Tribal communities nationwide, like many underserved populations, suffer from a variety of dental afflictions.

Poor oral health can result in missed school or work and decreased ability to eat healthy foods. Poor oral health also puts individuals at greater risk for cardiovascular disease, respiratory infections, dementia and diabetes.

A lack of prevention services and a severe provider shortage throughout Indian Country contribute to these problems. Many Tribes are located in rural areas and a very high percentage of these areas are considered to be dental provider shortage areas. The problem also includes Tribes located in or close to urban areas with many of these Tribes having little to no access to dental care.

The National Indian Health Board (NIHB) and many of our partners across Indian Country believe that a sensible and time-tested solution to these problems exists.

Dental Therapists – or DTs – are mid-level oral health practitioners that provide reliable, safe, and culturally appropriate dental care. Almost all other industrialized countries already utilize DTs. Tribes in Alaska pioneered the DT model in the United States in 2004. Over the course of its existence, this program has resulted in access for 40,000 more people in approximately 81 rural Alaska Native communities. The program has an impeccable record of safety and effectiveness, with no complaints of malpractice and 95% of patients report being satisfied or very satisfied with the services they received from a DT.
HOW DOES THE DENTAL THERAPY MODEL WORK?

DTs are supervised by a dentist and have a limited scope of practice that focuses on routine dental maintenance and prevention services. This provider framework extends the ability of dentists to serve communities much in the same way that nurse practitioners or physician assistants extend the reach of doctors. DT support also allows dentists to focus on more complicated procedures. With the routine prevention services that DTs provide, patients can avoid acute conditions that otherwise might require an emergency room visit. In every respect, the DT model brings superior results. This mid-level dental care results in significant cost savings and a better quality of life.

DTs are used in 54 countries around the world and continue to have high rates of patient satisfaction. In fact, DTs are so safe that malpractice insurance is only $93 per year in Minnesota. In August 2015, the Commission on Dental Accreditation (CODA) – the nation’s accrediting body for dental training programs – voted to implement national standards for dental therapy training programs, marking a turning point in the growth of the dental therapy profession. After three years of evaluation, the commission determined that the criteria needed to move forward with the standards have been satisfied.

ARE TRIBES OUTSIDE OF ALASKA USING THE DT MODEL?

Unfortunately, a clause in the Indian Health Care Improvement Act (IHCIA) has placed barriers in the way, making it more difficult, but not impossible, for Tribes outside of Alaska to use the DT model to address their oral health needs. On January 4, 2016, the Swinomish Indian Tribal Community became the first Tribe outside of Alaska to employ a DT. After a long and thorough process, the Swinomish Community created a separate licensing board for their dental professionals, including licensing DTs. These steps were undertaken under the Swinomish Community’s authority as a sovereign Tribal nation and are fully within the law. In Oregon, two Tribes are employing DTs under authority granted by the state to engage in Dental Pilot Projects.

To learn more about how your Tribal government or organization can support Tribal sovereignty and improved oral healthcare in Indian Country, visit www.nihb.org/oralhealthinitiative.

Dental Therapy 101

Dental Therapists

DENTAL THERAPISTS (DTs) ARE PRIMARY MID-LEVEL ORAL HEALTH CARE PROFESSIONALS. THEY PROVIDE BASIC CLINICAL DENTAL TREATMENT, FOCUSING ON ROUTINE AND PREVENTIVE SERVICES. THEY ARE MULTIDISCIPLINARY TEAM MEMBERS AND ADVOCATE FOR THE NEEDS OF PATIENTS. DTs HAVE BEEN PRACTICING WORLDWIDE FOR DECADES.

As part of a community-driven solution, Alaska Native Tribal Health Consortium introduced the first successful dental therapist workforce in the United States in 2004. Dental therapists provide culturally appropriate dental education and routine services, within the scope of their training, usually in their home communities.

Dental therapists receive the same training as dentists for the areas of practice in which they overlap. After finishing a rigorous two calendar year program, DTs in training complete a 400 hour preceptorship under the supervision of a dentist. DTs then begin practicing, typically in rural areas, where the unmet oral health needs are the highest.

DTs are certified to provide the simplest and most common dental procedures under the general supervision of a dentist, meeting a significant portion of patient need. This frees up dentists to focus on more challenging cases and practice at the top of their scope.

The Swinomish Tribe in Washington State has employed a DT since January 2016. The program is helping that Tribe meet its oral health-care needs and is saving the Tribe money. Two Tribes in Oregon have also begun implementing dental therapy as part of a pilot program.

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What Does Federal Law Really Say About Dental Therapists in Indian Country?

The Indian Health Service (IHS) issued guidance detailing the success of the Dental Health Aide Therapy Program in Alaska in July 2016. The guidance highlights the safety and economic benefits that the dental therapy (DT) program has had in Alaska and cites a study that found that DTs in Alaska provide safe, competent and appropriate dental care. However, later in the document, the guidance states, “the Indian Health Care Improvement Act (IHCIA)... authorizes [DT] services or midlevel dental health provider services if such services are permitted under state law.”

Tribal actions are proving why this is an incorrect interpretation. On January 4, 2016 the Swinomish Indian Tribal Community became the first Tribe outside of Alaska to employ a DT. After a long and thorough process, the Tribe created a separate licensing board for their dental team, including DTs. Acting under its own authority as a sovereign Tribal nation, the Swinomish Community has undertaken steps that are fully within the law.

WHAT IS A DENTAL THERAPIST?

Dental therapists (DTs) are midlevel providers who provide routine oral health services under the general supervision of a dentist. They can help fill the gaps when dentists are unable or unwilling to be in a community full time. Tribes in Alaska have safely and effectively used these providers for over a decade and some Tribes in Oregon and Washington are starting to employ these providers too.

I ENCOURAGE ALL 567 TRIBES TO LOOK INTO THIS PROGRAM, BECAUSE IT WORKS IN ALASKA; IT WORKS IN SWINOMISH. IT CAN WORK IN YOUR COMMUNITIES.

—Chairman Brian Cladoosby, Swinomish Indian Tribal Community
Here’s what you need to know about Dental Therapy guidance in Federal law...

› The limitation on DTs in the IHCIA is narrowly applied only to certification through the potential nationalization of the Alaska Community Health Aide Program (CHAP) (25 USC 1616l(d)(2)(B)), and IHS filling positions for certified dentists with dental therapists (25 U.S.C. § 1616l(d)(4)). Exceptions to the limitation to the expansion under a nationalized Community Health Aide Program is allowed if the state has authorized midlevel dental practice, a clear recognition that dental therapist practice can be safe and effective.

› That the limitation was to be applied only in the context of the nationalization of CHAP is further clarified by subsection (e) of 25 U.S.C. § 1616l, which states: “Nothing in this section shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in an program or to provide any service authorized by any other Federal law.”

› Dental therapy practice is authorized under other federal law. 42 U.S.C. § 246g-1 authorized a demonstration project to establish programs to train, or to employ, alternative dental health care providers, including “dental therapists.” IHS facilities and tribes carrying out programs under the ISDEAA were entitled to participate.

› If Congress had intended to bar all practice of dental therapists even outside of CHAP nationalization, it could have done so. It did not.

› The authority of Tribes to engage in civil regulation is a well-established principal of federal Indian law. Such civil regulation includes licensing professional practitioners.

› Under the Indian Self Determination Education and Assistance Act (ISDEAA), the federal government is required to “interpret all federal laws, in a manner that will include programs, services, functions and activities that will lead to the achievement of tribal health goals and objectives.” 25 U.S.C. § 458aaa-11(a).

› That includes recognition of Tribal licensing authority – including authority to license dental therapists – and an acknowledgement that the limitation of expansion of dental therapists through nationalization of CHAP does not bar other Tribal initiatives authorized under federal or Tribal law.

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It is abundantly clear that alternative dental practitioners, such as dental therapists, are an essential component of resolving the barriers to access to quality dental care for Indian people throughout the United States.
The oral health of American Indian and Alaska Natives is alarming; children suffer from staggering rates of untreated decay and adults experience high rates of untreated decay, periodontal disease and tooth loss.

Poor oral health affects American Indian and Alaska Natives of all ages and leads to poor performance and absences from school and work and costly problems for families, employers, and federal and state governments. Poor oral health is associated with serious health concerns, including heart and lung disease, stroke, diabetes, low birth weight and premature births. Children with untreated decay not only suffer pain and infection; they have trouble eating, talking, sleeping and learning. This directly impacts school performance and causes missed school days.

This fact sheet offers 2014 and 2015 Indian Health Service (IHS) data on oral health status for preschoolers and adults respectively. The last time IHS reported on preschool-aged children was 2010; for adults, the last time was 1999. Untreated decay rates for preschoolers have remained relatively stable since 2010. The oral health status of adults – while still significantly worse than for the general adult population – has improved since 1999.
Based on 2015 data, rates of untreated decay over the past 15 years have improved for adults, especially those aged 55 and older. During this time period, rates of untreated decay for the 55 and older population declined from 61% to 49%.

Between 1999 and 2015, more AI/AN adults were keeping their natural teeth.

The portion of AI/AN adults aged 55 and older with 20 or more teeth nearly doubled in this time period, from 33% to 61%.

The portion of 35-44 year-olds with 20 or more teeth rose from 86% to 91% during this time period.

In 2011 IHS spent an average of $99 per person on oral health care, compared to the national average per capita expenditures of approximately $272.

Between 1999 and 2011, average per capita spending for health care by IHS nearly doubled.

IHS SPENDING ON ORAL HEALTH, OVER TIME AND COMPARED TO NATIONAL SPENDING

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ENDNOTES


15. Ibid.
16. Ibid.
17. Ibid.
Dental therapists – midlevel providers similar to physician assistants in medicine – deliver preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.

Tribal governments and Tribal organizations are frequently challenged with provider shortages and, therefore, a lack of access and affordability to oral healthcare in Tribal communities. Dental therapists already practice in Tribal communities in Alaska where access can be especially limited, and Tribes in the lower 48 states are now building momentum to support of bringing these midlevel providers to dental teams across Indian Country.

This map shows Tribes, Intertribal Organizations, and Area Indian Health Boards that have passed resolutions in support of Dental Therapy.