Congress Must Fix the Indian Health Care Improvement Act to Fully Expand the Community Health Aide Program

CHAP Expansion Must Include Oral Healthcare Providers

Since the 1960s, the Community Health Aide Program (CHAP) has provided frontline medical services to Alaska Native communities and has grown to provide behavioral and dental health services. Funded by the Indian Health Service (IHS), CHAP empowers community members to receive certification as healthcare providers and serve the homelands they have known their entire lives.

In 2010 Congress granted IHS legal authority to expand CHAP to Tribes nationwide because of the program’s success in Alaska. However, a last-minute amendment to the law, pushed by a special interest group opposed to Tribal sovereignty, required Tribes to obtain permission from their state governments to hire CHAP’s dental providers, dental health aide therapists (DHATs or dental therapists). This goes against the federal trust responsibility and Tribal sovereignty. DHATs are rigorously trained, federally certified community members who bring culturally competent dental care to communities with little to no access to dental care otherwise.

Nationwide, one dentist serves about 1,600 people.1 However, throughout Indian Country, a severe provider shortage results in one dentist serving over 2,800 people. That is nearly twice the patient burden — and more burden means more dentists burn out and leave Indian Country.2

Wait times for dental appointments can be over six months in some Tribal communities. But a single year after hiring a dental therapist, one Tribe was able to reduce its wait time to two weeks!

Health Impacts of Poor Access to Oral Health Care in Indian Country

Chronic tooth decay is correlated with medical issues like heart disease and diabetes, and increases days missed from school and work.3 Poor oral health also impacts mental and emotional health by decreasing confidence and contributing to negative self-esteem. Disparities in oral health access harm American Indian/Alaska Native (AI/AN) people across all generations:

- AI/AN children ages two to five years are four times as likely to have untreated tooth decay as the national average.4
- 48 percent of AI/AN elders over 65 had untreated dental caries compared to 19 percent of the 65 plus age group nationally.5

Dental Health Aide Therapists have provided high quality oral health care to Alaska Native communities since 2004.

2 Indian Health Service, 2022 Congressional Justification, Page 116.
CHAP’s DHATs in Alaska Native Communities

Dental Therapy is a proven, established profession. Focused providers fill a critical gap in oral care, treating the most common cases while the dentists practice at the top of their scope on more complex cases. A DHAT’s scope of practice meets between half and two-thirds of patient need.

In Alaska, Tribal communities served by the CHAP’s DHATs saw 60 percent more preventative care for children, and in turn those children needed 74 percent fewer extractions and 31 percent fewer dental operations under general anesthesia.  

Because DHATs work in their home communities, they have life experiences similar to the people they serve, helping form bonds with their patients and making them comfortable getting care. Oral health care can be traumatic, especially for children. DHATs are uniquely able to engage with Native patients in a culturally competent manner and reduce their anxiety in the dental chair.

CHAP Expansion

As IHS continues expanding CHAP to Tribes outside Alaska, medical, behavioral, and some dental professionals will soon receive certification to practice in the Indian health care system. However, requiring approval from states before hiring DHATs has meant IHS cannot fully expand CHAP. The current restriction is an inappropriate limitation on Tribal sovereignty. If a Tribe wants to hire a physician, nurse practitioner, dentist, or any other provider, the state government does not have a constitutional right to interfere.

By forcing Tribes to receive state permission before hiring DHATs, Congress is adding a layer of bureaucracy separating Tribes from the care they need. With this restriction in place, Tribes are denied a vital tool to bring quality oral health care services to their communities.

The fix to the Indian Health Care Improvement Act would allow IHS to fully expand CHAP and extend a crucial provider to the communities that need it most. Fixing the current law will empower all Tribes to determine for themselves how to address oral health without needing permission from their state governments.

Removing the DHAT exclusion in federal law is supported by the National Indian Health Board, all eleven Area Indian Health Boards, and Tribal governments in every corner of the country.

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