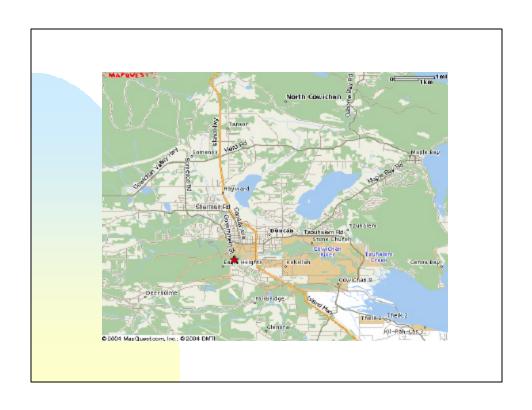
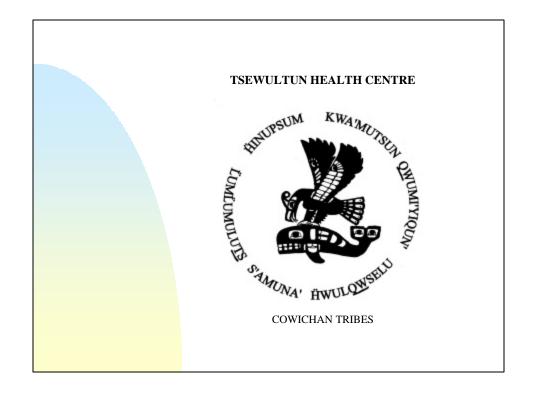
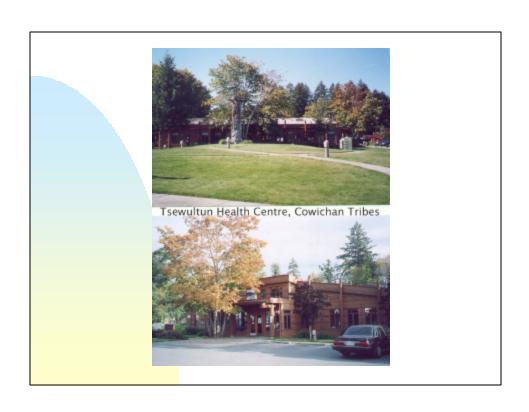
A Community Based Dental Health Program for Aboriginal Families

Sherry Saunderson, RDH <u>Ts</u>ewultun Health Centre Cowichan Tribes Duncan, B.C..



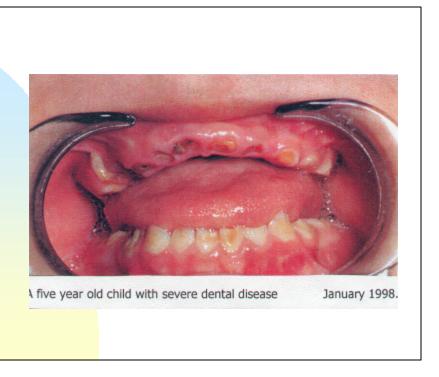




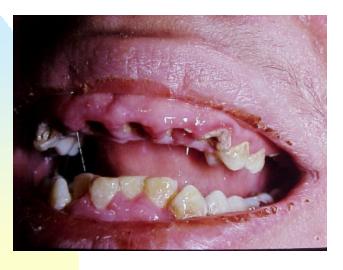


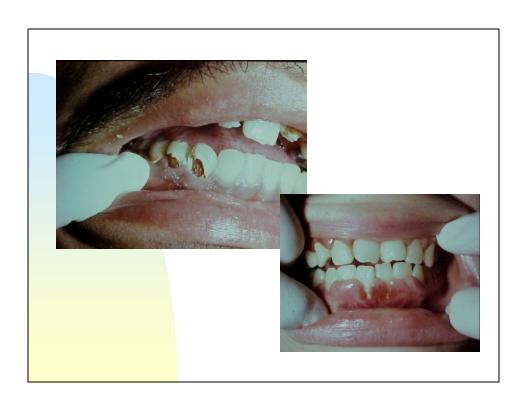




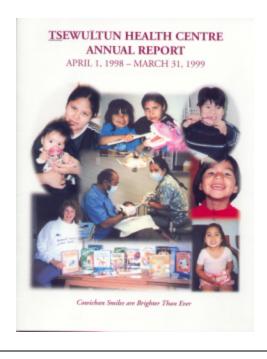


23 year old father of two infants









Differences in Delivery:

- For profit business venture
- operatories are income centers
- limited to allowable procedures dictated by NIHB dental plan
- fees paid lower than dental fee guide
- dentist centered
- no funding for prevention, health promotion & education
- maximum treatment done for efficiency "time is money"
- little time for client relationship building
- cultural insensitivity, lack of understanding of factors that impact clients health outcomes
- intimidating environment, racist attitudes, uncomfortable in formal setting.

- Community based, under same roof as other health services
- no billable procedures, nonprofit
- not limited or restricted by dental plans
- culturally sensitive dental care offered, holistic, relationship based. Trust important.
- Treatment tailored to their personal needs, situation
- client centered, family oriented
- not constrained by rules, time and reliance on gov't fee to provide dental care.
- Responsive to clients needs, innovative. Referrals out to dentists for major work.
- Non-judgmental, gentle, caring





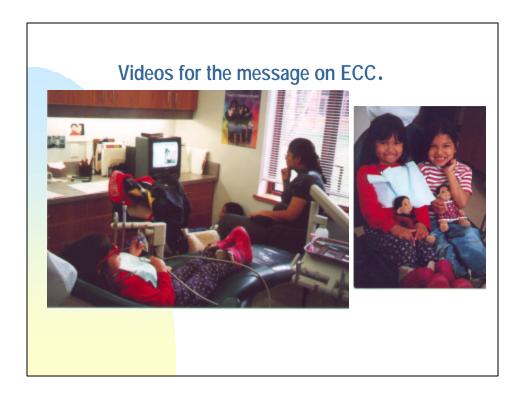


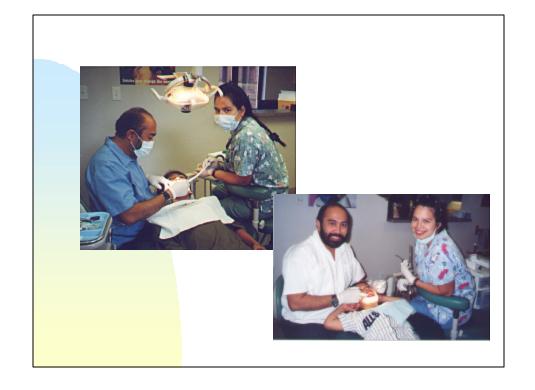


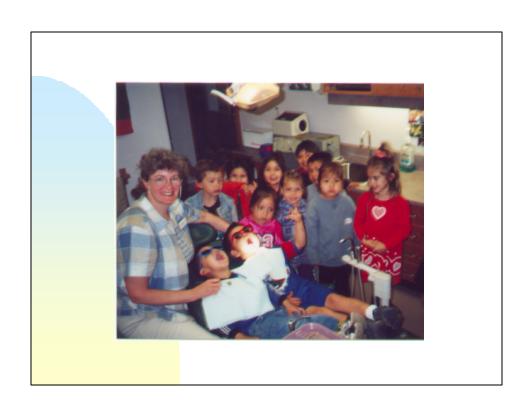




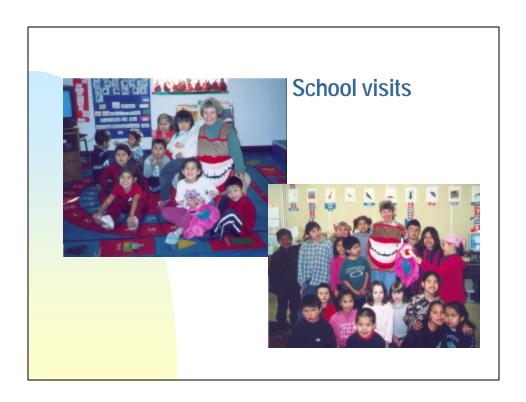












Fluoride Tablets and Varnishes







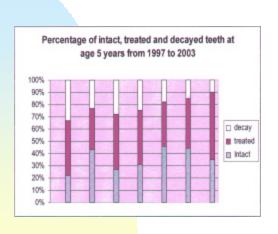


Challenges





Successes



- Pre-Kindergarten screening data since 1997
- anterior decay reduced from 79% to 56%
- untreated decay reduced from 33% to 15%

We have fun with our clients-Hallowe'en 2003





Our program is small steps, long term, with a ripple effect in the community. The investment today will reap significant rewards in the future.