

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DENTAL HEALTH AIDE THERAPIST TRAINING PROGRAM

May 2007



The first class of U.S. Dental Health Aide Therapist trainees. Top row left to right: Archie Watson, Daniel Kennedy, Louisa Beal and Christopher Evan. Bottom row: Danielle Boston, Sheena Nelson, and Danelle Shellikoff.

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ALASKA DENTAL HEALTH AIDE PROGRAM UPDATE

For residents of nearly 200 small isolated communities in rural Alaska, access to dental care services is a serious problem. Alaska Natives experience disproportionate oral health disparities, including rates of dental caries at 2.5 times the U.S. national rates. More than one-third of rural Alaska school children have missed school because of dental pain. By the time Alaska Natives reach adulthood, many have already experienced the devastating consequences of the lack of dental care. Dentists employed by Alaska Native tribal health organizations generally are only able to visit small villages for a week or two at a time, once or twice a year. Recruitment and retention of rural dentists is an on-going challenge, as most dental school graduates choose private practices, not public health dentistry. The current vacancy rate for dentists in the tribal health system is twenty-five percent. One program has been waiting for seven years for a dental position to be filled.

Beginning in 2003, Alaska Native tribal health organizations, and the Community Health Aide Certification Board, a federal agency, developed a new solution to addressing rural Alaska dental needs, the Alaska Dental Health Aide Initiative.

The Initiative is part of the Community Health Aide Program (CHAP), which was developed by the Indian Health Service in cooperation with Alaska tribes in the 1960s to address critical health problems in rural Alaska. Today, more than 550 indigenous medical providers work in small community clinics providing emergency, chronic, and preventive services under the general supervision of physicians at regional hospitals.



Student Danielle Boston gives a tour of the new operatory to Dr. Ken Glifort, Alaska Area Indian Health Service Deputy Director, Chief Medical Officer.

The CHAP Dental Health Aide (DHA) Initiative is based on this medical model, which is internationally viewed as a successful system for providing health care across great distances. The program is a multifaceted approach to boost both the number of dental providers in rural Alaska and the level of dental services available to Alaska Native people. There are several levels of DHA, ranging from Primary DHA, who provide exclusively preventive services, to Dental Health Aide Therapists (DHAT), who are trained to do cleanings, fillings, and uncomplicated extractions. All work is done under the general supervision of dentists at regional hospitals.

To be certified, all DHAs must meet qualifications set by the Federal Community Health Aide Program Certification Board, which is made up of experienced federal, state, and tribal health professionals. Continuing education is required annually, and a skills evaluation is required every two years for recertification.

The DHAT model is considered an essential component of dental health care in over 40 countries, including New Zealand, Canada, and Great Britain. The United States is the only industrialized nation that does not have a mid-level dentistry practice for the general population.

The Alaska Dental Health Aide Program is widely recognized as a part of the much-needed solution for oral health problems among Alaska Natives in rural Alaska. That recognition has come in the form of resolutions, letters of support, and funding. The American Public Health Association, the American Association of Public Health Dentistry, the American Association of Community Dental Programs, the National Rural Health Association, as well as many other local and state public health-minded organizations have endorsed this innovative program



Student Danelle Shellikoff works on a mannequin.

Indian Health Care Improvement Act

In June, 2006, the ANTHC and the American Dental Association were able to reach a compromise on certain procedures that a DHAT can perform moments before the bill was heard in the House Resources Committee. Alaska Congressman Don Young introduced an amendment that was adopted by the House Resources Committee Markup to change the dental health aide provision language in the house bill, H.R. 5312 to read:

(7) ensure that pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation

with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment, and further that dental health aide therapists are strictly prohibited from performing all other oral or jaw surgeries, provided that uncomplicated extractions shall not be considered oral surgery under this section.

The provision requires DHATs to consult with dentists before performing certain procedures. Although the legislation was not enacted in the previous Congress, the ANTHC/ADA compromise is reflected in both the H.R. 1328 and S. 1200, the new IHCIA bills before the current Congress.

Dental Health Aide Therapist Training Program

Although training for primary DHAs is provided in Alaska, training for the first DHATs has been provided through the New Zealand's Otago University School of Dentistry because

there was no mid-level dental practitioner training in the United States. Eight DHATs have graduated, and completed clinical preceptorships. They have earned certification by the Federal CHAP Certification Board and are now delivering dental care in rural Alaska. Three more students graduated from the New Zealand training program in December 2006 and are now completing their preceptorships.

While New Zealand proved suitable for establishing the first group of DHATs practicing in rural Alaska, funding limitations, and the desire to provide training closer to home led to the successful effort to establish a DHAT training program based in the United States.

In September, 2006, ANTHC in collaboration with the University of Washington, School of Medicine MEDEX Physician Assistant (PA) Program, secured a four-year grant from the W.K. Kellogg Foundation to fund the establishment of an Alaska-based Dental Health Aide Therapist training program. This \$2.8 million award to ANTHC is the largest single philanthropic award in Alaska and funds the first Dental Health Aide Therapy training program in the United States. In addition, the Rasmuson Foundation has provided an additional supplemental unsolicited award of \$450,000 to support the initiation of the DHAT training program. During the past five years, ANTHC has received generous federal and private financial support, including the Ford Foundation, the Alaska Mental Health Trust Authority, and the Paul G. Allen Foundation.



Certified DHAT, Bobby Curtis, of Maniilaq with portable dental equipment in Point Hope, Alaska.

The first cohort of seven students began training on January 16, 2007 in Anchorage, Alaska. The training will be conducted in two phases. The first year will be in Anchorage where trainees will receive both didactic and clinical training from the University of Washington with the assistance of ANTHC training site employees. The curriculum will be based upon the very successful New Zealand and Canadian dental therapy training programs.

The second year, a clinical clerkship, will be offered in Bethel, Alaska, in partnership with Yuut Elitnaurviat (“The People’s Learning Center”) and the Yukon-Kuskokwim Health Corporation. At the end of the second year of training, each trainee will return back to his/her sponsoring tribal health organization to complete an additional clinical preceptorship under the direct supervision of a dentist. Once the preceptorship is completed, the DHAT can apply for certification from the federal Community Health Aide Program Certification Board. Re-evaluation of skills and continuing education are required every two years for recertification.

Upon completion of the training, the DHATs will be able to provide dental services including prevention education, diagnosis of dental decay using x-rays, develop plans for the treatment of decay, provide local anesthetics and restore and extract teeth under the general supervision of a dentist.

The ANTHC is committed to addressing the oral health disparities faced by Alaska Natives by expanding the opportunities for Alaska Natives to receive safe and effective oral health care. With the valuable assistance of our partners, we are able to continue this important work. We anticipate that the positive relationships between Alaska Native children with providers from their own communities will encourage better oral health practices.



Student Sheena Nelson practicing x-ray proper placement on fellow student Archie Watson.

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