



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Dental Health Aide Therapists

A Brief History and Policy Issues in Expanding
DHAT to the rest of the Indian Health System

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Inter-Governmental Affairs
Alaska Native Tribal Health Consortium

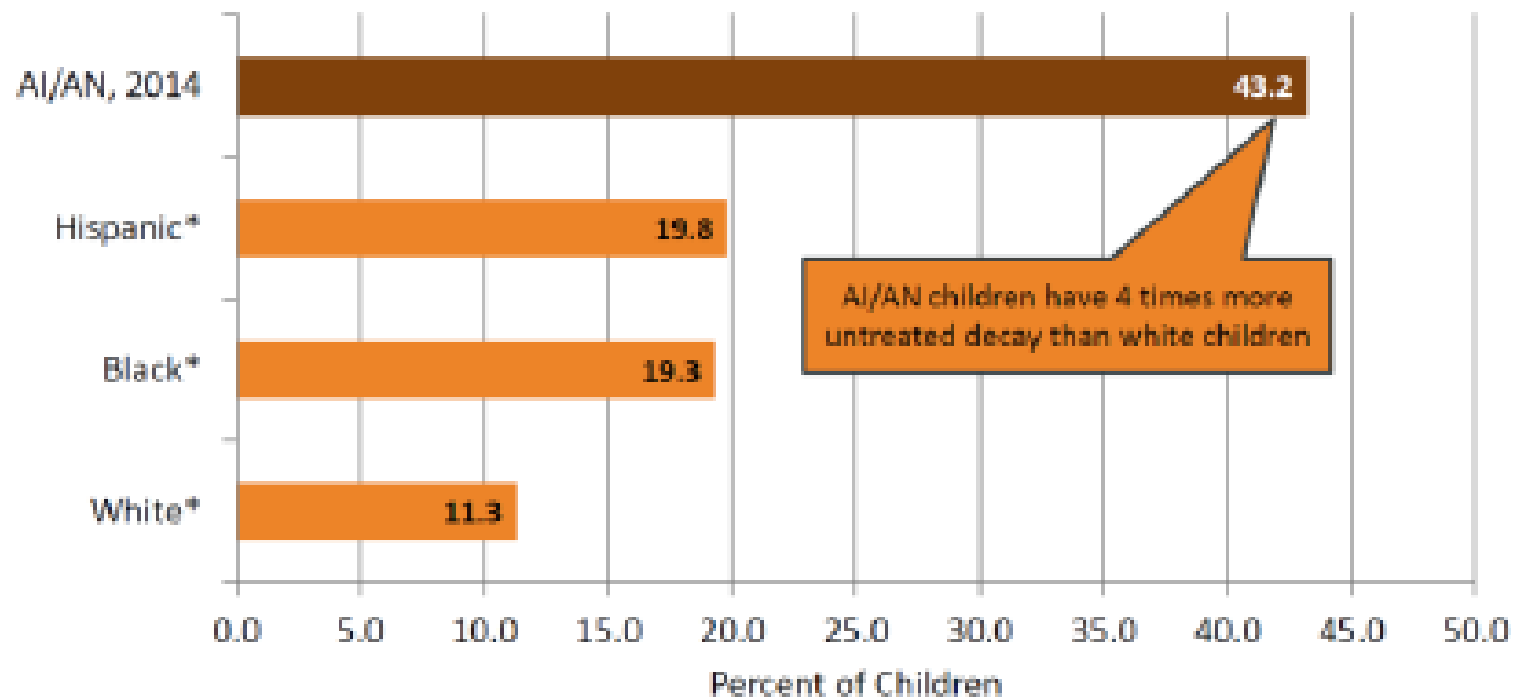


Presentation Overview

- AI/AN Oral Health Disparities
- The Alaska DHAT Experience
- DHAT Litigation
- How DHATs have impacted Alaska and the benefit to Indian Country!
- DHAT legal challenges and potential barriers
- What Portland Area Tribes doing about this?
- Discussion

FINDING # 2 (CONT.): AI/AN CHILDREN HAVE MORE TOOTH DECAY THAN OTHER POPULATIONS

Percent with Untreated Decay Among Children 3-5 Years of Age



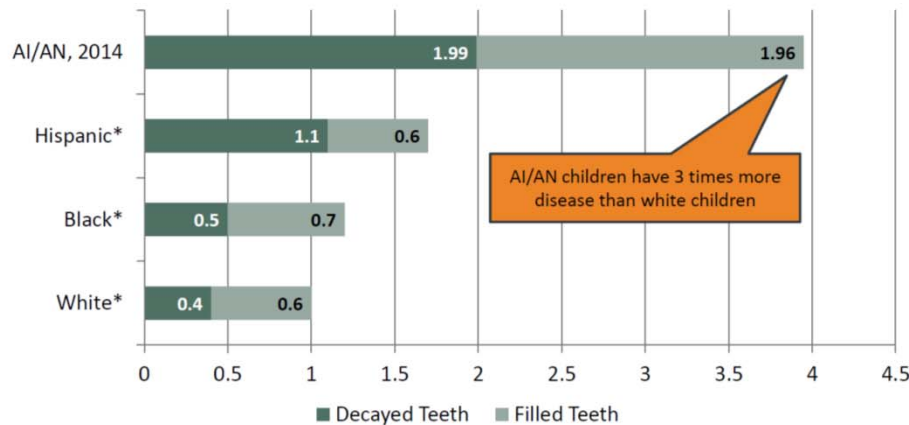
* Data Source: NHANES 2009-2010

AI/AN Oral Health Disparities

FINDING # 2: AI/AN CHILDREN HAVE MORE TOOTH DECAY THAN OTHER POPULATIONS

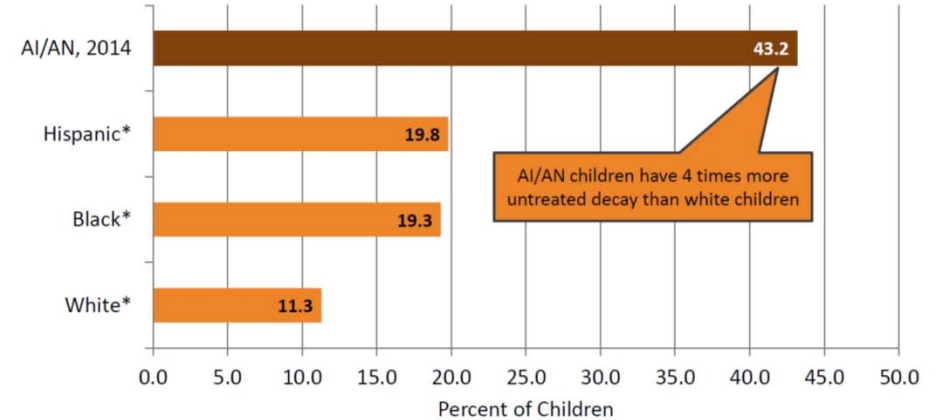
FINDING # 2 (CONT.): AI/AN CHILDREN HAVE MORE TOOTH DECAY THAN OTHER POPULATIONS

Mean Number of Decayed and Filled Primary Teeth (dft) Among Children 2-5 Years of Age



* Data Source: NHANES 1999-2002

Percent with Untreated Decay Among Children 3-5 Years of Age

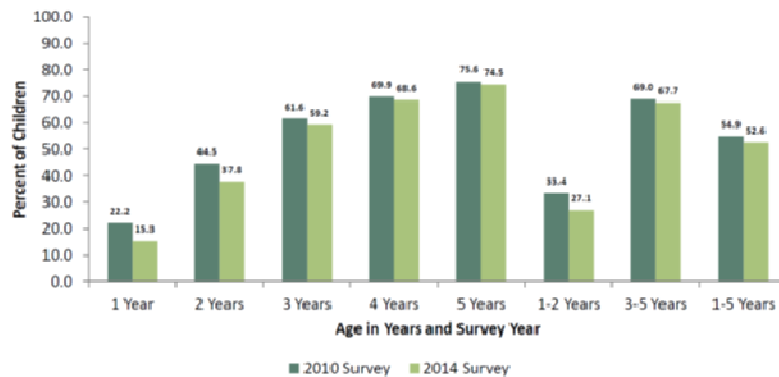


* Data Source: NHANES 2009-2010

Oral Health Disparities are Real and Continue to Persist in Tribal Communities

SUMMARY – DECAY EXPERIENCE

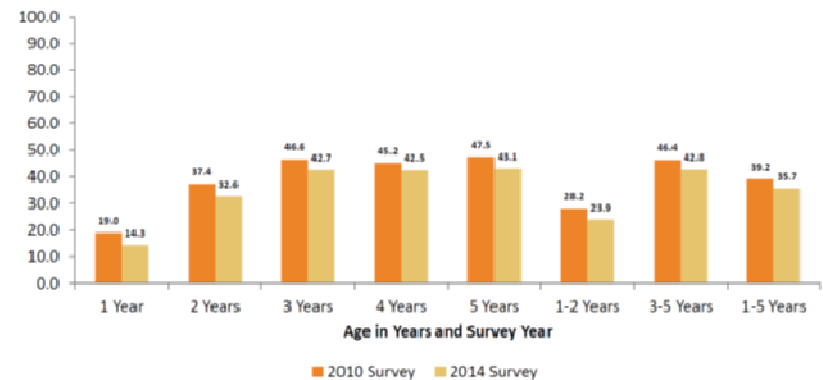
Percent of AI/AN Children with Decay Experience by Age, 2010 & 2014



59 Service Units participated in both 2010 (n=8,155) and 2014 (n=9,118) – data presented is for those 59 Service Units. *Differences are not statistically significant.*

SUMMARY - UNTREATED DECAY

Percent of AI/AN Children with Untreated Decay by Age, 2010 & 2014

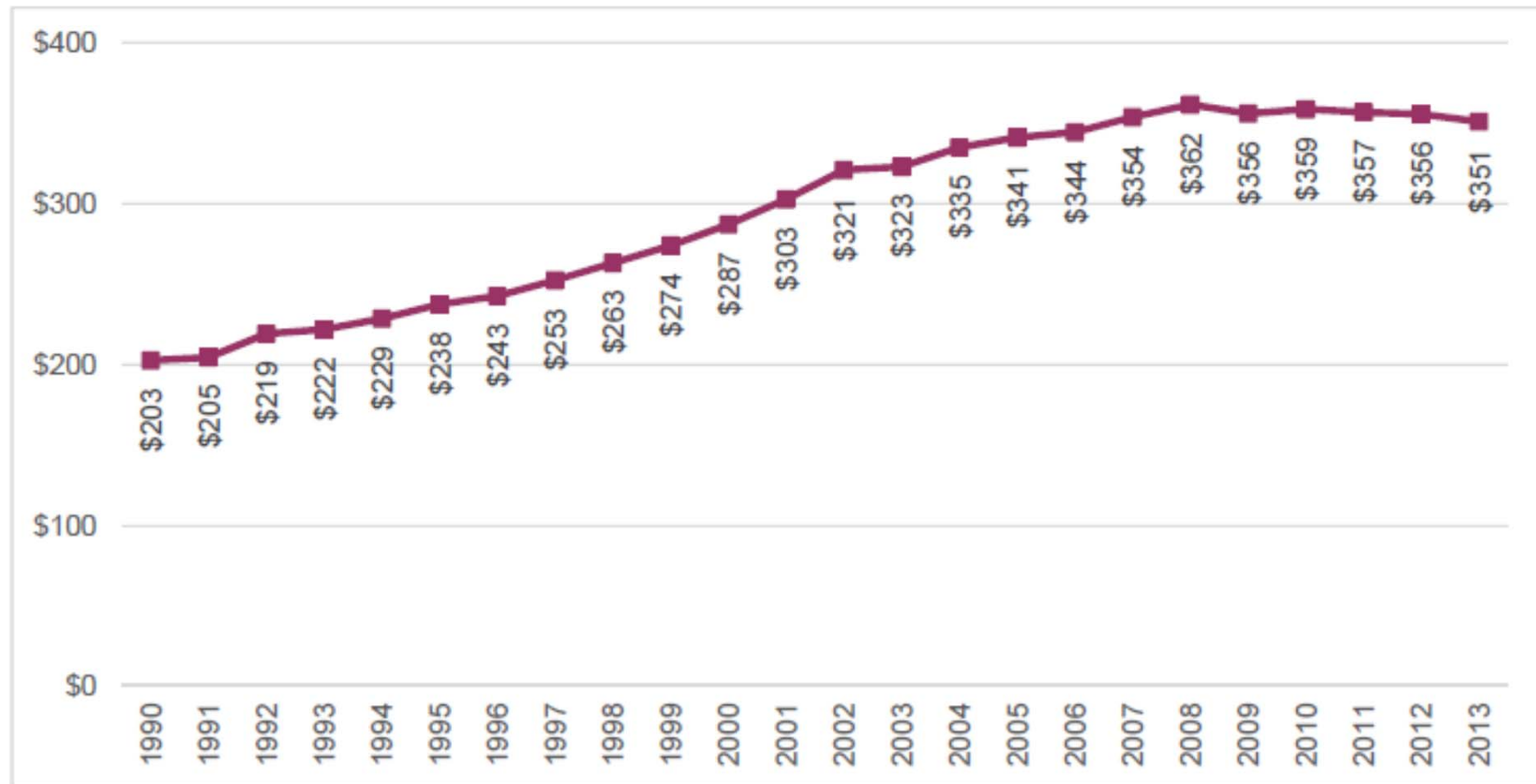


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ADA Health Policy Institute

Research Brief – Dec. 2014

Figure 2: National Dental Expenditure per Capita



Source: Centers for Medicare and Medicaid Services; U.S. Bureau of Economic Analysis; U.S. Census Bureau. Note: Expenditure adjusted for inflation using GDP implicit price deflator. Per-capita dental expenditure in 2013 dollars.

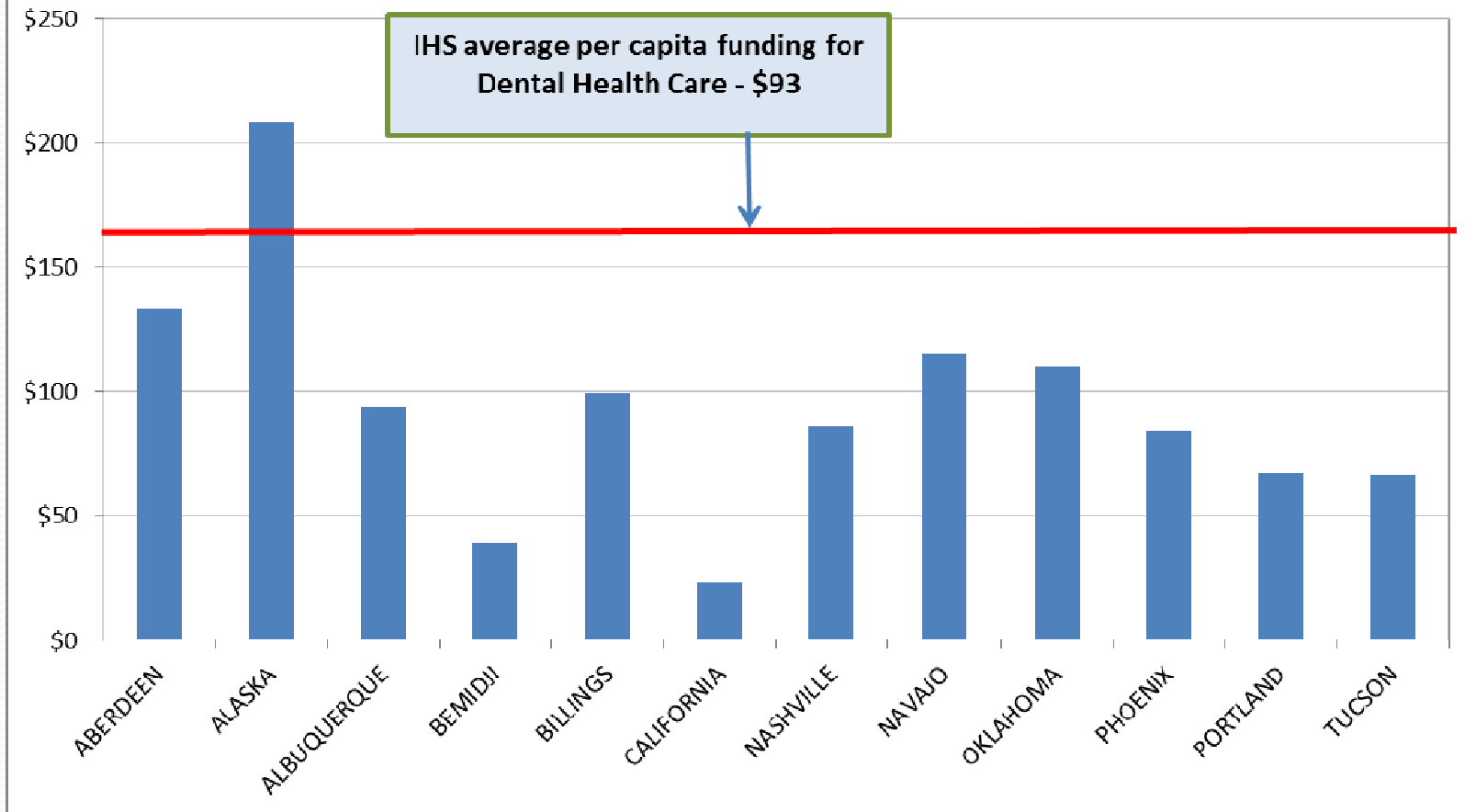


FY 2013

Per Capita Dental Care Expenditures

- United States \$351 per person
 - Idaho = \$392 per person
 - Oregon = \$407 per person
 - Washington = \$507 per person
 - Colorado = \$366 per person
- IHS Beneficiary = \$93 per person

IHS User Per Capita Funding for Dental Health Care - FY 2015





What are the barriers to care?

- Shortage of dentists in tribal communities
- Lack of Resources
- Coverage and Medicaid Acceptance
- Cost of care
- Historical Trauma
- Lack of culturally competent providers
- Geographic isolation
- Delivery system-Lack of a strong safety-net

Reframing the problem:

Its not just a workforce Issue!
Its also about **the IHS Budget**

“The Indian health system simply does not have enough dentists nor will it ever receive enough appropriations to meet the unmet need to increase dental access in a timely and cost effective manner”



Dental Health Aide Therapists

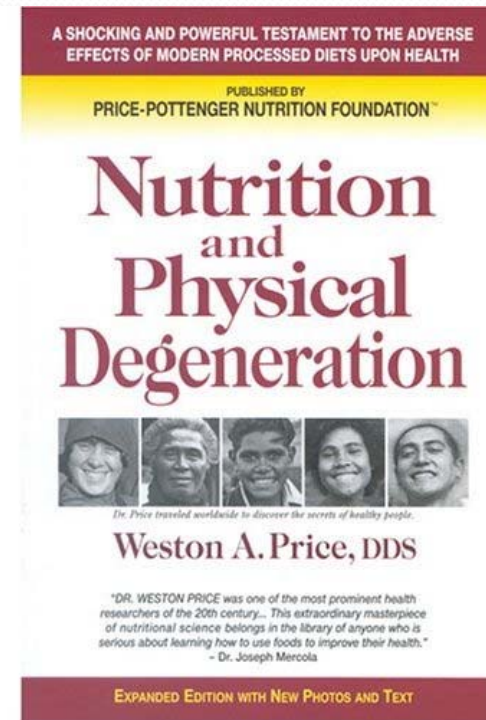
The Alaska Experience

History of Oral Health In Alaska Native Populations*



Weston A. Price

- Price, WA. 1939. Nutrition and Physical Degeneration. 8th ed. Lemon Grove, CA.

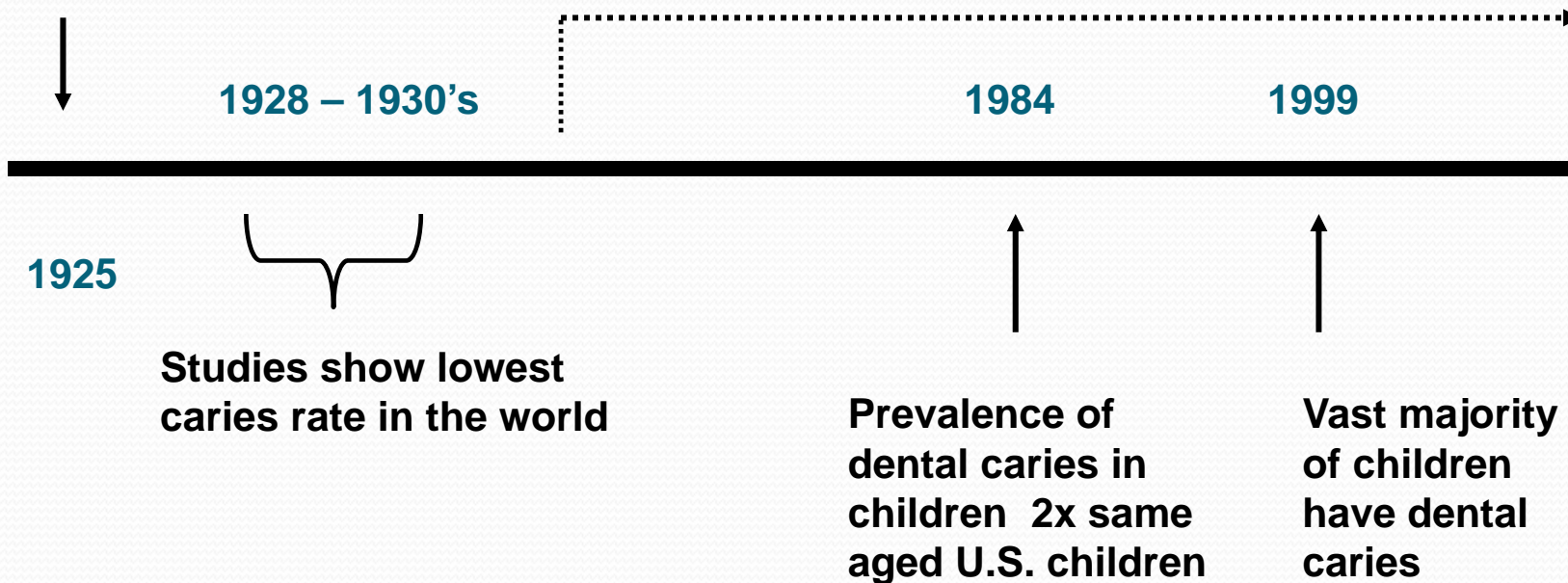


*Slide courtesy of Mary Willard, ANTHC DHAT Presentation

History of Dental Caries in Alaska Native People*

Archeological records show caries rate of ~1%

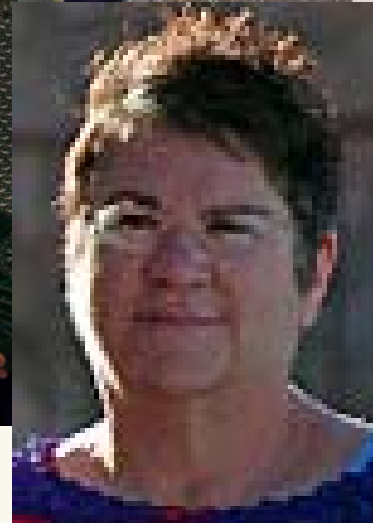
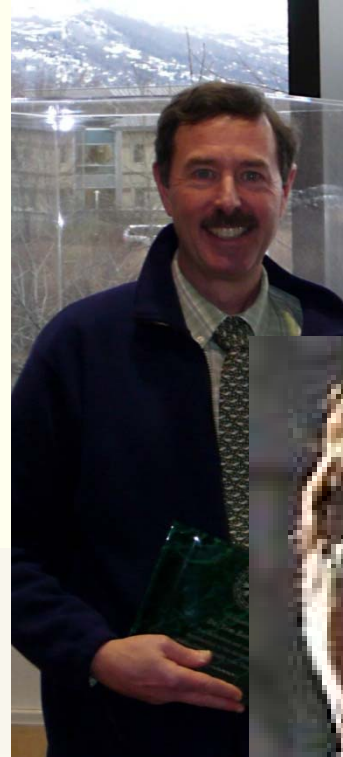
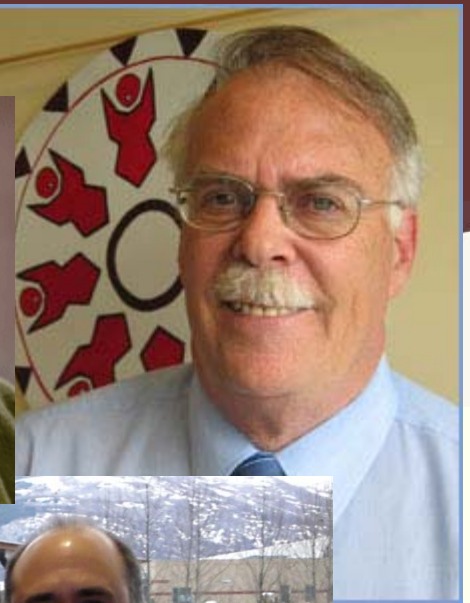
Improved air transportation and dietary changes



*Slides courtesy of Mary Willard, ANTHC DHAT Presentation

Rural Alaska Workforce Issues

- AN children dental disease rates
 - 2.5 times national average
 - OR pediatric cases
- Vacancies and annual turnover
- 120,000 Alaska Native people
 - 85,000 live in the 200 villages
 - Few roads





Alaska DHAT Program History

- Began early 2003, ANTHC, Alaska tribal health organizations, CHAP developed a new solution –Dental Health Aide Therapists
- Training program set up at School of Dentistry at University of Otago, New Zealand
- February 2003, six AN students began a two year DHAT training curriculum with support from Rasmuson Foundation
- An additional six AN students were sent in February 2004
- The Alaska DHAT program is in its 11th year



American Dental Association Strategy

- ADA learned of Alaska DHATs training and at its 2003 Annual Meeting passed a resolution calling for a Task Force to “explore options for delivering quality oral health care to Alaska Natives”
- Task Force completed work & submitted report to ADA Board of Trustees who in turn advanced a resolution to their Council of Delegates with 14 recommendations to improve oral health for Alaska Natives
 1. Place Dental Aides I & II in every Alaska Village
 2. ADA opposed to non-dentists making diagnosis or performing irreversible procedures
- ADA began “Operation Backlog” a volunteer program with no dentists ever sent to Alaska



ADA Legal Challenges

- In 2005, Alaska State Board of Dentistry at instigation of Alaska Dental Society challenged legality of DHATs
- June 2005, ADA passed resolution supporting litigation against Alaska DHATs and funded a \$150K campaign against DHATs challenging safety & risks of receiving care
- January 2006, ADA, ADS, & private practice dentists filed suit against ANTHC and 8 John Does and Alaska
- ADA sought Injunctive relief that Alaska failed to enforce State Dentistry Act
- Plaintiffs claimed discrimination for treating DHATs differently than other dental professional



ANTHC Defense

- ADA is opposed for its own economic well-being and as such gives them a monopoly on dental care
- Alaska Attorney General's Opinion to Alaska State Dental Examiners Board opined that federal law IHCA and ISDEAA pre-empt state police power to license dental providers in the Alaska Native health system
- The ADA has no private cause or damage therefore no basis to sue
- ANTHC disputed equal protection (discrimination) issue because of federal preemption
- State of Alaska filed for summary judgement on same basis as ANTHC



ADA Law Suit Outcome

- In June 2007, Judge ruled in favor of ANTHC agreeing that DHAT program was legal under federal law
- ADA and Alaska Dental Society dropped their law suit in a settlement agreement with ANTHC and the State of Alaska
 1. Agreement not perform certain types of procedures
 2. Agreed to pay \$500,000 to ANTHC to improve oral health in rural Alaska
 3. Agreed to pay \$70,000 to State of Alaska for their costs



AK DHATs: 11 Years of Success!

- Last year marked 11th Year Anniversary of the Alaska DHAT Program and is a model for the United States
- The AK-DHATs demonstrate the benefits of adding midlevel providers to a dental team and the importance of providing care in the community in order to expand access
- Today, 27 DHATs provide professional and culturally competent dental care in Alaska and Washington; and **60** percent of the services they provide are preventive
- Prior to DHAT's, 87 percent of 4-and 5-year-old children and 91 percent of 12-15 year olds had tooth decay
- Now more than 40,000 rural Alaskans have regular access to dental care from a DHAT
- There are “cavity-free” clubs in elementary schools...a dramatic transformation from the days when teenagers graduated from high school with full sets of dentures

1000 2000 3000 Miles (km)

Population 1405
Klawock (population 775)

Unalakleet (population 93)

Nome (population 120)
St. Mary's (population 507)

Chitina (population 510)
King Cove (population 37)
Akutan (1040)

Yukon-Charley
Circle (167)
Nikolai

Yukon-Charley
Circle (population 1040)
Adak (331)

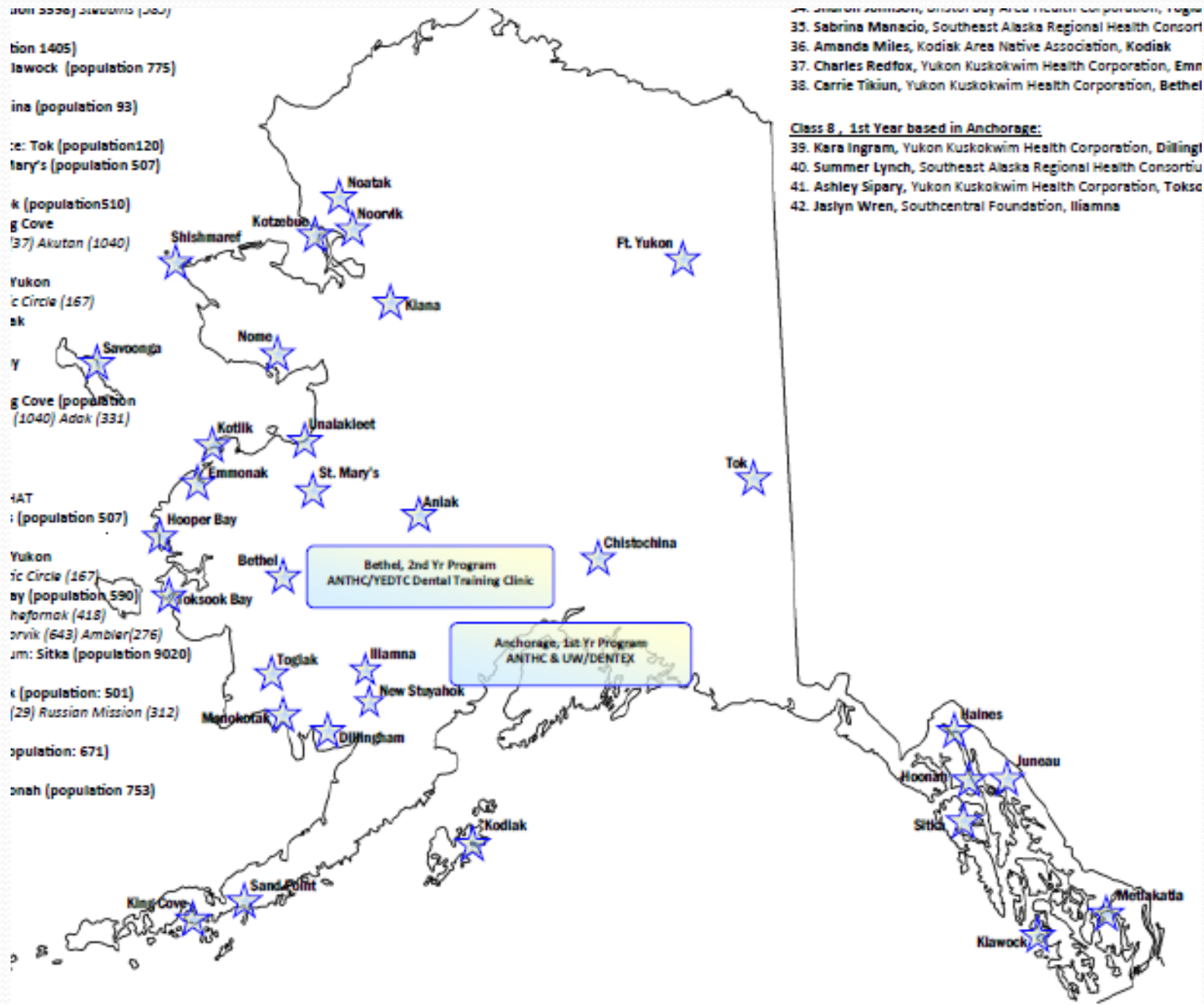
Yukon-Charley
Circle (population 507)

Yukon-Charley
Circle (167)
Toksook Bay (population 590)
Nemok (418)
Orvik (643)
Ambler (276)
Delta Junction (population 9020)

Delta Junction (population: 501)
Russian Mission (312)

Delta Junction (population: 671)

Delta Junction (population 753)



- 35. Sabrina Manacio, Southeast Alaska Regional Health Consorti
- 36. Amanda Miles, Kodiak Area Native Association, Kodiak
- 37. Charles Redfox, Yukon Kuskokwim Health Corporation, Emn
- 38. Carrie Tikiun, Yukon Kuskokwim Health Corporation, Bethel

Class B - 1st Year based in Anchorage:

- 39. Kara Ingram, Yukon Kuskokwim Health Corporation, Dillingham
- 40. Summer Lynch, Southeast Alaska Regional Health Consortiu
- 41. Ashley Sipary, Yukon Kuskokwim Health Corporation, Tokso
- 42. Jaslyn Wren, Southcentral Foundation, Iliamna

Barriers to Expanding DHATs to the Rest of Indian Country

- As the ADA suit was making its way through the courts, the ADA launched a major campaign to amend the IHCA to eliminate the DHAT program
- S. 1057 included a full nationalization of the DHAT program; but when S. 1057 was passed out of the SCIA it included a complete exemption outside of Alaska
- S. 1790 passed as an amendment to ACA and included a restriction for DHAT related services unless state authorization allowed other similar mid-level providers
- Minnesota, Maine, Oregon, and Vermont have passed legislation allowing alternate dental providers



IHCIA Section 1616I

(d) Nationalization of Program.

(1) “CHAP National outside of Alaska.” [provision summarized & removed for formatting]

(2) Requirement; exclusion. Subject to paragraphs (3) and (4), in establishing a national program under paragraph (1), the Secretary-

(A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b); and

(B) shall exclude dental health aide therapist services from services covered under the program.

(3) Election of Indian tribe or tribal organization.

(A) In general. Subparagraph (B) of paragraph (2) **shall not apply in the case of an election made by an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under State law** to supply such services in accordance with State law.

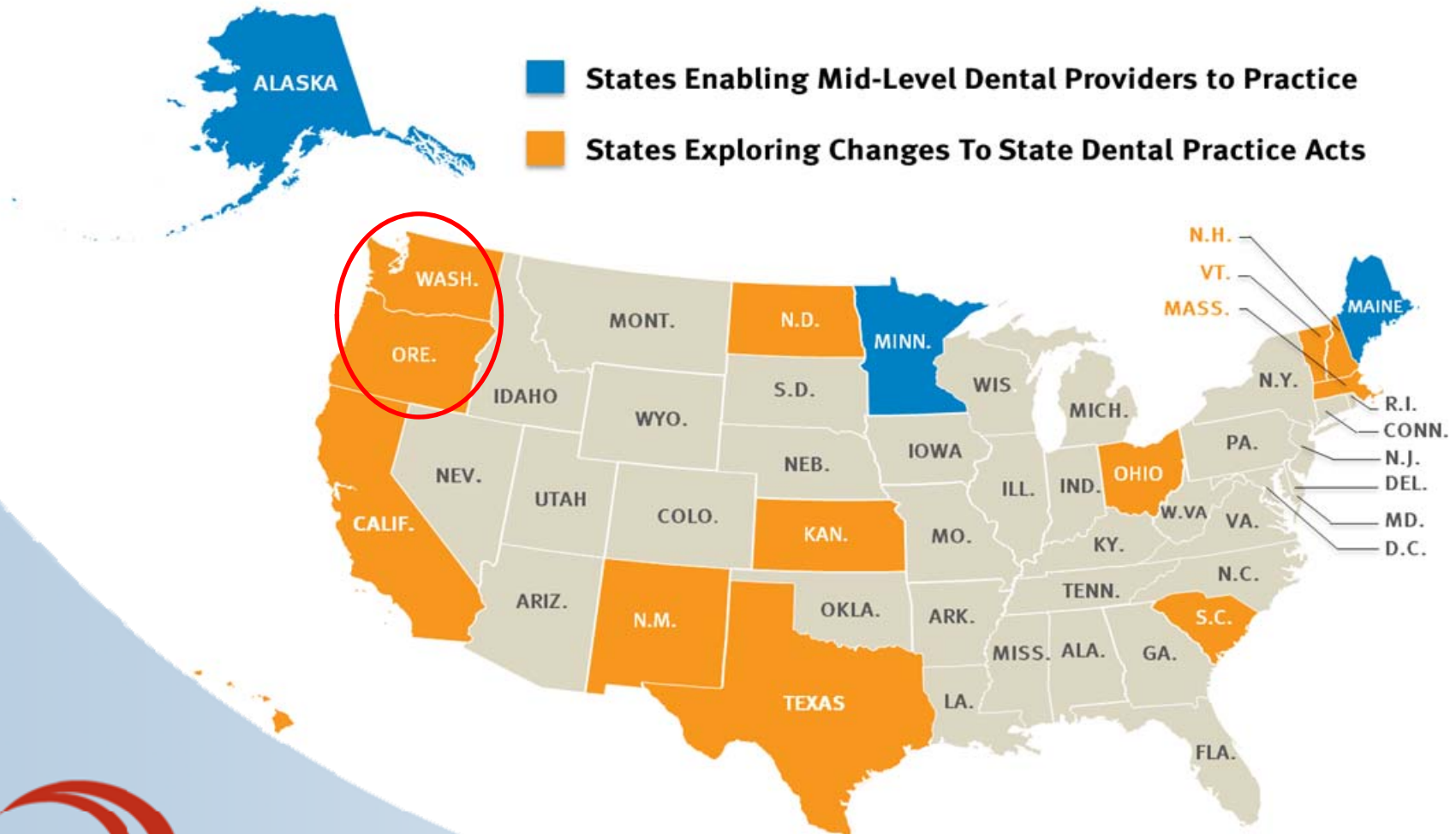
(B) Action by Secretary. On an election by an Indian tribe or tribal organization under subparagraph (A), the Secretary, acting through the Service, shall facilitate implementation of the services elected

Dental Health Aide Therapists

Expanding into the Indian Health System

Growing interest

Building Momentum for Mid-Level Dental Providers



Washington State Efforts to authorize Mid-levels

2010 – Children’s Alliance learned of a draft language by WSDA, WSDHA and Rep. Eileen Cody.

- CA worked with community partners to insert DHAT model

2011 – House Bill 1310

- Hearing in House Committee. Chair held bill in committee.

2012 – House Bill 2226 / Senate Bill 6126

- House and Senate Hearings. Passed out of Senate committee.
- Fall of 2012 WSDA passed “dental auxiliary” in their HOD changing scope and excluding off-site supervision.
- WA Dental Access Campaign encouraged further dialogue.

2013 – House had 2 bills / Senate had structural upheaval

- House Bill 1516 / Senate Bill 5433 – WDAC supported
- House Bill 1514 – dental association’s proposal – WDAC and WSDA opposed.
- Primary focus of legislative community: restoration of adult dental

2014 – S.B. 6275 & H.B. 2466: Tribal specific bill to establish DHAT on reservations

2015 – S.B. 5159 & H.B. 1441: Tribal specific bills to establish DHATs

Swinomish Indian Tribal Community DHAT Initiative



Swinomish Chairman and NCAI President Brian Cladoosby announcing the Swinomish DHAT Initiative, June 2105



Swinomish Tribal Sovereignty Model

- NPAIHB & Swinomish Tribe enter into MOU with ANTHC to provide DHAT training
- Swinomish Tribe develop regulatory framework to license all dental professionals on reservation
 - Consistent with authority to license child care workers, lawyers, judges, behavioral health professionals
- Tribe develops dental health practice act to license dentists, dental hygienists, DHATs, dental assistants
- Collaboration with Governor Office, Attorney General's Office, Secretary for Department of Health, Health Care Authority, and Congress and State legislators



Swinomish Dental Health Provider Licensing Board & Staff



From Left:

Dr. Rachael Hogan

Board Member

Stephen LeCuyer

SITC Staff Attorney

Tara Satushek

SITC Associate Planner

Ed Knight

SITC Director Division of Licensing

John Stephens

SITC Programs Administrator

Dr. Louis Fiset

Board Member

Brian Wilbur

Board Member

Board members not
pictured: Ruth Ballweg and
Diane Vendiola.

Following the Alaska Model the Swinomish Tribe makes History!

On January 4, 2016, Daniel Kennedy, an experienced DHAT, joined the Swinomish Dental Team in making history by becoming the first Tribally licensed Dental Therapist providing services in the lower 48 states.



Oregon Dental Pilot Authorization for Mid-level Providers

- 2011 – Oregon Legislature passed SB 738
- SB 738 authorizes the Oregon Health Authority to approve dental pilot projects to encourage development of innovative approaches to oral health care delivery:
 - a) Teach new skills to existing categories of dental personnel;
 - b) Develop new categories of dental personnel;
 - c) Accelerate the training of existing categories of dental personnel; or
 - d) Teach new oral health care roles to previously untrained persons.
- SB 738 Regulations developed fall 2014
- Tribal Pilot Application submitted in Spring 2015 and approved by OHA
- NPAIHB working with three Oregon Tribes to develop DHAT pilot application project based on the Swinomish DHAT Program
- One student has been entered the University of Washington and is currently attending Anchorage DHAT Training Program

Initial Pilot Sites

- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians



- Coquille Indian Tribe





**OUR VISION:
Alaska Native People are the
Healthiest People in the World!**



ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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Alaska Native Tribal Health Consortium

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