

1 **Resolved**, that Native American communities and populations be urged to build upon existing
2 educational programs with local constituent and component dental societies to improve access to dental
3 education resources for Native Americans in their areas and to improve cultural understanding and
4 awareness of need.

5 **BOARD RECOMMENDATION: Vote Yes.**

6 **BOARD VOTE: UNANIMOUS.**

7

Resolution No. 50 New Substitute Amendment

Report: NA Date Submitted: September 2011

Submitted By: Fourteenth Trustee District

Reference Committee: Dental Benefits, Practice and Health

Total Net Financial Implication: None Net Dues Impact: \$

Amount One-time \$ Amount On-going \$

ADA Strategic Plan Goal: Public Health (Required)

1 **DEVELOPING THE NATIVE AMERICAN DENTAL WORKFORCE**

2 The following resolution was submitted by the Fourteenth Trustee District and transmitted on September 15,
3 2011, by Dr. Bryan J. Shanahan, president, Arizona Dental Association.

4 **Background:** The Native American Oral Health Care Project is a collaboration of four state dental
5 associations (Arizona, New Mexico, North Dakota and South Dakota) made possible by the State Public
6 Affairs (SPA) program. During the last two years, this project working with CAPIR, Native American
7 consultants and talking directly with tribal leaders and policy-makers, has allowed the participants and the
8 ADA to better understand the needs and desires of many in Native American communities. Consistent with
9 SPA goals, ADA resources have aided with immediate local issues, but the goal is to better equip the
10 Association and other constituent dental societies with resources to proactively address issues. An issue that
11 was identified with national implications is the severe lack of Native American dentists practicing or entering
12 the profession.

13 This is an urgent, but multi-faceted problem which will require the efforts of many, including tribal
14 communities, educational institutions and organized dentistry. Currently many of these entities lack the
15 resources or coordination to achieve their respective oral health goals, but the Association can utilize what it
16 has learned to facilitate and harmonize the efforts and turn good dialog into action.

17 Model programs for integrating Native American students into the professions have been successful in
18 engineering and medicine. Dental programs like the Jesuit Dental School Recruitment Collaborative
19 (Creighton, Marquette, Gonzaga and the Robert Wood Johnson Foundation) have functioned successfully on
20 a small scale. Taking the lessons of these successful efforts to the broader community will be a starting point
21 for future efforts.

22 The *Pathways Into Health* website describes the organization as “ a grassroots collaboration of more than 150
23 organizations (including the ADA) . . . dedicated to improving the health, health care, and health care
24 education of American Indians and Alaska Natives in this country. [They] are combining the expertise,
25 resources, and strength of Tribes and Native American Organizations, tribal colleges, prominent universities,
26 the Indian Health Service and American Indian and Alaska Native Communities that work together to solve a
27 major problem that exists today.” Their annual gathering presents an opportunity to get many stakeholders
28 together in the same place.

29 **Resolution**

30 **50. Resolved,** that the participants of the Native American Oral Health Care Project, be urged, with the
31 help of the Council on Access, Prevention and Interprofessional Relations, Council on Dental Education

1 and Licensure and the Department of State Government Affairs, to build upon existing educational
2 programs, develop coalitions, and be it further

3 **Resolved**, that the American Dental Association, through the Native American Oral Health Care Project,
4 convene a meeting of stakeholders during the spring 2012 *Pathways Into Health* annual conference to
5 recruit participants in the coalition, and be it further

6 **Resolved**, that the coalition be asked to consider at least the following objectives:

- 7 • Inform and educate young Native American students about oral health care careers and
8 encourage these students to consider careers in dentistry, dental hygiene, dental assisting,
9 community dental health coordination or dental technology.
- 10 • Recruit, support and mentor Native American students to promote access to education, inspire
11 academic excellence, encourage successful completion of necessary academic programs and
12 ensure the attainment of necessary degrees.
- 13 • Train and develop a highly skilled and competent Native American oral health workforce.
- 14 • Develop partnerships to provide financial sustainability for ongoing workforce development
15 activities.

16 and be it further

17 **Resolved**, that the Native American Oral Health Care Project be asked to prepare a report on its activities
18 including an action plan with recommendations for consideration at the June 2012 meeting of the Board
19 of Trustees.

20 **BOARD COMMENT:** The Board fully supports the aims of the resolution and believes that it can be achieved
21 within existing resources.

22 **BOARD RECOMMENDATION: Vote Yes.**

23 **BOARD VOTE: UNANIMOUS.**

24

INDIAN COUNTRY TODAY

Earle & Moores: Dentists committed to oral health care of Native Americans

By Kevin Earle & Mark Moores

Story Published: Sep 20, 2010

Story Updated: Sep 20, 2010

Native Americans face unique challenges in accessing quality oral health care. That is why the [American Dental Association](#), along with the [Arizona](#) and [New Mexico](#) dental associations, have been working collaboratively with American Indian tribes, Native communities and health care stakeholders in an effort to improve their access to quality dental care, especially on rural reservations.

For far too long, Native Americans have not had equitable access to quality oral health care. To address this imbalance, the state dental associations in Arizona and New Mexico started the Native American Oral Health Care Project, meeting with many tribal leaders over the past year to collaboratively address the access issue. As a result, innovative cooperative strategies are beginning to emerge from these states and a foundation for future progress is being constructed. Soon, several other state dental societies are expected to follow suit.

Unfortunately, chronic [Indian Health Service](#) funding shortages for oral health care have placed many dental teams on reservations in constant states of crisis. Instead of allocating sufficient time and resources toward proactively engaging communities through outreach, education and comprehensive prevention services – the very activities that reduce oral disease and lower the overall cost of care – they spend most of their time and resources responding to complex treatment and emergency procedures. Increasing federal resources is a necessary starting point, but it is not enough. Access to care, and quality of care, will remain critical challenges unless there is a structural shift in strategy.

The enormity of this oral health crisis has brought together tribes, IHS, ADA, Arizona Dental Association, New Mexico Dental Association and other leading health organizations in an effort to find ways to improve access to services within the existing realities of budget limitations.

One thing we've learned so far from this examination is that the needs of various Native communities differ from reservation to reservation and there is no "one-size-fits-all"

solution to the dental access issues Native Americans face. Further, some tribes not only need general dentists but also specialists, such as oral surgeons, pediatric dentists, prosthodontists and periodontists. We want to ensure that Native Americans get the full oral health care they need. If additional workforce is needed, we strongly believe they should be focused on prevention and education. To that end, the ADA is currently pilot-testing a community dental health coordinator position to address those needs and to avert future problems.

The CDHC program is unique in that it addresses a number of strategic issues simultaneously, while improving access to services. First and foremost, the CDHC is from the community and brings important insight and knowledge of the most isolated and vulnerable members of the community. The historic cultural and social barriers between community and service providers are thoughtfully addressed and remediated. As a result, the CDHC is uniquely capable of providing, and expanding access to culturally appropriate and community relevant services, particularly education and prevention services – which are the core focus of the program.

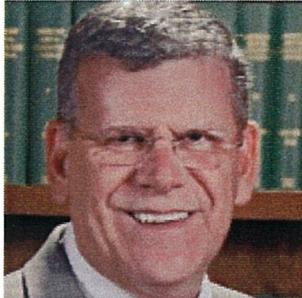
By actively engaging the community, the CDHC also plays an important role in aligning the needs of the community with the capacity of the service provider – essentially aggregating community-wide demand for services, and creating community-based economies of scale that enhance the efficiency of service delivery. Therefore, while the CDHC improves access to culturally relevant, quality services, it also enhances the economic efficiency and feasibility of sustaining such services over the long haul.

Rest assured, the state dental associations and the ADA will continue dialogue and collaborations with Native American tribes to develop positive and workable solutions for improving their access to oral health care. Native Americans have fought long and hard, and dentists stand ready to support Native communities in ensuring that they receive quality oral health.

Kevin Earle is the executive director for the Arizona Dental Association. Mark Moores is the executive director for the New Mexico Dental Association.

INDIAN COUNTRY TODAY

Oral Health for All of Indian Country



By Kevin Earle
August 17, 2011

Recent postings at Indian Country Today Media Network have highlighted roadblocks that stand in the way of many Native Americans receiving quality oral health care. It is apparent that there is a need for better education about oral health, tribal outreach and the coordination and facilitation of care in many communities.

However, these articles focused on a single proposal that has not been widely implemented or tested across tribal communities. We have learned that challenges and needs differ from reservation to reservation. It's important to focus available resources on creating custom solutions that address specific tribal community needs.

We need a systematic approach in order to address access issues effectively. This includes identifying the most underserved populations within each reservation, conducting research to understand specific barriers to care, defining goals and measures for success, and using these findings to identify potential new solutions and ways to enhance efficiency. This is best done in collaboration with several partners and stakeholders who are committed to the community, and who can work together and pool their expertise and resources to enhance community members' oral health.

With this in mind, I'd like to highlight two recent developments that have provided funds and advanced the discourse regarding Native American oral health.

(1) On July 26, the House of Representatives voted to accept an amendment from Rep. Paul Gosar (R-Ariz.), a former dentist, which allocates a \$4.3 million plus funding increase to advance the oral health of Native Americans. When the final bill passes, the money will be given to the Indian Health Service, with a directive to use the funds on oral health.

As most of you are aware, these funds are sorely needed. Currently, in Native communities between 25-50 percent of preschool children suffer from extensive tooth decay, which requires full mouth restoration under general anesthesia, compared to less than 1 percent of non-Native children. The funds could help minimize these health disparities.

(2) Additionally, in April, the 2011 Arizona American Indian Oral Health Summit brought together representatives from tribes, urban Indian organizations, IHS and key state, public health and private sector stakeholders to share information, resources and strategies for improving access to dental services and the oral health of Native American communities in Arizona. The Summit focused on important knowledge and capacity building issues, and facilitated peer-to-peer mentorship and collaborative problem sharing. The participants continue to work together today to identify and push forward strategies to remove barriers and enhance oral health care in Arizona Indian communities.

The Summit discovered many possible solutions, including increasing funding for oral health initiatives, improving the use of IHS resources and adding new members to the dental team. These solutions are all Arizona-focused and came through analysis of Arizona-specific issues. If more summits like this are held throughout the United States, we will be able to identify barriers to care and develop the right solutions to address each community's particular challenges.

Now is the time for collaboration. We must all work together with open minds and without set agendas in order to improve oral health care in Native communities using available resources most effectively.

Kevin Earle, MPH, is Executive Director of the Arizona Dental Association, a founding member of the Native American Oral Health Care Project. Earle served as Committee Co-Chair for the 2011 American Indian Oral Health Summit.

July 27, 2011

House of Representatives approves Rep. Gosar funding increase for Native American dental care

By Craig Palmer, ADA News staff

Washington—Dentist/Rep. Paul Gosar (R-Ariz.) asked the House of Representatives July 26 to approve a \$4.3 million plus funding increase to advance the oral health of Native Americans, focusing House attention during the rancorous debt limit debate on the less pressing and necessary business of congressional appropriations.

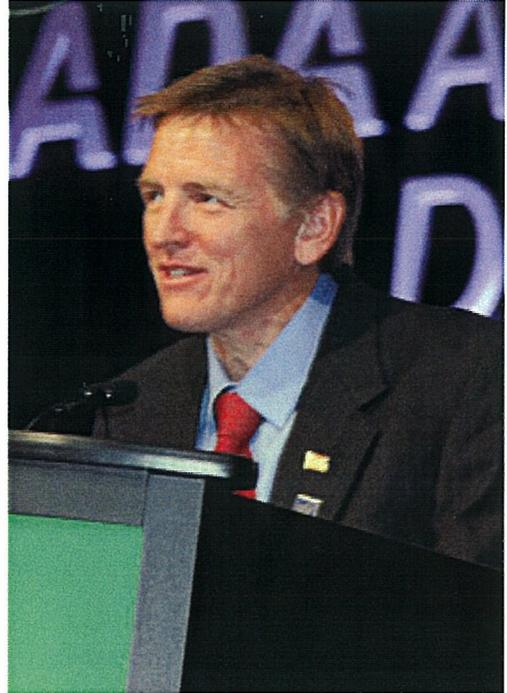
“I would like to make it clear on this floor tonight that this reallocation of funds is explicitly intended to fund dental health programs within the Indian Health Service at the level recommended by the administration. The United States government took on long ago a number of treaty obligations to our Native people, and health care was among them. In

particular, I cannot state strongly enough how imperative it is that Indian tribes have their efforts in the area of oral health fully funded.”

Rep. Gosar appealed to lawmakers as a practicing dentist before his election to Congress and in the context of “epidemic” tooth decay among American Indian and Alaska Native children, his bipartisan arguments cutting against the grain of partisan bickering over debt limit legislation.

“As someone who has practiced chair side dentistry for 25 years, I know firsthand the profound value of oral health, particularly for children. Oral health care access early in life is shown to be a critical aspect of primary preventative care. This is especially true in the Native American community, which I am proud to serve as a representative of Arizona, which has 21 federally recognized tribes.

“In many Native communities, between 25-50 percent of preschool children have such extensive tooth decay that they require full mouth restoration under general anesthesia, compared to less than 1 percent for non-Native children,” Dr. Gosar said. “And so I offer this amendment and encourage my colleagues on both sides of the aisle to support it for the sake of these Native children, to whom we have an obligation.”



Rep. Gosar: Asks House of Representatives July 26 for funding boost for the oral health of Native Americans. He is shown here addressing the 2010 ADA House of Delegates. Photo credit: Photo by EZ Event Photography.

Dentist/Rep. Mike Simpson (R-Idaho) immediately rose to address the House. "You're going to hear from the entire dental caucus tonight," he said. "Congressman Gosar from Arizona and myself are the two dentists that are in Congress, so it might not surprise you that I support the gentleman's amendment. I appreciate his sincere efforts to address the obligations, both trust obligations and treaty obligations, and moral obligations, that we have with our Indian brothers and sisters across this country.

"Dental decay is the most prevalent disease in the United States, and as the gentleman from Arizona said, it's 300 percent more likely in Native Americans than it is in the general population. That's unacceptable. We have to do something about it. It means that we have to meet the contract obligations that we have." Rep. Simpson chairs the Interior appropriations subcommittee.

The House on a voice vote quickly accepted the amendment to an appropriations bill providing funds for the Department of the Interior. It was uncertain when the House would get through other amendments and act on a final bill.

Rep. Gosar's amendment would transfer \$4,367,000 from administrative accounts within the Department of the Interior to the Indian Health Service with the intent, he said, of providing "enough funding for IHS dental health programs to match the president's request."

In a statement for the ADA News, Rep. Gosar said, "As so many of us have seen in our practices, serious dental decay in our pediatric patients is highly linked to chronic health problems for a lifetime. These problems are far worse for American Indian children. I am hoping my efforts in Congress will help those who are fighting these issues on the front lines and I am very pleased that the House passed my amendment."

The Association testified May 3 on funding for Indian Health Service dental appropriations.

The Time is Now to Advance the Oral Health of Native Americans in New Mexico

Underserved: Oral health care



American Indians are among the most underserved populations in the United States when it comes to oral health care. Geographic isolation, low population densities, high levels of unemployment and poverty make it difficult to create sustainable economies of scale for the provision of oral health services. Indian Health Service operates on a budget that is 25 percent of what is needed for the population they serve.

Challenges: Education & Workforce



According to the Society of American Indian Dentists, less than 15 percent of Dentists employed by IHS and Tribal health programs are American Indian – and only 170 American Indian dentists are known to be practicing nationally. These statistics reveal the enormity of the education and workforce challenge facing Indian Country. **Pictured Above:** Maximillion Jensen (Navajo) graduated from La Cueva High School and UNM and is currently attending dental school at UC San Francisco.

Solutions: Addressing the needs of Native Americans



Tribes and the NMDA are looking for solutions.

- CDHC Modeled after the CHR Program
- Development of BA/DDS
- Restore WICHE funding
- Fund Medicaid
- Increase IHS funding
- nativeoralhealth.com

Pictured Above: Dr. Torres, Pueblo of Jemez



The Facts

Access. According to the Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, there exist several indicators among children in New Mexico that oral health care is not receiving adequate attention. In New Mexico, 43 percent of 3rd grade students have dental sealants on at least one permanent molar tooth; 65 percent have had a caries experience; and 37 percent have untreated decay.

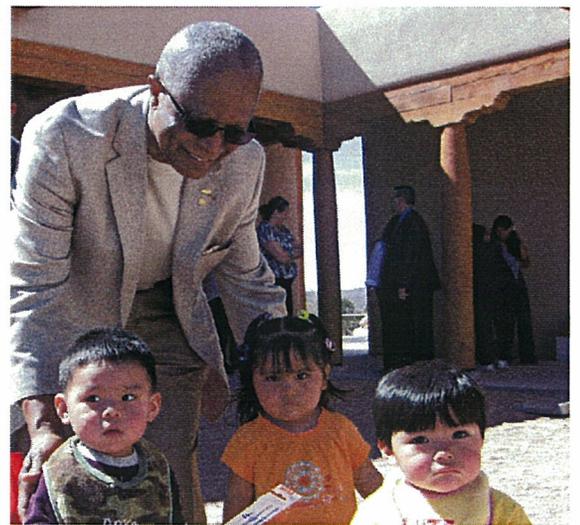
There are no simple solutions. Systematic approach must address access issues effectively. This includes financing oral health in American Indian communities, developing education opportunities and addressing transportation issues.

Increase in IHS funding. Dentist/Rep. Paul Gosar (R-Ariz.) asked the House of Representatives in July to approve a \$4.3 million funding increase to advance the oral health of Native Americans.

There are no shortcuts. There is a need for a full range of oral health care services in Indian Country. These communities deserve access to comprehensive care delivered in a culturally competent way.

Pictured at Top: Dr. Raymond Gist, ADA president; Dr. Shelley Fritz, NMDA president; Rex Lee Jim, Navajo Nation vice president; Congressman Dr. Paul Gosar, AZ at the Native American Oral Health Summit.

Pictured at Right: Dr. Raymond Gist, ADA president, with Jemez Pueblo children at an event for the Native American Oral Health Care Project held at the Pueblo of Jemez.



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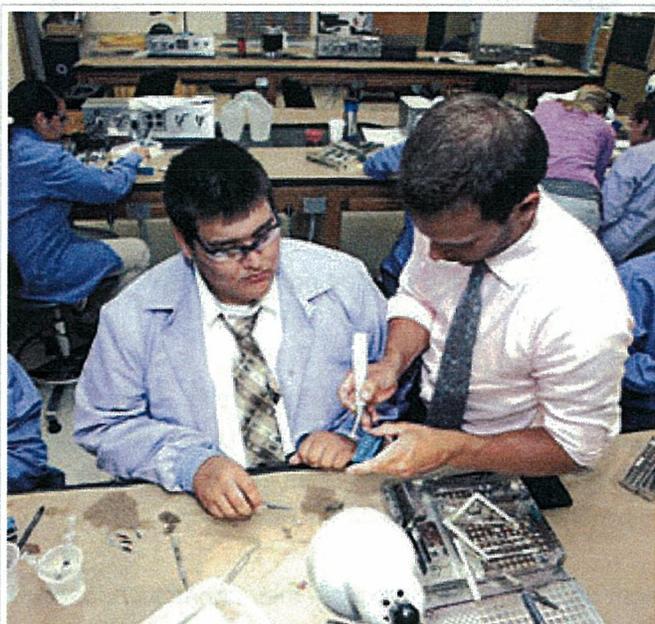
America's leading advocate for oral health

August 15, 2011

Creighton connects with Native American students through summer enrichment program

By Karen Fox, ADA News staff

Omaha, Neb.—Creighton University School of Dentistry completed its third Native American Summer Enrichment Program last month, capping off a grant period that drew 16 American Indian college students to the dental school for a comprehensive look at what dental school entails and what they have to do to achieve that goal.



Mentoring: Matthew Wilson (left) of Mission, S.D., a member of the Rosebud Sioux, simulates endodontic therapy on models with senior dental student mentor Luke Sharpe at Creighton University this summer. Photos by Ford Jacobsen

School officials believe they've latched on to a winning formula with the four-week program. They've seen the number of applicants rise every year since the program began: 27 sought entry this year, compared to 20 in 2010 and four in 2009.

"We know there is interest in this type of dental school preparation for Native American students and that students are more likely to continue in their educational path for dentistry with the help of this program," said Kelly Gould, assistant professor of community and preventive dentistry and director of extramural programs at Creighton.

It's begun to show results, too. One student in the first summer enrichment program is now a second-year dental student at Creighton. Another is in the school's pre-dental post-baccalaureate program—he's on track to be a first-year dental student in 2012. Students from the second cohort are applying to dental school, and the third cohort have indicated a

strong interest in dentistry. In fact, one has worked as a dental assistant.

Creighton prefers to limit participation to students with some college experience, but word of mouth has created demand. High schools are calling to find out how they can send students to future events.

"The students we accept have likely already made some choices that have allowed them be accepted to college or even have a track record of being college students," said Ms. Gould, a dental hygienist. "If we were able to, we would offer a program for younger ages because we would have enough people to fill it."

The way the summer enrichment program has been funded is the main reason for its success. Funding has enabled the program to have a wide reach among universities with a critical mass of Native American students

and tribal colleges, as well as make it worth the students' time to attend.

It began with a three-year grant from the Robert Wood Johnson Foundation that focused on the recruitment of more Native American students in the dental profession. Creighton was funded in the second round of the RWJF Dental Pipeline program (2001-10), which among other things, sought to increase the minority and low-income student enrollment in dental schools. Three universities in the Jesuit university network—Creighton, Marquette and Gonzaga—collaborate on programs that identify promising Native American undergraduates with an interest in health careers and strong tribal affiliations. The universities send those students to Creighton's summer enrichment program and encourage the ones who need more preparation for dental school to apply for the school's pre dental post-baccalaureate program.



Time to teach: Luke Sharpe, senior dental student mentor, demonstrates a technique for Brittany Ironmaker of St. Ignatius, Mont., a member of the Sisseton Wahpeton tribe who has worked as a dental assistant.

Tribal affiliations are key to acceptance for both summer enrichment and the pre dental post-baccalaureate program.

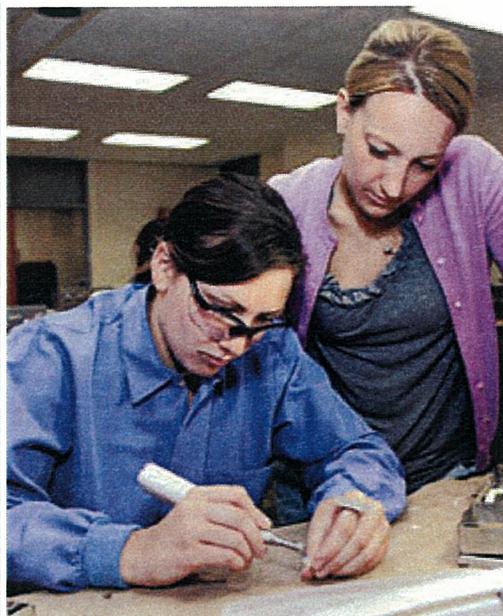
“There are 4.5 million Native Americans in the U.S. but only 150 Native American dentists,” said Dr. Gary H. Westerman, chair and professor, department of community and preventive dentistry, who has taught the summer enrichment students all three years. “That’s obviously a shortage, so if we can identify students that have a positive affiliation with their tribes, they may return to their reservations to practice dentistry.”

“All applicants write a personal statement about how this might benefit them and explain their connection to their tribes and cultures,” added Ms. Gould. “You can see quickly whether they have cultural ties. Many say their dream is to become a dentist and serve the people in their communities because there aren’t enough dentists there.”

With additional funding provided by Creighton University, the summer enrichment program presents students with a \$1,000 stipend once they complete the program. Ms. Gould explained the value of the stipend: “We didn’t provide it at first, but we received feedback from some applicants saying they would like to have applied but had a summer job and needed money for college. The stipend gave them a strong incentive to come and further their education and not lose out on that earning potential.”

Housing, meals and all program costs are covered as well.

From June 20-July 15, undergraduate students learned about



Attention to detail: *Cristin Haase (left) of Lidgerwood, N.D., a member of the Cheyenne River Sioux, performs endodontic therapy under the watchful eye of dental student Tracy Wells.*

dental careers; participated in clinics, labs and classes; prepared for admission to dental school; and learned about financial aid. “There was a good overview of disciplines taught, including restorative dentistry, surgery and pediatrics, and exposure to basic sciences, histology and gross anatomy, along with hands-on laboratory activities,” said Dr. Westerman. Fourth-year dental students plan lab activities and serve as mentors for the undergraduates.

Summer enrichment faces an uncertain future at the conclusion of the three-year grant, but officials say they will continue to look for ways to help sustain the program.

“We are looking forward to the day when Native American dental students can be mentors for summer enrichment students, too,” said Ms. Gould.

For more about Native American programs at Creighton, visit www.creighton.edu/nac.

The State of Children's Dental Health: Making Coverage Matter

New Mexico

B

2011 GRADE

New Mexico meets five of the eight policy benchmarks aimed at addressing children's dental health needs, one fewer than in 2010. The rates paid to dentists by Medicaid did not keep pace with rising dental fees, and fell below the benchmark. Yet Medicaid utilization in New Mexico remains relatively high—nearly half of Medicaid-enrolled children received dental services.

The state faces major workforce challenges. More than 40 percent of New Mexico's population—more than 780,000 people—live in federally-designated Dental Health Professional Shortage Areas, and the state has one of the lowest numbers of dentists per capita. These workforce concerns have prompted public health advocates in New Mexico—with support from the W.K. Kellogg Foundation—to call for a new type of dental provider that can help address dental access needs.¹

HOW WELL IS NEW MEXICO RESPONDING?

2011: **B**

2010: **A**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS	MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	<25%	25%		
2010	Hygienists can place sealants without dentist's prior exam	YES	YES	✓	✓
2008	Share of residents on fluoridated community water supplies	77.0%	75%	✓	✓
2009	Share of Medicaid-enrolled children getting dental care	49.8%	38.1%	✓	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	53.5%	60.5%		✓
2010	Pays medical providers for early preventive dental health care	YES	YES	✓	✓
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	YES	YES	✓	✓
Total score				5 of 8	6 of 8

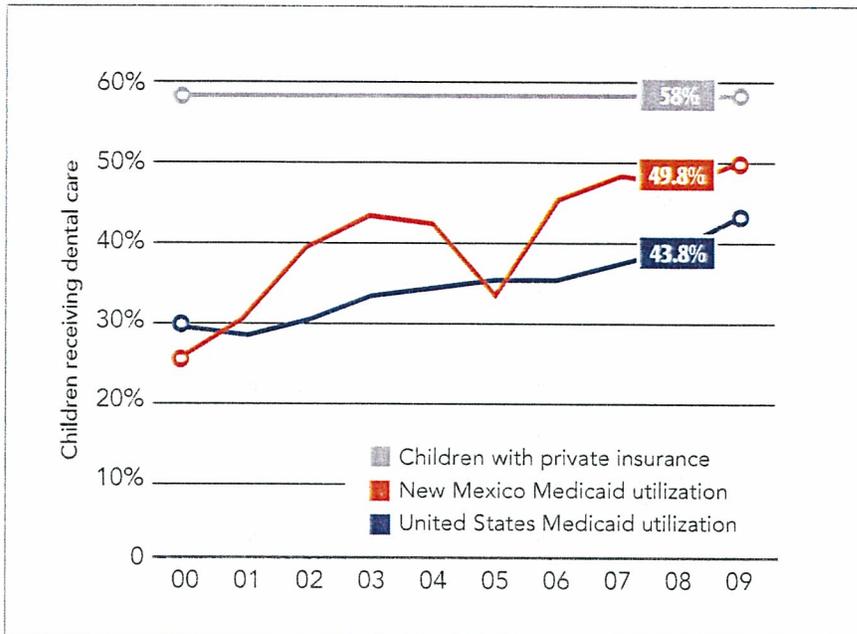
Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points



The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

HOW BAD IS THE PROBLEM?

Too many children lack access to dental care, with **severe outcomes**. One measure of the problem: more than half of the children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

1. Kathy Reincke and David Jordan, "W.K. Kellogg Foundation supports community-led efforts in five states to increase oral health care access by adding dental therapists to the new team," W.K. Kellogg Foundation, November 17, 2010.

For more information, please visit www.pewcenteronthestates.org/makingcoveragematter.