Cass Lake IHS Outreach

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Our Mobile Dental Outreach Program

Since 2009 provided school-based care to children of the Leech Lake Indian Reservation:
- Cass Lake-Bena Elementary School
- Cass Lake-Bena Middle/High School
- Bug-O-Nay-Ge-Shig School
- 7 Leech Lake Tribal Head Start programs

In the 2014-15 school year, 1,236 children were seen by the Outreach Team at these 11 sites.
Our Team

- The Outreach Team consists of:
  - Lori Snidow, DDS, Director
  - Brenda Carlson, CDHC
  - Amanda Moran, DA
Outreach Dental Services

- Exams
- Radiographs
- Caries stabilization
- Restorations
- Stainless steel crowns
- Pulpotomies
- Space issues at Head Start sites limit on-site treatment options
Outreach Site Rotation

- Generally, 2-3 months per grade school site
- Head Start sites worked into grade school schedule
Warm Springs Model of Treating Children with Caries

- From the program inception in 2010 until 2014, the BSS scores of Outreach kids decreased 25%.
- However, 75 children still had to be referred to the OR for treatment under general anesthesia.
- In 2014 we learned of the new model being used at Warm Springs IHS of offering initial treatment of active caries with silver nitrate followed by fluoride varnish.
- In April 2015 we received support from the IHS Division of Oral Health to be a beta site for this model.
WE CONTINUE TO DO ALL THE PRIMARY PREVENTION ACTIVITIES AS BEFORE...

But when primary prevention fails, we offer the option to use the protocol used at Warm Springs:

Treatment of asymptomatic active caries with SN/FV at 0 – 2 – 4 – 8 – 12 weeks

We are documenting all treatments and exams in the same database as the other sites
Warm Springs Model Implementation

Roll-out
Head Start Round-ups each fall
- All families are contacted to discuss this new option and given literature
- The children are screened for meeting criteria for the model
- At our first session (July 2015), all potential candidates accepted treatment (15 kids, 50 teeth)

Non-Head Start Children
- All Pre-K to 4th grade students will be screened for potential candidates
- This protocol is also offered in the dental clinic for other children who meet criteria for inclusion.
- We expect 1000+ children to be screened each year through outreach for potential suitability for this new approach for caries.
Pros and Cons of the Outreach Model

**Pros**
- Taking the care to the children instead of bringing the children to the care
- Far more children screened and diagnosed earlier
- Opportunity to arrest caries before it is symptomatic
- Potential excellent for multiyear longitudinal follow-up

**Cons**
- Sometimes difficult to arrange face-to-face time with the parent for discussion
- Space limitations at some sites
- Limited frequency of follow-up exams (q6 mos. instead of q3 mos due to site scheduling)
Conclusion

- We believe the Warm Springs Model has great potential to improve the treatment of caries in children.
- This time next year we expect to have follow-up data on most of the children we enroll in the protocol.
- Of the 1 alpha and 3 beta sites, Cass Lake is the only one using an outreach model.
- We hope at least one additional outreach-based implementation can be supported in the coming year.
Questions?