

# **Promoting Equity through Workforce Innovations: Impact of Dental Therapy in Tribal and Indigenous Communities**

August 20, 2019 2:00 p.m. Eastern

**Carolyn Angus - Hornbuckle, *National Indian Health Board***

**Brett Weber, *National Indian Health Board***

# Promoting Equity Through Workforce Innovations: Impact of Dental Therapy in Tribal & Indigenous Communities

August 20, 2019

**Carolyn Angus-Hornbuckle, Chief Operating Officer**

**Brett Weber, Congressional Relations Manager**

National Indian  
Health Board



National Indian Health Board  
Tribal Oral Health  
Initiative

# About the National Indian Health Board



- Founded by Tribes in 1972 to serve as the Tribal advocate for healthcare
- Based in Washington DC
- Board of Directors includes a Tribal leader from each IHS Service Area elected to be the Area's representative



# Tribes: The (Ab)Original Governments in North America



## *The Constitution*

*We the People*

*of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common Defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this CONSTITUTION for the United States of America.*

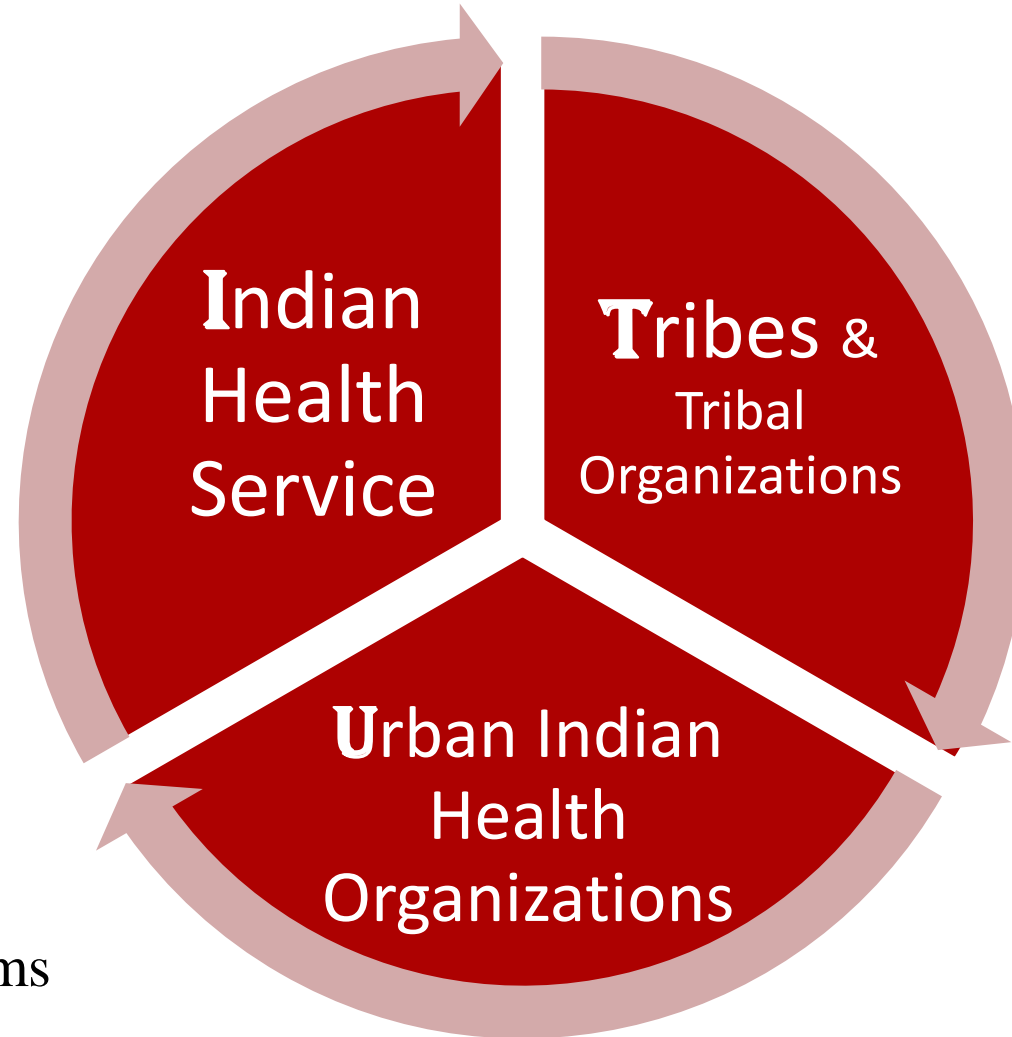
*Article. I.*





IHS provides health care services directly to Tribes

Urban Indian Health programs serve 600,000 AI/ANs



Tribal governments can choose to run their own health programs in whole or in part with funding from IHS.

This choice is a direct exercise of Tribal Sovereignty

# Indian Health System

National Indian Health Board

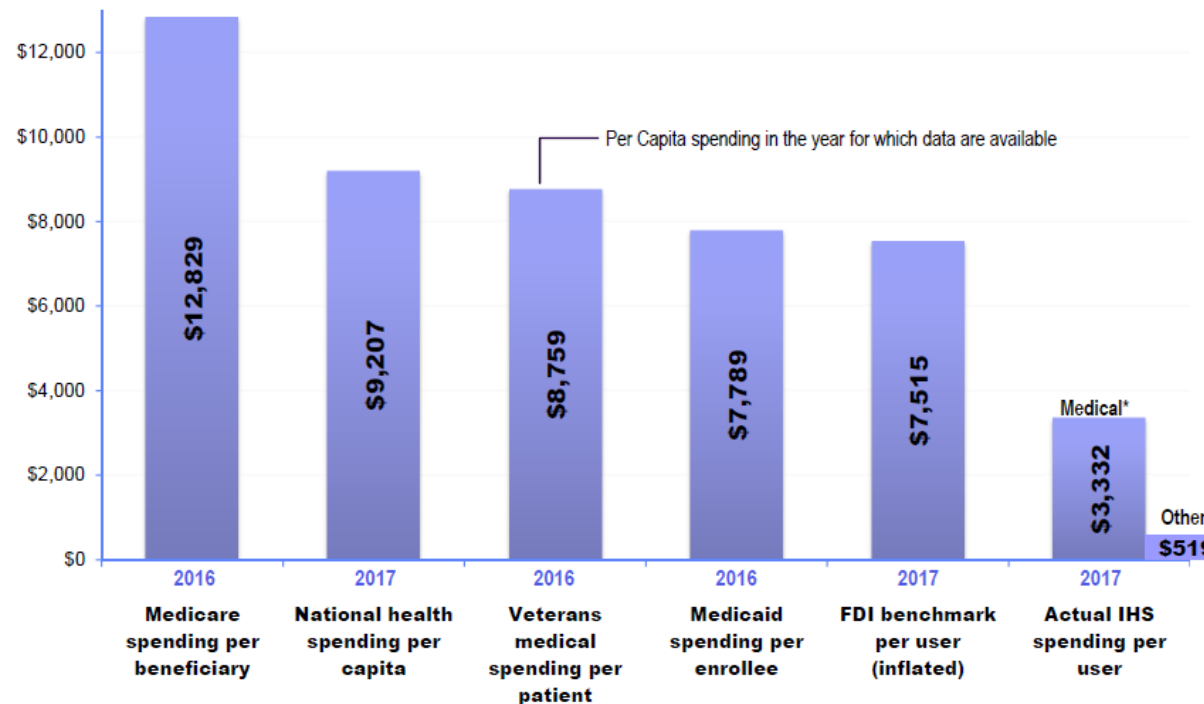


# Indian Health Service Overview

- IHS is funded at only around 56 percent of total need
- Nationally, IHS spends about \$3,300 on each patient's medical treatment – FAR less than other medical spending programs.



**2017 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita**



See page 2 notes on reverse for sources. \*Payments by other sources for medical services provided to AIANs outside IHS is unknown.

2/26/2018



# Health Disparities: An Indigenous Perspective

## MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area  
2009-2011 and U.S. All Races 2010  
(Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES	999.1	747.0	1.3
Diseases of the heart (Heart Disease)	194.7	179.1	1.1
Malignant neoplasm (cancer)	178.4	172.8	1.0
Accidents (unintentional injuries)*	93.7	38.0	2.5
Diabetes mellitus (diabetes)	66.0	20.8	3.2
Alcohol-induced	50.0	7.6	6.6
Chronic lower respiratory diseases	46.6	42.2	1.1
Cerebrovascular diseases (stroke)	43.6	39.1	1.1
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	15.3	1.5
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5
Intentional self-harm (suicide)	20.4	12.1	1.7
Alzheimer's disease	18.3	25.1	0.7
Septicemia	17.3	10.6	1.6
Assault (homicide)	11.4	5.4	2.1
Essential hypertension diseases	9.0	8.0	1.1

\* Unintentional injuries include motor vehicle crashes.

- AI/ANs born today have a life expectancy 5.5 years less than the rest of the US
  - 73.0 years to 78.5 years, respectively
  - In some states, disparity can be >20 years!



# International Indigenous Health Disparities Commonalities

- Indigenous communities often have the worst health outcomes
- Regardless of nation's health funding/coverage structure
- Result of colonialism and historical trauma



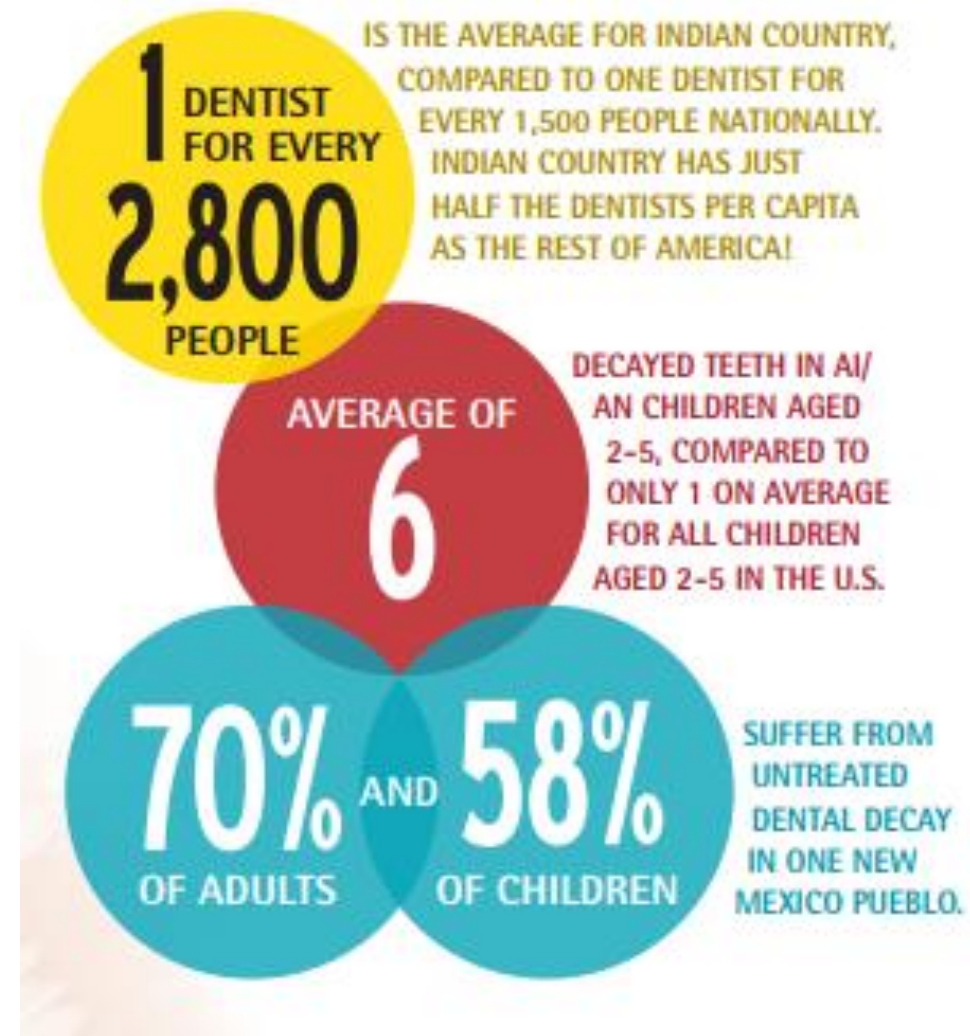


# The Value of a Smile



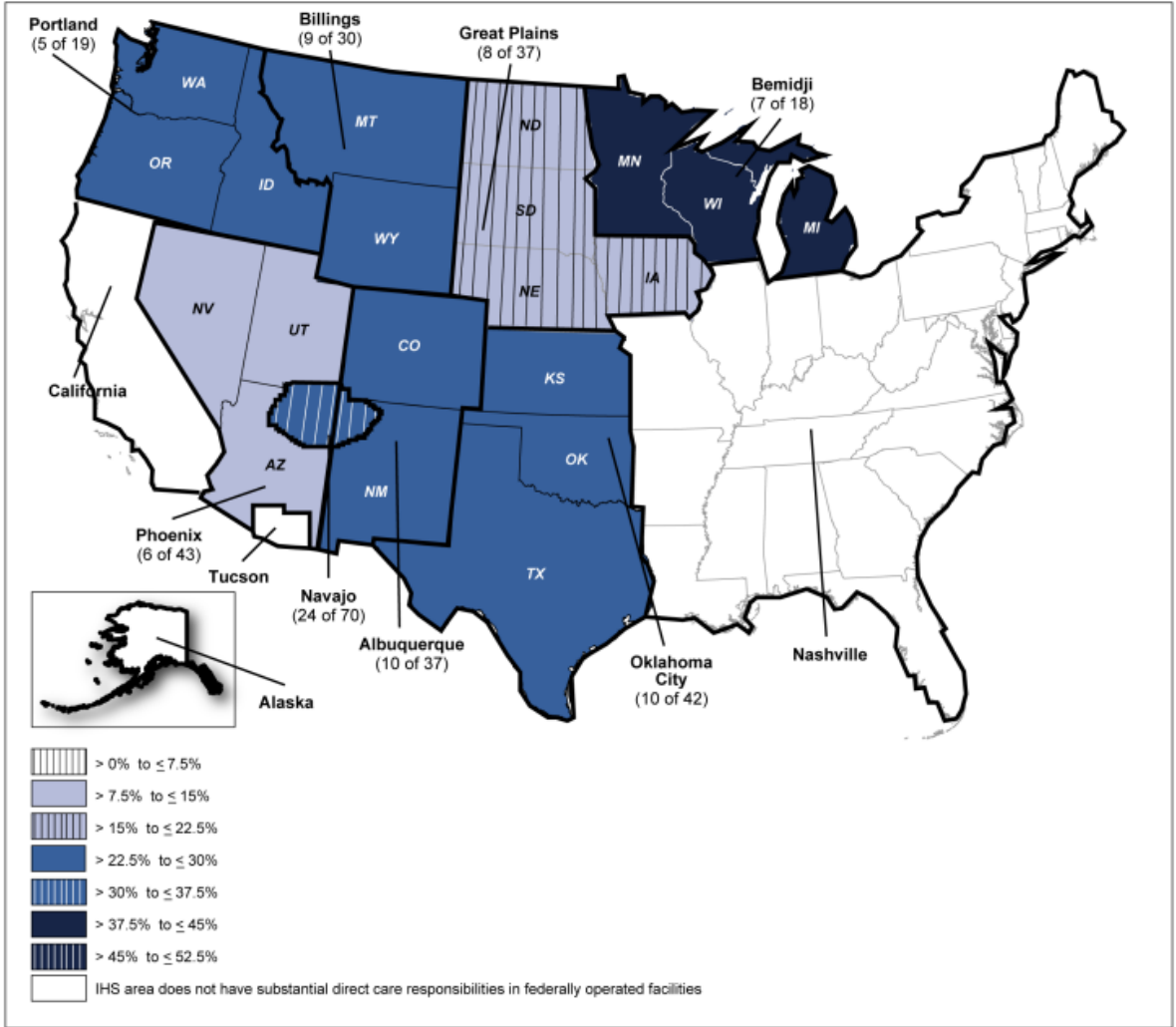
# Oral Health Crisis in American Indian/Alaska Native (AI/AN) Communities

- AI/AN children are 5x more likely than average to have untreated cavities in *permanent* teeth
- 46% of AI/AN adults age 65+ had untreated dental caries
  - Compared to 19% of non-Native adults age 65+
- Lack of oral health care services in Tribal communities has impacted generations!



# Oral Health Provider Shortage in Indian Health System

Figure 9: Dentist Vacancy Rates in the Eight Indian Health Service (IHS) Areas with Substantial Direct Care Responsibilities, November 2017



Sources: GAO analysis of IHS data; Map Resources (map). | GAO-18-580

# A Tribal Solution: Dental Therapists



- Midlevel, focused providers
- Dentists can do ~500 procedures
  - DTs can do ~50 procedures
- But those 50 are most commonly needed
  - Meets between 1/2 and 2/3 of patient need
- Dental Therapists practice in remote settings with provider shortages
  - In Alaska since 2004
- Dentist is available for consultation



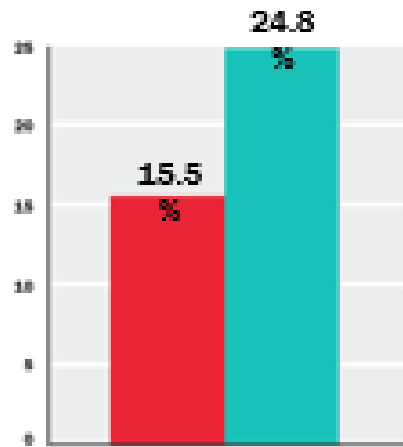
# How Did Dental Therapy Come to the US?

- Practiced in 54 countries
- Starting in 2004, Alaska Tribes trained students in New Zealand
  - Tribes in Alaska run their own health care services through the Alaska Native Tribal Health Consortium
- Students came back and worked with ANTHC in their home communities
- Dr. Mary Williard and Valerie Davidson were leading forces



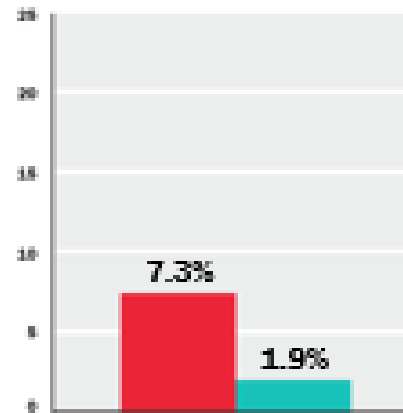
# In Communities with Dental Therapists

**More kids get preventative care.**



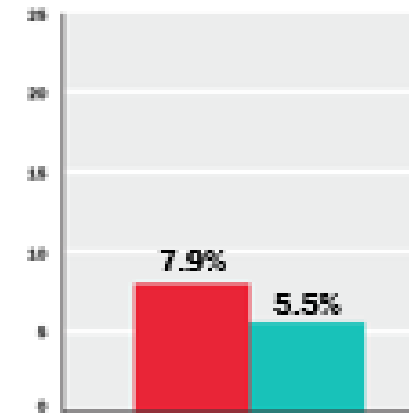
**Child Preventative Care**

**Kids need fewer front teeth extractions.**




**Child Extraction Rate**

**Fewer kids need general anesthesia.**



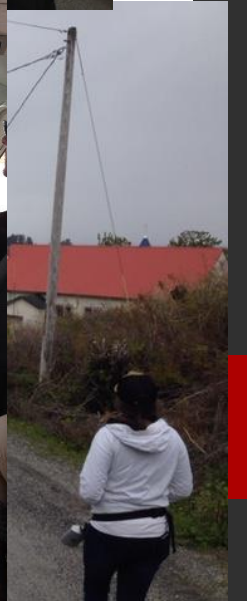
**Child General Anesthesia Rate**

 No DT Communities  High DT Communities



# Oral Health Delivery in Alaska Before DTs

- Many communities had no dental care at all!
- Others had only periodic visits from a dentist
- Valerie Nurr'araaluk Davidson
  - Former Lt. Governor of Alaska
  - Worked with ANTHC to bring DTs to Alaska
- Lincoln Bean's son
  - Former NIHB Board Member
  - Son had a Dental emergency
  - Had to fly from Kake to Sitka during a storm
  - Had his condition been caught earlier, emergency services would not have been necessary



# Alaska's Dental Therapists

- 40 Dental Therapists serve over 45,000 Alaska Natives in 81 communities
- Provide culturally competent care with high patient satisfaction rates
  - 78% of DTs practice in their home village or region
- Based in larger towns that also have dentists (Bethel, Sitka, Nome)
- Travel to smaller Alaska Native communities on a regular schedule
  - Dentist follows up if necessary
- NIHB filmed video in May 2017 on DT's impact on Alaska Native youth

## Alaska Dental Therapy Educational Program (ADTEP)





# Dental Therapy at Swinomish

- Swinomish hired Dental Therapist in 2016
  - The Tribe created its own licensing board with processes and standards
  - Developing this process took years of sustained Administrative support
- Since then:
  - 20% increase in patients seen
  - Dentists doing almost 50% more crown, bridge, and partials
  - Dental therapy has brought in revenue to support the expansion of the Tribe's dental clinic



# Other DT Tribes in the Pacific North West

- Port Gamble S’Klallam (WA) has a Dental Therapist since 2017
  - Washington State passed a dental therapy law
- In Oregon, Tribes are using Dental Therapists under a state pilot program
  - Dentists dedicate more time to treating complex needs.
  - One Tribe added two chairs to its clinic to see more patients.

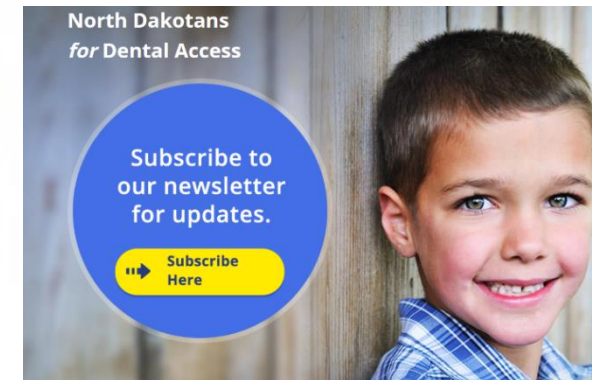


# Advocating in State Legislatures

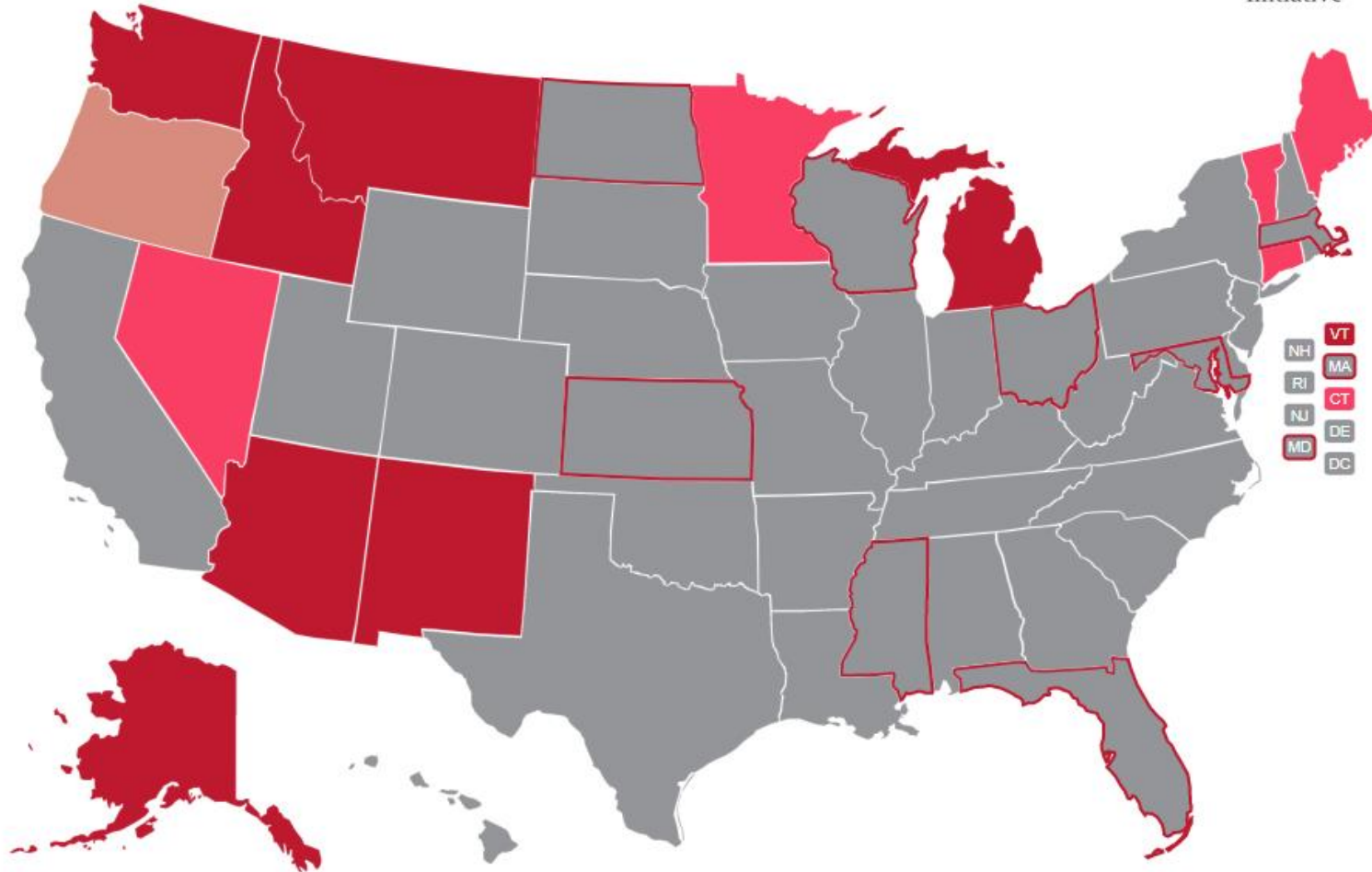
- Many Tribes advocate to their state legislatures to license DTs
- Washington State, Arizona, Maine, Minnesota, Idaho, New Mexico, Montana, Nevada, Connecticut, and Michigan allow DTs on Tribal land
  - Oregon has Tribal pilot projects
  - Active Tribal campaign in Wisconsin
- NIHB helps coordinate Tribal advocacy campaigns with States



Native Dental Therapy Initiative



# Tribal Dental Therapy Legislation in the States



State Authorizes Tribal Dental Therapy with CODA Standards

State Authorizes Dental Therapy with a Hygienist License

State is Considering Authorizing Dental Therapy

State Authorized Tribal Dental Therapy Pilot Projects

State Does Not Authorize Dental Therapy

# Growing Our Own

- Tribes need program closer than NZ
- Alaska training program is 3 academic years/2 calendar years
  - One year of classroom learning in Anchorage
  - One year of clinical learning in Bethel
- More than 90% of students are AI/AN
  - Dentistry is disproportionately white
- Dental Therapy is an accessible profession with steady work



# Next Steps: Alaska Dental Therapy Education Program

- Partnership with Ilisagvik College
  - (Far Northern Alaska)
  - Run by Dr. Mary Williard
- Educating a student costs ~\$200,000
- Seeking accreditation
  - Expensive and time intensive Process
- Expanded into facility more useful for classroom and clinical learning



# Next Steps: Tribal Colleges & Universities

- Before Alaska's program, Dental Therapists were trained in New Zealand
- Many Tribal colleges offer Associate's degrees on a two calendar year track
  - Natural fit to replicate Alaska education program
- NIHB wants Tribal Colleges to be included in Dental Therapy education!



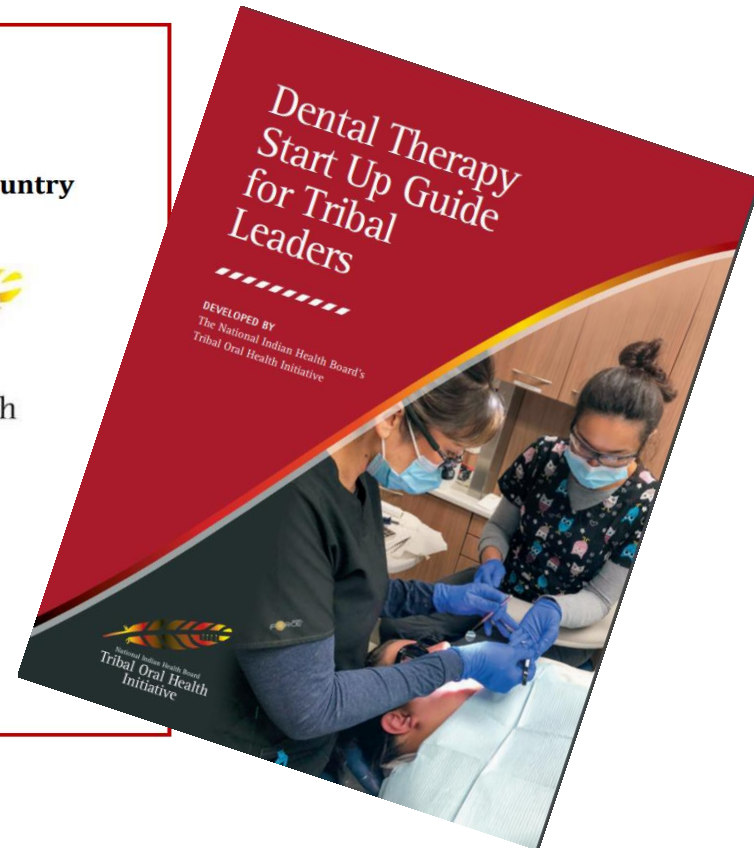
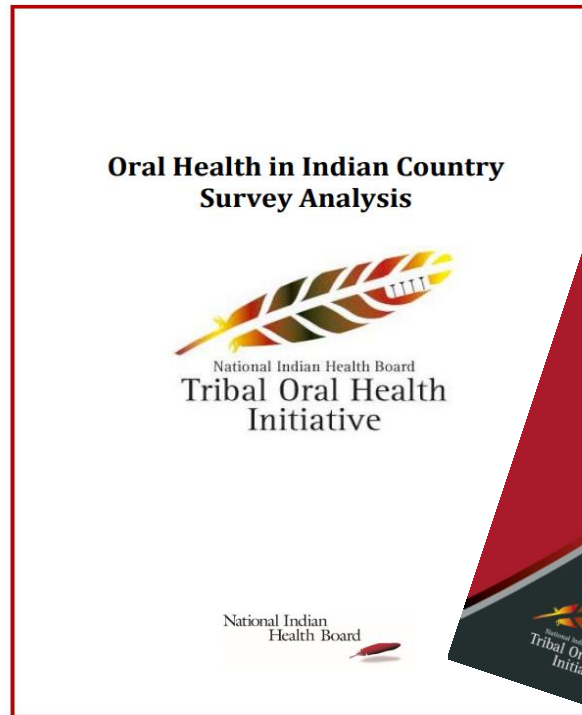
# Next Steps: Implementation Costs

- Once legislation becomes law, battle is only half over
- Tribes still need to work with state
  - Rulemaking process
  - Medicaid Reimbursement
  - Setting up provider infrastructure
- Tribes in states with new Dental Therapy laws need support and technical assistance





# Resources for Getting Started at the Tribal Level



[www.nihb.org/oralhealthinitiative](http://www.nihb.org/oralhealthinitiative)

# Changing the Narrative of Indian Health

## *Shutdown Leaves Food, Medicine and Pay in Doubt in Indian Country*



### Congress Is Starving the Indian Health Service and South Dakota Tribes Are Paying With Their Lives



Nick Martin  
12/05/18 2:01pm • Filed to: NATIVE AMERICANS

11.3K 26 3



Dr. Lowell Styler treated Services in Sault Ste. Marie back. Brittany Greeson for



## Federal report reveals patient died needlessly in South Dakota IHS hospital

Dana Ferguson, Sioux Falls Argus Leader Published 5:13 p.m. CT Aug. 17, 2018 | Updated 1:30 p.m. CT Aug. 18, 2018

## The Never-Ending Crisis at the Indian Health Service

As the chronically under-funded agency struggles, American Indians are getting sicker and dying sooner



# Thank You!

**Stacy A. Bohlen**

*Chief Executive Officer*

National Indian Health Board

[sbohlen@nihb.org](mailto:sbohlen@nihb.org)



National Indian Health Board  
**Tribal Oral Health  
Initiative**



# Questions?

- Enter your question in the chat box.

*OR*

- Use the computer controls to unmute yourself and ask your question aloud.

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact us at [oralhealth@gih.org](mailto:oralhealth@gih.org)