Oral Health Care Barriers and Solutions

Idaho Council on Indian Service

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NATIVE DENTAL THERAPY INITIATIVE
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

JULY 19, 2017

Oral Health is important to overall health

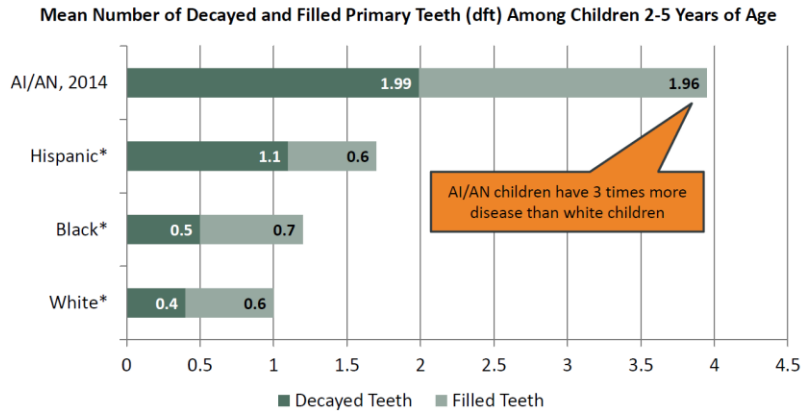
YET PEOPLE LIVING IN TRIBAL COMMUNITIES OFTEN CANNOT GET THE DENTAL CARE THEY NEED.

ORAL HEALTH OF AI/AN PRESCHOOL CHILDREN

2014 IHS ORAL HEALTH SURVEY
NATIONAL, AREA AND CLINIC LEVEL RESULTS

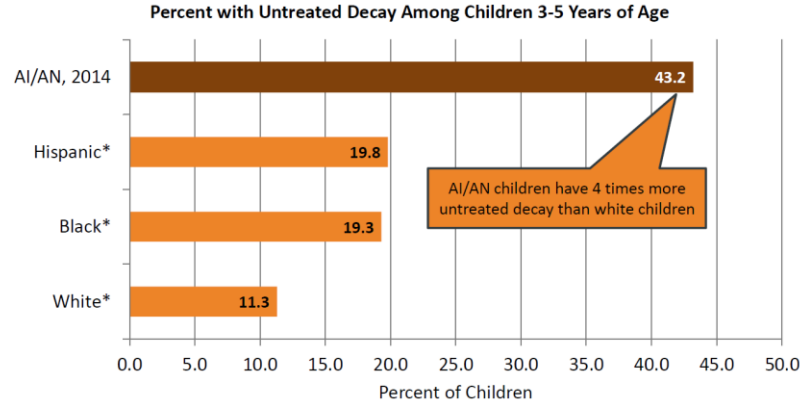
Oral Health Disparities

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



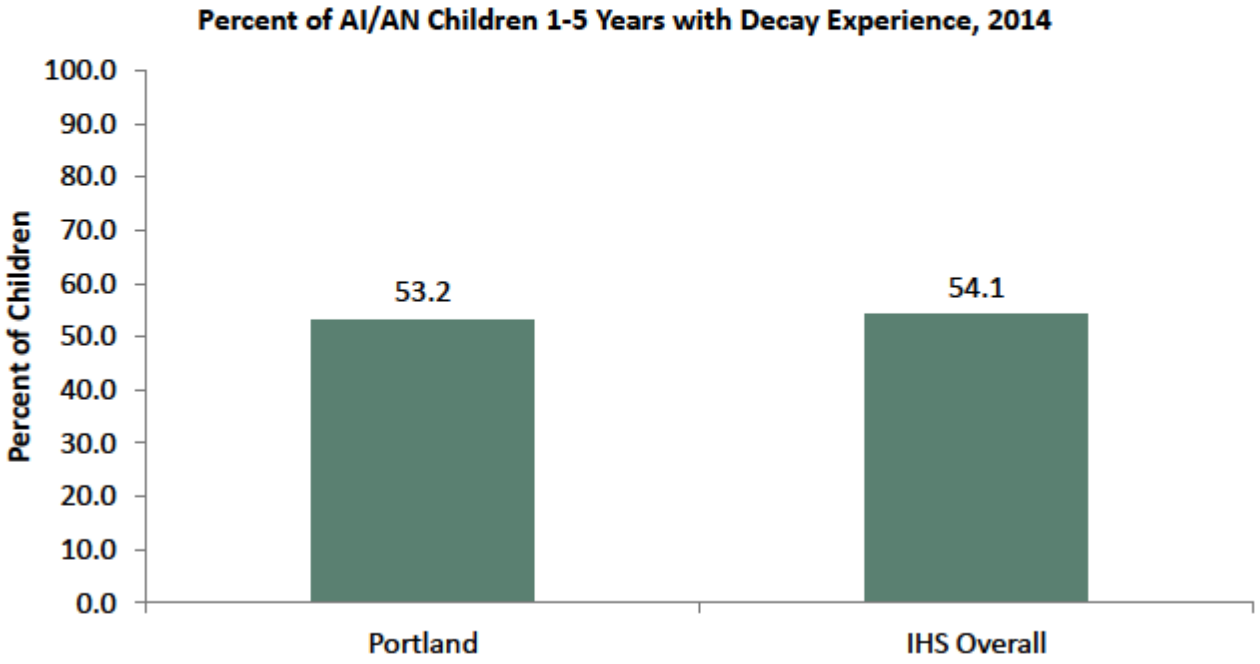
* Data Source: NHANES 1999-2002

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



* Data Source: NHANES 2009-2010

DECAY EXPERIENCE



UNTREATED DECAY

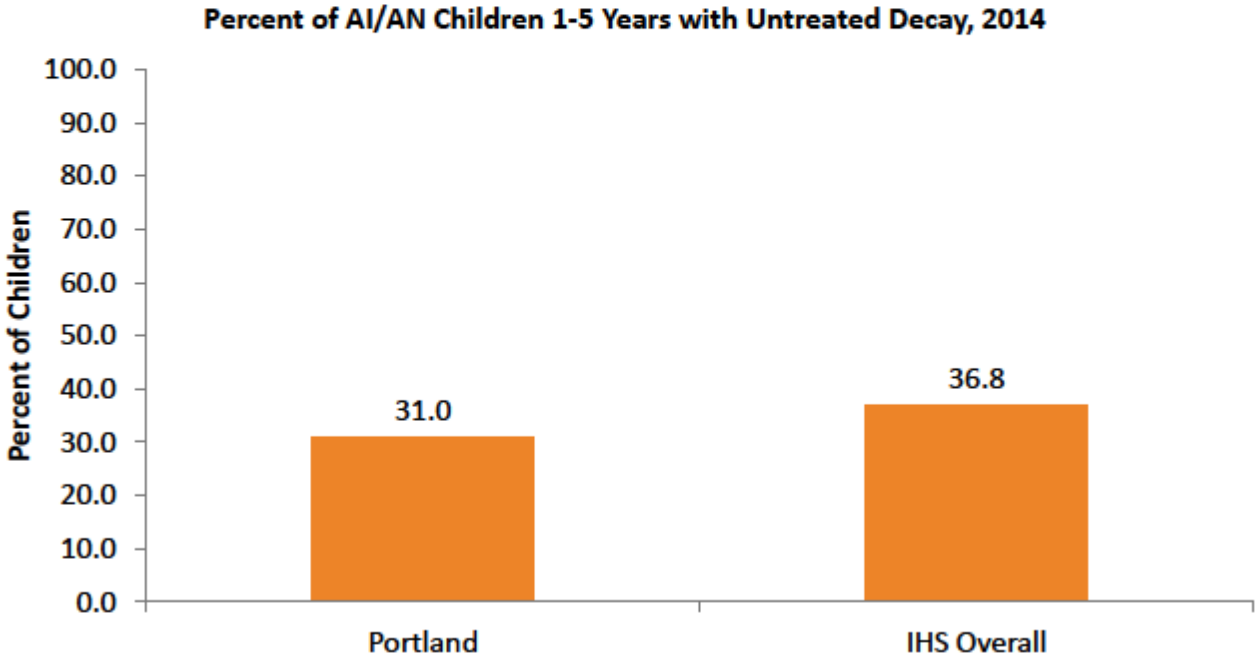
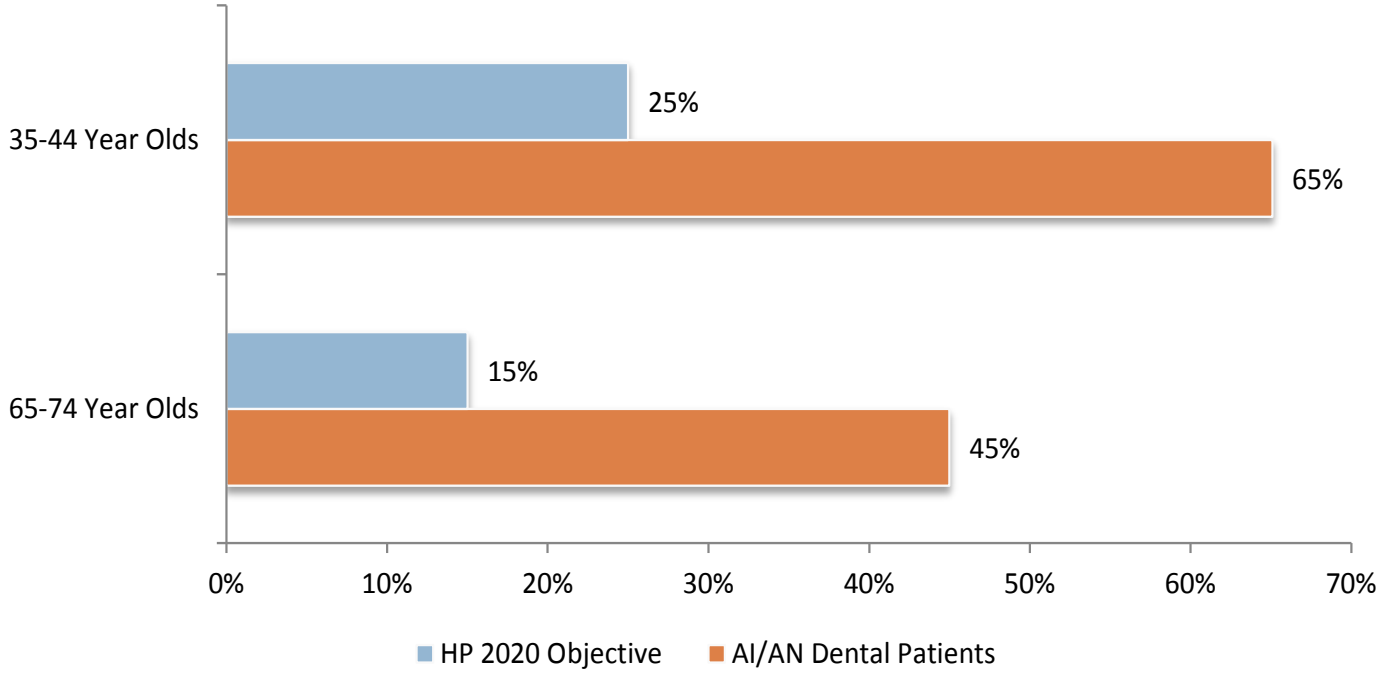


Figure 2: Percent of Adults with Untreated Tooth Decay by Age Group
AI/AN Dental Patients (IHS 2015) Compared to HP 2020 Objectives



What are the barriers to care?

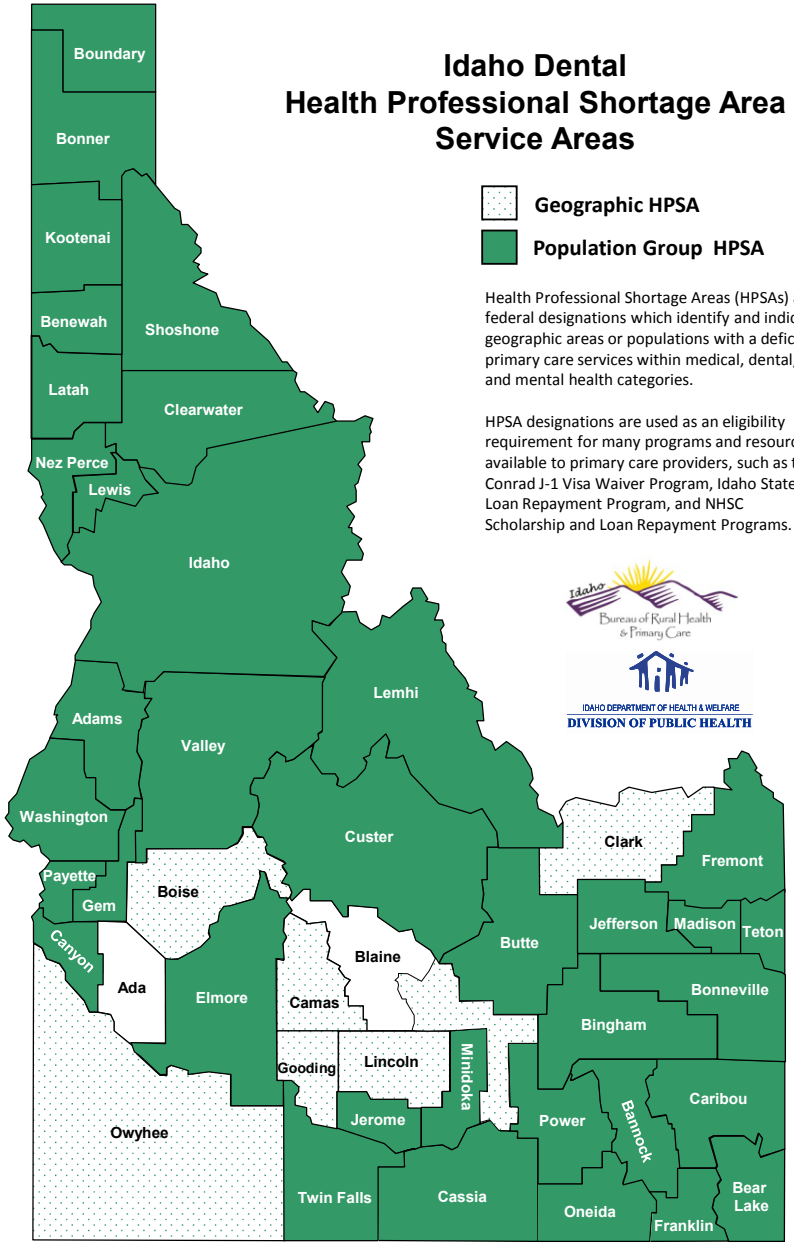
- Shortage and high turnover rate of dentists in tribal communities
- Lack of resources—IHS chronically underfunded
- Cost of care
- Historical trauma
- Lack of culturally competent providers
- Geographic isolation

Little Access to Culturally Relevant Providers

Male	84%
Female	16%
Native American	0.1%
Asian/Pacific Islander	7%
Black/African American	3.5%
Hispanic/Latino	3.5%
White/Caucasian	86%

Source: American Dental Association, Bureau of Health Professions, HRSA

Idaho Dental Health Professional Shortage Area Service Areas



Geographic HPSA

Population Group HPSA

Health Professional Shortage Areas (HPSAs) are federal designations which identify and indicate geographic areas or populations with a deficit in primary care services within medical, dental, and mental health categories.

HPSA designations are used as an eligibility requirement for many programs and resources available to primary care providers, such as the Conrad J-1 Visa Waiver Program, Idaho State Loan Repayment Program, and NHSC Scholarship and Loan Repayment Programs.

Idaho Bureau of Rural Health & Primary Care

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Bureau of Rural Health and Primary Care, Division of Public Health, Department of Health and Welfare, 7/15 – please contact (208) 334-5993 for updates

Indian Health Delivery System

Indian Health Programs can be grouped into 3 categories:

1. IHS Directly Operated
2. Tribally Operated (P.L. 93-638 ISDEAA)
3. Urban Programs

Shoshone-Bannock Tribes

IHS Fort Hall Service Unit: Not-Tsoo Gah-nee Indian Health Center, jointly accredited with the Shoshone-Bannock Tribal Health and Human Services Department. Serves over 20,000 registered AI/AN patients in the medical clinic. 2 dentists currently on staff.

NW Band of the Shoshone Nation

NW Band of Shoshone does not have a clinic in Idaho. Enrolled members can use the Ft. Hall IHS Service Unit, as well as a dental benefit from the tribe for purchased and referred care.

Kootenai Tribe

The Tribe established their own clinic in1993, housing all health services and serves about 300 patients. As a result of providing on-site services, there has been a substantial increase in utilization of healthcare. There are not dental services at the clinic at this time.

Coeur D'Alene Tribe

The Tribe owns and operates the Benewah Medical and Wellness Center in Plummer, Idaho. Thirty percent of the 6000 patients utilize the dental clinic. Dental services are provided by 4 full time dentists and occasional part time dentists. They also serve as the region's FQHC, with the patient population split 55% AI/AN and 45% non AI/AN.

Nez Perce Tribe

The Tribe owns and operates Nimiipuu Health with clinics in Lapwai and Kamiah. They provide dental services to about 4000 patients in both locations, with 2 full time dentists.

An oral health care solution: Dental Health Aide Therapists

- Model began in the 1920s,brought to US by Alaska Natives 2006.
- Dental therapists practice in 54 countries, including the US (authorized in AK, MN, ME, VT, WA, OR)
- Alaska DHAT Education Program is a partnership between Alaska Native Tribal Health Consortium and Ilisagvik Tribal College. It uses a 2-calendar-year curriculum and students graduate with a AAS degree.

- After 400 hour preceptorship, dental therapists can practice in remote or clinic settings under general supervision of dentist.

DHAT Scope of Practice

50 vs. 500 (dentist) procedures:

Diagnosis and Treatment Planning,
Prevention,
Radiographs,
Infection Control,
Restorative,
Pediatric,
Urgent Care,
Extractions,
Community Projects,
Clinic Management,
Referral Process

DHAT, Ben Steward, examining patient

DHAT model working in Alaska

- Over 50 certified DHATs in 80 communities
- Over 45,000 Alaska Natives now receiving direct oral health care
- DHATs stay in their communities providing continuity of care
- Dental teams with DHATs allow everyone to practice at the full extent of their license

Communities with DHAT showing better outcomes

Children in communities with DHAT: 2006-2015*

D-E-F-G extractions (front four teeth):

284% decrease

General Anesthesia:

44% decrease

Preventive care:

60% increase

*****Dental Therapists and Dental Utilization in Alaska's YK Delta***: Chi D, Lenaker D, Mancl L, Dunbar M, Babb M

Adults: 2006-2015*

Adults in communities with DHAT: 2006-2015*

Extractions

26% decrease

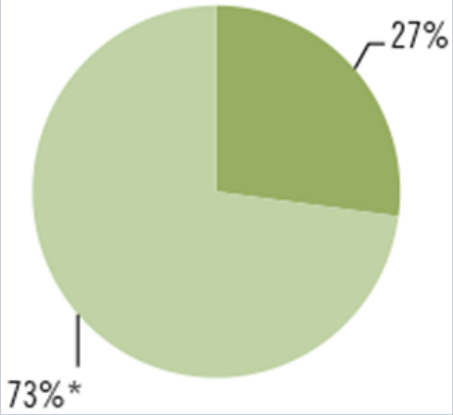
Preventive Care

75% increase

*****Dental Therapists and Dental Utilization in Alaska's YK Delta***: Chi D, Lenaker D, Mancl L, Dunbar M, Babb M

Financial Impact of Expanding the Dental Team

According to a May, 2013 Community Catalyst study on the economic viability of dental therapists in Alaska and Minnesota, dental therapists cost their employers less than 30 cents for every dollar of revenue they generate.

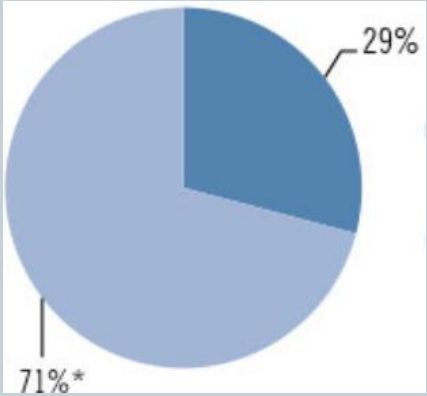


Combined salaries of DHATs

Remaining revenue*

Combined salaries of DTs

Remaining revenue*



Total Revenue Generated by Advanced Dental Therapists and Dental Therapists in Minnesota - green
Dental Health Aide Therapists in Alaska – blue

http://www.communitycatalyst.org/doc_store/publications/economic-viability-dental-therapists.pdf;
Report conducted by Dr. Frances M. Kim, May 2013

Complications in Expanding DHAT Framework to lower-48

Expansion of the Community Health Aide Program "*shall exclude dental health aide therapist services from services covered under the program…*"

"*…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…*"

Swinomish Indian Tribal Community
January 2016: Hires first DHAT in lower 48

February 2017: Washington State authorizes DHAT in Tribal Settings

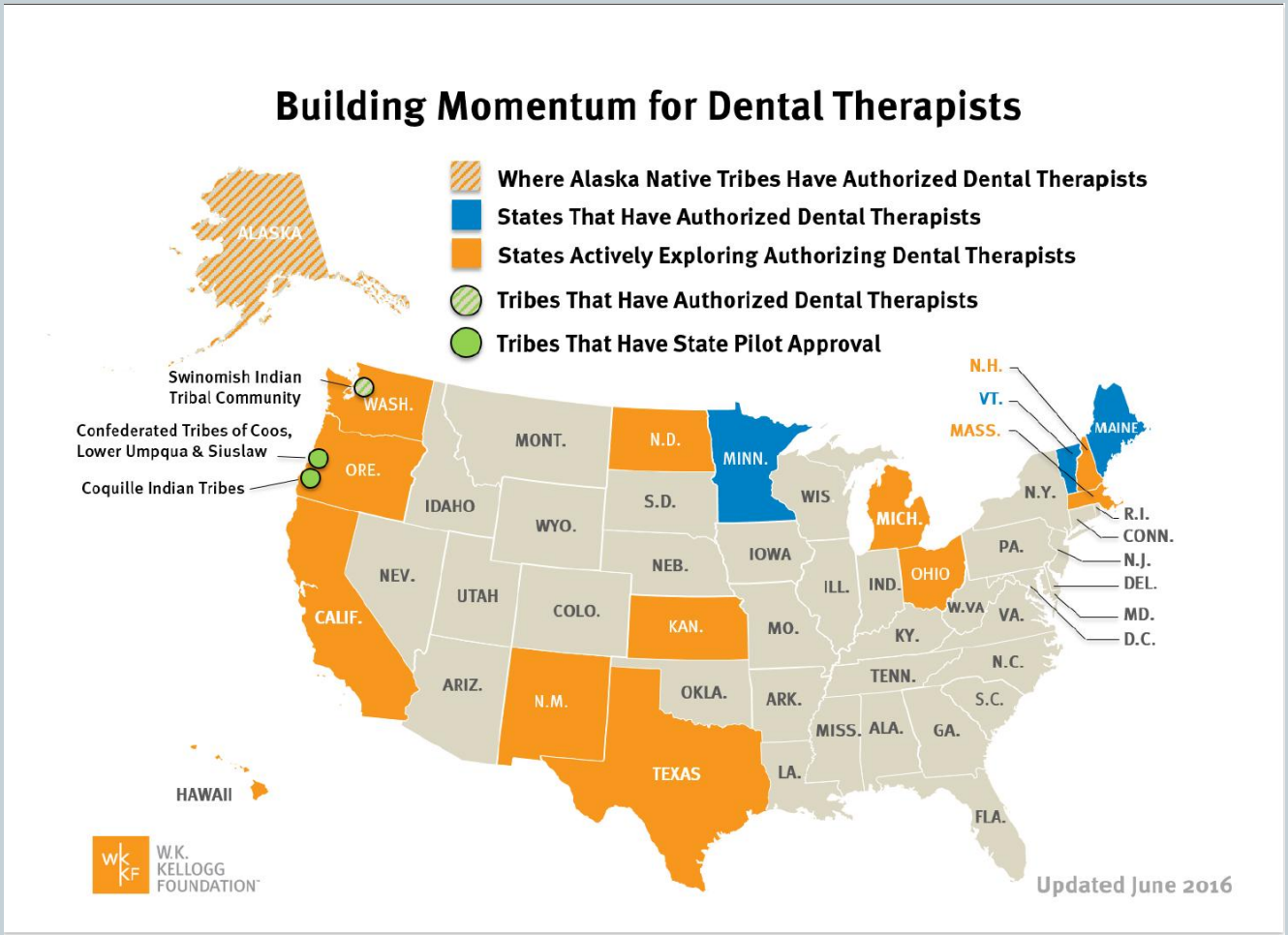
Oregon Tribes using Pilot Legislation

Oregon Dental Pilot Projects were authorized by state legislation in 2011 to increase access and improve quality to oral health care by:

- Teaching new skills to existing providers,
- Developing new categories of dental providers, and
- Accelerating and expanding the training to current providers.

Naomi Petrie, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians: First DHAT in OR

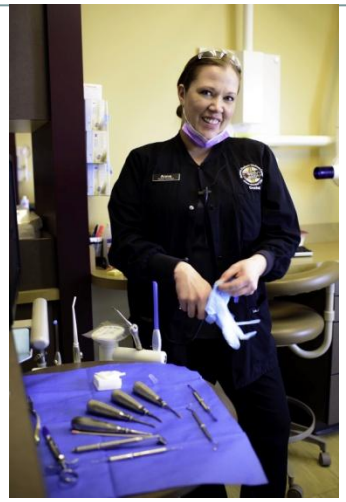
Momentum for modern dental teams is growing



Marissa Gardner
CTCLUSI,
Class of 2018

Alex Jones
Coquille,
Class of 2018

Jason Mecum
Coquille,
Class of 2018



Anna Degraffenreid
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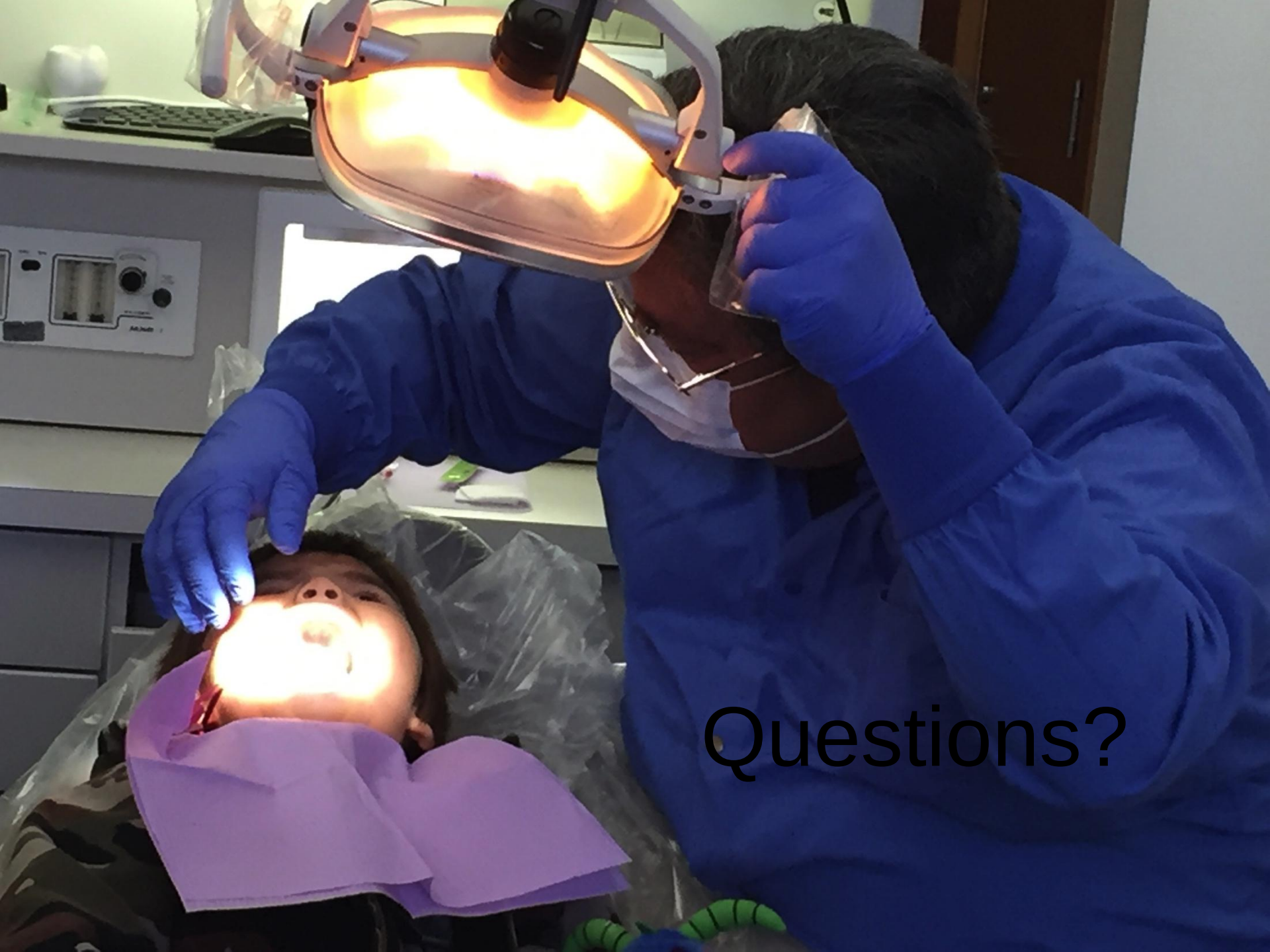
Questions?

Northwest Portland Area Indian Health Board

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