



## 2018 Tribal Oral Health Assessment Results

### **Background:**

Dental Therapists, focused oral health providers trained and licensed to perform preventative and routine oral healthcare procedures, have been operating in Alaska Native communities under the Community Health Aide Program (CHAP) since 2004. These providers have shown success in reducing oral health disparities between American Indian/Alaska Natives and the general population in Alaska<sup>1</sup>.

Tribes nationwide have long been looking at options to bring the dental therapy workforce model to their communities as a means to improve oral health outcomes in Tribal communities. Swinomish Tribe in Washington State developed its own licensing standards and hired a dental therapist in 2016. Tribes in Oregon are operating pilot projects to gather data on the model's potential statewide. In April 2018, Arizona passed a law to allow dental therapists to practice in certain settings, including Tribal and Urban Indian health facilities.

This assessment was conducted by the National Indian Health Board's Tribal Oral Health Initiative. This is the second assessment conducted by the Initiative. The first, in 2016, was designed to gauge familiarity with and support for dental therapy among the Tribal population. The second, completed in May 2018, measured Tribal oral healthcare systems' compatibility with dental therapy as judged by elected Tribal leaders, health program directors, and dental program directors.

### **Results:**

- A total of 67 Tribal leaders, health directors, and dental directors completed the assessment. These respondents came from 16 states, ensuring a wide range of geographic diversity.
- 27% of respondents were elected Tribal leaders, 34% were health directors, and 39% were dental directors.
- 64% of respondents live in communities served by a Tribally run dental clinic, 27% by an IHS-run clinic, and 9% by no clinic at all.
- When asked to rate their community's oral health on a scale of 1-10, the average was 4.7.

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<sup>1</sup> Chi, Donald, DDS, PhD; Lenaker, Dane, DMD, MPH; et al. "Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study." University of Washington. August 2017. <https://faculty.washington.edu/dchi/files/DHATFinalReport.pdf>



- When asked how easy it is for Tribal members to access oral health care on a scale of 1-10, with 1 being very difficult and 10 being very easy the average response was 5.6.
- 61% of respondents said the average wait time for a dental appointment was between 1-3 months. 5% reported a wait time of over 6 months. Fewer than 1 in 4 respondents (22%) reported a wait time of under one month. The average wait time nationally for pediatric dentists in 2012 was 10 days.<sup>2</sup>
- 79% said there was a shortage of oral health providers in their community, with 33% saying the shortage was severe. Just 3% said there was an excess of providers.
- The most common reason for the shortage was clinic location and size, low salaries for providers or other budget constraints, and difficulty in recruiting oral health providers to work in rural areas.
- When asked about the importance of Medicaid in financing their Tribe's oral health provider team, 60% said "Very Important," with one Tribe stating Medicaid paid for 80% of its oral health program!
- 2 in 3 respondents were familiar with dental therapists, and 3 in 4 were supportive of their Tribe hiring a dental therapist.
- Fully half of respondents were unsure if their state licenses dental therapists to practice. This reinforces the need for continued outreach in Tribal communities to build knowledge of the model's potential.
- 73% of respondents wanted their state to begin licensing dental therapists if it does not already do so, and 48% said they would even support their Tribe licensing dental therapists itself, as Swinomish Tribe in Washington State did in 2016.
- When asked to evaluate how a dental therapist might improve their community's oral health outcomes on a scale of 1-10, with 1 being no improvement at all and 10 being a great improvement, the average answer was 6.7.

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<sup>2</sup> American Dental Association, "2012 Survey of Dental Practice: Pediatric Dentists in Private Practice."  
<http://www.aapd.org/assets/1/7/SurveyofDentalPracticeReport.pdf>