



# CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

## RESOLUTION NO. 319-12-01

### In Support for the Dental Health Aide Therapist Model in Tribal Communities

**WHEREAS,** American Indian and Alaska Native (AI/AN) people have a higher prevalence of dental caries and untreated tooth decay in all age groups compared to the general United States population, with many AI/AN children experiencing dental caries before the age of two; and

**WHEREAS,** there are few dental caries prevention programs that target AI/AN children, and other oral health issues persist for the AI/AN population such as:

- Over eighty percent of AI/AN children aged 2-4 years have dental caries;
- Eight out of ten (83%) AI/AN children between 6-9 years of age had a history of decay in their primary or permanent teeth, compared to 45% of children in the general U.S. population
- Almost half of 6-9 year-old AI/AN children (47%) had untreated decay. This compares to 17% of 6- 9 year-old children in the general U.S. population
- Despite a trend toward a reduction in tooth loss in the U.S. population, older data indicate 25 percent of AI/AN people aged 35 to 44 years have fewer than 20 natural teeth;
- Among all persons aged 55 years and older, nearly 75 percent have fewer than 20 natural teeth;
- Fifty-nine percent of AI/AN adults have periodontal (gum) disease;
- Seventy-eight percent AI/AN adults 35-44 years and 98 percent of elders (55 or older) have at least one tooth removed because of decay, trauma, or gum disease; and

**WHEREAS,** these disparities can be directly attributed to a lack of dental health professionals in the Indian health system, in which IHS dental providers have a patient load of 2,800 patients per provider, while general population providers have approximately 1,500 patients per provider, and the IHS experiences a very high dental provider vacancy rate, with estimates that 26 percent of the dental positions within the IHS are vacant, which contributes to the lack of access to dental health services; and

**WHEREAS,** as Tribal leaders, we have a responsibility to our people to utilize all safe and viable means to address the oral health needs of our people; and

**WHEREAS,** CRIHB endorses and supports the self-determination of Alaska Natives who have chosen to improve the oral health of their children and families by offering an effective, safe and competent workforce solution in their community known as the Dental Health Aide Therapist; and

**WHEREAS,** CRIHB endorses and supports the sovereign decision of the Swinomish Indian Tribal Community to implement the addition of Dental Health Aide Therapists to their dental team; and

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**WHEREAS,** CRIHB endorses and understands that 52 countries and two states now train and support mid-level providers working in partnership with dentists to increase access to care similar to the way nurse practitioners and physician assistants work with medical doctors; and

**WHEREAS,** CRIHB recognizes that Federal law and state policies create unjust barriers for Tribes who wish to utilize Dental Health Aide Therapists in order to improve oral health in their communities; and

**NOW THEREFORE BE IT RESOLVED,** that CRIHB endorses and does hereby support expansion of Dental Health Aide Therapy to Tribal communities outside of Alaska; and

**THEREFORE BE IT FURTHER RESOLVED,** that CRIHB endorses the efforts of, and is working in close cooperation with, the National Indian Health Board, the California Rural Indian Health Board, other Area Indian Health Boards, and the Indian Health Service, as well as other agencies within the Department of Health and Human Services, to provide support to change Federal or state policies to make oral health care services more accessible through the development of the dental therapist provider program, based on the Alaska Dental Health Aide Therapist model, for the benefit of their member communities.

**CERTIFICATION**

The foregoing resolution was adopted by the Board, with quorum present, on the 1<sup>st</sup> Day of Dec 2015.



Executive Director





Secretary