest information, and have fun. There were 37 sessions and a total of 78.75 American Dental Association/Continuing Education Recognition Program (ADA/CERP) units offered to attendees. The 34 dental vendors sponsored the breakfast and lunch reception on Tuesday, May 7th and were able to exhibit their products and connect with attendees. Karuk Tribal Health and Human Services shared their oral health outreach project on increasing access to care during the poster session, "Promoting Oral Health: Tribal Clinics and Beyond." The DSC would like to thank the DSC Advisory Committee and staff for planning another successful event and looks forward to seeing everyone next year.



Beverly Miller (CA IHS Director) and Dr. Mark LeBeau (CRIHB CEO)



Northern Valley Indian Health



Dr. Alice Huang (American Indian Health & Services)
and Nicamer Tolentino (CRIHB)



Round Valley Indian Health Center



Conference Session



Karuk Tribal Health & Human Services and Anav Tribal Health Center



Tule River Indian Health Center

2019 Continuing Dental Education Conference Highlights



Riverside-San Bernardino County Indian Health



Tiffany Ta (CRIHB)



Chapa-De Indian Health Program and Shingle Springs Health & Wellness Center



Dental Vendor Lunch



Conference Session



Dr. Chalise Morgan
(Shingle Springs Health & Wellness Center)