CARING FOR PATIENTS WHO ARE INDIGENOUS IN NORTH DAKOTA

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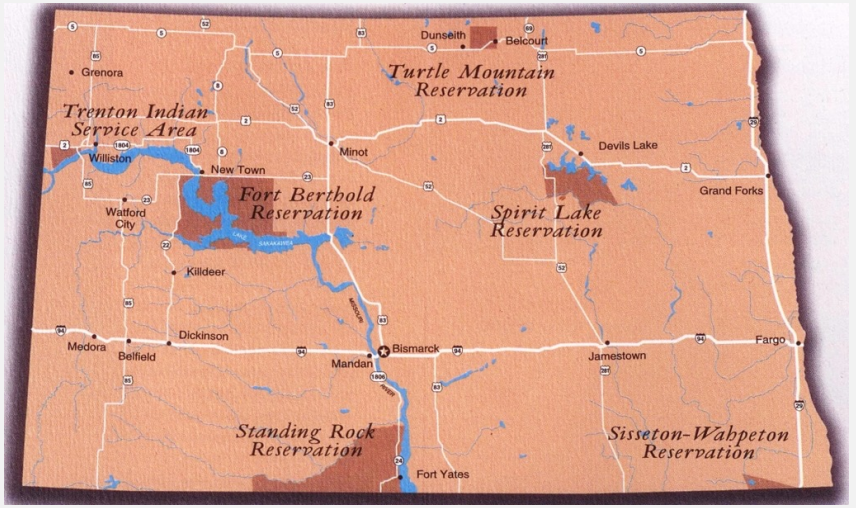
DR. CAVANAUGH

TRIBES IN ND

- Spirit Lake Nation
- Standing Rock Sioux Tribe
- Three Affiliated Tribes
  - Mandan, Hidatsa, and Arikara
- Turtle Mountain Band of Chippewa
- Sisseton- Wahpeton Oyate Nation



HISTORY

- Native Americans have legal rights to federal health care services.
  - Snyder Act of 1921 & Indian Health Care Improvement Act (IHCIA) of 1976
- IHS operate within the U.S. Dept of Health and Human Services
- Serving approximately 2.2 million
- Three major branches
  - Federally operated direct health care services
  - Tribally operated health care services
  - Urban Native American health care services and resource centers
- Increasing trend to tribal self governance

TRIBAL SELF-GOVERNANCE

- Option to:
  - receive direct services from IHS (traditional IHS system)
  - Assume responsibility for healthcare with option to contract with IHS
  - Fund establishment of their own programs or supplementation of ISDEAA programs

- More than half of the IHS appropriation is currently administered by tribes through self-determination contracts of self-governance compacts

GENERAL FINDINGS

- High rates of extensive decay
- Similar rates of periodontal disease to general population
- High rates of early childhood caries
  - Many hospital cases
- Consistent removable pros
  - Dentures and partials

TRIBAL CLINIC VS. IHS FACILITY

- Ability to offer more services
  - Example: Removable pros
- Ability to have upgraded equipment
  - CEREC/ nitrous

CASE STUDY 1

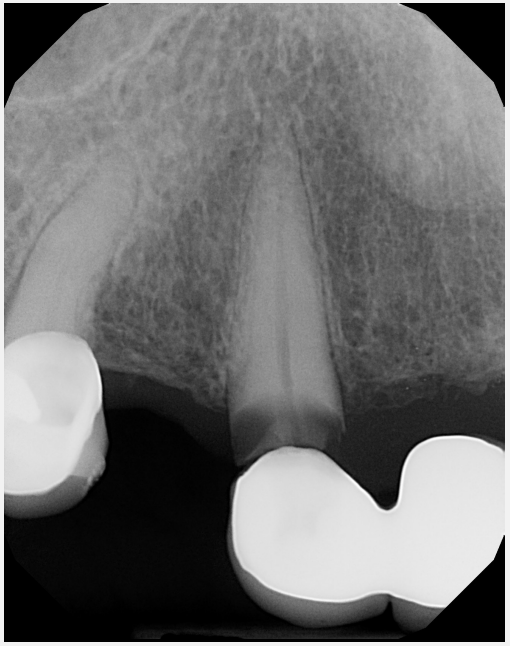
PATIENT: K.J.

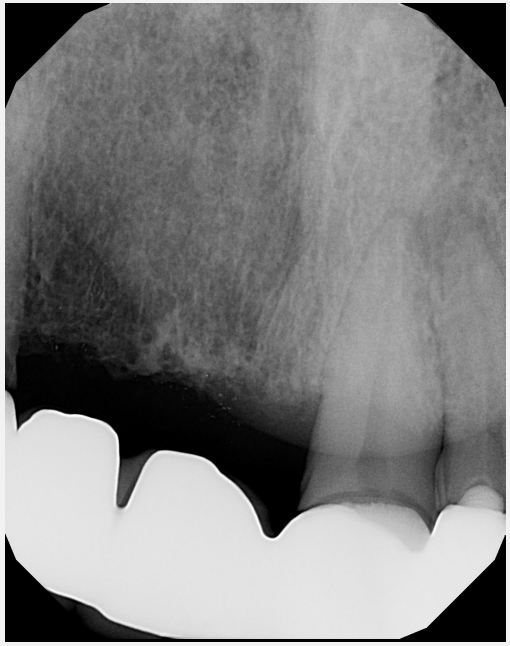
- 58 year old female
- Medical History significant for:
  - Arthritis
  - Tobacco Use
    - ½ pack- 1 pack a day
- Allergies:
  - Codeine
  - Penicillin
- Medications
  - Tramadol 50 mg tab daily
  - Cyclobenzaprine 10 mg Tab daily

FIRST APPOINTMENT

- Presented to clinic as emergency, walk-in patient
- CC: "The front of my bridge moves around and this tooth hurts (patient pointed to tooth #10."
- Assessment:
- Tooth #6: pulp necrosis, normal apical tissue, recurrent caries, non restorable.
- Tooth #9: normal apical tissue, recurrent caries
- Tooth #10: symptomatic apical periodontitis, symptomatic irreversible pulpitis

PERIAPICAL RADIOGRAPHS

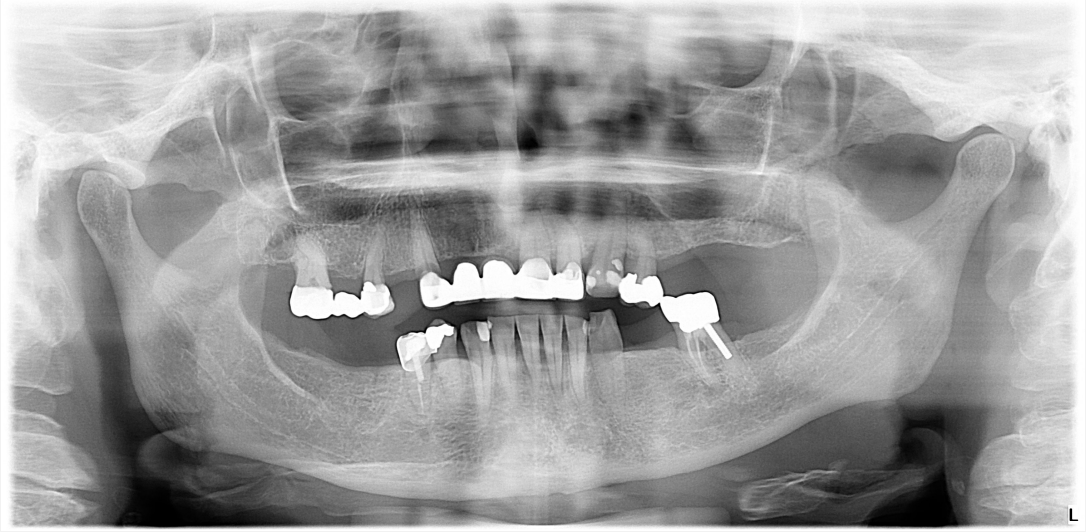


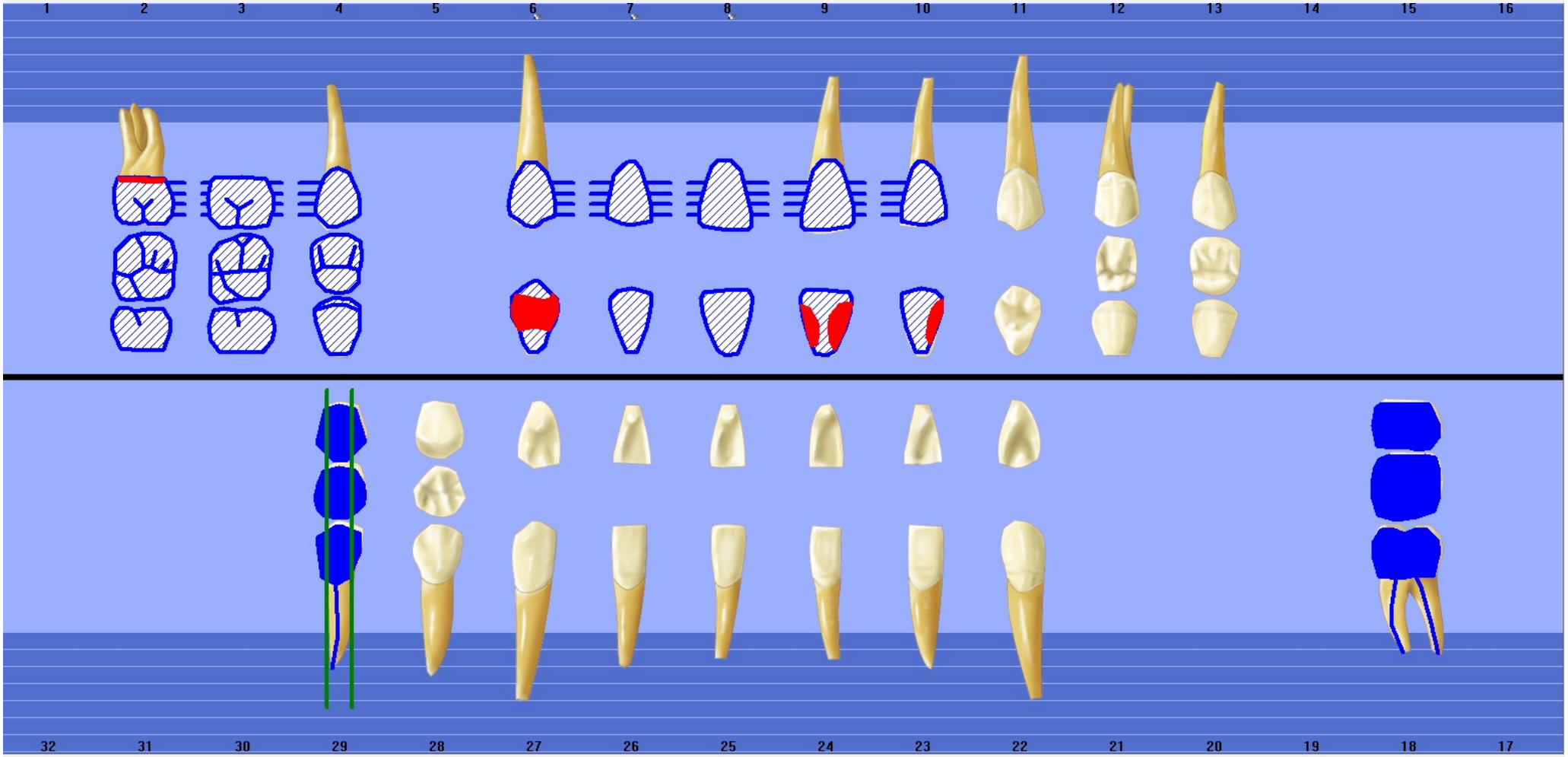


HYGIENE APPOINTMENT

- CC:"(#4) hurts"
- Patient has severe gag reflex- difficult time with cleaning
- Patient previously had a flipper that she could not wear
- Implants are not an option due to finances
- #2- Buccal class V
- #4- Lingual class V- Referred pain from #29
- #9 and #10- have decay ML/DL on margin
- #29- buccal fistula

PANO




1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

REVIEW

APPOINTMENT 1

- #6 EXT
- #10 RCT/ EXT

APPOINTMENT 2

- #6 EXT
  - Patient will be edentulous from #5- #8
- EXT #29
- Patient cannot tolerate removable pros

TREATMENT OPTIONS (CLASS PARTICIPATION HIGHLY ENCOURAGED)

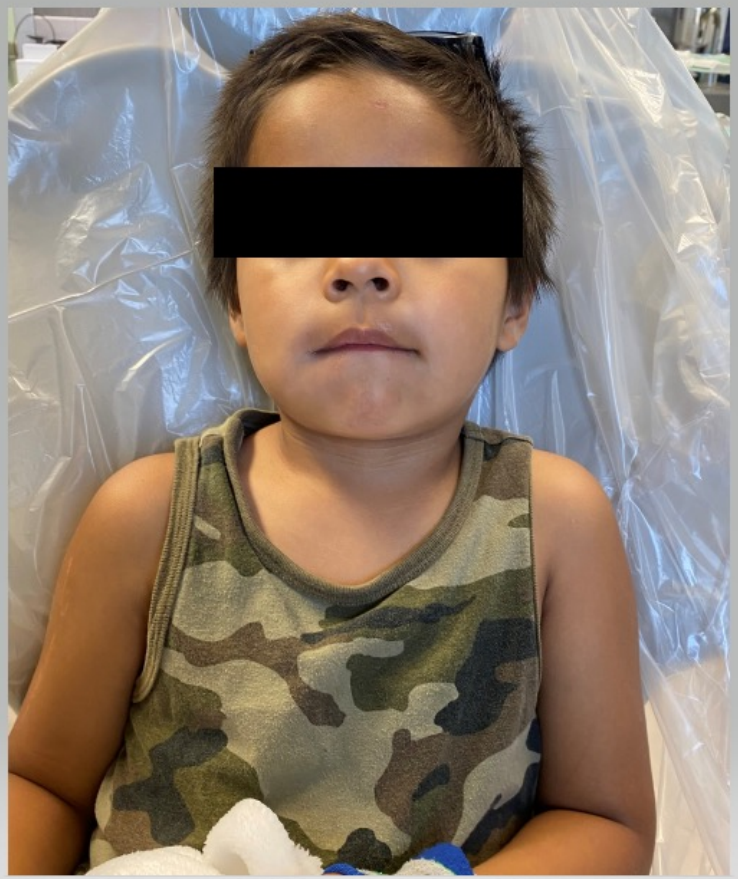
- Do nothing
  - Active infection
- EXT #6 and remove bridge, RCT #10, crown #9 and #10
  - Patient will be partially edentulous Mx anterior

CASE STUDY 2

PATIENT A.C.

- 4 year old male
- No significant findings in medical history
- Presented to clinic as emergency, walk-in with grandma

RIGHT FACIAL SWELLING



MAXILLARY

#A: O

#B: DO

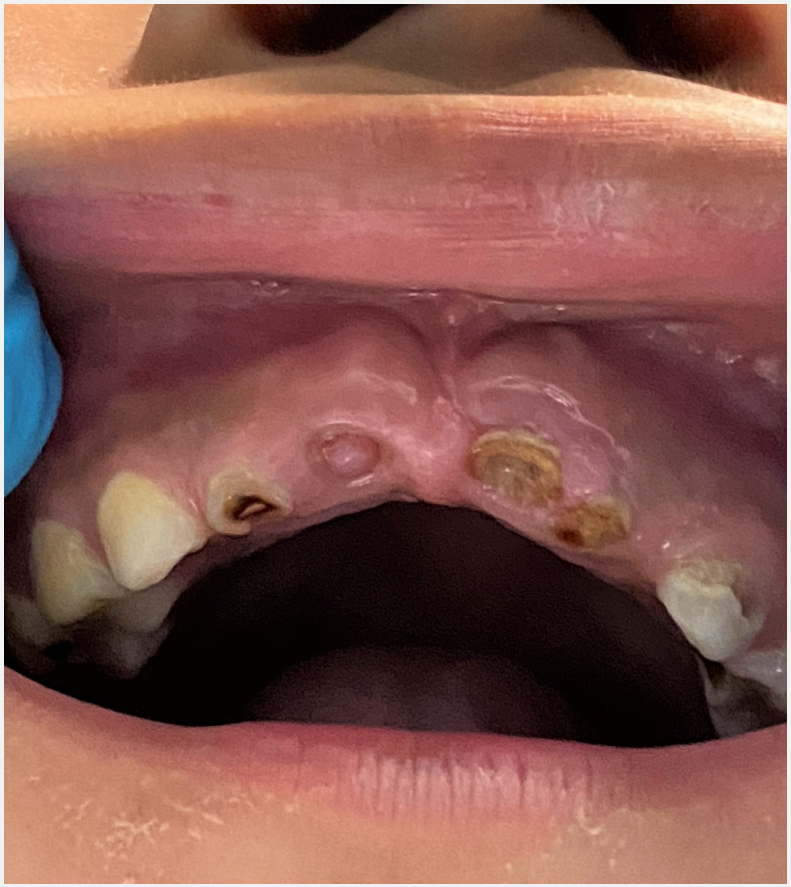
#C: No caries

#D-G: MIDLF

#H: F5

#I: OL

#J-O



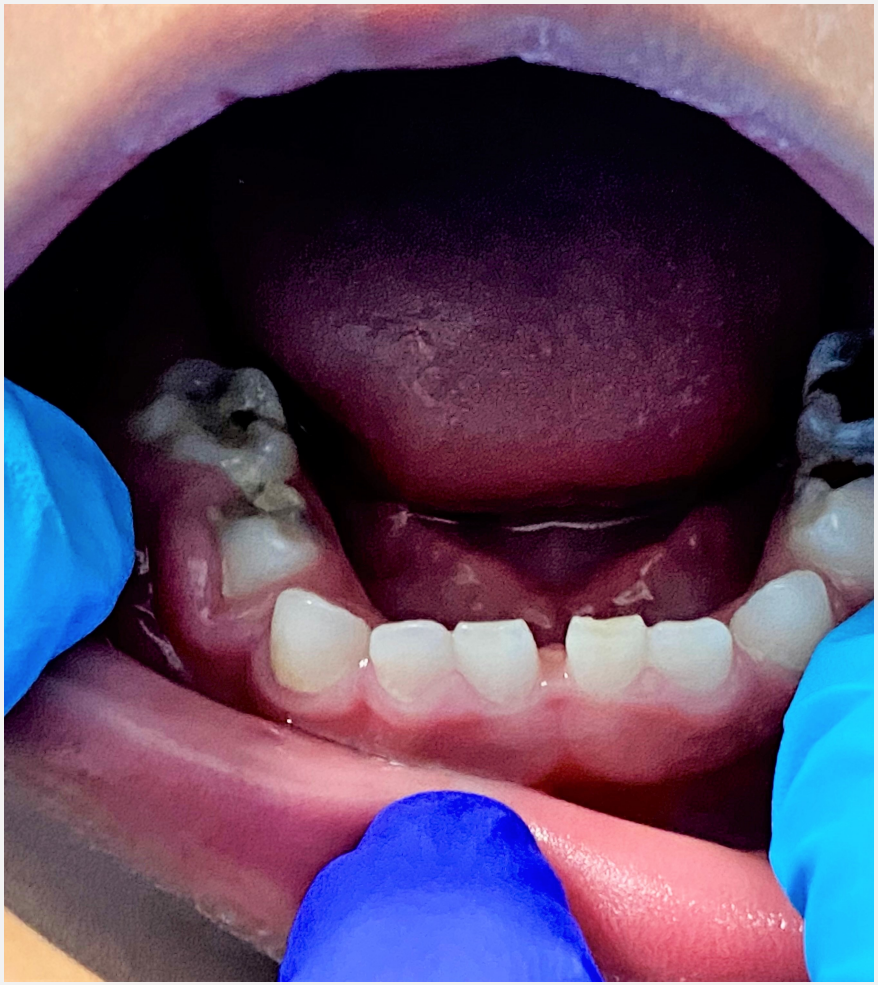
MANDIBULAR

#K- DOLB

#L: DO

#S: DOLB

#T- O



TREATMENT

- What I did:
  - Due to clinic limitations
  - Prescribed antibiotics and referral to pediatric clinic
- Discuss other treatment options available for clinics with limited pediatric experience/ equipment

FAMILY STRUCTURE

- Drugs and alcohol
- Extended family
- Social Services

QUESTIONS & DISCUSSION

PIDAMAYA!
THANK YOU!