Alaska Tribal Health System
Oral Health

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History of Oral Health In Alaska Native Populations

History of Dental Caries in Alaska Native People

- **1925**: Archeological records show caries rate of ~1%
- **1928 – 1930’s**: Studies show lowest caries rate in the world
- **1984**: Improved air transportation and dietary changes
- **1999**: Vast majority of children have dental caries

Prevalence of dental caries in children 2x same aged U.S. children
Rural Alaska Dental Workforce Issues

- AN children dental disease rates
  - 2.5 times national average
  - OR pediatric cases
- Vacancies and annual turnover
- 120,000 Alaska Native people
  - 85,000 people
  - 200 villages
  - Few roads
Medicaid Case Study A-A case for Fluoridation (& workforce expansion)

- 17 of 21 4-6 year olds (81%) underwent oral surgery under general anesthesia between 2004-2006*
- Average cost $7,433*
- Water fluoridation would have prevented 10 reconstructive procedures and saved $74,330 in treatment costs*
- Workforce expansion could catch early and treat close to home
  - Worse case scenario= $2,500

*ANTHC Dept. of Environmental Health and Engineering

Early Childhood Caries (ECC)- often referred to OR due to the amount of work and patient behavior
54 of 122 3-8 year olds (44%) underwent oral surgery under general anesthesia between 2004-2006

Average cost $6,891

Water fluoridation would have prevented 32 reconstructive procedures and saved $220,512 in treatment costs

ANTHC Dept. of Environmental Health and Engineering
Oral Health Needs of AK THS

- Effective prevention efforts
- Culturally competent care
- Basic restorative services
- Locally provided
- Meeting our needs intelligently will lead to efficiencies

Trisha Patton, DHAT student, taking x-rays on patient
Dental Health Aides

- 4 new types of providers
- Designed to work as part of the health care system
- Supervised by licensed dentists
- 100% FMAP when AN seen in our tribal system
  - Prevention will decrease the need for referrals to private sector.

Chelsea Shoemaker, Bonnie Johnson, Corrina Cadzow, DHAT students
Providing fluoride varnish treatment for a Head Start student.
Dental Health Aide Initiative of the CHAP

- **Primary DHA** (2 week modules)
  - Disease prevention educators
  - RWJF Pilot
- **Expanded function DHA** (2 wk.)
  - Restorations, cleanings, temporary fillings
- **DHA Hygienist** (by credential)
  - Local anesthesia
- **Therapist** (2 year, full time)
  - Prevention and limited scope of dental services

Alison Kaganak, DHAT Student, providing knee-to-knee infant oral exam
A new paradigm for dental disease prevention*

Our primary goals:

1. Develop trusting relationships with Native patients.
2. Encourage them to return to clinics regularly.
3. Overcome fear and avoidance.

*UW Dental Fears Clinic inspired

This means more attention to the person/community than to the tooth.
Professional Role Development: Healing the Healer

- Students from “at risk” populations going to work with “at risk” populations
  - Need tools to succeed

- **Constant emphasis on wellness**
  - Weave social skills and behavioral work into all aspects of curriculum

- **Bring in outside professionals**
  - PTSD, Alcohol and substance abuse, DV, sexual abuse, neglect
  - Teaching boundary skills, role modeling
Dentist lead team - Integrated With Medical

Regional Hub Clinic
- Supervising Dentist
- Hygienist
- EFDHA
- PDHA
- DHAT

Subregional Clinic
- DHAT
- PDHA

Village Clinic
- DHAT
- PDHA

Subregional Clinic
- DHAT
- EFDHA
- PDHA

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Survey of AK Tribal Dental Directors

Each DHAT team on average, provides care to 830 patients during approximately 1200 patient encounters (or visits) each year.

Scott and Co. Consulting, 2011
Survey of AK Tribal Dental Directors

Encouraged to “put down the hand instruments” and provide community education on healthy behaviors and dental care.

55% spend 1-4 hours per month; 22% spend 5-10 hours; 22% spend 10-15 hours per month on education.

Scott and Co. Consulting, 2011
Investment with positive economic return

Tribal Investment: $70,000 DHAT student support and tuition.

8-12 months after they start working following graduation, investment will be paid off by revenue generated by billing for DHAT services.

Depends on Medicaid encounter rates.

Scott and Co. Consulting, 2011

Ben Stewart, DHAT Student, practicing on mannequin
Tribal revenue as reported by dental directors with DHAT

The net annual revenue stream generated by the employer is $125,000-$245,000 after costs (DHAT and dental assistant salary, benefits, travel, supplies, and other costs) with savings of ~$40,000 in avoided travel costs to receive dental care.

Community Economic Engine:
19 DHATs generate 76 jobs (dental assistants, training program faculty, management, staff) with half of these jobs and the related $9m economic activity in rural Alaska.

Scott and Co. Consulting, 2011
Improved Access and Quality

- 40,000 people in rural AK now have direct access to care
- 58 new dental providers
  - 24 PDHA
  - 8 EFDHA
  - 1 DHAH
  - 25 DHAT
- Living and working where there have never been dentists before
- Continuity of care
  - Higher level of care

Aurora Johnson, DHAT- Unalakleet in NZ DT educational program
DHAT Educational Program Students
2 Years Post High School
American Academy of Dental Therapy
Minnesota Dental Therapy - Struggle and Compromise

• First state to change practice act

• Grass roots campaign Vs. MDA

• DT and ADT

Stephanie Woods, DHAT, with MN Dental Therapists
The National Dental Workforce-
Lots more Struggle and Compromise

- **Dentists shortage Vs. Misdistribution?**
  - New dental schools
  - Incentives to practice in underserved
  - Underserved areas still exist

- **20 other states seriously working on DT legislation**
  - WKKF- WA, VT, KY, KS, NM
  - PEW- ME, CA, CT, MI

- **Practice will vary**
  - Costs to educate
  - Scope of practice
  - Employment arrangements
  - Multiple practice settings

Will this office utilize DT in the future? How about your community health center?
Impact of Federal Actions on Alaska THS

- **Sequester** = IHS budget reduced 5%, or $220 million
  - In FY2013= 9% cut for remainder year
- **ACA benefits for AI/ANs** are only available to members of federally-recognized tribes- difficult for some current beneficiaries
  - Asking for a grace period
- **Federally-facilitated exchange (FFE)** would not have the ability to aggregate payments for tribes who wanted to make premium payments for American Indians and Alaska Natives (AI/AN) they serve

*Federal Legislative Report  
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Gerald Moses, Senior Federal Liaison, (202)716-8073, gmoses@anthc.org  
March 4, 2013
Sustainability Issues

- Severe underfunding of the Indian Health System results in layoffs & reduction in services:
  - Funded at 50-60% of Level of Need
Alaska Sanitation Facts

- 24% of all rural Native homes do not have adequate sanitation facilities
- $800M+ unmet need in Alaska

“Honey Bucket” dump
Sanitation Funding

- Downward trend
- All sources (national tribal allocations, Alaska specific appropriations, and required state match)
  - declined by over $49M between FYs 2004-2011

Drinkable drinking water will also give us a fighting chance against sugar sweetened beverages (SSB)
Community water fluoridation requires adequate facilities and trained personnel.
Cost Containment

• Delivery of care close to home
• Alternative workforce models
• Effective prevention
• Community water improvements- Fluoride, Drinking (SSB)
• Recruitment and retention of dental providers
• Decreasing OR dental visits
DHAT Educational Program

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DHAT training is ANTHCsmile on Facebook and twitter

Chris Evan, DHAT Student,
education for Head Start kids

website: http://anthc.org/chs/chap/dhs/