

# Perspectives on Tribal Oral Health Access

January 31, 2017  
1:00pm ET



# Webinar Overview

National Indian  
Health Board



- Release the *Oral Health in Indian Country Survey* results and next steps



- Provide overview of national dental therapy momentum



- Deliver an update on Tribal communities in the Pacific Northwest pursuing dental therapy models



- Share how coalition building can be done in partnership with Tribes

National Indian  
Health Board



National Indian  
Health Board



National Indian Health Board  
Tribal Oral Health  
Initiative

# Oral Health in Indian Country Survey Analysis

## Presented by:

**Caitrin Shuy**, Director of Congressional Relations

National Indian Health Board

**Brett Weber**, Congressional Relations Associate

National Indian Health Board

# Tribal Oral Health Initiative

- **2011:** NIHB's Board of Directors passed a resolution in support of the Dental Health Aide Therapy (DHAT) program in Alaska
- **2011-Present:** NIHB provides training to Tribal leaders and advocates on dental therapy
- **2017+:** NIHB working to establish the ***Tribal Oral Health Initiative*** as a growing body of work including a toolkit, Tribal leader trainings, and eventually a Tribal Oral Health Agenda



# Dental Therapy

- Mid-level dental providers, similar to physician assistants
- Receive rigorous training in a select set of the most commonly needed dental procedures
- Operate under supervision of a dentist
- Practice in:
  - Alaska Native communities since 2004
  - Minnesota since 2009
  - Maine since 2014
  - Swinomish Indian Tribal Community since 2016
  - Oregon since 2016



# Survey Development

- Created and distributed with support from the Pew Charitable Trusts
- Designed to:
  - Assess challenges to accessing oral healthcare in Indian Country
  - Gauge knowledge of dental therapy (DT)
  - Gauge desire to incorporate DT into Tribal health programs
- Not scientific, but still useful as a snapshot



# Survey Design

- Designed using SurveyMonkey
- Overall survey was brief to maximize response rate
- Number of response frameworks used in questionnaire:
  - Yes/No
  - Select All That Apply
  - 4-point Likert Scale
  - 5-point Likert Scale
  - Free Response



# Survey Distribution

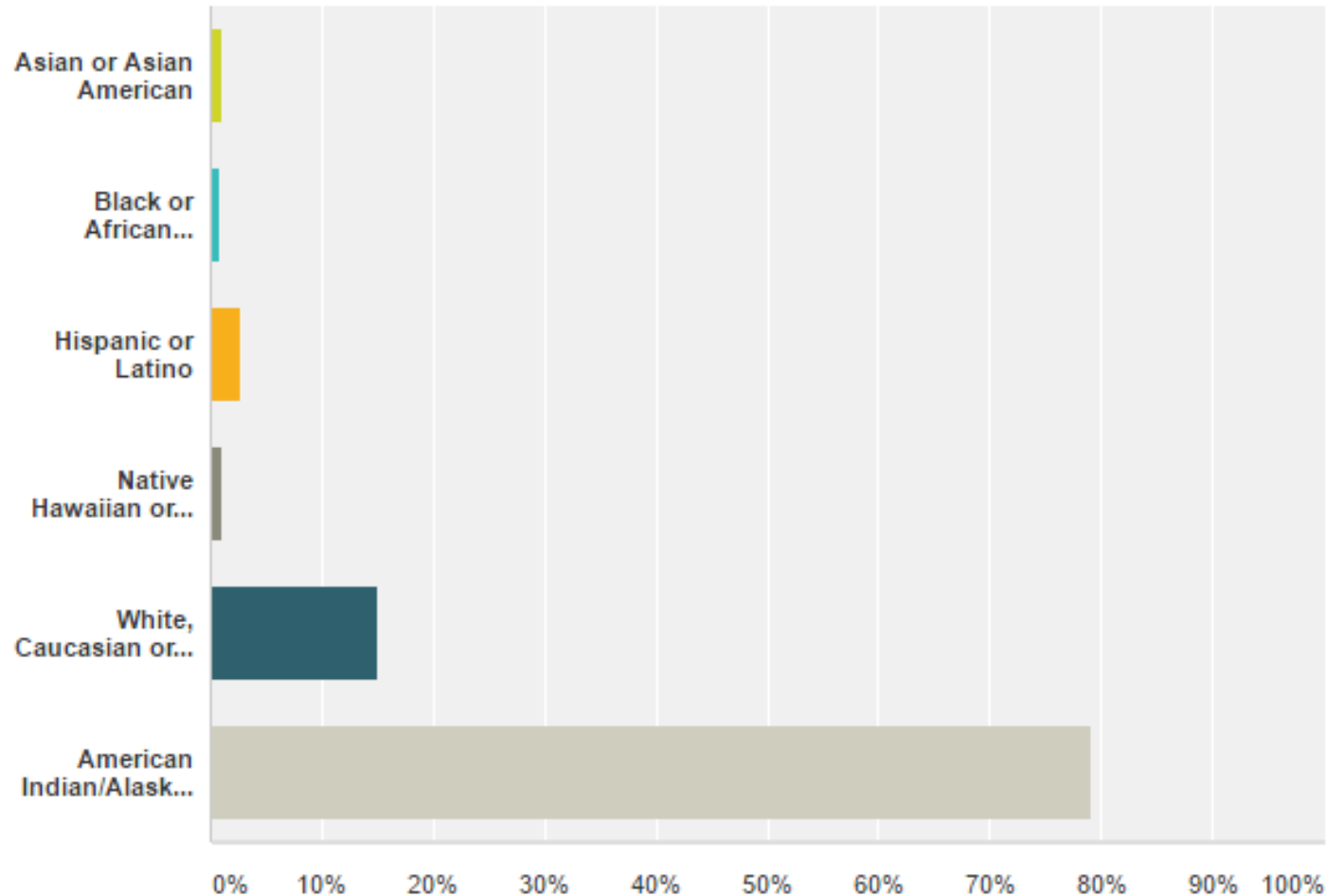
- Emailed to ~6,700 contacts
- Links posted on Twitter and Facebook
- Survey timeline: November 8 – December 1, 2016
- 1,000 responses - 92.5% completion rate
- Incentives were provided



# Respondent Demographics: Race/Ethnicity

Race/Ethnicity (please check the one that best applies to your personal identity).

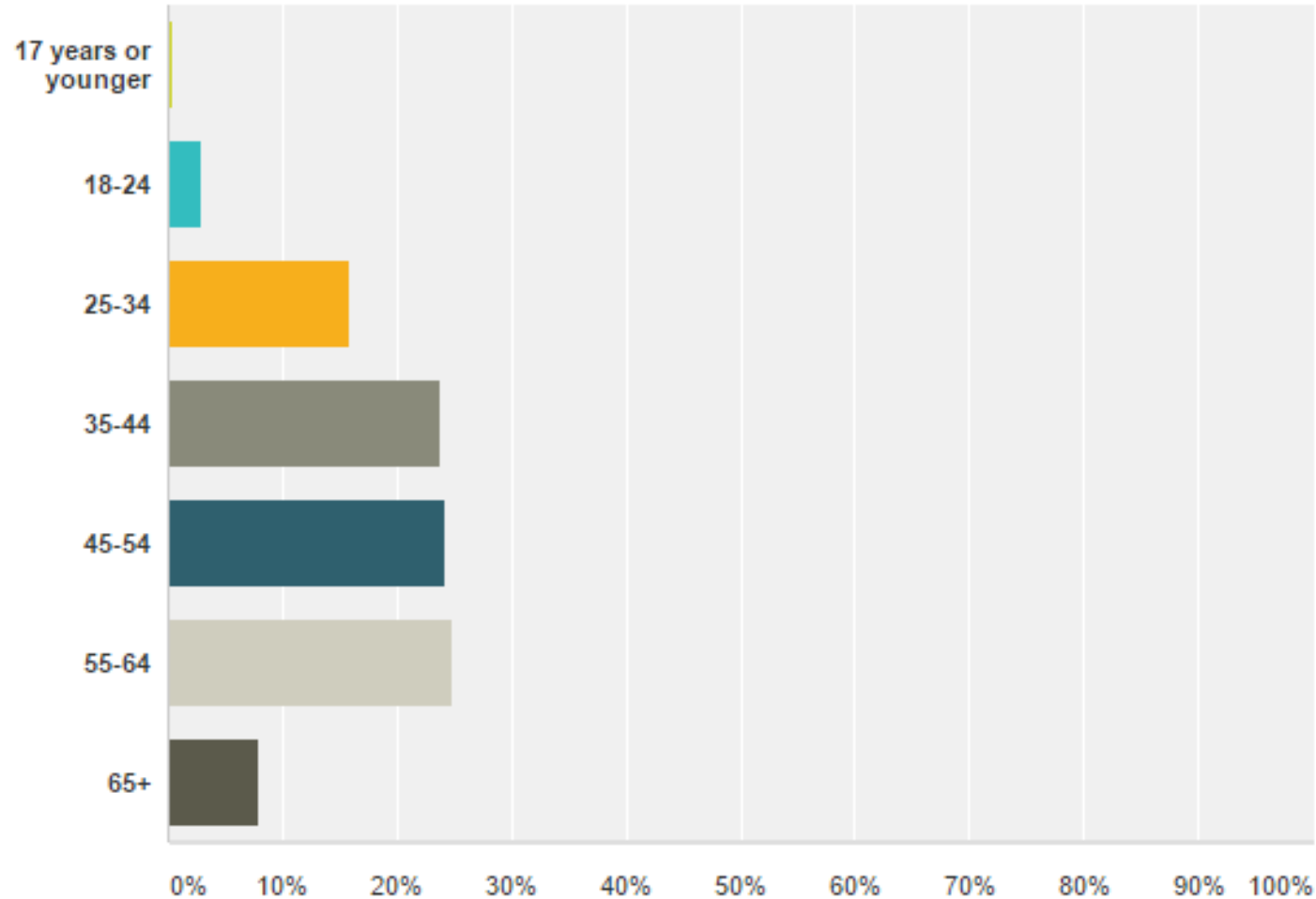
Answered: 995 Skipped: 5



# Respondent Demographics: Age

## Age range:

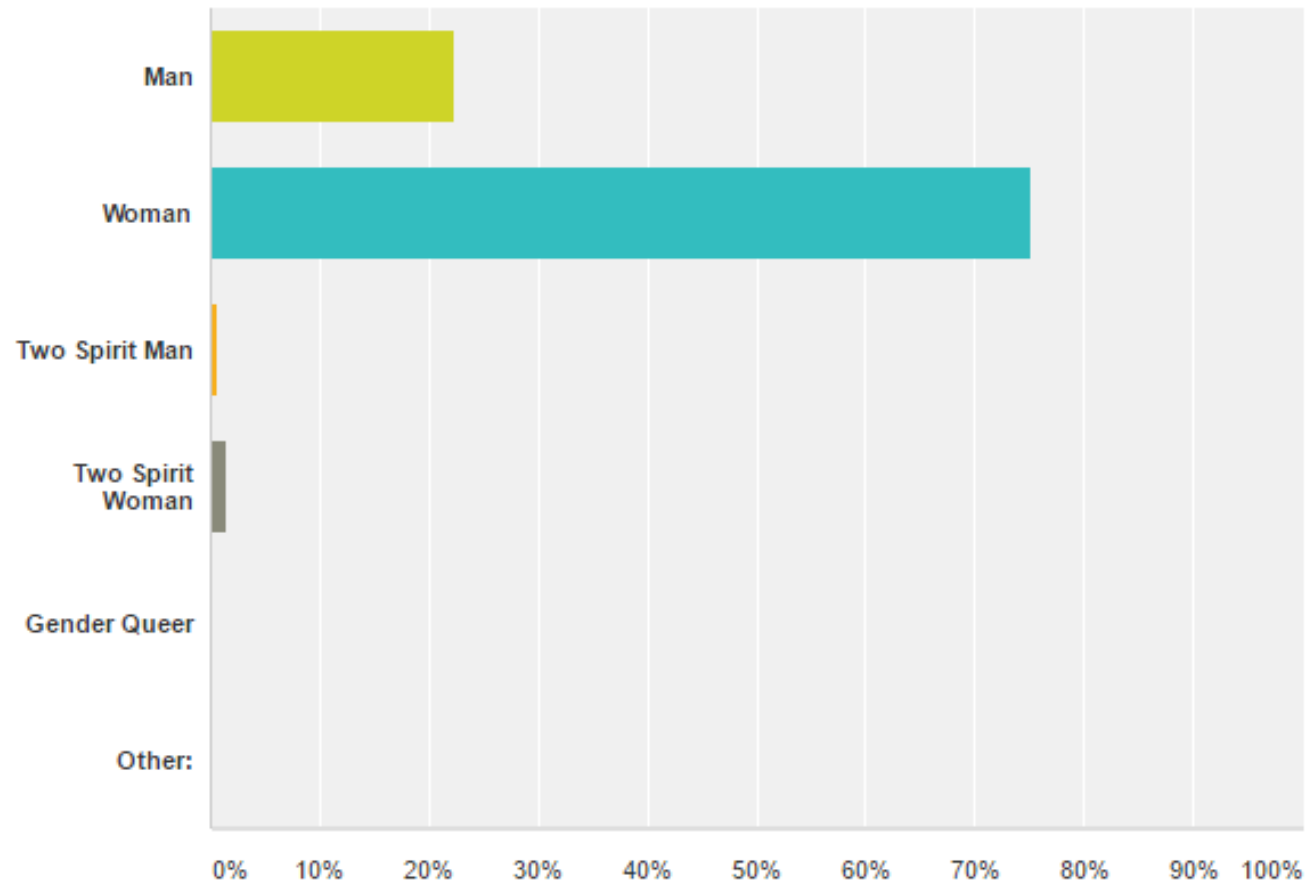
Answered: 993 Skipped: 7



# Respondent Demographics: Gender

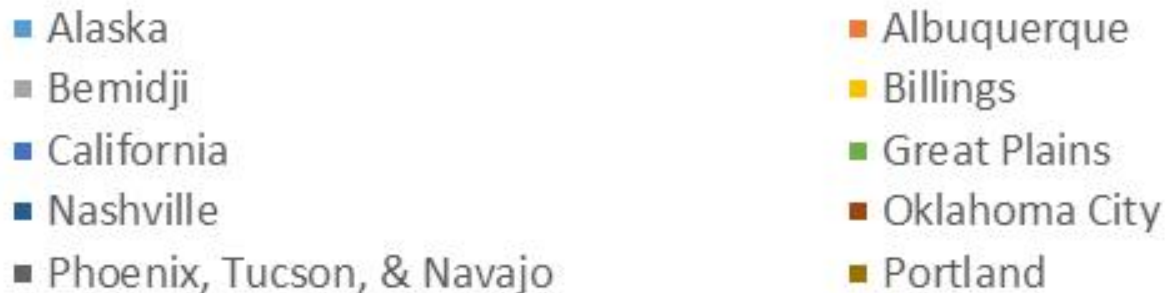
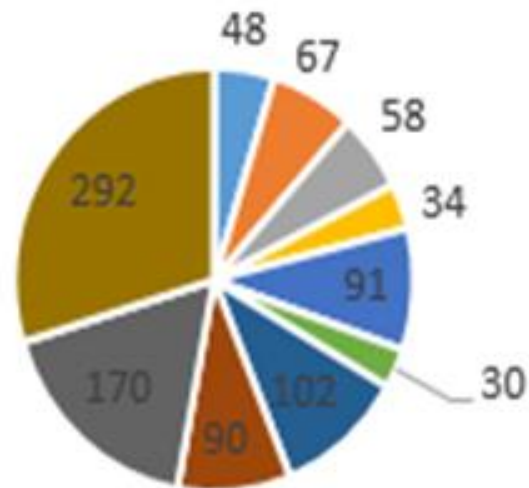
Gender (please check the one that best applies to your personal identity).

Answered: 993 Skipped: 7



# Respondent Geography

Responses by IHS Service Area



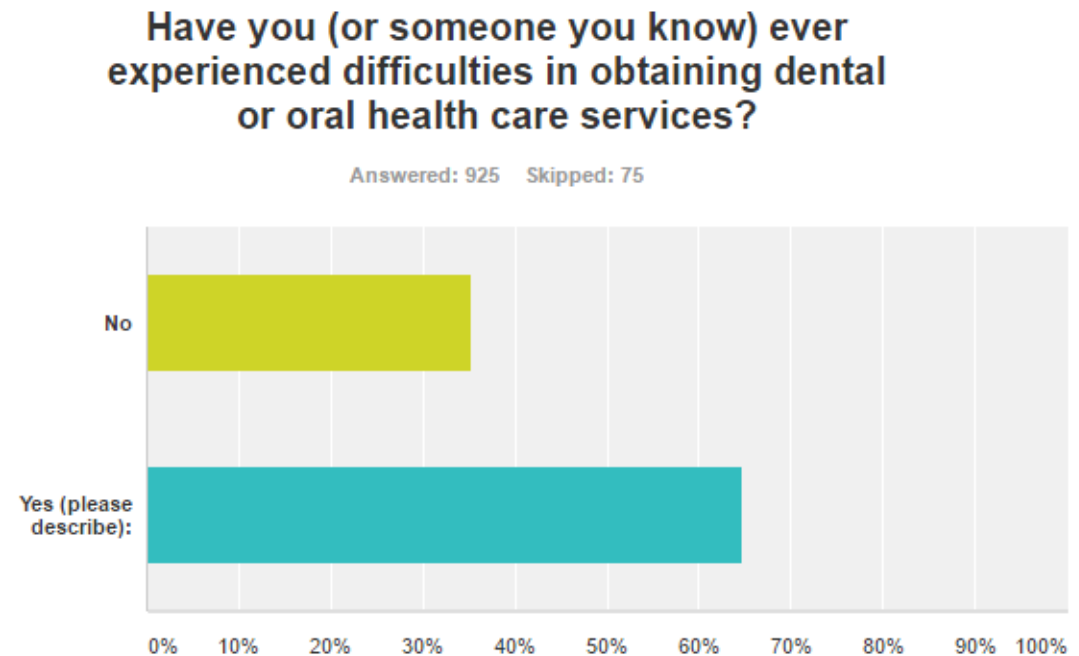
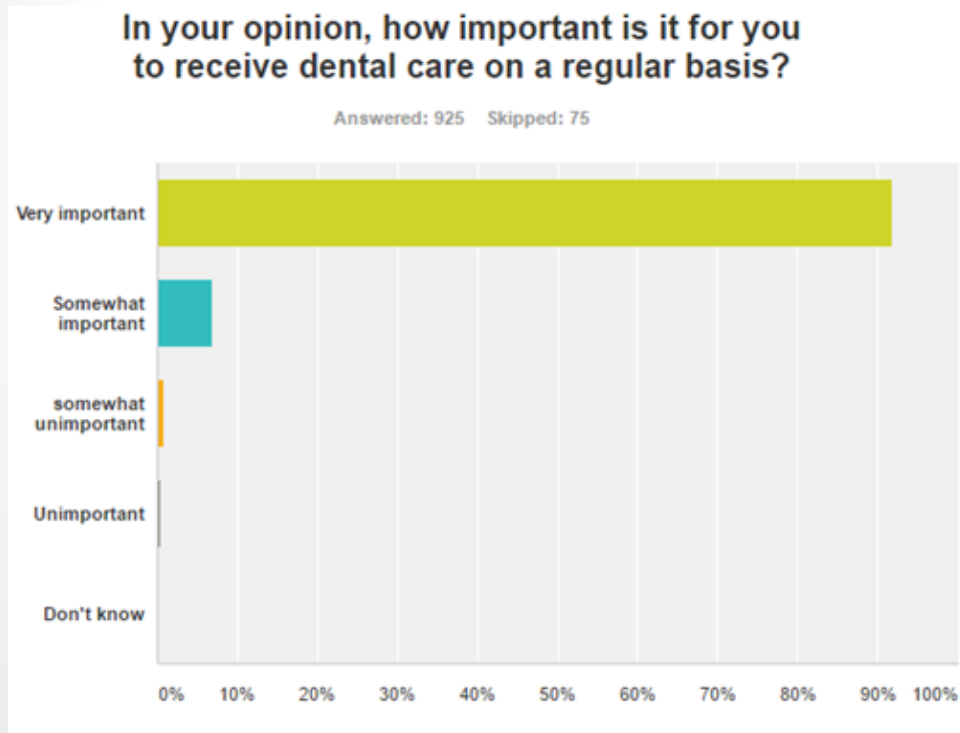
- 38 States and all 12 Indian Health Service Areas Represented in the Survey
- Washington, Arizona, California, & Oklahoma were most frequent responses



# Access to Oral Healthcare

Dental care is a priority, but...

...access is a challenge



The problem is bigger than education!

# Barriers to Oral Healthcare

- Can't get an appointment (56%)
- Services are too expensive (38%)
- Needing to get a referral because the provider cannot do the needed procedure (36%)
- Long wait times (33%)
- Providers are always changing (32%)
- Clinic is too far away (25%)
- Providers have a history of poor service (20%)
- Perception that oral health care is not important (20%)
- Care is not culturally competent (13%)



***“I have not been able to see a dentist in years due to the appointment process. I could not make it to the dental office at 5 in the morning and wait five hours for an appointment on the one day of the month that they scheduled appointments.”***

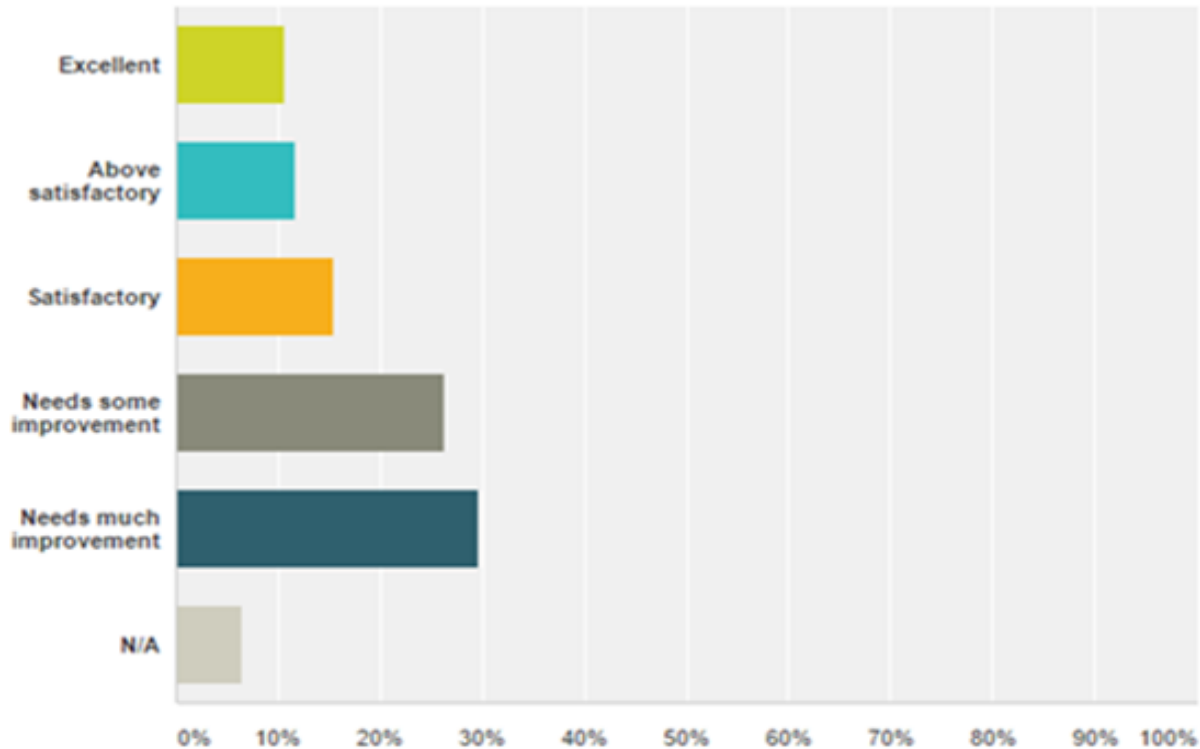
***– Survey Respondent (Arizona)***



# Satisfaction with Community Dental Care

How would you rate access to oral and dental healthcare services in your Tribal community?

Answered: 925 Skipped: 75



- Wide range of satisfaction rates
- Variation in geography
- Tribal dental programs are as diverse as Tribes





*“Sometimes we have a dentist at our Tribal health center and sometimes we don't. When we don't have one, we have to travel an hour away to maybe see another one. And they are inclined to pulling teeth out instead of trying to save teeth.”*

*- Survey Respondent (Oklahoma)*

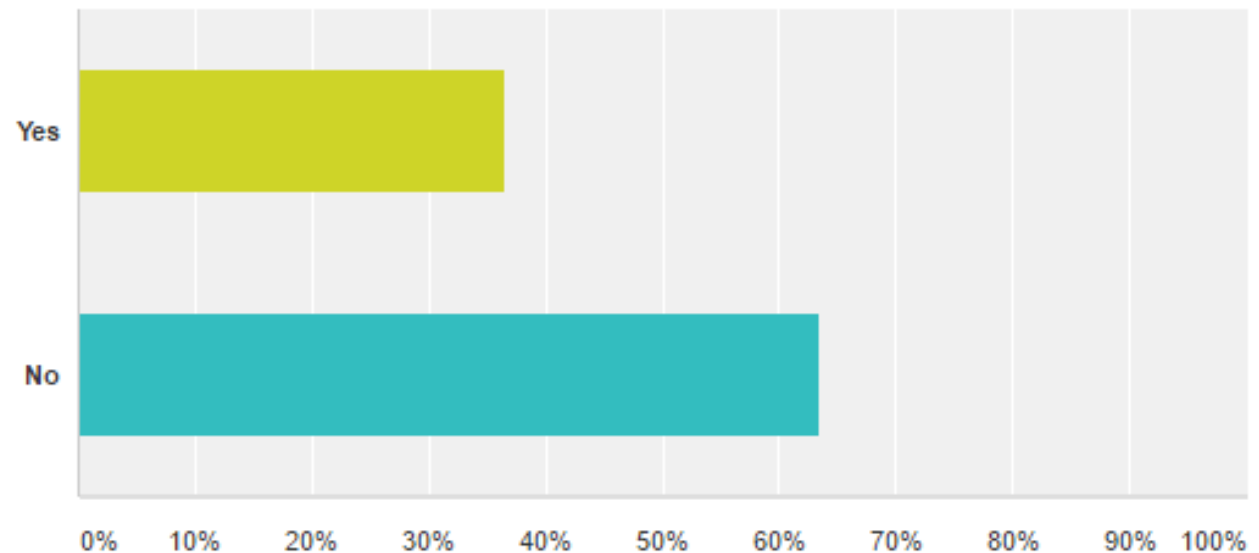
# Oral Health Access Solutions

- Themes of responses gathered for solutions to increasing oral healthcare access in Tribal communities:
  - Emphasis on preventive care
  - Increasing providers would increase amount of patients seen
  - Replicate successful models existing in Tribal communities
  - Provide more community outreach such as reminder calls and further oral health education
- 23 people provided the *dental therapy model* as a solution



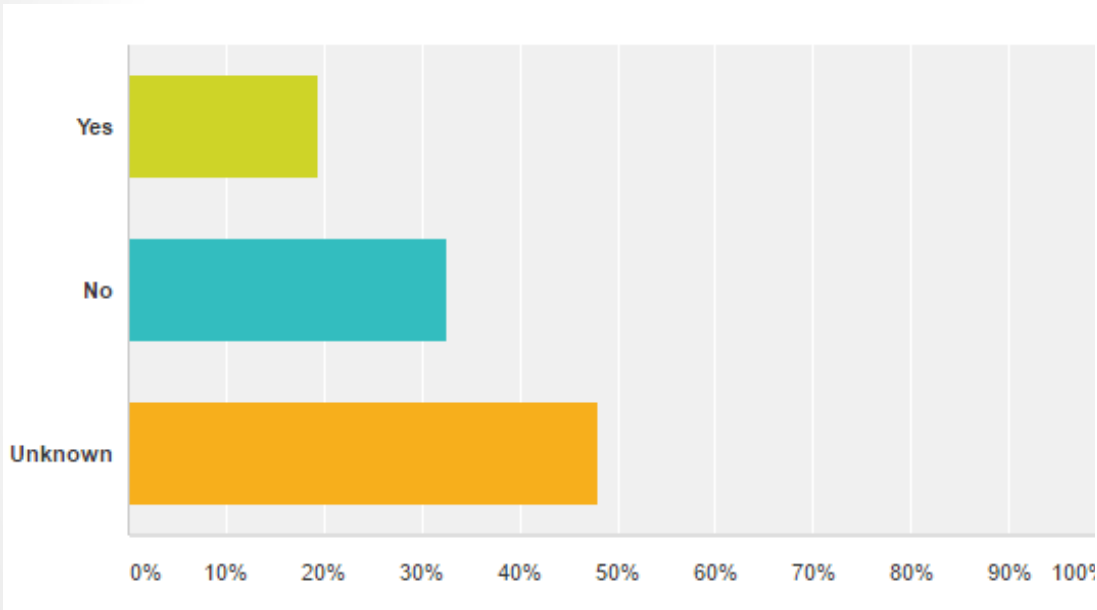
# Familiarity with Dental Therapy

*“Dental Therapists are midlevel dental care providers similar to nurse practitioners or physician assistants in medicine. They practice under the supervision of a dentist and are able to deliver routine dental care to patients. These providers have been used in Alaska Native communities since 2004. Are you aware of the Dental Health Aide Therapist program that has been implemented in Alaska Native communities to increase access to dental care?”*

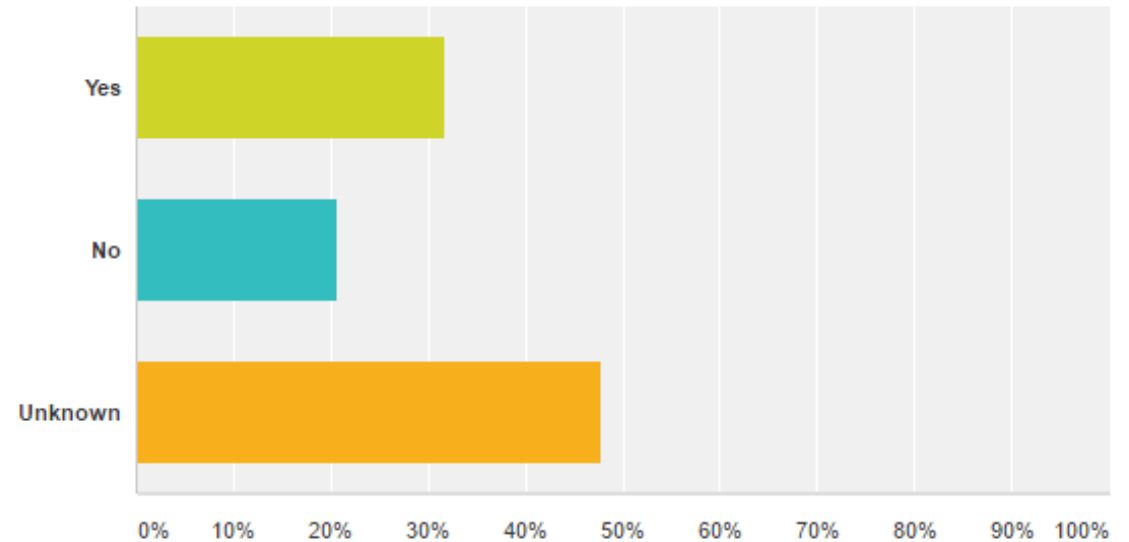


# Tribal Support for Dental Therapy

Q: Has your Tribe Passed a Resolution on DT?



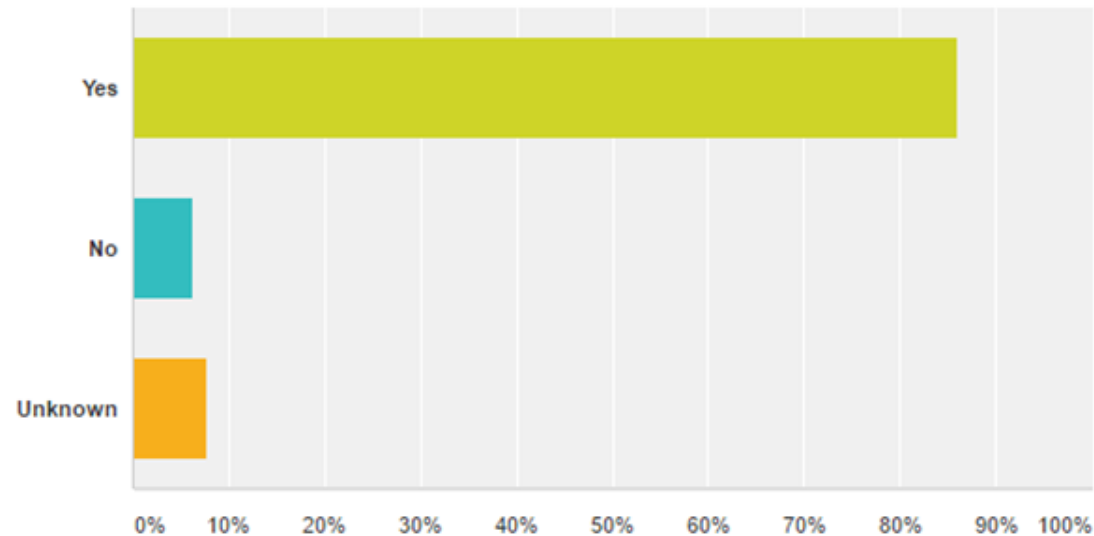
Q: Has your Tribe Explored DT Implementation?



# Is Dental Therapy a Solution?

Would you encourage Tribal leaders to publicly support dental therapy (midlevel oral healthcare providers) as one solution to improving access to oral health treatment and prevention services of your Tribal community?

Answered: 335 Skipped: 665



- Among respondents who were familiar with DTs **85%** supported the model!
- There is broad support that dental therapy can be right for many Tribal communities



***“Mid-level dental providers...will provide so much more service & allow dentists to focus on more serious issues...I firmly believe that it's the single key change that will drastically improve all aspects of Native dental access and care.”***

***– Survey Respondent***



# Conclusions

- The link between oral health and overall health is becoming more widely known
- Access barriers to oral healthcare in Indian Country are systemic
- A new delivery model for oral healthcare is needed in Indian Country
- Of the survey respondents familiar with dental therapy, the expansion of dental therapy is largely supported
- More education for Tribal members and leaders on dental therapy is needed (*especially in certain regions*)



# Next Steps

- NIHB will use these survey results to more meaningfully engage with Tribal leadership and Tribal Public Health Directors to explore dental therapy
- Survey results can now be used at local, state, and regional levels to help raise awareness and generate momentum to increase access to oral healthcare in Tribal communities
- The survey results, along with other qualitative data gathering, will inform the Tribal Oral Health Agenda



# Contact Information

Caitrin Shuy, *Director of Congressional Relations*: [cshuy@nihb.org](mailto:cshuy@nihb.org)

Brett Weber, *Congressional Relations Associate*: [bweber@nihb.org](mailto:bweber@nihb.org)



National Indian Health Board  
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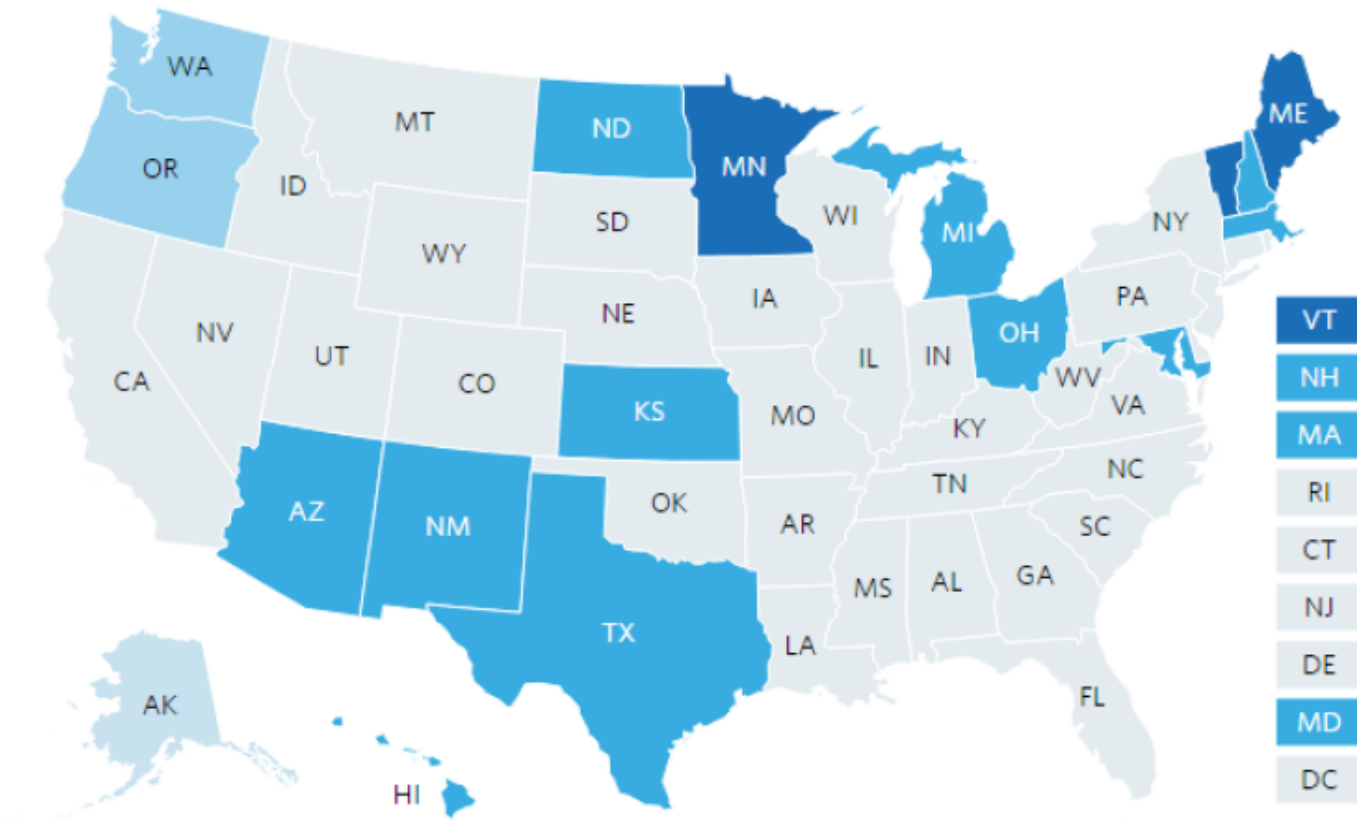


# Dental Therapy: Tribal and State Legislative Update

Kristen Mizzi Angelone

Pew Dental Campaign

January 31, 2017



- Does not allow dentists to hire dental therapists
- Alaska native tribes have authorized dental therapy
- Tribal access authorized and statewide use under consideration
- Actively exploring authorizing dental therapy
- Allows dentists to hire dental therapists

# Building momentum for dental therapy: CODA

- **Commission on Dental Accreditation** implemented dental therapy education standards in August 2015
- Requires DT graduates to be competent in providing oral health care within the defined scope of practice
- Allows states to determine supervision requirements
- Training: 3 academic years *or equivalent*



**CODA**

Commission on Dental Accreditation

# Building momentum for dental therapy: CODA

- **Ilisagvik Tribal College** in Alaska applying for CODA accreditation this spring
- **Vermont, Maine and Minnesota** are all planning to implement accredited dental therapy programs in the next few years
- Pew, WK Kellogg Foundation and the American Association of Community Colleges have developed a **sample dental therapy curriculum**



# Arizona

- Pre-session hearing in December 2016
- Aiming for legislation in 2018





# North Dakota

LEGENDARY

- Legislation introduced earlier this month
- Hearing last week, expect a committee vote and floor vote in the House this week





# PURE MICHIGAN

- SB1013 introduced in June 2016
- Two hearings on the bill in fall 2016
- Prepping for reintroduction in February 2017







- Legislation passed unanimously in 2016
- Halted by the Speaker of the House before session concluded
- Preparing to reintroduce legislation soon 2017

# Building Momentum: more states considering DT

- Washington State
- Oregon
- New Mexico
- Connecticut
- Texas
- Ohio
- Kansas
- Maryland

Reaching a tipping point on dental therapy in the U.S.

# Building Momentum: Free market supporters



# Building Momentum: Dental therapy endorsements

- AARP
- American Public Health Association
- National Congress of American Indians
- National Dental Association
- National Caucus of Native American State Legislators
- National Black Caucus of State Legislators
- National Indian Council on Aging
- National Indian Health Board
- National Foundation of Women Legislators
- National Council of Urban Indian Health

# Next Steps: Getting involved

- Address dental provider shortages and dental care needs in your communities
- Important and influential voice with legislators and in coalitions
- For now, need legislative changes to use IHS funding





**Thank you!**

**Contact: [kmizzi@pewtrusts.org](mailto:kmizzi@pewtrusts.org)**

**Learn more at [pewtrusts.org/dental](https://pewtrusts.org/dental)**

# DHAT projects in Washington and Oregon



**CHRISTINA PETERS**

NATIVE DENTAL THERAPY INITIATIVE PROJECT DIRECTOR  
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
WEBINAR: ORAL HEALTH IN INDIAN COUNTRY  
JANUARY 31, 2017



# Our DHAT Pilot Goals

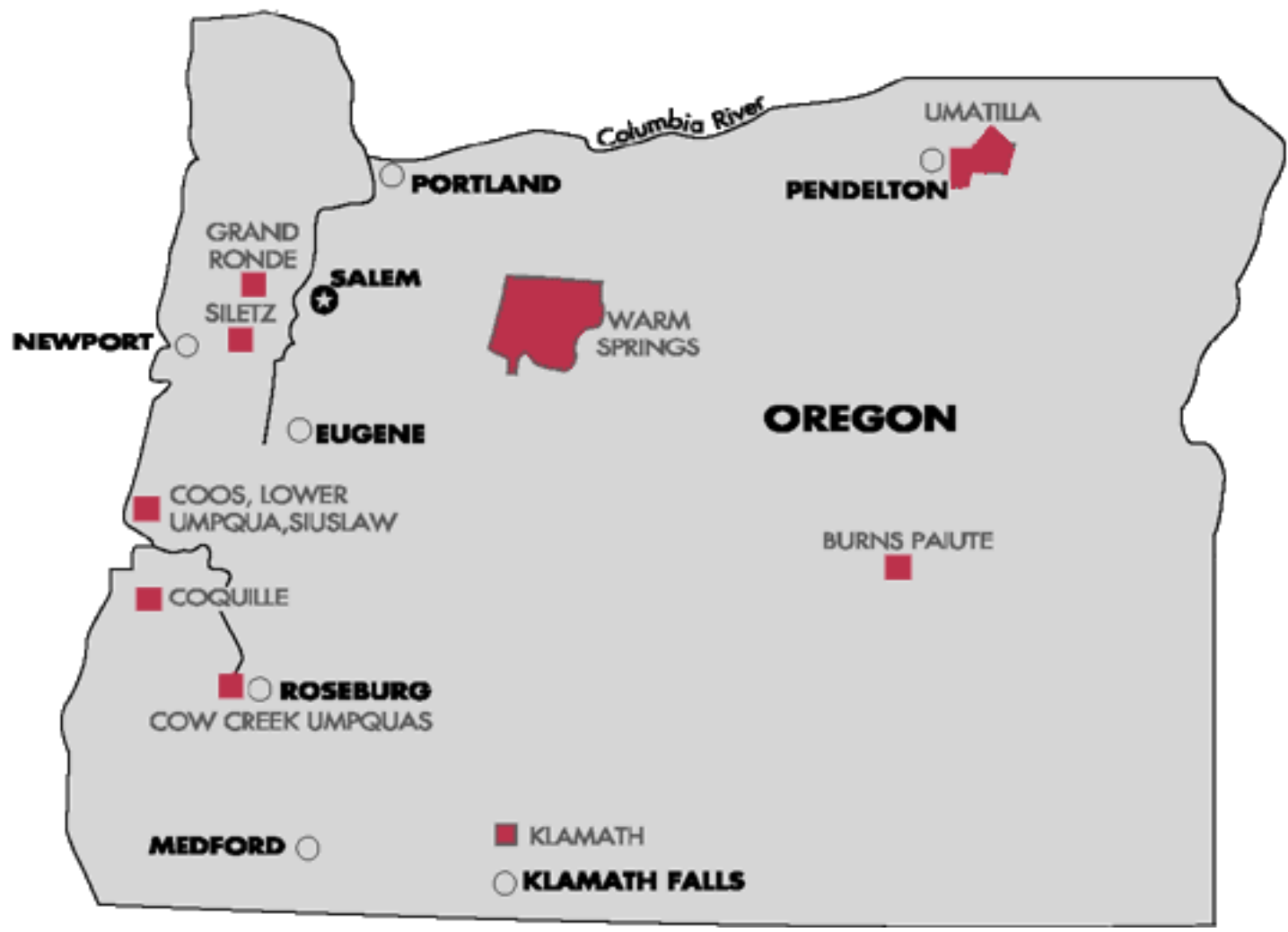
- Expand access to consistent, routine, high quality oral health care in tribal communities;
- Grow the number of AI/AN oral health care providers available to tribal communities;
- Bring culturally competent care into tribal communities;
- Establish cost effective solutions to oral health challenges into tribal communities;
- Bring care where it is needed most.



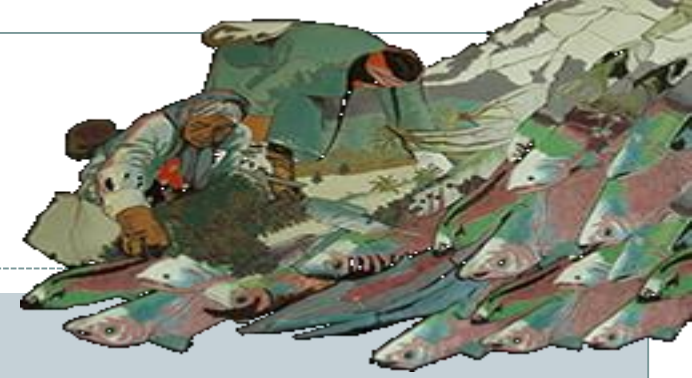


# Oregon Tribes DHAT Pilot Project





# Current Pilot Sites



# CTCLUSI Dental Clinic

- Fully staffed 3-chair clinic serves primarily tribal members/families
- CTCLUSI also provide services to Coquille Indian Tribe. Coquille serves CTCLUSI members at their Community Health Center
- CTCLUSI has a 5-county service area including Coos, Curry, Lane, Lincoln and Douglas



# Our Students!



**Naomi Petrie**  
**DHAT Class of 2017**



**Marissa Gardner**  
**DHAT Class of 2018**



## Coquille Indian Tribe Health Services

- Coquille operates Community Health Clinic for their members/family, community members, and CTCLUSI members in the 5-county service area: Coos, Curry, Douglas, Jackson and Lane
- They currently do not have a dental clinic or dental team but are exploring facility expansion and other options for housing a dental program



# Our Students!



**Alexandria Jones**  
**Class of 2018**



**Jason Mecum**  
**Class of 2018**



# Evaluation

- Working with an outside consultant to evaluate:
  - the effect of dental therapists on access to care
  - the quality of care
  - Patient satisfaction
  - Provider satisfaction
  - Clinic productivity/personnel costs
  - Staff turnover



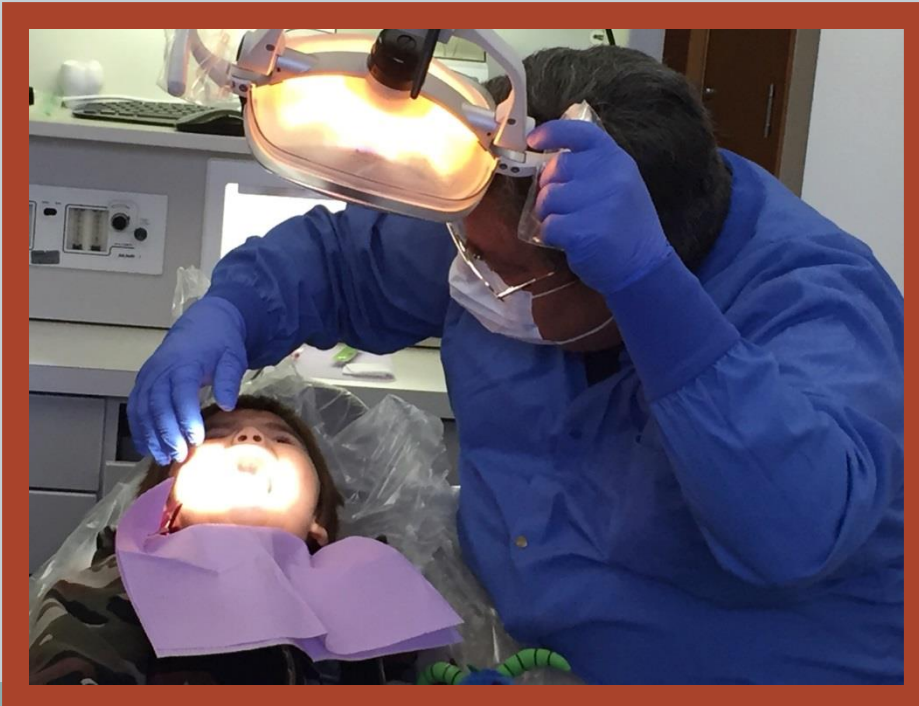


# New Pilot Site in Oregon



# Demonstration in Washington

The Swinomish dental team has celebrated the first anniversary of Daniel's arrival to the clinic



# Swinomish Today

- Dentists working at the top of their Scope
- Daniel Kennedy (DHAT) out in the community
- A more efficient dental team
- Daniel is a natural fit to the clinic
- Young Swinomish tribal members considering Dental Therapy as their future career



# Swinomish Today

- 20% increase in patients seen
- Wait time for Daniel 3-4 weeks (wait time for dentists 3 months)
- Completing treatment plans faster (almost 50%)
- Dentists doing more crown, bridge, and partials
- More efficient “urgent” care time
- Daniel is out in the community every week
- New goal for 2017 is to reach out to elder population

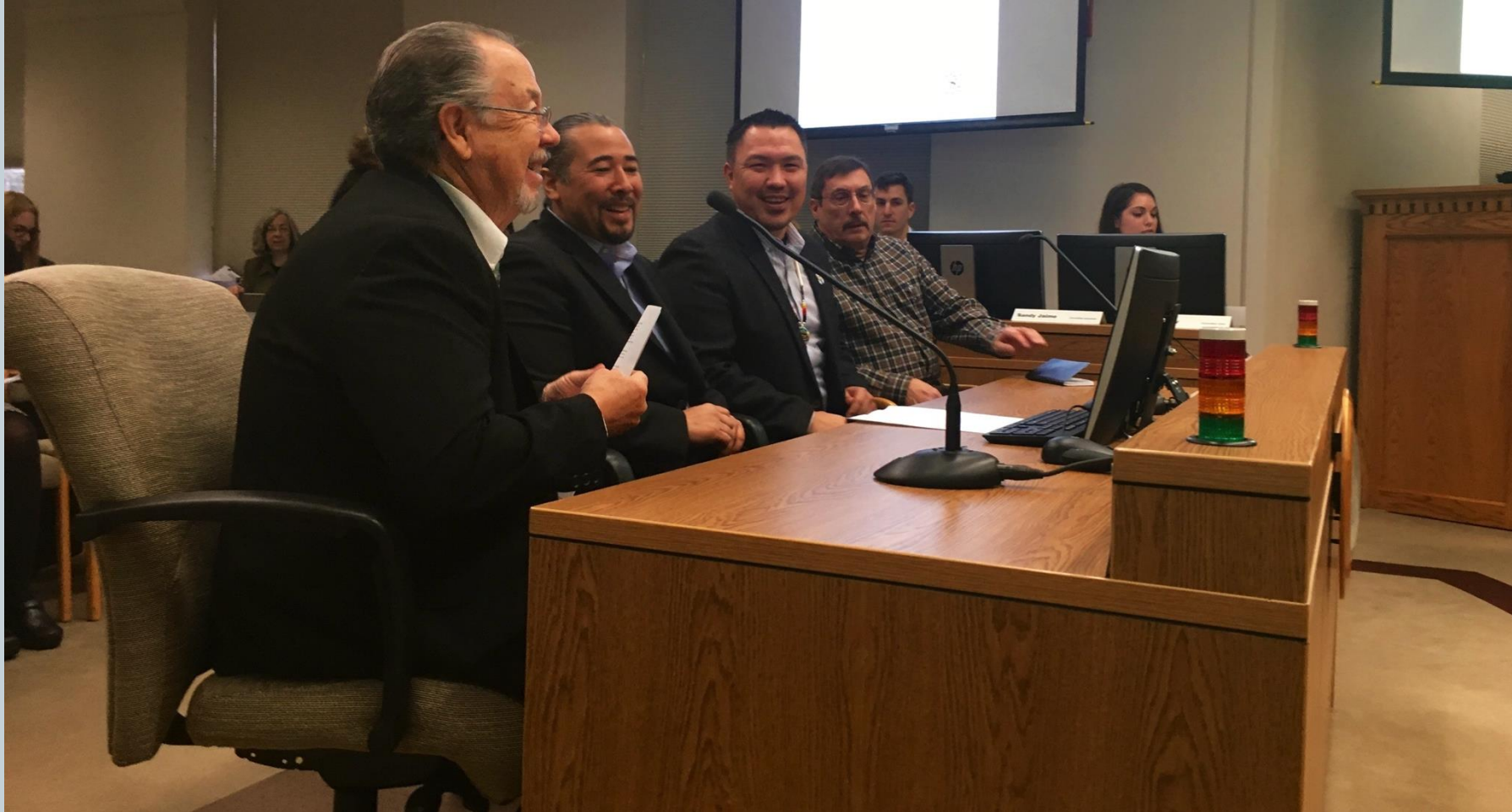


# SB 5079/HB 1414 Tribal DHAT Bill

- Recognizes DHATs in Washington that are
  - Certified by a CHAP Certification board and/or
  - Licensed by a Federally Recognized Tribe
- Satisfies restrictions placed in the IHClA, allowing Tribes in WA to use their IHS funding for dental therapy programs
- Directs HCA to coordinate with CMS for Medicaid Reimbursement



# Solidarity amongst WA Tribes secured unanimous votes in key committees!



# Thank you Swinomish Team for your leadership!



# Health Action New Mexico

Erik Lujan: Erik Lujan is an enrolled Tribal member of Taos Pueblo & President of HANM Board of Directors

Colin Baillio: Director of Policy and Communications at HANM





# Native American Engagement

- The State of NM is home to 23 Native American Tribes, all of which have varying forms of Governance.
- Tribes must also work with NM's state Agencies, Departments, County, municipalities and Legislature.
- NM enacted the State-Tribal Consultation, communication and Collaboration Act of 2009



# Native American Engagement

- Multi-level engagement is critical to building support including Rural and Urban.
- Tribal Administrations and Consortiums
  - Pueblos 8 Northern, 10 Southern, All Pueblo Council of Governors
  - Navajo Nation, Chapters, VA Groups, Non-profits
- Community Groups
  - AAIHB, NAVA, NAPPR, SIPI, NICOA, NMICOA,



# Native American Engagement

- Native American State Representatives and Senators
- Working with Tribal community spokesman, or advocates to help reach Tribal Programs and Leadership.
- Building a Coalition
- Clear, consistent messaging
- Continued Presence in communities



# Legislative History

- Original model was Alaska DHAT
- Adopted hygiene-based model to partner with dental hygienists
- NM coalition passed bill in House of Representatives in 2015 w/ full scope of practice, some limits on provider settings
- Legislators convened a task force to produce a compromise bill with direct input from NM Dental Association



# 2015 Task Force

- Four six-hour meetings held over summer of 2015
- Participation from NMDA, NMDHA, and HANM
- On last day, a compromise was reached
- Limits supervision for some procedures
- Contains outcome report that allows Health Department to recommend expanded scope of practice and general supervision for all procedures



# Prospects for 2017

- Advocates, hygienists, and dentists support bill
- All Pueblo Council of Governors in unanimous support
- Bipartisan support in both chambers
- Broad coalition of support, built over several years
- Best chance of passage to date

