

Dental Health Aide Therapists: Increasing Access And Improving Oral Health Outcomes In Native Communities

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TOPIC/TARGET AUDIENCE: Oral Health, Oral Health Workforce

ABSTRACT: Dental disease rates in AI/AN children are 3 to 4 times that of their non-native peers. Most native communities struggle with access to providers due to their high rates of Medicaid-eligible individuals, chronic underfunding from the Indian Health Service and/or rural locations. There are few native oral health providers working in Native communities. Dental Health Aide Therapists have been serving tribal communities in Alaska for the past 11 years. DHATs are recruited from the community and increase access to culturally competent, routine and preventive oral health care. Two Oregon Tribes, through OHA's Dental Pilot Program, are demonstrating how this mid-level dental provider is a solution for their communities, and eventually for the rest of Oregon's underserved populations.

OBJECTIVE(S):

- Explain why there is lack of access to oral health care in Oregon state, and how that intersects with the lack of access to care in Native communities.
- Discuss how a mid-level provider can increase access to cost-effective, high-quality routine and preventive care in underserved communities.
- Identify the existing data and research that exists to support this midlevel provider
- Describe how DHATs contribute to a patient-centered oral health practice improving oral health outcomes and patient satisfaction
- Describe how DHATs, recruited from local communities, transform system delivery to improve population health and address the social determinants of health through providing a continuum of care and creating economic opportunities in dental care shortage communities.

PANEL ABSTRACT 1: Pam Johnson, Northwest Portland Area Indian Health Board American Indians suffer from the poorest oral health of any population in the United States, with staggering rates of untreated tooth decay among children and of untreated decay and gum disease among adults. Historical trauma, high turnover in providers, and chronic underfunding by the IHS contribute to outcomes. Oregon Tribes are participating in the state's Dental Pilot Program to demonstrate how a mid-level provider called a Dental Health Aide Therapist, can improve both access and outcomes in their communities. Success could pave the way for all Oregonians to see their access to care improve. More than 1 million state residents live in areas with a shortage of dentists and tooth decay is widespread. More than half of children ages 6-9 had decay in 2012, and 20 percent of children had dental caries that went untreated.

PANEL ABSTRACT 2: Dr. Sarah Rodgers, DMD, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Dental Clinic DHATs make sense for the dental team by shifting demand for routine and preventive care to a provider highly trained in that scope of practice, freeing up the dentist to practice at the top of their license. DHATs recruited from their community are more likely to stay in that community, providing much needed cultural relevancy and continuity of care. DHATs are the community educator that create stronger links to the clinic and a familiar face that can attract and keep patients committed to their treatment plan.

PANEL ABSTRACT 3: Kelle Little, Health and Human Services Administrator, Coquille Indian Tribe DHATs are a cost-effect and common sense solution for Tribes looking to improve access to oral health care, integrate care into other health delivery systems, and extend care beyond the clinic. DHATs work under general supervision, allowing them to treat patients outside the clinic--Tribes often have a service area of multiple counties over hundreds of square miles. The DHAT 2 year training program that results in a livable wage job meets Tribes' interest in economic development through accessible workforce opportunities.

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