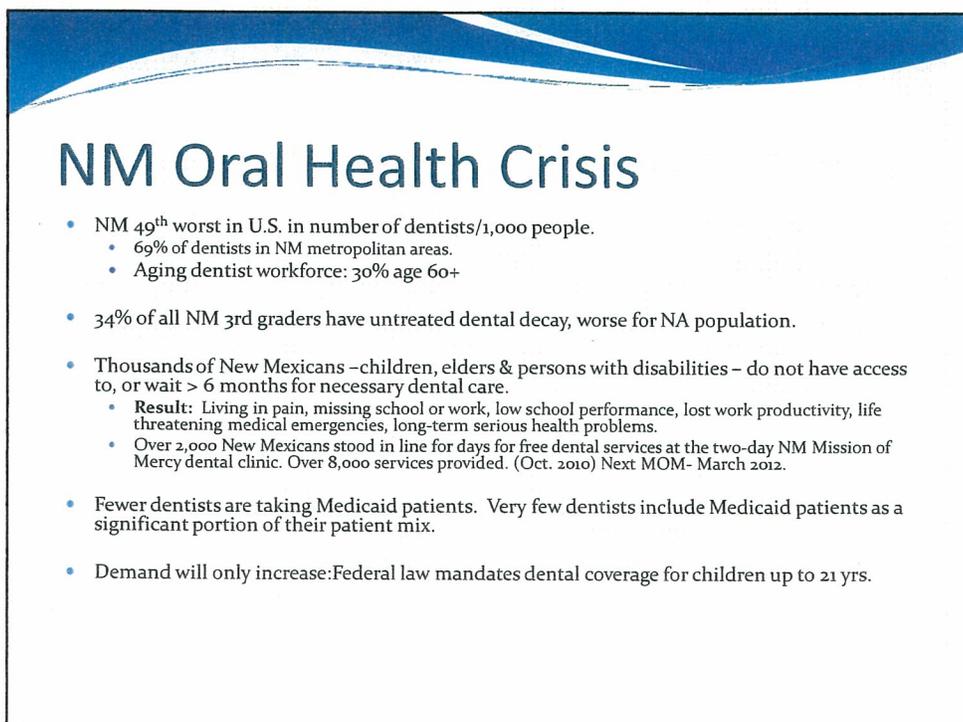


Dental Therapists

A Community Workforce Solution for Improving
Access to Quality Dental Care
for Tribal & Underserved New Mexico

Pamela K. Blackwell, JD
Project Director, Oral Health Access
Health Action New Mexico



NM Oral Health Crisis

- NM 49th worst in U.S. in number of dentists/1,000 people.
 - 69% of dentists in NM metropolitan areas.
 - Aging dentist workforce: 30% age 60+
- 34% of all NM 3rd graders have untreated dental decay, worse for NA population.
- Thousands of New Mexicans –children, elders & persons with disabilities – do not have access to, or wait > 6 months for necessary dental care.
 - **Result:** Living in pain, missing school or work, low school performance, lost work productivity, life threatening medical emergencies, long-term serious health problems.
 - Over 2,000 New Mexicans stood in line for days for free dental services at the two-day NM Mission of Mercy dental clinic. Over 8,000 services provided. (Oct. 2010) Next MOM- March 2012.
- Fewer dentists are taking Medicaid patients. Very few dentists include Medicaid patients as a significant portion of their patient mix.
- Demand will only increase: Federal law mandates dental coverage for children up to 21 yrs.

Who are Dental Therapists?

- Dental providers, general supervision of dentists, study after study show provide high quality, cost-effective dental services to rural and tribal communities.
- Home-grown, culturally competent, selected by their communities, practice in their home community.
- Obtain nearly 3 years of rigorous, competency-based education, training and clinical experience.
- Expand the reach of dentists to underserved and remote communities using telemedicine.
- Financially sustainable workforce model: Provide necessary and billable services - prevention education, teeth cleaning, routine extractions and restorations.
 - Can increase a dentist's productivity and profitability, including adding a 20% Medicaid patient mix. (*The Pew Center, Dec.2010*)
- Since 2005, provided care in remote Alaskan tribal villages. Over 80 years, provided care in 50 countries including industrialized countries.

A Workforce Solution for NM

- **State Law Change Required to Restore Tribal Sovereignty** - For NM tribes, pueblos and nation to have the right to train and employ a dental therapist NM state law must specifically allow dental therapists to practice in NM. Federal law took away Native communities' rights to have dental therapists.
- **Economic Opportunity & Career Pathways**
 - Career pathway for dental hygienists - With an additional year of training dental hygienists can become dental therapists. This means providers serving the public sooner.
 - Career opportunities for those in rural and tribal NM.

Support for Dental Therapist Model

- **Native American Professional Parent Resources, Inc.** –
(Administers the Albuquerque Area Dental Support Center Dental Support Services)
- **Albuquerque Area Indian Health Board (AAIHB)**
- **Pueblo of Kewa/Santo Domingo Health Board and Union County Health & Wellness Network** (Clayton, NM) demo sites.
- **NM Public Health Association (NMPHA)** endorsed HB 495, 2011 NM dental therapist bill.
- **AARP New Mexico**

- General support for mid-level dental provider or dental therapist model:
 - **National Congress of American Indians (NCAI)**
 - **American Public Health Association (APHA, since 2005)**

Call to Action

- **To improve rural and tribal access to high-quality, cost-effective dental services,**
- **Provide economic opportunity for these communities, and**
- **Restore tribal sovereignty**

Support proposals that include dental therapists as part of New Mexico's dental team.

- Thank you -

Michael E. Bird MSW, MPH

Member of Pueblo of Kewa/Santo Domingo

Public Health Consultant

Fmr. President of American Public Health Association (APHA)

Terry Batliner DDS MBA

Associate Director - Center for Native Oral Health
Research, Colorado School of Public Health

Owner - Sage Dental Care

Enrolled member - Cherokee Nation of Oklahoma

Dental Therapists

- General supervision
- Scope of practice
 - Basic services – restorations, extractions, preventive care
- Quality
 - 15 + studies
 - Two on Alaska
 - All show care comparable to dentists

Quality In Dentistry

- Quality is not clearly defined
- Urban areas – overtreatment
- Good crown that was not needed – poor care
- Low income and rural – lack of access
- Agreement:
No care is poor quality care.

New Mexico

- Rural with a lack of access to care
- Early Childhood Caries (decay)
- Western US including New Mexico
 - May have the highest rates in the world
 - Need to intervene early – at age 1
 - Every child needs a dental home
 - Many more providers are needed
 - Therapists are ideal

You Can Make A Difference

- Providers from rural areas
- 2 years of intense training
- 400 hours or 3 months of preceptorship
- All competency based
- Must recertify periodically
- This is much more stringent than dentists



IMPROVING ACCESS TO DENTAL CARE IN TRIBAL COMMUNITIES

RON ROMERO, DDS, MPH
OCTOBER 6, 2011



NEW MEXICO PERSPECTIVE

- Born, Raised, and Educated in Espanola, NM;
- BS~New Mexico Highlands University
- DDS~University of Minnesota School of Dentistry
- MPH~University of New Mexico
- DPH Residency~University of California at San Francisco
- Dentist: 30 yrs exp with a focus on public health in NM (Corrections, LVMC, DOH)
- Past State Dental Director/DOH
- Currently, OOH provider





Burden of Dental Disease in NM

The 2000 NM Children's Oral Health Survey Results

- OH Disparities Occur between NMs Population Groups:
 - ~American Indians(NA/AI)
 - ~Hispanic
 - ~White, non-Hispanic
- American Indian children have higher rates of dental disease



Race/Ethnicity of New Mexico Children

Group	Percentage
American Indian (Oral Health Survey Participation)	9%
American Indian (Statewide 5-9 Year Olds)	14%
Hispanic (Oral Health Survey Participation)	48%
Hispanic (Statewide 5-9 Year Olds)	45%



Access to Care for New Mexico's
3rd Grade Children by Race/Ethnicity



The Oral Health of New Mexico's Children -
by Race/Ethnicity





Summary of Results

- **White non-Hispanic Children:**
Fared better than Hispanic and American Indian Children
- **American Indian Children:**
Highest sealant rate,
Highest reporting of needing care
Lowest caries free rate (10%)
- **Hispanic Children:**
Highest rate that had never been to the dentist



Summary of Results

Primary reasons for not accessing care:

- **Whites and Hispanics**
 - *Cost Related
 - **Lack of Insurance
 - **Cannot Afford Care
- **American Indians**
 - *Clinic & Systems Related
 - **Appointments: Wait is too long
 - **Provider and Cultural issues were reported



Challenges in NM

- **Aging Dentist Workforce**
- **Distribution/Shortage of Dentists**
- **No Dental School in NM**
- **Disparities Exist in Accessing Dental Care**
- **Disparities Exist in Oral Health Status by Race/Ethnicity/SES**
- **American Indians have higher dental disease (decay) rates**



Recommendations

Expand Oral Health Prevention and Education Services Statewide

Improve Dental Care Access

Improve OH Status~Healthy Teeth

Increase Water Fluoridation

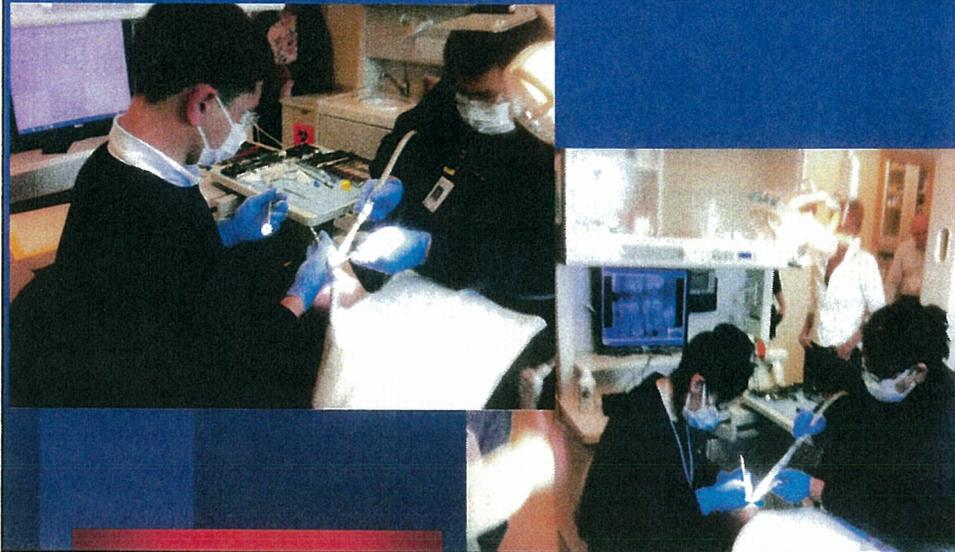
Strategy

- **Develop & Implement a DHAT Model in NM (Mid-Level Provider)~Where**
 - Tribal Health Care Organizations
 - Federally Qualified Health Centers
 - School Based Health Centers
 - Health Professional Shortage Areas
 - US/Mexico Border Areas
 - Frontier Counties
 - Underserved Communities

Why do we need to do this?



Alaska DHATs Providing Quality Dental Care



DezBaaAltaalkii Damon, DMD

Staff Dentist
Sage Memorial Dental Clinic
Ganado, Arizona

Previous Employer & Title:
Deputy Director
Yukon-Kuskokwim Health Corp.
Bethel, Alaska

Personal Background

- Full Navajo originally from Mexican Water, Arizona
- Lived and went to school in Aztec, NM
- Undergraduate: Arizona State University
- Dental school: Arizona School of Dentistry & Oral Health

Dental Therapists in Yukon-Kuskokwim Delta

- Currently 6 Dental Therapists
- 1st year in Anchorage
- 2nd year in Bethel
- 6-month preceptorship with YK Dental
- Placement in Sub-regional clinics
- Addressing preventive and routine restorative & extraction needs.

Important Factors for a Dental Therapists program

1. Culturally-Competent Provider

- Patients respond favorably to providers of their background
- Oral Health Instruction and treatment options, possibly better explained

2. Strong Support/Mentoring System

- Continued close mentoring
 - Biweekly, monthly, quarterly, etc.
 - Treat patients based on Dental Therapist's treatment plans
- Set up the Dental Therapists for success
 - Help community gain confidence in the Dental Therapist as a provider

Alfredo Vigil, MD, FAAP - Family Medicine
(Former Cabinet Secretary, NM Dept. of Health)
4141 NDCBU, Taos, NM 87571
(505) 929-3906

10/6/2011

Esteemed Indian Affairs Committee Members:

My apologies for not being able to attend today's hearing.

The problem of poor access to dental services in New Mexico is very serious as all of you know. As a family physician, I see constant examples of poor oral health problems resulting in serious illness, complications, social problems, nutrition deficits, and other medical problems. Society, AND the taxpayers, pay a heavy price for so many of our citizens not having the dental services they need. All of us, even with good incomes and dental insurance, know how difficult it can be to see a dentist let alone if we are low income and do not have insurance.

The dentists in New Mexico do a wonderful job of providing as much service as they are able. However, they are in short supply and there are NO projections that predict that the situation will change in the foreseeable future.

During my 33 years as a physician in New Mexico, I have seen many changes in the types of clinicians that the legislature as authorized such as: physician assistants, nurse practitioners, midwives, pharmacist clinicians, certified nurse specialists, nurse anesthetists, prescribing psychologists, and others. These changes have all been great success stories! Just imagine how devastated our health system in New Mexico would be without them.

Of course, safeguards must be put into place to make sure that **Dental Therapists** are well trained, have appropriate regulations, and are monitored just like all of the other licensed practitioners. This will all be accomplished via legislation, regulation, curriculum, and on-going monitoring by the appropriate people.

The arguments you will hear from a few people about why this is not a good idea are EXACTLY the same arguments that were presented when the other clinicians I listed were under consideration. The concerns are important but, again, will be adequately addressed by the process that is now well established in the state.

Thank you for carefully listening to the facts about Dental Therapists. It is time to take advantage of this reasonable, safe, and cost-effective approach to improving oral health in the state of New Mexico.

I would be delighted to discuss this further with any of you.

Respectfully yours,

A handwritten signature in black ink that reads "Alfredo Vigil MD". The signature is written in a cursive style with a large, looping flourish at the end.

Alfredo Vigil, MD, FAAP
Family Medicine
Former Cabinet Secretary, Dept. of Health



DENTAL THERAPISTS - A Workforce Solution for Improving Access to High Quality, Cost-Effective, Dental Care for Rural, Tribal & Underserved New Mexicans

Access to Dental Services: A Health Crisis for Rural, Tribal & Underserved New Mexicans

- **NM ranks 49th in the U.S. in the number of dentists per 1,000 people.** 69% of dentists are in NM metropolitan areas.
- 34% of all NM 3rd graders have untreated dental decay.
- **Thousands of New Mexicans – many of them children, elders & persons with disabilities – do not have access to, or must wait 6 months or more for necessary dental care.**
 - **Result:** Living in pain, missing school or work, low school performance, lost work productivity, life threatening medical emergencies, long-term serious health problems.
 - Over 2,000 New Mexicans stood in line for days for free dental services at the two-day NM Mission of Mercy dental clinic. Over 8,000 services provided. (Oct. 2010)
- Fewer dentists are taking Medicaid patients, and very few dentists include Medicaid patients as a significant portion of their patient mix.
- Demand will only increase: Federal law mandates dental coverage for children up to 21 yrs.

Dental Therapists: Who are they?

- **Dental providers who under the general supervision of dentists, study after study shows provide high quality, cost-effective dental services to rural and tribal communities.**
- Home-grown, culturally competent providers, selected by their communities, who practice in their home community.
- Obtain nearly three years of rigorous, competency-based education, training and clinical experience.
- Expand the reach of dentists to underserved and remote communities using telemedicine.
- **Financially sustainable workforce model: Dental therapists provide a range of necessary and billable services from prevention education and teeth cleaning to routine extractions and restorations.**
 - Can increase a dentist's productivity and profitability, including adding a 20% Medicaid patient mix. (*The Pew Center, Dec.2010*)
- Since 2005, provided care in remote Alaskan tribal villages. Over 80 years, provided care in 50 countries including industrialized countries with advanced dental systems like the U.S.
- Over 14,000 dental therapists practice worldwide.

Dental Therapists: A Workforce Solution for New Mexico

- **State Law Change Required to Restore Tribal Sovereignty** - For NM tribes, pueblos and nation to have the right to train and employ a dental therapist NM state law must specifically allow dental therapists to practice in NM. Federal law took away Native communities' rights to have dental therapists.
- **Economic Opportunity & Career Pathways**
 - Career pathway for dental hygienists – With an additional year of training dental hygienists can become dental therapists. This means providers serving the public sooner.
 - Career opportunities for those in rural and tribal NM. (NM rural and low-income communities favor mid-level oral health providers for their communities and healthcare career path opportunities for their citizens. *Con Alma Health Foundation, 2010*)

- OVER - for Support for Dental Therapist Model -

- Allows NM entities to be eligible for a **\$4 million federal demonstration program grant** to train or employ dental therapists to increase access to dental services in rural and underserved communities.

Support for Dental Therapist Model

- **Native American Professional Parent Resources, Inc.** – *(Administers the Albuquerque Area Dental Support Center Dental Support Services which provides dental services to all Indian Health Service (IHS), Tribal, and Urban Dental Programs in New Mexico, Southern Colorado, and Texas)*
- **NM Public Health Association (NMPHA)** endorsed HB 495, the dental therapist bill in the 2011 NM legislative session.
- **Albuquerque Area Indian Health Board (AAIHB)** supported HB 495.
- **Union County Health & Wellness Network** (Clayton, NM) and the **Pueblo of Kewa/Santo Domingo Health Board** supported HB 495 and would like to be demonstration sites for dental therapists.
- **AARP New Mexico** supported HB 495.
- General support for mid-level dental provider or dental therapist model: **National Congress of American Indians (NCAI)**, **American Public Health Association (APHA)**, since 2005)

Call to Action:

- **To improve rural and tribal access to high-quality, cost-effective dental services,**
- **Provide economic opportunity for these communities, and**
- **Restore tribal sovereignty**

Support proposals that include dental therapists as part of New Mexico’s dental team.

For questions please contact Health Action New Mexico. 505.508.2768 W

Pamela K. Blackwell, JD

Project Director, Oral Health Access

202.258.0727 C

pamelakblackwell@gmail.com

www.healthactionnm.org

info@HealthActionNM.org

Word of Mouth NM blog:

<http://wordofmouthnm.wordpress.com>



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians Resolution #TUL-05-003

TITLE: Dental Health Aide/Therapists

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the people that our member organizations are entrusted to serve are afflicted with an unusually high rate of dental disease not being fully addressed by the current level of dental staffing and availability of dental staff; and

WHEREAS, the NCAI recognizes the need to have trained dental providers residing in the community to offer educational, preventive, restorative, and palliative services; and

WHEREAS, training for Tribal members to offer these services is instrumental in elevating the importance of good dental health on a consistent basis; and

WHEREAS, after their preceptorship, the Dental Therapists will be able to perform the following services under the general supervision of their dentists:

- Diagnosis of dental caries
- Preventive Services
- Cleanings, sealants, patient education and fluoride treatments
- Restorative Services
- Fillings, stainless steel crowns
- Palliative Services
- Pulpotomies and simple extractions; and

EXECUTIVE COMMITTEE

PRESIDENT

Joe A. Garcia
*Ohkay Owingeh
(Pueblo of San Juan)*

FIRST VICE-PRESIDENT

Jefferson Keel
Chickasaw Nation

RECORDING SECRETARY

Juana Majel
Pauma-Yulma Band of Mission Indians

TREASURER

W. Ron Allen
Jamestown S'Klallam Tribe

REGIONAL VICE-PRESIDENTS

ALASKA

Mike Williams
Yupiaq

EASTERN OKLAHOMA

Joe Grayson, Jr.
Cherokee Nation

GREAT PLAINS

Mark Allen
Flandreau Santee Sioux

MIDWEST

Robert Chicks
Stockbridge-Munsee

NORTHEAST

Randy Noka
Narragansett

NORTHWEST

Ernie Stensgar
Coeur d'Alene Tribe

PACIFIC

Cheryl Seidner
Wiyot

ROCKY MOUNTAIN

Raymond Parker
Chippewa-Cree Business Committee

SOUTHEAST

Leon Jacobs
Lumbee Tribe

SOUTHERN PLAINS

Steve Johnson
Absentee Shawnee

SOUTHWEST

Manuel Heart
Ute Mountain Ute Tribe

WESTERN

Kathleen Kitcheyan
San Carlos Apache

EXECUTIVE DIRECTOR

Jacqueline Johnson
Tlingit

NCAI HEADQUARTERS

1301 Connecticut Avenue, NW
Suite 200
Washington, DC 20036
202.466.7767
202.466.7797 fax
www.ncai.org

WHEREAS, with a Dental Therapist, appointments can be made when needed, not just when a dentist is visiting; Dental Health Aides will be able to work with the patient and the dentists at their regional health organization to keep their patient's teeth healthy. Dental Health Aides will provide dental care by working with dentists just as Community Health Aides work with doctors to provide medical care; and

WHEREAS, The World Health Organization shows that Dental Health Aide Therapists now work in 42 countries, including Australia, Great Britain, and Canada; studies show Dental Health Aides provide quality care in these countries; and

WHEREAS, organizations with a profound interest in public health support Dental Health Aides Therapists, including the Indian Health Service, under Director Dr. Charles Grim, himself a dentist, the State of Alaska's Department of Health and Social Services, and the American Association of Public Health Dentistry; and

WHEREAS, few dentists are interested in providing dental care in remote rural areas, where travel is unpredictable and time-consuming, especially in winter.

NOW THEREFORE BE IT RESOLVED, that the NCAI does hereby completely support the Dental Health Aide Therapist Program for Alaska Natives and American Indians; and

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

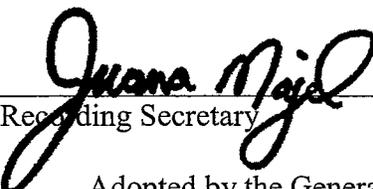
CERTIFICATION

The foregoing resolution was adopted at the 2005 Annual Session of the National Congress of American Indians, held at the 62nd Annual Convention in Tulsa, Oklahoma on November 4, 2005 with a quorum present.



 President

ATTEST:



 Recording Secretary

Adopted by the General Assembly during the 2005 Annual Session of the National Congress of American Indians held from October 30, 2005 to November 4, 2005 at the Convention Center in Tulsa, Oklahoma.



Albuquerque Area Indian Health Board, Inc.

Alamo Band of Navajos * To'Hajiilee Band of Navajos * Jicarilla Apache Nation * Mescalero Apache Tribe
Ramah Band of Navajos * Southern Ute Indian Tribe * Ute Mountain Ute Tribe

RESOLUTION 11-03

To support and approve legislation to include dental therapists as a dental provider under the NM Dental Practice Act to improve access to dental services and the health of rural, tribal and underserved New Mexicans

WHEREAS:

1. The consortium of representatives comprising the Board of Directors of the Albuquerque Area Indian Health Board, Inc. (AAIHB) namely the Alamo Navajo Band, the Ramah Band of Navajo, the To'Hajiilee Navajo Band, the Jicarilla Apache, the Mescalero Apache, the Ute Mountain Tribe and the Southern Ute Indian Tribe have formed by resolution in the interest and commitment toward the health of each individual tribe named; and
2. The AAIHB is incorporated as a non-profit corporation under the laws of the State of NM and is recognized as an IRS 501(c)(3) organization and is recognized as a "Tribal Organization" as defined in P.L. 93-638, the Indian Self-Determination and Education Assistance Act; and
3. The AAIHB currently serves twenty seven (27) tribes and Pueblos in the states of New Mexico, Southern Colorado, and Texas through the Southwest Epidemiology Center and the Audiology Program. The twenty seven tribes and Pueblos consist of the Alamo Band of Navajos, Ramah Band of Navajos, To'Hajiilee Band of Navajos, Jicarilla Apache Nation, Mescalero Apache Tribe, Ute Mountain Ute Tribe, Southern Ute Indian Tribe, the Pueblos of Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Ohkay Owingeh, Pojoaque, Picuris, San Felipe, San Ildefonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, Tesuque, Taos, Zia, Zuni and Ysleta del Sur.
4. The mission of the AAIHB supports activities designed to present and reduce adverse health conditions and health disparities in Native American communities; and
5. AAIHB recognizes that NM would be eligible in 2011 for \$4 million federal grant for the training and employment of dental therapists who practice in rural, tribal and underserved communities.
6. AAIHB recognizes that federal law does not allow tribes to act independently and train or hire dental therapists for their communities and in order for NM tribes to have a dental therapist in their community; NM law must be changed to include dental therapists.

NOW THEREFORE BE IT RESOLVED, that the Albuquerque Area Indian Health Board, Inc. supports and approves the legislation to include dental therapists as a dental provider under the NM Dental Practice Act to improve access to dental services and the health of rural, tribal and underserved New Mexicans.

CERTIFICATION

This is to certify that the foregoing resolution was passed by the Board of Directors of the Albuquerque Area Indian Health Board, Inc. at a regular meeting on the 11th day of February 2011 at which a quorum was present with 5 voting for 0 opposing and 0 abstaining the said resolution.

Attest:



Lester Secatero, Chairman
AAIHB Board of Directors



Scott Apachito, Secretary/Treasurer
AAIHB Board of Directors



Mark Trahant: Dental Health Therapist Program is the Essence of Excellence and Self-Determination

By Mark Trahant July 26, 2011

Conan Murat, a dental health therapist, and Isaiah Anvil, a dental hygienist, treat a patient at the Yukon-Kuskokwim Health Corp., clinic in Bethel, Alaska. Dental health therapists are mid-level oral health providers who perform about 80 percent of the work that a dentist would do. (Photo by Mark Trahant)

Bethel, Alaska—Conan Murat has a tough schedule. About every other week he packs up a portable dental office, checks his groceries, sleeping bags and other supplies, then he flies to one of his 13 assigned remote villages in the Yukon-Kushkokwin Delta.

Then remote is a relative word: Murat's base is Aniak, some 90 air miles north of Bethel, and a village of just more than 500 people. When he reaches his destination Murat performs the tasks of basic dentistry: fillings, nerve treatments, x-rays, stainless steel crowns, extraction of teeth and preventative care.

Murat's visit opens up a new world and the prospect of significantly improved dental health. Dental health therapists now serve some 35,000 Alaska Natives in villages across the state.

Before Murat, people in Aniak had to travel to Bethel (at a fare ranging from \$362 to \$671 as of today) for basic dental services. Or they could wait a year for an annual visit by a dentist.

In practice that meant no dental care.

A 1998 study by the SouthEast Alaska Regional Health Consortium showed that only 20 dentists were serving more than two hundred villages and some 85,000 people.

Compounding that dentist shortage is rampant tooth decay among Alaska Natives; nearly 70 percent of children under 14 have dental caries (a bacteria process that causes decay) and more than 90 percent of adolescents show the disease.

A decade ago the Alaska Native Tribal Health Consortium began planning for a new dental health initiative, one modeled after the successful Community Health Aide Program. Then in 2003, six students traveled to New Zealand for a two-year training

program as dental health therapists. That's half the time it takes to train a dentist — and at a cost significantly less. Moreover, Murat and other Alaska Native dental health therapists are committed to working in villages, places where routine health care is absent. (Of course that's true of most of Indian Country. We all know about how difficult it is to get an appointment with a dentist on a regular schedule.)

Now the training is conducted by the ANTHC in partnership with the University of Washington at classrooms and clinics in Anchorage and Bethel. The Alaska program was unsuccessfully challenged by the American Dental Association — and the ADA continues to block expansion to other reservations through a provision in the Indian Health Care Improvement Act.

Last week I visited Bethel funded by a grant by the W.K. Kellogg Foundation (a major supporter of the dental health therapists project). I thought (and have written before) that this program was an important innovation. It's that and more so.

A number of dentists were also a part of this Kellogg visit. Most of asked tough questions about the program, but came away seeing its value and potential.

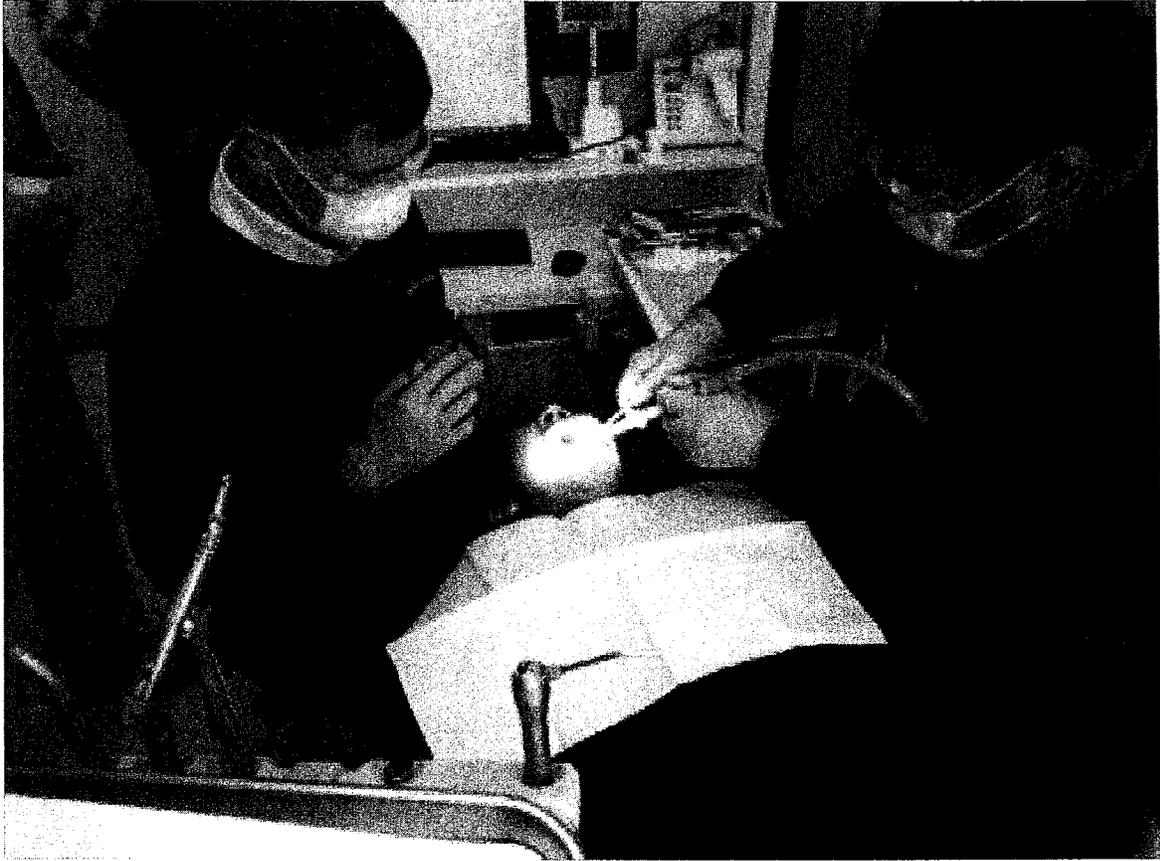
The young people who go through this program start with a high school education or a GED. They quickly become health care leaders in their community. And why not? Dental health therapists are good, long-term jobs that provide immediate better oral health and other health benefits to villages. It makes life better.

Kate Kohl, a second-year student, said the program is challenging. "Sometimes I call it dental boot camp," she says. It's improved her communications skills and she says she's more assertive. "I am growing as an individual, a character and as a professional."

There are so many reasons why this program must be expanded beyond Alaska. We need more health care providers who can deliver basic services. Mid-level programs, like this one, create a professional class of young people who use their newly acquired skills to serve their community. And, this is a business model that makes sense both for the patients and for the tribal, regional or IHS facility. It stretches dollars while providing better service.

And, most important, the dental health therapist program is designed by native communities for native communities. It's excellent and that's the essence of self-determination.

Mark Trahant is a writer, speaker and Twitter poet. He is a member of the Shoshone-Bannock Tribes and lives in Fort Hall, Idaho. Trahant's recent book, "The Last Great Battle of the Indian Wars," is the story of Sen. Henry Jackson and Forrest Gerard.



http://indiancountrytodaymedianetwork.com/2011/07/mark-trahant-dental-health-therapist-program-is-the-essence-of-excellence-and-self-determination/?utm_source=twitterfeed&utm_medium=twitter

Dental Therapists:
Improving Oral Health & Access for Tribal and Underserved NM

Speaker Bios: October 2011 Indian Affairs Committee Hearing
October 6, 2011

PAMELA K. BLACKWELL, JD

Health Action New Mexico – Project Director, Oral Health Access

Originally from New Mexico, Pamela K. Blackwell, JD is the project director for oral health access for Health Action New Mexico, a statewide healthcare advocacy organization. Previously, Blackwell was the Associate Director for Federal Regulatory & Payment Policy for the American Association of Nurse Anesthetists (AANA) in Washington, DC. Blackwell was responsible for the management, strategy, policy development and implementation relating to federal regulatory and payment policy issues. Blackwell has worked directly with state and federal agencies (Medicare, FDA, DEA etc), legislators, and other organizations to develop and improve policy proposals and outcomes for her clients. Blackwell particularly enjoys educating others on the implications of federal and state policy and their very important role in influencing policy decisions. Blackwell was a healthcare legislative assistant on Capitol Hill for Rep. Steve Schiff of New Mexico and Rep. Ralph Regula of Ohio, and served in the legal department of a major hospital system in Washington, DC. Blackwell is a board member of the New Mexico Telehealth Alliance (NMTHA) and the YMCA of Central New Mexico and has been a member of Women in Government Relations (WGR) since 2003. Blackwell earned her bachelors degree in journalism at Colorado State University and her JD at George Mason University School of Law in Arlington, Virginia.

MICHAEL E. BIRD MSW, MPH

**Member of Pueblo of Kewa/Santo Domingo
Public Health Consultant**

- Thirty years of public health experience in the areas of behavioral health, substance abuse prevention, health promotion and disease prevention, HIV/AIDS prevention as well as health administration in New Mexico. He also has been involved on a number of national health disparities projects and programs working with the Centers for Disease Control, American Public Health Association, Robert Wood Johnson Foundation as well as other federal, state, tribal and not for profit organizations.
- For over twenty years, Mr. Bird was with the U.S. PHS. Indian Health Service in the Albuquerque Area serving both in the service unit and the Albuquerque Area Office.
- In 2001, Mr. Bird served as the President of the American Public Health Association. He was the first American Indian and social worker to serve in that position with association. The APHA is the oldest, largest and most diverse organization of public health workers in the world. 50,000 members.
- Mr. Bird earned his Masters of Social Work from the University of Utah and a Masters in Public Health from the University of California, Berkeley.

- In 2009 he was recognized as alumnus of the Year by U.C. Berkeley School of Public Health.
- He currently serves as Vice Chair of the Kewa Pueblo Health Board/Kewa Pueblo Health Corporation.

TERRY BATLINER DDS MBA

**Associate Director - Center for Native Oral Health Research
Colorado School of Public Health**

Owner - Sage Dental Care

Enrolled member - Cherokee Nation of Oklahoma

Terry Batliner, DDS MBA is a member of the Cherokee Nation of Oklahoma and spent the first 8 years of his career in the Indian Health Service. From there he went to Harvard Pilgrim Health care in Boston where he managed 7 large group practices as well as the optical program. He returned to Denver in 1995 to run the VA hospitals in the Rocky Mountain area until 2003. Since then Batliner has been involved with the University of Colorado. Batliner is now the associate director of the Center for Native Oral Health Research, part of the Colorado School of Public Health and the owner of Sage Dental Care - a private practice near Boulder.

RONALD J. ROMERO, DDS MPH

Ronald J. Romero, DDS was born and raised in the Espanola Valley and is a product of the Espanola School System. He attended New Mexico Highlands University where he received a BS degree majoring in Chemistry, the University of Minnesota School of Dentistry receiving a Doctor of Dentistry degree in 1978, the University of New Mexico where he received a Master of Public Health degree, and the University of California at San Francisco where he completed a Dental Public Health Residency Post Graduate program. Dr. Romero has had an exciting dental career in dental public health. He began public service with the State of New Mexico as Chief Dental Officer for the NM Department of Corrections, a position that oversaw expansion of prison dental clinics and staff in Grants, Las Cruces, and Santa Fe in addition to assuring compliance with the dental section mandates of the Consent Decree. Dr. Romero then served as staff dentist at the Las Vegas Medical Center providing dental services for the mentally ill, adolescent and long term care patient populations. He was instrumental in assuring and maintaining compliance for accreditation with Joint Commission on the Accreditation of Health Care Organizations. (JCAHO). From 2001 to 2005, Dr. Romero served as State Dental Director with the NM Department of Health, managing the Office of Dental Health, responsible for supervising dental sealant and prevention activities, contracts, policy development, and oral health surveillance. Under his watch, the first statewide oral health survey was conducted, assessing the oral health status of New Mexico's Children. Dr. Romero has served on many advisory committees, currently, the Early Childhood Action Network advisory committee and the Dental State Leadership Head Start Team. He has held national leadership positions with the American Association of Dental Public Health and the American Public Health Association/Oral Health Section and a past member of the Association of State and Territorial Dental Directors, New Mexico Dental Association, and the American Dental Association.

DEZBAA ALTAALKII DAMON, DMD

Sage Memorial Hospital

Member of Navajo Nation

Originally from Aztec, New Mexico Dr. Damon completed elementary, middle, and high school. Based on Navajo traditions, Damon comes from Mexican Water, Arizona. She is full Navajo and have participated in many traditions, including rite of passage ceremonies. Damon obtained her Bachelor of Science degree from Arizona State University. She then worked two years with the State Department of Education, specifically in areas of Certification and Investigations. Her dental degree was obtained from Arizona School of Dentistry & Oral Health in 2007. Following dental school, Damon started her career in Bethel, Alaska, which serves an area the size of the State of Oregon. It was routine to work in Bethel and fly out to remote villages to spend 5 to 10 days working in the field. In Bethel she also was able to work closely with 6 dental therapists. Just 2 months shy from her 4-year anniversary mark in Bethel, Damon moved to Ganado, Arizona, where she is now employed as a staff dentist with Sage Memorial Hospital.

