

Submitted June 16, 2006

1 Support for the Alaska Dental Health Aide Therapist  
2 and Other Innovative Programs for Underserved Populations.  
3 Previous Late breaking APHA resolution (LB-1)  
4

5 The American Public Health Association (APHA) views access to preventive and  
6 therapeutic oral health services as vitally important for all Americans<sup>1</sup>; and APHA  
7 desires to foster effective broad-based policies and programs to help alleviate oral  
8 diseases<sup>2,3,4</sup>.

9  
10 Oral health is an integral part of overall health and well-being<sup>5</sup>. According to the 2000  
11 U.S. Surgeon General's report, Oral Health in America, the burden of oral problems is  
12 extensive and may be particularly severe in vulnerable populations. There are profound  
13 and consequential oral health disparities within the U.S. population; and reducing  
14 disparities requires wide-ranging approaches that target populations at highest risk for  
15 specific oral diseases and involves improving access to existing care<sup>5</sup>.

16  
17 Many populations, such as the 85,000 Alaska Natives living in 200 remote and isolated  
18 villages spread out over about 400,000 square miles, have overwhelming unmet oral  
19 health needs that have been longstanding and require prompt action to prevent further  
20 unnecessary pain and suffering<sup>6,7</sup>. In most of these villages, the only health care provider  
21 available on a routine basis is the Community Health Aide who provides services out of a  
22 small clinic, many of which lack even running water or a piped sewer. In many  
23 instances, Alaska Native patients must travel by bush-plane, boat, or snow machine in  
24 order to obtain dental services. Alternatively, children, or adults with toothaches, can

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1 only access care during itinerant visits from dentists working in the Tribal programs, but  
2 these visits are very limited and can be sporadic.

3

4 Children and adolescents of Alaska Natives have dental caries rates that are 2.5-5.0 times  
5 the rate of children in the US general population<sup>8,9</sup>; sixty percent of Alaska Native  
6 children under age five years suffer from severe early childhood caries<sup>8</sup>; Dentists serving  
7 in rural Alaska remark that it is not uncommon for Alaska Native adults to be completely  
8 edentulous by the age of 20 years<sup>10</sup>.

9

10 There is an inadequate supply of dentists to provide regular and continuous oral health  
11 care for the Alaska Natives in the remote and isolated villages<sup>11</sup>. There is a 25% annual  
12 vacancy rate and a 30% average annual turnover rate for dentists in Alaska's Tribal  
13 programs. There are more than 20 vacancies for dentists in the Alaska Tribal programs<sup>12</sup>.

14

15 Recognizing the plight of the Alaska Native population, applications for Dental Clinical  
16 Preventive and Support Centers by the Indian Health Service, USPHS were sent out in  
17 FY 2000. Emphasis for awarding funding was placed upon collaborative efforts between  
18 Tribal Programs and IHS-managed programs that were designed to meet the perceived  
19 needs of the areas. The Alaska Dental Health Aide Program proposal received a favorable  
20 review for technical and scientific merit, by a panel of non-federal experts and Tribal  
21 health staff, and was one of the successful grants funded that year<sup>11</sup>. The Alaska Native  
22 Tribal Health Consortium, in compliance with federal law<sup>13</sup>, developed the Dental Health  
23 Aide Therapist (DHAT) program as part of that comprehensive initiative to respond to  
24 these overwhelming dental needs in an established and effective way, which ensures

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1 program continuity and year-round services in isolated, underserved communities<sup>14</sup>. The  
2 DHAT program is an expansion of the successful Community Health Aide Program  
3 initiated about 37 years ago that provides overall primary health care to Alaska Natives  
4 using Community Health Aides<sup>15</sup>. DHATs are trained and educated in a certified  
5 program with professional supervision to perform primary prevention services as well as  
6 routine fillings and extractions which organized dentistry has referred to as “irreversible  
7 procedures”<sup>9</sup>. Evaluation of the program is an integral component<sup>16</sup> and a recent  
8 independent evaluation has shown that the DHAT’s are providing competent and safe  
9 dental care to Alaska Natives<sup>17</sup>. It is stressed in the evaluation document that Dental  
10 Health Aides “must meet the same standard of care, for those procedures that they  
11 perform, as dentists or any other provider in our system. There are not two standards of  
12 care.”<sup>16</sup>

13

14 DHATs have been used successfully in 42 other countries, including New Zealand for  
15 over 84 years<sup>18,19</sup>. In Saskatchewan, Canada, where DHATs have been employed for  
16 over 30 years, there have been no incidents of malpractice or any complaints reported to  
17 the Regional Disciplinary Board<sup>20</sup> and one study demonstrated that “the quality of  
18 restorations placed by dental therapists was equal to, but more often better than  
19 ...those...by dentists”<sup>21</sup>.

20

21 In spite of the evidence supporting the effectiveness and safety of dental therapists, the  
22 American Dental Association (ADA) and Alaska Dental Society (ADS) are opposed to  
23 non-dentists performing “irreversible” procedures and have taken extraordinary action to  
24 block the Alaska DHAT program, such as full-page advertisements in the Alaska

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1 newspapers attacking the program and lobbying and testifying in Congress<sup>9,22-30</sup>.  
2 Reasons given by the ADA for their opposition to DHATs include lack of supervision by  
3 dentists, that DHATs are acting illegally, that DHATs deliver second-class care, that  
4 DHATs are inadequately trained and educated, that only dentists should perform  
5 irreversible procedures and that volunteer dentists can fill the need. In January 2006, the  
6 ADA filed a lawsuit in Alaska State Court seeking a court order against the Alaska  
7 Native Tribal Health Consortium and the individual dental therapists under which their  
8 practice would be barred since it is not licensed by the State<sup>31</sup>, even though the Alaska  
9 State Attorney General had already ruled that dental therapists may perform these  
10 procedures under Federal law<sup>32</sup>. The ADA has proposed alternative mechanisms for  
11 improving access to care for this population that are not viewed as providing a more  
12 suitable alternative by the Alaska Native Tribal Health Consortium<sup>11</sup>. The ADA has  
13 recognized the unavailability of dentists in remote villages of Alaska as far back as 1987  
14<sup>33,34,35</sup>. Attempts to encourage private practicing dentists to provide dental care in these  
15 settings has not proved to be successful.

16

17 The Fiset evaluation of the DHAT program provides evidence that the concerns raised by  
18 the ADA have not materialized<sup>17</sup>. The training of the DHATs appears to be sufficient to  
19 safely and effectively provide the services for which they have been trained. DHATs are  
20 under the general supervision of a dentist who is responsible for writing the standing  
21 orders and being the point of contact for the therapist. The supervising dentist also  
22 conducts periodic reviews of the therapist that include both chart review and patient  
23 examination<sup>16</sup>.

24

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1 The Alaska Federation of Natives<sup>36</sup>, the Alaska Public Health Association<sup>37</sup>, the  
2 American Association of Public Health Dentistry<sup>38</sup>, the National Rural Health  
3 Association<sup>39</sup>, the American Association of Community Dental Programs<sup>40</sup> and the  
4 APHA Governing Council<sup>41</sup> have passed resolutions or support Dental Health Aides and  
5 Therapists; and the APHA Governing Council has supported the use of innovative  
6 programs to expand access to oral health care through expanded duties/functions/roles for  
7 dental hygienists and assistants at least four times since 1966<sup>42-45</sup>. This resolution does  
8 not supplant these four resolutions but builds upon them.

9

10 There is a need for other innovative programs to expand access to oral health care that  
11 can reduce disparities<sup>46</sup>. The Association of State and Territorial Dental Directors have  
12 developed a Best Practices Approach for State and Community Oral Health Programs  
13 that includes “expanding the traditional delivery system, developing community-based  
14 collaborative innovative and integrated delivery systems, increasing the healthcare  
15 workforce, and assuring sustainability through adequate and long term funding”. In  
16 addition, “...Dental auxiliary duties, responsibilities, and services may need to be  
17 expanded... the provision of selected dental services by non-traditional providers, such as  
18 physicians and nurses, should be explored...”; and “... changes in federal and state  
19 statutes and policies need to be implemented to enable and sustain the elimination of  
20 barriers for universal access to oral health care.”

21

22 Examples of such innovations can be seen in various states<sup>46</sup>, in addition to the Alaska  
23 Dental Health Aide program. In Colorado, legislation has been enacted to permit direct  
24 billing to Medicaid by dental hygienists and in Minnesota, legislation was passed for

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1 expanded functions dental auxiliaries. Iowa's Department of Public Health and  
2 Department of Human Services implemented the EPSDT Exception to Policy allowing  
3 regional Title V child health contractors to be reimbursed by Medicaid for oral screenings  
4 and fluoride varnish application provided by dental hygienists to Medicaid children in  
5 areas with a demonstrated lack of access to dental providers. In Connecticut, OPEN  
6 WIDE is an oral health training program for non-dental health and human service  
7 providers including physicians, nurses, nutritionists, childcare and outreach workers. The  
8 program training enables non-dental providers to recognize and understand oral diseases  
9 and engage in anticipatory guidance and prevention intervention. In North Carolina, Into  
10 the Mouths of Babes, a statewide program in which pediatricians, family physicians, and  
11 providers in community health clinics are reimbursed by Medicaid to provide preventive  
12 dental services for children (risk assessment, screening, referral, fluoride varnish  
13 application) and caregivers (counseling)<sup>47</sup>. In 35 states, dental hygienists can administer  
14 local anesthesia and in 21 states can administer nitrous oxide<sup>48</sup>.

15

16 Other models have been developed for improving access to oral health care for  
17 underserved populations, such as FirstHealth of the Carolinas, Community DentCare  
18 Network in Harlem and the New Mexico Health Commons model, offering basic oral  
19 health services in connection with community-based primary care services to ensure  
20 comprehensive health care for the most vulnerable and underserved populations, where  
21 few dentists participate in publicly assisted programs<sup>49</sup>. Where there is a shortage of  
22 dental providers, communities are looking to medical providers to provide screening and  
23 preventive care<sup>50</sup>.

24

1 Given the evidence of the safe and effective oral health care delivered by Dental Health  
2 Aide Therapists and the need for such services for populations in remote and underserved  
3 areas and the support for having those oral health services, therefore, the American  
4 Public Health Association:

5 (1) Actively supports the Dental Health Aide Therapist (DHAT) Program and  
6 other innovative programs and practices to help prevent and alleviate the great  
7 unmet oral health needs of Alaska Natives;

8 (2) Encourages the Governor of Alaska and other administrative and legislative  
9 leaders in Alaska to recognize and support the Dental Health Aide Therapist  
10 Program as a legitimate, practical and responsible program to help meet the  
11 needs of Alaska Natives;

12 (3) Urges key members of the Congress, the Administration, federal and Alaska  
13 health agencies, and Alaska dental, public health and Native Tribal  
14 organizations and other groups to support the Dental Health Aide Therapist  
15 program.

16 (4) For other underserved populations in other parts of the U.S., resolves to  
17 strongly support DHAT and other innovative and effective programs, aimed at  
18 improving access to preventive and therapeutic oral health services for other  
19 underserved populations in the U.S.;

20 (5) Supports efforts to inform, as needed, national and state health, public health  
21 and dental organizations and agencies and legislative and judicial bodies, and  
22 the general public, of APHA's support of such programs;

23 (6) Urges the Congress, the Administration, and federal agencies to improve oral  
24 health policies, programs and funding so that fluoridation, preventive and

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1                   therapeutic dental services are provided for all underserved individuals and  
2                   communities who lack these services in the United States.

3

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1 References for Support for the Alaska Dental Health Aide Therapist and Other Innovative  
2 Programs for Underserved Populations.

3

4 1. APHA Governing Council Resolution: 200117 (Support the Framework for Action on  
5 Oral Health in America: A Report of the Surgeon General). APHA Washington, DC.

6 2. APHA Governing Council Resolutions: 20015 (Position Paper on Health Status of  
7 AI/AN). APHA Washington, DC.

8 3. APHA Governing Council Resolution: 20005 (Effective Interventions for Reducing...  
9 Disparities). APHA Washington, DC.

10 4. APHA Governing Council Resolution: 9810 (Health Services for AI/AN). APHA  
11 Washington, DC.

12 5. U.S. Department of Health and Human Services. Oral Health in America: A Report of  
13 the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services,  
14 National Institute of Dental and Craniofacial Research, National Institutes of Health,  
15 2000

16 6. Alaska Dental Health Aide Program. Accessed at [http://www.phs-  
17 dental.org/depac/newfile50.html](http://www.phs-<br/>17 dental.org/depac/newfile50.html) on June 9, 2006

18 7. Alaska Office of Economic Development.  
19 [http://www.dced.state.ak.us/oed/student\\_info/learn/aboutgeography.htm](http://www.dced.state.ak.us/oed/student_info/learn/aboutgeography.htm) Accessed on  
20 June 12, 2006

21 8. The 1999 Oral Health Survey of American Indian and Alaska Native Dental Patients.  
22 Rockville, Md: Indian Health Service, Division of Dental Services; 2002:106.

23 9. Sekiguchi, E., Guay AH, Brown LJ, Spangler TJ. Improving the oral health of Alaska  
24 Natives. Am J Public Health. 2005 May; 95(5):769-73

25 10. Garvin, Jennifer. "Are dental therapists the answer to Alaska Natives' caries crisis?"  
26 Academy of General Dentistry. AGD Impact, April, 2005. Vol 33, No. 4.  
27 <http://www.agd.org/library/2005/april/garvin.asp> Accessed on June 12, 2006

28 11. US Public Health Service. Dentists in the USPHS. General Background for the  
29 Alaska Dental Health Aide Program. Alaska Dental Health Aide Program Brief.

Submitted June 16, 2006

- 1 09/14/05. Accessed at <http://www.phs-dental.org/depac/newfile50.html> Accessed on  
2 June 9, 2006.
- 3 12. US Dept. Health & Human Services. Indian Health Service. Job Opportunities. IHS  
4 Dental Vacancies. <http://www.ihs.gov/MedicalPrograms/Dental/Positions/vacancies.cfm>  
5 Accessed on June 9, 2006
- 6 13. The Snyder Act of 1921 and the Indian Health Care Improvement Act of 1976  
7 “provide specific legislative authority for Congress to appropriate funds specifically for  
8 the health care of Indian people.” (Public Law 94-437, 25 U.S.C 1601 et seq.)
- 9 14. Editorial, Dental Health, Trained Aides Are Key To Improving Care In Alaska  
10 Villages. Anchorage Daily News, September 13, 2005
- 11 15. The Alaska Community Health Aide Program; An Integrative Literature Review and  
12 Visions for Further Research. Washington, DC; Dept of Health and Human Services,  
13 Health Resources and Services Administration, August 2003
- 14 16. US Public Health Service. Dentists in the USPHS. Alaska Dental Health Aide  
15 Therapist Program IHS DHA Evaluation. Accessed at [http://www.phs-](http://www.phs-dental.org/depac/newfile50.html)  
16 [dental.org/depac/newfile50.html](http://www.phs-dental.org/depac/newfile50.html) Accessed on June 9, 2006.
- 17 17. Fiset, L, A report on quality assessment of primary care provided by dental therapists  
18 to Alaska Natives, University of Washington School of Dentistry, Seattle, Washington,  
19 September 30th 2005. Home page for the Alaska Native Tribal Health Consortium:  
20 <http://www.anthc.org/> or <http://www.anthc.org/cs/chs/dhs/index.cfm> or  
21 <http://www.anthc.org/sitemap.cfm> . Fiset Evaluation as a pdf file. Accessed on June 14,  
22 2006
- 23 18. FDI World Dental Federation. Facts and Figures.  
24 [http://www.fdiworldental.org/resources/3\\_0facts.html](http://www.fdiworldental.org/resources/3_0facts.html) Accessed on June 14, 2006.
- 25 19. World Health Organization. World oral health country/area profile programme.  
26 Malmo, Sweden: World Health Organization Collaborating Center. At:  
27 <http://www.whocollab.od.mah.se> Accessed on June 14, 2006
- 28 20. Personal communication. Darren Bradford, former chairperson of National Dental  
29 Therapy Working Group, Saskatchewan, Canada 1998-2002, July 20, 2005.

Submitted June 16, 2006

- 1 21. Trueblood, G. A quality evaluation of specific dental services provided by Canadian  
2 dental therapists, Epidemiology and Community Health Specialties, Health and Welfare  
3 Canada, Ottawa, Ontario, 1992
- 4 22. ADA Position on the Dental Health Aide Program in Alaska.  
5 <http://www.ada.org/prof/resources/positions/statements/index.asp#misc>  
6 Accessed on 8/9/05
- 7 23. Alaska Dental Society, Inc. (full page ad) Governor Murowski 2nd class care for  
8 Alaska Natives deserves a ferocious reaction! Juneau Empire. May 26, 2005, Section C,  
9 p.7
- 10 24. Brandjord, R.M., "Statement of the American Dental Association to the Committee of  
11 Indian Affairs and the Committee on Health, Education, Labor, and Pensions U.S. Senate  
12 on S. 1057 The Indian Health Care Improvement Act Amendments of 2005" July 14,  
13 2005. [http://www.ada.org/prof/advocacy/test\\_050714\\_dhat.pdf](http://www.ada.org/prof/advocacy/test_050714_dhat.pdf) Accessed on June 14,  
14 2006
- 15 25. Patkotak, E. Dental Association offers no solution. Anchorage Daily News. August  
16 3rd, 2005. <http://www.adn.com/opinion/voice/story/6776181p-6665323c.html> Accessed  
17 on June 14, 2006
- 18 26. American Dental Association, Alaska Dental Society Inc (full page ad), Alaska  
19 Attorney General Makes Historic Decision To Lower Health Standards, Anchorage Daily  
20 News, September 18, 2005.
- 21 27. Nash, DA, and Nagel, RJ, Confronting Oral Health Disparities Among American  
22 Indian/Alaskan Native Children; The Pediatric Oral Health Therapist, Am J Public Health  
23 2005 Aug;95(8):1325-9
- 24 28. Allukian, M, Bird, MT and Evans, CA, APHA Presidents Support Dental Therapists,  
25 Letter to the Editor, Am J Public Health. 2005 Nov;95(11):1880-1
- 26 29. Campbell, D, Pollick HF et al, Leadership of the Oral Health Section Responds to  
27 Sekiguchi et al. Improving the Oral Health of Alaskan Natives, Letter to the Editor, Am J  
28 Public Health. 2005 Nov;95(11):1880
- 29 30. Krisberg, K. Alaska program brings essential oral health to the underserved, Nation's  
30 Health, APHA, Washington D.C, October 2005, p 17

Submitted June 16, 2006

- 1 31. Jakush, J. Alaska lawsuit filed, ADA news, 37(3), Chicago, IL, American Dental  
2 Association. Posted January 31, 2006  
3 <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle.asp?articleid=1771>  
4 Accessed on June 14, 2006
- 5 32. Porco, P, State approves rural dental aides, dentists disagree; unlicensed providers  
6 may drill and extract teeth, Anchorage Daily News, Sept 10, 2005
- 7 33. Current Policies of the American Dental Association. Dental Program for Remote  
8 Alaskan Residents (2004:323). Available at  
9 <http://www.ada.org/prof/resources/positions/policies.asp> Accessed on June 12, 2006
- 10 34. Current Policies of the American Dental Association. The Alaska Native Oral Health  
11 Access Task Force – Strategies to Assure Access to Quality Health Care for Native  
12 Alaskans (2004:291). Available at  
13 <http://www.ada.org/prof/resources/positions/policies.asp> Accessed on June 12, 2006
- 14 35. Current Policies of the American Dental Association. Utilization of Private  
15 Practitioners by Indian Health Service (1987:519). Available at  
16 <http://www.ada.org/prof/resources/positions/policies.asp> Accessed on June 12, 2006
- 17 36. The Alaska Native Health Board submitted resolution 2005-06, approved October 22,  
18 2005 by the Alaska Federation of Natives Annual Convention in Fairbanks, Alaska.
- 19 37. Alaska Public Health Association Resolution 1-2005, December 5, 2005, Anchorage  
20 AK.
- 21 38. American Association of Public Health Dentistry. Weyant R. Letter to Senator  
22 McCain. February 15, 2006. Available at  
23 <http://www.aaphd.org/default.asp?Page=mccain.htm> Accessed on June 12, 2006.
- 24 39. National Rural Health Association. Rural Health Policy Board Meeting: May 2006.  
25 Policy Statement.
- 26 40. American Association of Community Dental Programs. Resolution. May 1, 2006.  
27 (Personal communication. Larry Hill, President)
- 28 41. APHA Governing Council Resolution: 2005-LB1. Support for the Alaska Dental  
29 Health Aide and Therapist and Other Innovative Programs. APHA, Washington, DC.
- 30 42. APHA Governing Council Resolution: 6604: A National Dental Health Program for  
31 Children. APHA, Washington, DC.

Submitted June 16, 2006

- 1 43. APHA Governing Council Resolution: 7214: Increased Utilization of Dental  
2 Auxiliaries. APHA, Washington, DC
- 3 44. APHA Governing Council Resolution; 8121: Employment of Expanded Function  
4 Dental Auxiliaries in Public Dental Care Programs. APHA, Washington, DC
- 5 45. APHA Governing Council Resolution: 8515 State Practice Acts Relating To Dental  
6 Hygiene, APHA, Washington, DC
- 7 46. American State and Territorial Dental Directors. Best Practices Approach for State  
8 and Community Oral Health Programs. Access to Oral Health Care Services: Workforce  
9 Development. Accessed on June 5, 2006 at  
10 [http://www.astdd.org/dynamic\\_web\\_templates/bpworkforce.php#three](http://www.astdd.org/dynamic_web_templates/bpworkforce.php#three)
- 11 47. Rozier RG, Sutton BK, Bawden JW, Haupt K, Slade GD, King RS. Prevention of  
12 early childhood caries in North Carolina medical practices: implications for research and  
13 practice. J Dent Educ. 2003 Aug;67(8):876-85.
- 14 48. American Dental Hygienists Association. Governmental Affairs. Legislative  
15 Information. [http://www.adha.org/governmental\\_affairs/legislative/](http://www.adha.org/governmental_affairs/legislative/) Accessed on June 16,  
16 2006.
- 17 49. Formicola AJ, Ro M, Marshall S, Derksen D, Powell W, Hartsock L, Treadwell HM.  
18 Strengthening the oral health safety net: delivery models that improve access to oral  
19 health care for uninsured and underserved populations. Am J Public Health. 2004  
20 May;94(5):702-4.
- 21 50. Treadwell H, Ro M. Community-based oral health prevention. Issues and  
22 opportunities.. Am J Prev Med. 2002 Jul;23(1 Suppl):8-12  
23