Something to Smile About: Expanding Oral Health Services in Northwest Tribal Communities

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Northwest Portland Area Indian Health Board

www.nwcphp.org/hot-topics

Topics

- Oral health barriers in Indian Country
- What dental therapy is
- How dental therapy breaks down barriers to care
- Economics of dental therapy
- Oregon pilot projects
- Swinomish dental program
- National momentum
- Q&A
Oral health is important to overall health. Yet millions of people living in tribal communities cannot get the dental care they need.

Oral Health Disparities

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Decayed Teeth</th>
<th>Filled Teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN 2014</td>
<td>1.99</td>
<td>1.96</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>1.1</td>
<td>0.6</td>
</tr>
<tr>
<td>Black*</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>White*</td>
<td>0.4</td>
<td>0.6</td>
</tr>
</tbody>
</table>

AI/AN children have 3 times more disease than white children.

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN 2014</td>
<td>43.2</td>
</tr>
<tr>
<td>Hispanic*</td>
<td>19.8</td>
</tr>
<tr>
<td>Black*</td>
<td>19.3</td>
</tr>
<tr>
<td>White*</td>
<td>11.3</td>
</tr>
</tbody>
</table>

AI/AN children have 4 times more untreated decay than white children.
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

Polling Question #1

What are the primary barriers to oral health in your community?

- Shortage of providers
- Cost or problems with insurance coverage
- Lack of cultural competence
- Geographic isolation
- Other (please type in the chat box)
Historical Trauma and Lack of Culturally Competent Providers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>84%</td>
</tr>
<tr>
<td>Female</td>
<td>16%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>7%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>3.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3.5%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>86%</td>
</tr>
</tbody>
</table>

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

Indian Health Service Overview

Typical I.H.S provider services 86% more patients than the U.S. dental average.
Dentistry Versus Primary Care

Remember when primary care could only be provided by an MD?

In the 21st century, medicine relies on mid-level providers like physician assistants and nurse practitioners.

Swinomish Medical Clinic has used mid-level practitioners for 37 years.

Dental practice today looks like medical practice in the 1970s.

Tribal Health System Needs: (Are these your needs too?)

- Effective prevention efforts
- Culturally competent care
- Basic restorative services
- Locally provided

Trisha Patton, DHAT, taking x-rays on patient

Meeting our needs intelligently will lead to efficiencies.
Polling Question #2

Which of these is the primary health need in your community?

- Prevention efforts
- Culturally competent care
- Basic restorative services
- Locally provided care
- Other (please type in the chat box)

A Solution: Dental Therapists

| Began in the 1920s | Practice in 54 countries: the US, Canada, England, Australia, New Zealand and the Netherlands | Can practice in remote regions | Care shown to be high quality, cost effective, and safe | History of providing routine and preventive care in community settings |
Dental Therapists: Scope of Practice

- Primary oral health care professionals
- Provide basic clinical dental treatment and preventive services
- Part of a team of medical and dental providers
- Treat all ages
- Advocate for the needs of clients
- Refer for additional services

<table>
<thead>
<tr>
<th>Diagnosis and treatment planning</th>
<th>Urgent care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Extractions</td>
</tr>
<tr>
<td>Basic hygiene</td>
<td>Community projects</td>
</tr>
<tr>
<td>Radiographs</td>
<td>Clinic management</td>
</tr>
<tr>
<td>Infection control</td>
<td>Equipment repair and maintenance</td>
</tr>
<tr>
<td>Restorative</td>
<td>Referral process</td>
</tr>
<tr>
<td>Pediatric</td>
<td></td>
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</table>

Commission on Dental Accreditation

What Does CODA Do?

- Sets quality standards for dental education
- Evaluates programs for compliance with standards

Who Is CODA?

- Practicing dental processonals
- Dental educators
- State licensing board representatives
- Members of the public
What Does CODA Mean for Dental Therapy?

**Short Term**
- Transform state accreditation into national accreditation.
- Allow standardization, flexibility and mobility for dental therapists across the country.

**Long Term**
- Support states considering implementing dental therapy programs.
- Provide guidance and affirmation to policy makers, funders, insurers, dentists, dental hygienists, and educators.

CODA Key Components

- Science education
- Program director
- Supervision
- Graduation requirements
Financial Impact of Dental Therapists

Dental therapists cost less than 30 cents for every dollar of revenue they generate.

Based on a Community Catalyst study on the economic viability of dental therapists in MN and AK. 
Dr. Frances M. Kim, May 2013

Comparing Hourly Financial Productivity

Children’s Dental Services agency in Minnesota:

<table>
<thead>
<tr>
<th>Year</th>
<th>Entire dental team</th>
<th>Dental therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$280.72</td>
<td>DTs not yet introduced</td>
</tr>
<tr>
<td>2012</td>
<td>$298.09</td>
<td>$340.35</td>
</tr>
<tr>
<td>2013</td>
<td>$336.87</td>
<td>$365.04</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>$365</td>
</tr>
</tbody>
</table>

- Dental therapists are vital to the financial viability of CDS.
- Private clinics in MN are seeing similar productivity and financial impact
MN Children’s Dental Services Agency: Financial Impact of Dental Therapy

- **Dentist cost:** $75/hr
- **Dental therapist cost:** $45/hr
- **Low-income children and pregnant women treated/year:** 1,500
- **Total cost savings:**
  - $1,200/week
  - $62,400/year

Cost-benefit analysis based on 1 dental therapist providing services covered by statute for 40 hours/week in a public health dental clinic.

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The National Picture

*Updated March 2016*
Dental Therapists in Action: Alaska

- 35 Dental therapists
- 45,000 Alaska Natives with increased access to care
- 76 Full-time jobs/year
- $4.4 mil. Total personal income
- $9.7 mil. Net economic effect in rural AK

Swinomish Dentist Rachael Hogan observes DHAT Savannah Bonorden on a recent learning trip to Sitka, Alaska

Alaska DHAT Program Summary

Scope of Practice

**DHAT:**
< 50 billable procedures

**DDS:**
> 500 billable procedures

Training

- **Alaska DHAT training program information:**
  - First year: 40 weeks
  - Second year: 39 weeks
  - Total: 79 weeks (3160 hours)

  **Curriculum Break-down first year**
  - Biological Science: 30%
  - Social Science: 10%
  - Pre-clinic: 40%
  - Clinic: 20%

  **Curriculum Break-down second year**
  - Biological Science: 15%
  - Social Science: 7%
  - Pre-clinic: 0%
  - Clinic: 78% (1215 hours)

  **Curriculum Break-down two years combined:**
  - Biological Science: 22.5%
  - Social Science: 8.5%
  - Pre-clinic: 20% (632 hours)
  - Clinic: 49% (1548 hours)
2 Year DHAT Training Program

- Competency reached with 2 years for the <50 Billable Procedures
- Curriculum fits a 2 year structure
- Training costs lower
- Graduates return to their communities sooner
- Cost of social commitments for trainees lower

DHAT Savannah Bonorden performs an extraction while Dr. Sarah Rodgers and Hygienist Shannon Schrifter observe (and assist) during Alaska learning trip

Yukon-Kuskokwim Health Corporation

DHATs are increasing access to dental exams

DHATs are reducing costly emergency care

YKHC Service Distribution

Dental Exams per Month

<table>
<thead>
<tr>
<th>Year</th>
<th>&gt; Age 5</th>
<th>Age 0-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>2010</td>
<td>2000</td>
<td>2000</td>
</tr>
<tr>
<td>2011</td>
<td>3000</td>
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<tr>
<td>2012</td>
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<td>4000</td>
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<tr>
<td>2013</td>
<td>5000</td>
<td>5000</td>
</tr>
<tr>
<td>2014</td>
<td>6000</td>
<td>6000</td>
</tr>
</tbody>
</table>
THE EVIDENCE IS CLEAR:
Dental Therapists Are Good for Native Communities

- ZERO patient complaints in 10 years in Alaska and 4 years in Minnesota
- 85% of the care dental therapists provide is routine & preventive
- $93 a year for dental therapists’ malpractice insurance
- 400 HOURS working directly with a dentist before they are licensed
- 1,100 SCIENTIFIC STUDIES found dental therapist provide high-quality care.

Oregon: Building a 21st Century Dental Team
Senate Bill 738 (2011)

Allows the Oregon Health Authority to approve dental pilot projects.

These projects are intended to evaluate quality of care, access, cost, workforce, and efficacy by:

- Teaching new skills to existing categories of dental personnel
- Developing new categories of dental personnel
- Accelerating the training of existing categories of dental personnel
- Teaching new oral health care roles to previously untrained persons
## CTCLUSI Dental Clinic

<table>
<thead>
<tr>
<th>Service Area</th>
<th>5 counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coquille Indian tribe (in exchange, Coquille’s Community Health Clinic serves CTCLUSI members)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 full-time dentist</td>
<td></td>
</tr>
<tr>
<td>2 part-time dentists</td>
<td></td>
</tr>
<tr>
<td>1 dental hygienist</td>
<td></td>
</tr>
<tr>
<td>1 dental assistant</td>
<td></td>
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<table>
<thead>
<tr>
<th>Need for DHAT program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to improve dentist retention</td>
<td></td>
</tr>
<tr>
<td>Community DHATs provide improved stability</td>
<td></td>
</tr>
<tr>
<td>Community members provide consistent, culturally competent care</td>
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</tbody>
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## Growing CTCLUSI Dental Team

Naomi Petri, DHAT class of 2017
Marissa Gardner, DHAT class of 2018
DHAT Savannah Bonorden performs an extraction while Dr. Sarah Rodgers and Hygienist Shannon Schritter observe (and assist) during Alaska learning trip
Coquille Indian Tribe Health Services

Community Health Clinic for tribal members/family, community members, and CTCLUSI members

Currently do not have a dental clinic or dental team

Ongoing capital campaign to build a new medical and dental facility, with integrated services

Alexandria Jones, Coquille, Class of 2018

Jason Mecum, Coquille, Class of 2018
Next Steps

- Completing evaluation plan
- Collecting baseline data
- Working on quality assurance/quality improvement plan
- Facilities review and strategic planning process for clinic expansion and community program development to expand services

Washington: Why dental therapy makes sense for Swinomish

Results of procedure review for FY 2012, 2013 and 2014 for Swinomish Clinic

- More than 50% of procedures and services could have been provided by trained dental therapist under the Alaska model.
- Replacing dentist time with dental therapist time would lead to a 50% personnel cost savings.
- Dentist time could have been significantly re-oriented to more complex dentist-only procedures.
On January 4, 2016, Daniel Kennedy, an experienced dental therapist, joined the Swinomish dental team and made history by becoming the first Tribally licensed dental therapist providing services in the lower 48 states.

Swinomish today

- Dentists working at the top of their scope
- Daniel Kennedy (DHAT) out in the community
- A more efficient dental team
- Daniel is a natural fit to the clinic
- Young Swinomish tribal members considering dental therapy as their future career
National Momentum is Growing

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Northwest
Portland Area
Indian Health
Board

Indian Leadership for
Indian Health