



KIRSTEN ROLING, DDS
Program Supervisor, Office of Oral Health
Maricopa County Department of Public Health



FROM MEDICINE WOMAN TO PROGRAM SUPERVISOR

DR. KIRSTEN ROLING'S UNCONVENTIONAL DENTAL CAREER

? WHAT IS YOUR PROFESSIONAL BACKGROUND?

I am the Program Supervisor for Maricopa County Department of Public Health (MCDPH), Office of Oral Health. I oversee our oral health programs: School Based Dental Sealant Program, First Teeth First and Maternal Program, and the Oral Health Tobacco Program. I provide oral health screenings in our elementary schools, train our dental providers, and give presentations on oral health prevention to medical staff, school districts, and childcare providers.

I have been with MCDPH for nearly a year, first as a dentist consultant and in my current position as Program Supervisor.

I attended the University of California, San Francisco; School of Dentistry (UCSF). I have been a clinical dentist for nearly twenty years. I have practiced in private practice and public health departments including community clinics, mobile/portable delivery, IHS, in both rural and urban settings.

? WHY DID YOU DECIDE TO GO INTO PUBLIC HEALTH RATHER THAN PRIVATE PRACTICE?

I have been asked this question a few times. There is a common misconception that dentists choose between private and public health practice. I have practiced in both settings, but a few years ago, I had the opportunity to live on 90 acres in the wilderness of Northern California, and practice dentistry in a very remote, rural county. Private practice was natural progression from my dental school training at UCSF. However, as I became more interested in disease and prevention, I had the opportunity to practice in a remote area of Northern California. I lived in a canyon on 90 acres of land called the Feather River Canyon—one of the most

beautiful places in the world. Every day I transported patients and materials 250 miles for IHS. Aptly named at that time, I was called “Dr. Quinn, Medicine Woman.”

The prevalence of dental disease and disparity was profound. It was at that point in my professional career that I realized oral health was subject to disparity influenced by circumstances beyond brushing and flossing: Where a person lives, works, their connection to community, education, access to care and public policy. As a dentist, I enjoy technical proficiency, but my focus is the social determinants of oral health that lead to oral health disparities.

I can't think of any other disease where poverty is so apparent that you can have someone open their mouth and almost diagnose their social-economic status.

I had no idea that a county in Northern California could so easily be mistaken for a third world country, but that is what it felt like. I was completely caught off guard by it. Admittedly, I am a person who likes to be in control—out there in the elements, I quickly found out that Mother Nature was in control, and not me. I lived my life around the weather because inclement weather could prove disastrous for traveling. The challenges in providing care in such a remote environment were immense. While I did not have to battle traffic jams that we have here in Phoenix, I would regularly have to dodge mountain lions and other wildlife animals, which frequently darted



We are treating children, but the bacterial load comes from the parent, so we are treating a part of oral health disease, but without the Adult AHCCCS Dental Benefit, we have an entire patient population that is not being serviced. It just does not make sense, and I think we need to revisit the issue.

in front of my vehicle. The area was so remote that during the entire time I was there, I had no idea what a text message was. It wasn't until I moved back into the Bay area, when I received my first text. "What is this?" I wondered.

It was a tremendous learning experience, and it got me wondering, "What is different about this community compared to where I have lived and practiced

before?" I came to realize that while these people didn't have much in the way of material possessions, I was struck by the close-knit relationships they had formed with each other and the community. Everyone, no matter what position they held in the community, came together to help out when someone was in need. I miss those people, and I miss feeling a much deeper connection to the planet. Being so close to nature, I was able to be able to put so many aspects of my life into perspective. Nevertheless, I am still connected the community, I listen to the radio station (Quincy, California), and I still visit from time to time. The whole experience helped me develop a much deeper appreciation for the sacrifices that dental and medical providers make when providing treatment in rural areas.

? WHAT DOES MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH HAVE PLANNED FOR 2013?

In June 2012, the Maricopa County Department of Public Health and the Arizona Department of Health Services completed the first Comprehensive Health Assessment (CHA) for Maricopa County. This collaborative effort was the culmination of an 18-month engagement process that involved a wide variety of local public health system partners, education and social service agencies, community members, and other stakeholders. Assessments were conducted using a variety of methods from health data analysis to surveys and focus groups with several objectives in mind:

Health priorities identified by the assessment are addressed in the five-year Community Health Improvement Plan (CHIP) for Maricopa County. The CHIP will become the strategic blueprint for how public health and community partners will work collectively in making Maricopa County a healthier place to live and work. Data will be reviewed continually over the five-year cycle of the CHIP, both to monitor progress toward identified goals, and to establish new goals as necessary.

In the Office of Oral Health, the First Teeth First program (funded by First Things First) has launched a Maternal Program which will include oral health screening, education and referrals for pregnant women to help improve pregnancy outcomes. We are also exploring internal and external collaborations across the county to increase outreach, especially in the far reaching areas of Maricopa County.

Arizona has done a remarkable job in identifying barriers to oral health, and disease surveillance. With this knowledge it is my hope that Arizona will continue to implement policies to improve oral health for all of our residents.

? WHAT DO YOU WISH YOUR COLLEAGUES KNEW ABOUT PUBLIC HEALTH?

I think a few of my private practice colleagues would be surprised by the level of poverty that exists in our county, particularly many of the children I meet in our school districts; and the associated catastrophic dental disease.

? WHAT WOULD YOU LIKE CHANGED OR MODIFIED IN THE DENTAL PRACTICE ACT?

Currently there are counties of Arizona with few or no dental providers. Affiliated Practice Dental Hygienists under standing orders with a licensed dentist could help to provide care in remote counties of Arizona. Currently there are 60 Affiliated Practice Dental Hygienists in Arizona. Exploring the issues that create impediments to dental hygienists obtaining Affiliated Practice should be explored and addressed in the Dental Practice Act.

? WHAT IS THE BIGGEST AFFECT THE AFFORDABLE HEALTH CARE WILL HAVE ON THE PUBLIC HEALTH DEPARTMENT?

In the realm of prevention, the DHHS Secretary will establish a five-year, evidence based public education campaign to promote oral health with a focus on childhood caries, prevention, oral health of pregnant women,

and at-risk populations. To address barriers to care and lack of dental providers in shortage areas, the DHHS Secretary will contract with the Institute of Medicine in evaluating and establishing a five-year program to train or employ alternative dental health care providers.

? WHAT ENCOURAGES AND CONCERNS YOU ABOUT WHERE DENTISTRY IS HEADED IN THE FUTURE?

I am encouraged by more collaborative initiatives by medicine and dental practice regarding oral health prevention. Conversely, I am concerned that dentistry has not focused enough on geriatric oral health, barriers to care and disease prevention.

? WHAT GETS YOU UP IN THE MORNING?

I love my job. Ironically, I can't quite identify exactly what it is about the job I adore. However, I have an extremely talented staff, which makes my job a lot more enjoyable. In addition to the staff, it might be the challenges the department and the programs face get me up in the morning. I am always striving to answer the question, "How are we going to fulfill the mission of providing care to people who really need it in this county?" Until I step down as program supervisor, I suppose I'll always be asking that question. ■

Dr. Roling and her staff at the Maricopa County Department of Public Health

