Oral Health in Indian Country: Challenges & Solutions

Oral Health in Indian Country is in a state of crisis. Tribal communities nationwide struggle with dental afflictions and disparities, as well as a severe oral health provider shortage.

Oral health is connected to overall health. Poor oral health can result in missed school or work and decreased ability to eat healthy foods. Poor oral health also puts individuals at greater risk for cardiovascular disease, respiratory infections, dementia and diabetes.

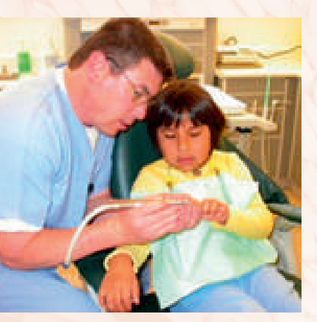
A widespread lack of prevention services and a severe provider shortage throughout Indian Country contribute to these problems. Many Tribes are located in rural areas. Half of American Indians and Alaska Natives (AI/ANs) live in Dental Provider Shortage Areas. The problem also includes Tribes located in or close to urban areas with many of these Tribes having little to no access to dental care.

THE NATIONAL INDIAN HEALTH BOARD (NIHB) AND MANY OF OUR PARTNERS ACROSS INDIAN COUNTRY BELIEVE THAT A SENSIBLE AND TIME-TESTED SOLUTION TO THESE PROBLEMS EXISTS.

1 DENTIST FOR EVERY 2,800 PEOPLE IS THE AVERAGE FOR INDIAN COUNTRY, COMPARED TO ONE DENTIST FOR EVERY 1,500 PEOPLE NATIONALLY. INDIAN COUNTRY HAS JUST HALF THE DENTISTS PER CAPITA AS THE REST OF AMERICA!

AVERAGE OF 6 DECAYED TEETH IN AI/AN CHILDREN AGED 2-5, COMPARED TO ONLY 1 ON AVERAGE FOR ALL CHILDREN AGED 2-5 IN THE U.S.

70% OF ADULTS AND 58% OF CHILDREN SUFFER FROM UNTREATED DENTAL DECAY IN ONE NEW MEXICO PUEBLO.



Dental Therapists – or DTs – are focused oral health practitioners that are trained and licensed to perform the most commonly needed oral health procedures. Tribes in Alaska were the first innovators to bring dental therapy to the United States in 2004. Over the course of its existence, this program has resulted in access for 45,000 more people in approximately 81 rural Alaska Native communities. The program has an impeccable record of safety and effectiveness, with no complaints of malpractice and 95% of patients report being satisfied or very satisfied with the services they received from a DT. Today, Dental Therapists are working in Alaska, Washington, Oregon, Minnesota, and will soon be working in Michigan and Arizona.

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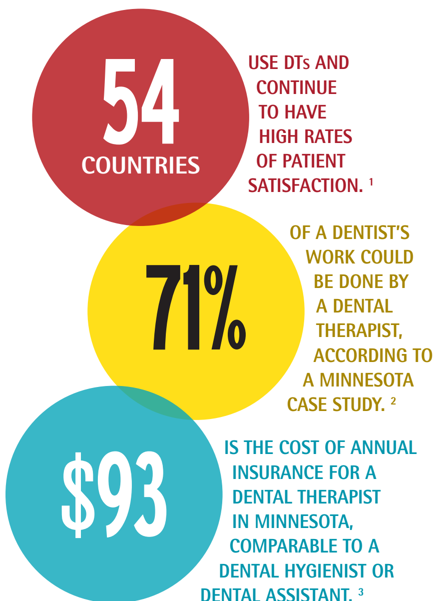

HOW DOES THE DENTAL THERAPY MODEL WORK?

DTs are supervised by a dentist and have a focused scope of practice that emphasizes routine dental maintenance and prevention services. This provider framework extends the ability of dentists to serve communities much in the same way that nurse practitioners or physician assistants extend the reach of doctors. By caring for patients with easily addressed needs, DTs allow dentists to focus on more complex procedures and practice at the top of their scope. With the routine prevention services that DTs provide, patients can avoid developing acute conditions that otherwise might require an emergency room visit. In every respect, the DT model brings superior results. This mid-level dental care results in significant cost savings and a better quality of life.

In August 2015, the Commission on Dental Accreditation (CODA) – the nation's accrediting body for dental training programs – voted to implement national standards for dental therapy training programs, marking a turning point in the growth of the dental therapy profession. These standards require a three-academic-year curriculum for certification/licensure as a Dental Therapist. Ilisagvik College, a Tribal College in Alaska, operates with such a curriculum, and Tribal Colleges and Universities and Community Colleges are considering developing their own DT programs.

HOW CAN TRIBES OUTSIDE ALASKA USE THE DENTAL THERAPY MODEL?

Unfortunately, a clause in the Indian Health Care Improvement Act (IHCIA) has placed barriers in the way, making it more difficult, but not impossible, for Tribes outside of Alaska to use the DT model to address their oral health needs. That law requires Tribes to receive permission from their states if they want to use DTs as part of the Community Health Aide Program (CHAP), which IHS is expanding to Tribes nationwide. Many Tribes have begun engaging with their states to bring DTs to their communities, but the Swinomish Indian Tribal Community took a different route. Embracing their sovereignty as a Tribal nation, Swinomish became the first Tribe outside Alaska to employ a DT in January 2016. After a long and thorough process the Tribe created a separate licensing board for dental professionals working on its land, a right all Tribes have.

To learn more about how your Tribal government or organization can support Tribal sovereignty and improved oral healthcare in Indian Country, visit www.nihb.org/oralhealthinitiative.

1. Nash DA, Friedman JW, Mathu-Muju KR. A Review of the Global Literature on Dental Therapists: In the Context of the Movement to Add Dental Therapists to the Oral Health Workforce in the United States. Battle Creek, M: W.K. Kellogg Foundation; 2012. Available at: http://www.wkkf.org/knowledge-center/resources/2012/04/nash-dental-therapist-literature-review.aspx.
2. An Advanced Dental Therapist in Long-Term Care: Heather Luebben's Case Study." Apple Tree Dental. February 2018.
3. Wovcha, S., Pietig, E. (2015). Dental Therapy in MN: A Study of Quality and Efficiency Outcomes. [PowerPoint slides].

Dental Therapy 101

Why So Many Tribes Support the Expansion of Dental Therapy

DENTAL THERAPISTS (DTs) ARE PRIMARY FOCUSED ORAL HEALTH CARE PROVIDERS. THEY PROVIDE BASIC CLINICAL DENTAL TREATMENT, FOCUSING ON ROUTINE PREVENTIVE AND RESTORATIVE SERVICES. THEY ARE MULTIDISCIPLINARY TEAM MEMBERS OFTEN WORKING ALONGSIDE DENTISTS AND DENTAL HYGIENISTS. DTs HAVE BEEN PRACTICING WORLDWIDE FOR DECADES.

As part of a community-driven solution, Alaska Native Tribal Health Consortium introduced the first successful dental therapist workforce in the United States in 2004. Dental therapists provide culturally appropriate dental education and routine services, within the scope of their license or certification, often in their home villages. These communities, like so many in Indian Country, struggled to recruit and retain dental staff before the DTs began working.

Dental therapists receive the same training as dentists for the areas of practice in which they overlap. After finishing a rigorous three-academic-year program, DTs in training complete a 400 hour preceptorship under the supervision of a dentist. DTs then begin practicing, typically in rural areas, where the unmet oral health needs are the highest.

The three-academic-year curriculum for DTs approved by the Commission on Dental Accreditation can be condensed into a two-calendar-year timeframe. Students who would struggle to attend dental school far from their homes and families for up to eight years have access to dental therapy education, which is a more efficient and cost-effective option. The education leads to a stable and profitable career. In fact, Ilisagvik College in Alaska notes that over 90% of its Dental Therapy students are American Indian or Alaska Native! [1]

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DENTAL THERAPISTS PROVIDE SERVICES SUCH AS:

- Diagnosis and Treatment Planning
- Prevention
- Basic Hygiene
- Radiographs
- Infection Control
- Pediatric Care
- Fillings
- Urgent Care
- Extractions
- Community Outreach and Education
- Clinic Management
- Equipment Repair and Maintenance

1. Interview with Dr. Mary Williard, Director, Department of Oral Health Promotion, Alaska Native Tribal Health Consortium.

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Dental Therapy in the Indian Health System

ALASKA

Tribes in Alaska were first in the U.S. to use Dental Therapists, in 2004. Before the Dental Therapists, many Alaska Native communities had sporadic access to oral health care or no access at all. The Alaska Native Tribal Health Consortium partnered with Ilisagvik College, a Tribal College, to create the Alaska Dental Therapy Education Program.

- In 2017, 35 Dental Therapists were serving over 45,000 Alaska Natives in 81 communities.
- 78% of Dental Therapists serve the area they grew up in! [1]
- Children in communities served by Dental Therapists received 60% more preventative care! [2]
- Those children also needed 74% fewer extractions and 31% fewer dental operations under general anesthesia! [2]

SWINOMISH INDIAN TRIBAL COMMUNITY

In 2016, Swinomish became the first Tribe to hire a dental therapist outside Alaska.

- Since then, their dental therapist has expanded access to those at the Tribe's elder center and school.
- The number of patients seen has increased by 20%! [3]
- The Tribe's dentists are able to focus on more complicated procedures: 50% more crown, bridge, and partials. [3]
- The Tribe is working with a local community college to train dental therapists in the region!

PORT GAMBLE S'KLALLAM TRIBE

Port Gamble hired a Dental Therapist after Washington State passed a dental therapy law.

- Wait time between making the appointment and being seen has been almost completely eliminated. [3]
  - Some Tribes without access to dental therapy have reported wait times of over six months! [4]

CTCLUSI

The Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI) hired two dental therapists as part of Oregon's oral health pilot project.

- Dentists report being able to dedicate more time to treating complex needs and are able to see more of these patients. [3]

- Thanks to the Dental Therapists, CTCLUSI has been able to add two chairs to its clinic to accommodate more patients.

NATIVE AMERICAN REHABILITATION ASSOCIATION

Portland's Urban Indian Health Organization, the Native American Rehabilitation Association (NARA), also has a Dental Therapist under Oregon's pilot project.

- NARA's Dental Therapist is able to provide screening and health education at the residential treatment center.
- The Dental Therapist focuses on making children feel at ease when they see him. [3]

1. Peters, Christina. "Issues in Dental Therapy" Northwest Portland Area Indian Health Board. Presentation to National Tribal Health Conference. September 18, 2018.
2. Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study. Donald Chi, DDS, PhD. University of Washington. August 2017.
3. Peters, Christina. "Dental Therapy in the Portland Area" Northwest Portland Area Indian Health Board. Presentation to Billings Area. November 1, 2018.
4. National Indian Health Board 2018 Tribal Oral Health Assessment to Tribal Leaders, Health Directors, and Dental Directors.

What Does Federal Law Really Say About Dental Therapists in Indian Country?

DENTAL THERAPISTS (DTs) HAVE WORKED IN ALASKA SINCE 2004 AS PART OF THE COMMUNITY HEALTH AIDE PROGRAM (CHAP). CHAP IS UNIQUE TO ALASKA, PROVIDING FRONT LINE HEALTH CARE, BEHAVIORAL HEALTH, AND DENTAL HEALTH SERVICES. CHAP AROSE DUE TO THE DIFFICULTY MANY ALASKA NATIVE VILLAGES FACED IN MAINTAINING REGULAR, CONSISTENT HEALTH CARE. MANY CHAP PROVIDERS, INCLUDING THE DENTAL THERAPISTS, COME FROM THE COMMUNITIES THEY SERVE. DUE TO CHAP'S SUCCESS, INDIAN HEALTH SERVICE (IHS) HAS BEGUN EXPANDING IT TO TRIBES NATIONWIDE. IN 2010, CONGRESS ENACTED THE INDIAN HEALTH CARE IMPROVEMENT ACT (IHCIA), WHICH INCLUDED A PROBLEMATIC PROVISION LIMITING CHAP'S ABILITY TO EMPLOY DTS IN STATES THAT HAVE NOT YET AUTHORIZED DENTAL THERAPY. READ MORE ABOUT HOW THIS PROVISION HARMS TRIBES, AND HOW TRIBES HAVE FOUGHT TO SECURE THEIR RIGHT TO ORAL HEALTH.

IHS issued guidance detailing the success of the Dental Health Aide Therapy Program in Alaska in July 2016. The guidance highlights the safety and economic benefits that the dental therapy program has had in Alaska and cites a study that found that DTs in Alaska provide safe, competent and appropriate dental care. However, later in the document, the guidance states, "the Indian Health Care Improvement Act (IHCIA)… authorizes [DT] services or mid-level dental health provider services if such services are permitted under state law."

Tribal actions are proving why this is an incorrect interpretation. On January 4, 2016 the Swinomish Indian Tribal Community became the first Tribe outside of Alaska to employ a DT. After a long and thorough process, the Tribe created a separate licensing board for their dental providers working for the Tribe. Acting under its own authority as a sovereign Tribal nation, the Swinomish Community acted fully within the law.

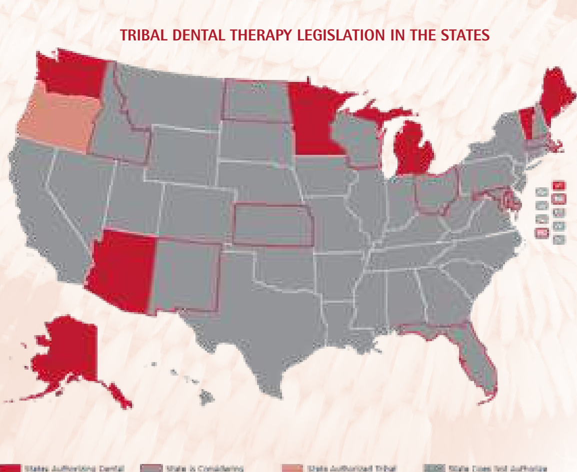
WHAT IS A DENTAL THERAPIST?

Dental therapists are focused providers who provide routine oral health services under the general supervision of a dentist. They can help fill the gaps when dentists are unable or unwilling to be in a community full time.

"I ENCOURAGE ALL TRIBES TO LOOK INTO THIS PROGRAM, BECAUSE IT WORKS IN ALASKA; IT WORKS IN SWINOMISH. IT CAN WORK IN YOUR COMMUNITIES."

—Chairman Brian Cladoosby, Swinomish Indian Tribal Community

TRIBAL DENTAL THERAPY LEGISLATION IN THE STATES



States Authorizing Dental Therapy
State is Considering Authorizing Dental Therapy
State Authorized Tribal Dental Therapy Pilot Projects
State Does Not Authorize Dental Therapy

National Indian Health Board
Tribal Oral Health Initiative

Here's what you need to know about Dental Therapy guidance in Federal law...

Indian Health Care Improvement Act's Limitation of Tribal Dental Therapy:

Section 25 U.S.C. § 1616l (d) reads:
"(d) Nationalization of program
(1) In general
Except as provided in paragraph (2), the Secretary, acting through the Service, may establish a national Community Health Aide Program in accordance with the program under this section, as the Secretary determines to be appropriate.
(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."

- The limitation on DTs in the IHCIA is narrowly applied only to DTs working under CHAP once IHS nationalized the program. Exceptions to the limitation to the expansion under a nationalized Community Health Aide Program is allowed if the state has authorized midlevel dental practice, a clear recognition that dental therapist practice can be safe and effective.

- That the limitation was to be applied only in the context of the nationalization of CHAP is further clarified by subsection (e) of 25 U.S.C. § 1616l, which states: "Nothing in this section shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in an program or to provide any service authorized by any other Federal law."

- Dental therapy practice is authorized under other federal law. 42 U.S.C. § 246g-1 authorized a demonstration project to establish programs to train, or to employ, alternative dental health care providers, including "dental therapists." IHS facilities and tribes carrying out oral health programs under Self Governance compacts and contracts were entitled to participate.

- If Congress had intended to bar all practice of dental therapists even outside of CHAP nationalization, it could have done so. It did not.

- The authority of Tribes to engage in civil regulation is a well-established principal of federal Indian law. Such civil regulation includes licensing professional practitioners.

- Under the Indian Self Determination Education and Assistance Act (ISDEAA), the federal government is required to "interpret all federal laws, in a manner that will include programs, services, functions and activities that will lead to the achievement of tribal health goals and objectives." 25 U.S.C. § 458aaa-11(a).

- That includes recognition of Tribal licensing authority – including authority to license dental therapists – and an acknowledgement that the limitation of expansion of dental therapists through nationalization of CHAP does not bar other Tribal initiatives authorized under federal or Tribal law.

It is abundantly clear that alternative dental practitioners, such as dental therapists, are an essential component of resolving the barriers to access to quality dental care for Indian people throughout the United States.

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To learn more about how your Tribal government or organization can support Tribal sovereignty and improved oral healthcare in Indian Country, visit www.nihb.org/oralhealthinitiative.

Oral Health Status of Native American Children and Adults: A Crisis in Tribal Communities

The oral health of American Indian and Alaska Natives is alarming; children suffer from staggering rates of untreated decay and adults experience high rates of untreated decay, periodontal disease and tooth loss.

Poor oral health affects American Indian and Alaska Natives of all ages and leads to poor performance and absences from school and work and costly problems for families, employers, and federal and state governments. Poor oral health is associated with serious health concerns, including heart and lung disease, stroke, diabetes, low birth weight and premature births.[1] Children with untreated decay not only suffer pain and infection; they have trouble eating, talking, sleeping and learning. This directly impacts school performance and causes missed school days.[2]

This fact sheet offers 2014 and 2015 Indian Health Service (IHS) data on oral health status for preschoolers and adults respectively. The last time IHS reported on preschool-aged children was 2010; for adults, the last time was 1999. Untreated decay rates for preschoolers have remained relatively stable since 2010.[3] The oral health status of adults – while still significantly worse than for the general adult population – has improved since 1999.[4]

ORAL HEALTH OF NATIVE AMERICANS BY AGE

UNTREATED DECAY

41% 2-5 YRS

48% 6-8 YRS

53% 13-15 YRS

64% 35-49 YRS

54% 50-64 YRS

46% 75+ YRS

PRESCHOOLERS

UNTREATED DECAY:

- IN 2014, 41% AMERICAN INDIAN AND ALASKA NATIVE (AI/AN) 2-5 YEAR OLDS HAD UNTREATED DECAY, COMPARED TO 10% OF NON-NATIVE 2-5 YEAR-OLDS IN 2011-2012.[5]

SCHOOL-AGED CHILDREN

UNTREATED DECAY:

- IN 2011-2012, 48% OF AI/AN 6-8 YEAR OLDS HAD UNTREATED DECAY IN THEIR PRIMARY TEETH, COMPARED TO 20% OF NON-NATIVE 6-8 YEAR OLDS.[6]
- IN 2011-2012, 53% OF AI/AN 13-15 YEAR OLD DENTAL CLINIC PATIENTS HAD UNTREATED DECAY COMPARED TO 11% OF THE NON-NATIVE 13-15 YEAR OLDS IN 2009-2010.[7]

SEALANTS:

- IN 2011-2012, 39% OF AI/AN 6-8 YEAR OLDS HAD A SEALANT ON A PERMANENT MOLAR, COMPARED TO 31% OF NON-NATIVE 6-8 YEAR OLDS.[8]

WORKING-AGED ADULTS

UNTREATED DECAY:

- IN 2015, 64% OF AI/AN 35-49 YEAR OLDS HAD UNTREATED CARIES, COMPARED TO 27% OF NON-NATIVE 35-49 YEAR OLDS IN 2011-2012.[9]
- IN 2015, 54% OF AI/AN 50-64 YEAR OLDS HAD UNTREATED CARIES, COMPARED TO 26% OF NON-NATIVE 50-64 YEAR OLDS IN 2011-2012.[10]

SELF-REPORTED ORAL HEALTH:

- IN 2015, 43% OF AI/AN ADULTS 35 AND OLDER REPORTED PAINFUL ACHING.[11]
- IN 2015, 40% OF AI/AN ADULTS 35 AND OLDER SAID THEY AVOIDED EATING CERTAIN FOODS DUE TO MOUTH PROBLEMS.[12]

SENIORS

UNTREATED DECAY:

- IN 2015, 46% OF AI/AN ADULTS AGED 65+ HAD UNTREATED DENTAL CARIES COMPARED TO 19% OF NON-NATIVE ADULTS AGE 65 AND OVER IN 2011-2012.[13]

ORAL HEALTH STATUS OF AI/AN ADULTS HAS IMPROVED SINCE 1999

- Based on 2015 data, rates of untreated decay over the past 15 years have improved for adults, especially those aged 55 and older. During this time period, rates of untreated decay for the 55 and older population declined from 61% to 49%.[14]
- Between 1999 and 2015, more AI/AN adults were keeping their natural teeth.[15]
- The portion of AI/AN adults aged 55 and older with 20 or more teeth nearly doubled in this time period, from 33% to 61%.[16]
- The portion of 35-44 year-olds with 20 or more teeth rose from 86% to 91% during this time period.[17]

IHS SPENDING ON ORAL HEALTH, OVER TIME AND COMPARED TO NATIONAL SPENDING

- In 2011 IHS spent an average of $99 per person on oral health care, compared to the national average per capita expenditures of approximately $272.[18]
- Between 1999 and 2011, average per capita spending for health care by IHS nearly doubled.[19]

> "OUR TRIBAL NATIONS HAVE GRAPPLED FOR DECADES WITH A SHORTAGE OF DENTISTS... 76 PERCENT OF AMERICAN INDIAN CHILDREN IN ARIZONA HAVE EXPERIENCED TOOTH DECAY BY AGE 5. THIS IS AN URGENT NEED THAT CAN BE EASED WITH THE HELP OF DENTAL THERAPISTS."
>
> —Council Member Chester Antone, Tohono O'odham Nation

To learn more about how your Tribal government or organization can support Tribal sovereignty and improved oral healthcare in Indian Country, visit www.nihb.org/oralhealthinitiative.

ENDNOTES

1. U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General," Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

2. Katrina Holt and Ruth Barzel, "Oral Health and Learning: When Children's Health Suffers, So Does Their Ability to Learn (3rd ed.)," Washington, D.C.: National Maternal and Child Oral Health Resource Center, 2013, http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf; U.S. General Accounting Office, "Oral Health: Dental Disease is a Chronic Problem Among Low Income and Vulnerable Populations," Washington, DC: General Accounting Office, 2000, http://www.gao.gov/new.items/he00072.pdf.

3. Kathy R. Phipps and Timothy L. Ricks, Indian Health Service Data Brief, "The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2015 IHS Oral Health Survey," April 2015, https://www.ihs.gov/doh/documents/IHS_Data_Brief_1-5_Year-Old.pdf.

4. Kathy R. Phipps and Timothy L. Ricks, "Indian Health Service Data Brief, "The Oral Health of American Indian and Alaska Native Adult Dental Patients: Results of the 2015 IHS Oral Health Survey," March 2016, https://www.ihs.gov/DOH/documents/IHS_Data_Brief_March_2016_Oral_Health%20Survey_35_plus.pdf.

5. Phipps and Ricks, April 2015; Bruce A. Dye, Gina Thornton-Evans, Xianfen Li, and Timothy J. Iafolla, NCHS Data Brief No. 191, "Dental Caries Sealant Prevalence in Children and Adolescents in the United States, 2011-2012," March 2015, http://www.cdc. gov/nchs/data/databriefs/db191.pdf.

6. Timothy L. Ricks and Kathy R. Phipps, IHS, unpublished data from 2011-2012 IHS Survey, email to The Pew Charitable Trusts (Oct. 5, 2016); Bruce A. Dye, Gina Thornton-Evans, Xianfen Li, and Timothy J. Iafolla, NCHS Data Brief No. 191, "Dental Caries Sealant Prevalence in Children and Adolescents in the United States, 2011-2012," March 2015, http://www.cdc.gov/nchs/data/databriefs/db191.pdf.

7. Kathy R. Phipps, Timothy L. Ricks, and Patrick Blahut, Indian Health Service Data Brief, "The Oral Health of 13-15 Year Old American Indian and Alaska Native Children Compared to the General U.S. Population and Healthy People 2020 Targets," May 2014, https://www.ihs.gov/DOH/documents/surveillance/Data%20Brief%20IHS%20Adolescent%2005-05-2014.pdf; Bruce A. Dye, Xianfen Li, and Gina Thornton-Evans, NCHS Data Brief No. 104, "Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009–2010," August 2012, http://www.cdc.gov/nchs/data/databriefs/db104.pdf.

8. Ricks and Phipps, Oct. 5, 2016; Dye et al., March 2015

9. Phipps and Ricks, March 2016; Dye et al., May 2015.

10. Phipps and Ricks, March 2016; Dye et al., May 2015.

11. Phipps and Ricks, March 2016.

12. Phipps and Ricks, March 2016.

13. Phipps and Ricks, March 2016.

14. Phipps and Ricks, March 2016; Dye et al., May 2015.

15. Ibid.

16. Ibid.

17. Ibid.

18. Indian Health Service, "The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children," 2013, These figures refer to IHS fiscal year 2011 data and Medical Expenditure Panel Survey Household Component Data, 2009.

19. Ibid.; Indian Health Service, "An Oral Health Survey of American Indian and Alaska Native Dental Patients," 1999, http://dhss.alaska.gov/dph/wcfh/Documents/oralhealth/docs/Oral_Health_1999_IHS_Survey.pdf.

Support for Dental Therapy in Indian Country

Dental therapists – focused providers similar to physician assistants in medicine – deliver preventive and routine restorative care, such as filling cavities, placing temporary crowns, and extracting badly diseased or loose teeth.

This map shows Tribes, Intertribal Organizations, and Area Indian Health Boards that have passed resolutions in support of Dental Therapy. To view these resolutions, visit nihb.org/oralhealthinitiative.

Tribal governments and Tribal organizations are frequently challenged with provider shortages and, therefore, a lack of access and affordability to oral healthcare in Tribal communities. Dental therapists already practice in Tribal communities in Alaska where access can be especially limited, and Tribes in the lower 48 states are now building momentum to support bringing these midlevel providers to dental teams across Indian Country.