Brian Sandoval Governor



Richard Whitley Director

State of Nevada Department of Health and Human Services

Health Services for Rural Nevada

Division of Public and Behavioral Health

Dr. Antonina Capurro State Dental Health Officer Oral Health Program January 16, 2018



Health Services for Rural Nevada

Dr. Joseph Iser Chief Health Officer Southern Nevada Health District



What is the Oral Health Status in these Counties?

Children attending Head Start

43% in rural counties had untreated decay

vs. 32% in Washoe and 28% in Clark Counties (2007 DPBH OHP)

Third grade children

24% in rural counties had untreated decay

vs. 25% in Washoe and 30% in Clark Counties (2009 DPBH OHP)

Adults across Nevada

Almost 40% did NOT visit a dentist in the last year (BRFSS 2016)

Older Adults-Assisted Living Facilities

36% in rural counties had untreated decay

vs. 35% in Washoe and 17% in Clark Counties (2005 DPBH OHP)

Why Esmerelda, Lincoln, Nye, and White Pine Counties?

- 11 17% of each county's population are in poverty (2014)
- 11 17% in each county are without health insurance (2014)
- 30-65% of the total student population in each county qualify for free and reduced lunch (2015)

Nevada Rural and Frontier Health Data Book, 8th Ed.

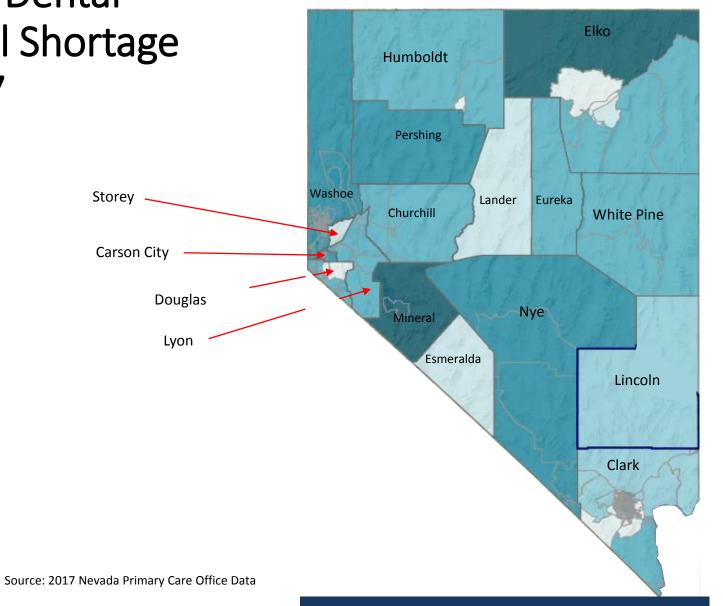
What Provider Resources Are Available ? Esmerelda, Lincoln, Nye, and White Pine Counties

Average number of dentists per 100,000 population – U.S. 61 Average number of dentists per 100,000 population – Nevada 54 Average number of dentists per 100,000 population / % of Medicaid **Providers** Esmerelda 0 /0 Lander 15 / 0.9% Lincoln 19 / 0.8% Nye 20 / 7.7%

White Pine 39 / 2%

ADA Health Policy Institute, 2016, Nevada Rural and Frontier Health Data Book, 8th Ed.

Designated Dental Professional Shortage Areas, 2017



Key

NO HPSA

Low Shortage (1-13)

High Shortage (16-17)

Very High (18-19)

Highest (20+)

Medium Shortage (14-15)

Other Dental Provider Resources

Number of Community Dental Clinics in Nevada 25

Number of Community Dental Clinics in Four Rural Counties 1

An Opportunity: Mobile Health/Dental Vans

Mobile *health* vans have been found to:

- Improve individual health outcomes¹
- Reduce ED visits¹
- Be associated with a reduction in hospitalization costs through shorter stays¹

The scope and impact of mobile health clinics in the US: a literature review. Int J Equity Health 2017; 16:178.

An Opportunity: Mobile Health/Dental Vans

Mobile *dental* vans have been found to:

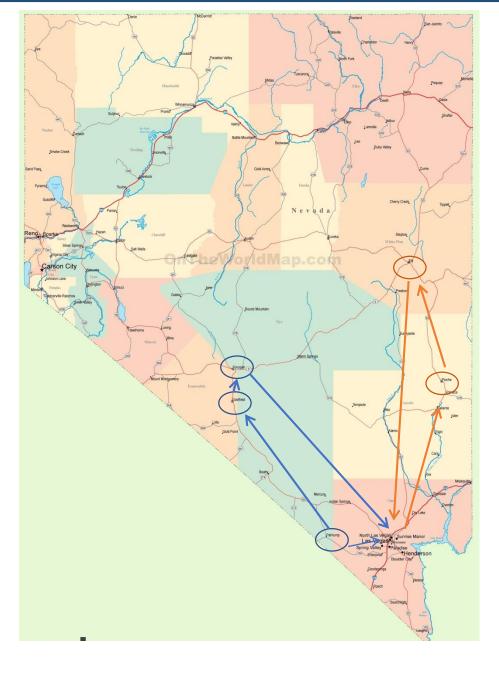
- "...mediate barriers to oral health services experienced by some populations"¹
- "...be an effective means of integrating oral health services into primary care environments"¹
- "…be remarkably successful in reaching vulnerable populations"¹
- Serve all ages



¹An assessment of Mobile and Portable Dentistry Programs to Improve Population Oral Health. Oral Health Workforce Research Center, August 2017.

Proposed Trips

- Las Vegas to Pahrump to Goldfield to Tonopah to Las Vegas (blue)
- Las Vegas to Pioche to Ely to Las Vegas (orange)
- Third/fourth trip still being designed



Services Provided by Dental Provider

- Screening (including oral assessment/basic screening survey, oral cancer screening, blood pressure, and blood glucose testing as necessary)
- Entering data into a HIPPA compliant database for analysis of project effectiveness
- Preventative Dental Services
 - Dental Sealants
 - Fluoride Varnish Application
- Education
 - Medicaid Eligibility
 - Nutrition
 - Oral Health
- Case management







https://oraihealthnevada.com/school-based-oral-health-prevention-programs/ http://i.ebayimg.com/images/i/122388800479-0-1/s-11000.jpg https://i.pinimg.com/736x/07/47/c9/0747c93f9501ff48115400e65c7ea572--dental-hygiene-mobiles.i

Basic Screening Survey

Basic Screening Survey (BSS) is used nationally as a tool for oral health surveillance.

 Developed by the Association of State and Territorial Dental Directors

BSS

- Non-invasive, open mouth survey
- Assesses and monitors the burden of oral disease
- Data on dental caries experience, untreated decay, permanent tooth loss, and urgent dental needs drive public health decisions and policy development

Participant Name (Last Name, First Nam

ORAL HEALTH SCREENING FORM

Screening Date:	Site Code:	(Please circle one)
Format (MM/DD/YYYY)		Type of Center:
		1=Home Based 2=Center Based
Screener ID:	Participant Study ID:	
PATIENT INFORMATION		
Date of Birth:	(Please circle one)	
Format (MM/DD/YYYY)	Sex:	
S.	1 = Male	
	2 = Female	
ORAL HEALTH SCREENING		
#teeth present:	Range: 0-20	
#teeth with untreated decay: 😁	Range: 0-20	
#teeth with arrested decay:	Range: 0-20	
#teeth with fillings/crowns:	Range: 0-20	
#teeth extracted due to decay:	Range: 0-20	
(Please circle one)		
Treatment Urgency:		
0 = No Obvious Problem: continue with regular dental checkups		
1 = Early Dental Care Needed: needs to be seen soon (before their next regularly scheduled dental visit)		
2 = Urgent Care Needed: (Pain, swelling or infection present) needs immediate dental care within 48 hours		
(Please circle one)		
Fluoride varnish application provided at the time of screening:		
0 = No		
1 = Yes		÷
Comments (optional):		

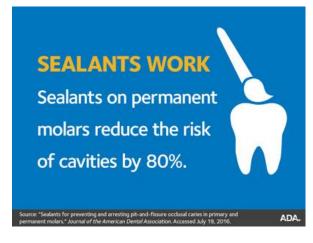
https://www.astdd.org/docs/bss-surveillance-not-research-july-2017.pdf

Preventative Dental Services

Fluoride Varnish Application

- Thin coating of 5% sodium fluoride applied to tooth surfaces
- Used to reduce, arrest, or reverse the process of tooth decay
- Strengthens the tooth's enamel making it less susceptible to bacterial acids





Dental Sealants

- Thin plastic coating placed on permanent molars and premolars with deep grooves
- Protects the chewing surfaces and pits and fissures of teeth by forming a physical barrier on the surface of the tooth

Services Provided by Medical Provider

- Well Check Screenings
- Vaccinations





https://www.csd509j.net/wp-content/uploads/Corvallis-School-District-uncategorized-490.jpg http://www.dailyherald.com/storyimage/DA/20150306/news/150309158/EP/1/1/EP-150309158.jpg&updated=201503061539&MaxW=800&maxH=800&noborder

Helping People. It's who we are and what we do.

Goals

- Increase access to care in rural communities
- Gather information on the unique health challenges in rural Nevada
- Oral health needs assessments of the patients
- Build a sustainable clinic model based on the number and type of pt. insurance/Medicaid eligibility/enrollment in rural Nevada
- Explore feasibility of teledentistry
- Use data to apply for external grants and creative funding sources

This is a pilot project. Based on project feedback, we would like to expand the medical and dental services offered. A clear understanding of the needs in the community are necessary to grow the project and support further requests for funding.



http://jeffblogs.com/wp-content/uploads/2012/03/SettingGoals.jpg

How Can Your Board Support Our Vision to Improve the Health of Rural Residents?

• In-kind support

- Political support
- Assist with locations
- Space to locate (Convenient to your population--community center? Other?)
- Hookups to electricity/water/sewer if available
- Security if needed
- Gather funds for private treatment (as needed)
- Market the event



https://www.viivconnect.com/images/assistance/circle-image-1.png

Contact Information

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