

American Indian and Alaska Native Oral Health: Challenges and Opportunities

CareQuest Institute Continuing Education Webinar

March 30, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, April 7**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

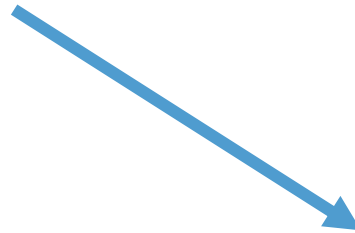


The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

A screenshot of a web application window titled 'Question and Answer'. The window has a white background and a thin grey border. At the top, there is a title bar with the text 'Question and Answer' and standard window control buttons (minimize, maximize, close). The main content area is mostly empty, with a 'Welcome' message and a line of text that says 'Feel free to ask the host and panelists questions'. At the bottom of the window, there is a text input field with the placeholder text 'Type your question here...'.

Question and Answer

Welcome

Feel free to ask the host and panelists questions

Type your question here...

Learning Objectives

At the end of this webinar, you'll be able to:

- Identify the specific and systemic barriers to oral health care, such as structural racism, that native communities face in accessing oral health care.
- Discuss the importance of culturally and community-driven strategies for improving oral health in native communities.
- Examine opportunities for implementing and supporting the development of culturally and community-driven strategies for improving oral health in native communities.
- Analyze the multifactorial solutions native-led organizations are implementing to improve the oral health system for native communities.

Our Strategy

Vision

A future where every person can reach their full potential through excellent health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



American Indian and Alaska Native Oral Health: Challenges and Opportunities



CareQuest
Institute for Oral Health®

National Indian
Health Board 

WEBINAR | Thursday, March 30, 2023 | 1–2 p.m. ET | ADA CERP Credits: 1

**MODERATOR &
PRESENTER**



**Cristin Haase,
DMD, MPH**
President, Society
of American Indian
Dentists

PRESENTER



**Julie Seward,
RDH, MEd**
Oral Health Programs
Manager, Southern Plains
Tribal Health Board

PRESENTER



**Miranda Davis,
DDS, MPH**
Director, Dental Health
Aide Program, Tribal
Community Health
Provider Program

PRESENTER



Kari Ann Kuntzelman
Dental Health Aide Education
Specialist and Dental Therapist,
Northwest Portland Area Indian
Health Board, Immediate Past
President of the American
Dental Therapy Association

American Indian and Alaska Native Oral Health: Challenges and Opportunities





The Teeth of Early Native Americans



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Indian Leadership for Indian Health

- Between 1830-1836 George Catlin, an American artist, traveled west of the Mississippi to paint portraits of American Indians.
- Catlin was struck by the beauty of their teeth. He noted: *“These people, who talk little and sleep naturally, have no dentists . . . their teeth rise from the gums and arrange themselves as regular as the keys of a piano . . . No decay or aches, strong enamel and jaws.”*



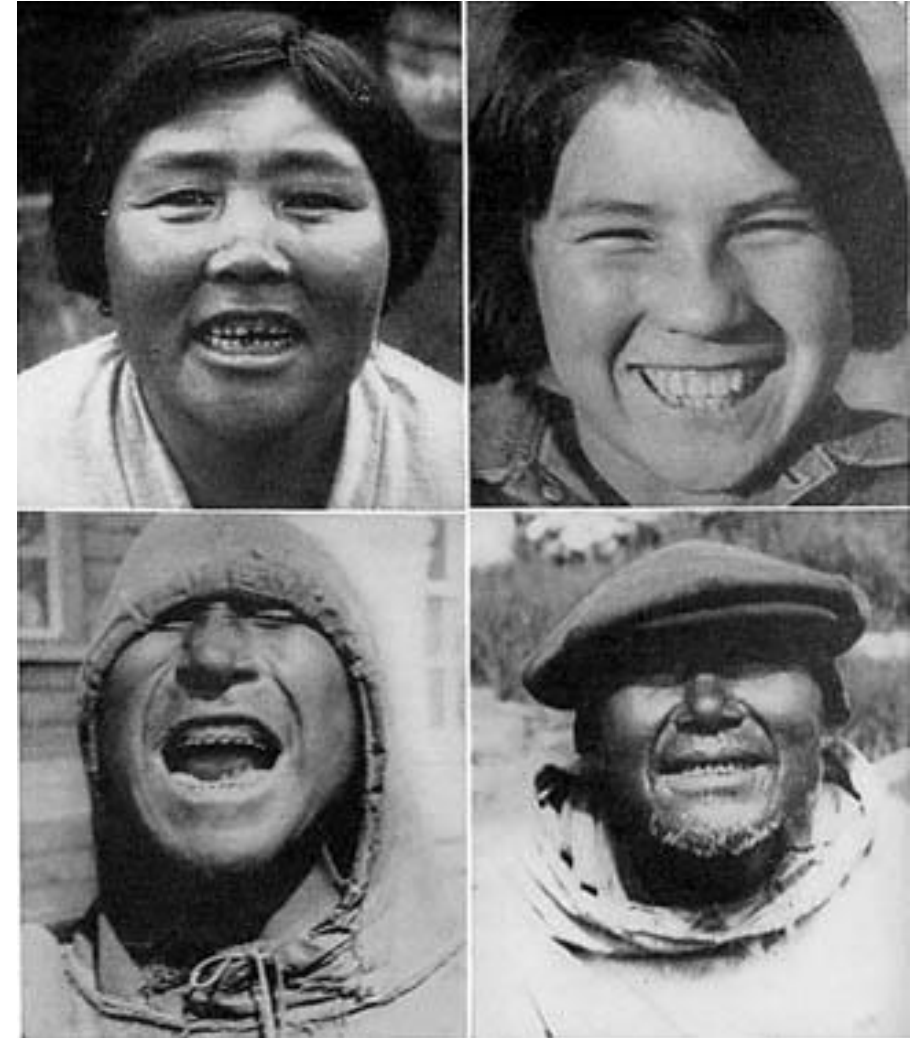
“Shon-ta-yi-ga, Little Wolf, a Famous Warrior.”
Painting by George Catlin, 1844
- Henderson, 2009

The Teeth of Early Native Americans



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- In 1933, Weston Price, a Canadian dentist, studied Native Americans and Alaska Natives who lived only on native foods.
- What he found was an almost complete absence of tooth decay and dental deformities among Native Americans who lived as their ancestors did.
- He noted “strong, rugged Alaska Native mothers and their babies with no dental decay.”



Effects of Colonization on Health



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When traditional foods were replaced with processed and rationed foods, health deteriorated rapidly:

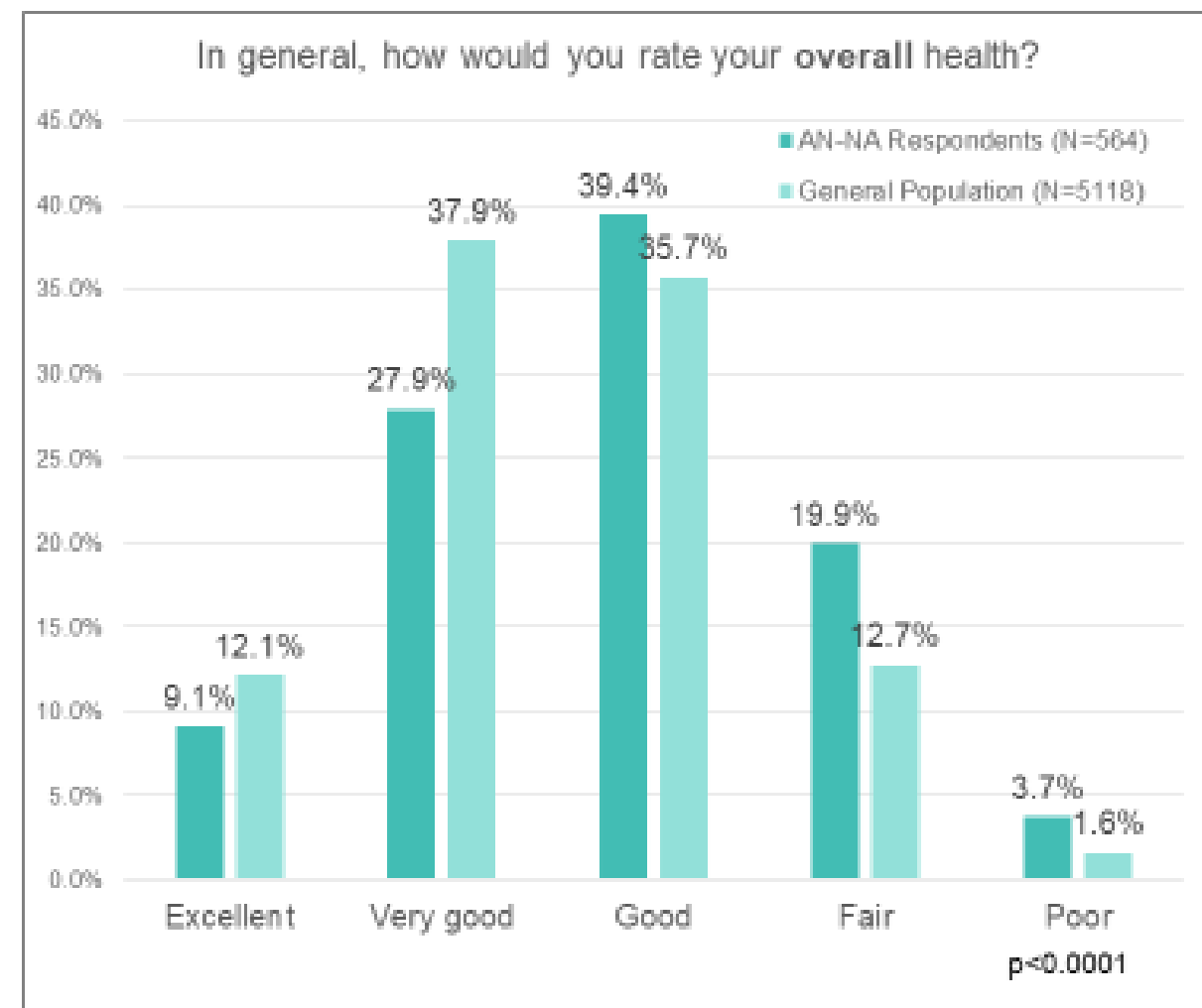
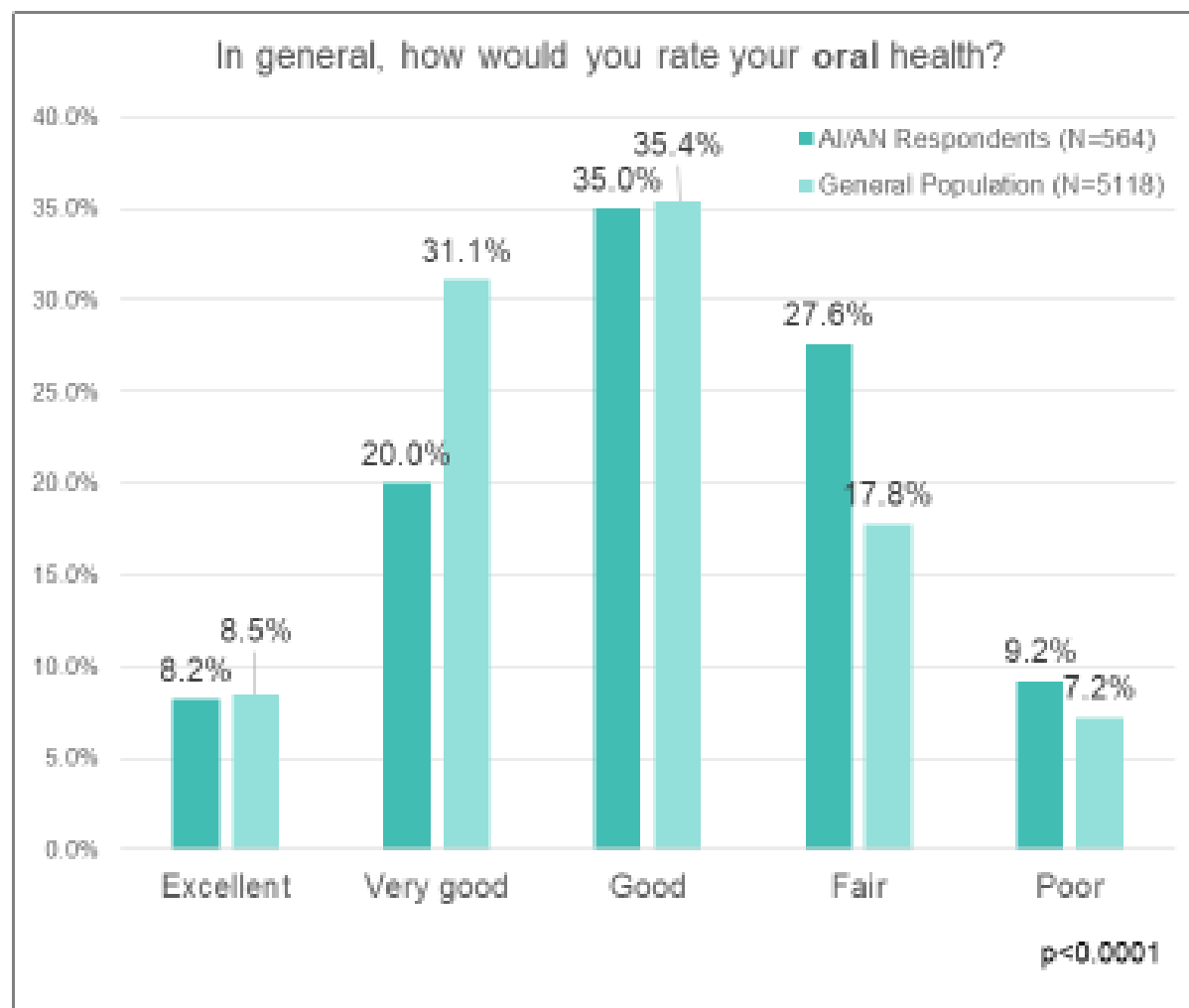
- Rampant tooth decay
- Diabetes
- Crippling arthritis
- Other chronic diseases



State of Oral Health Equity in America (SOHEA) Survey

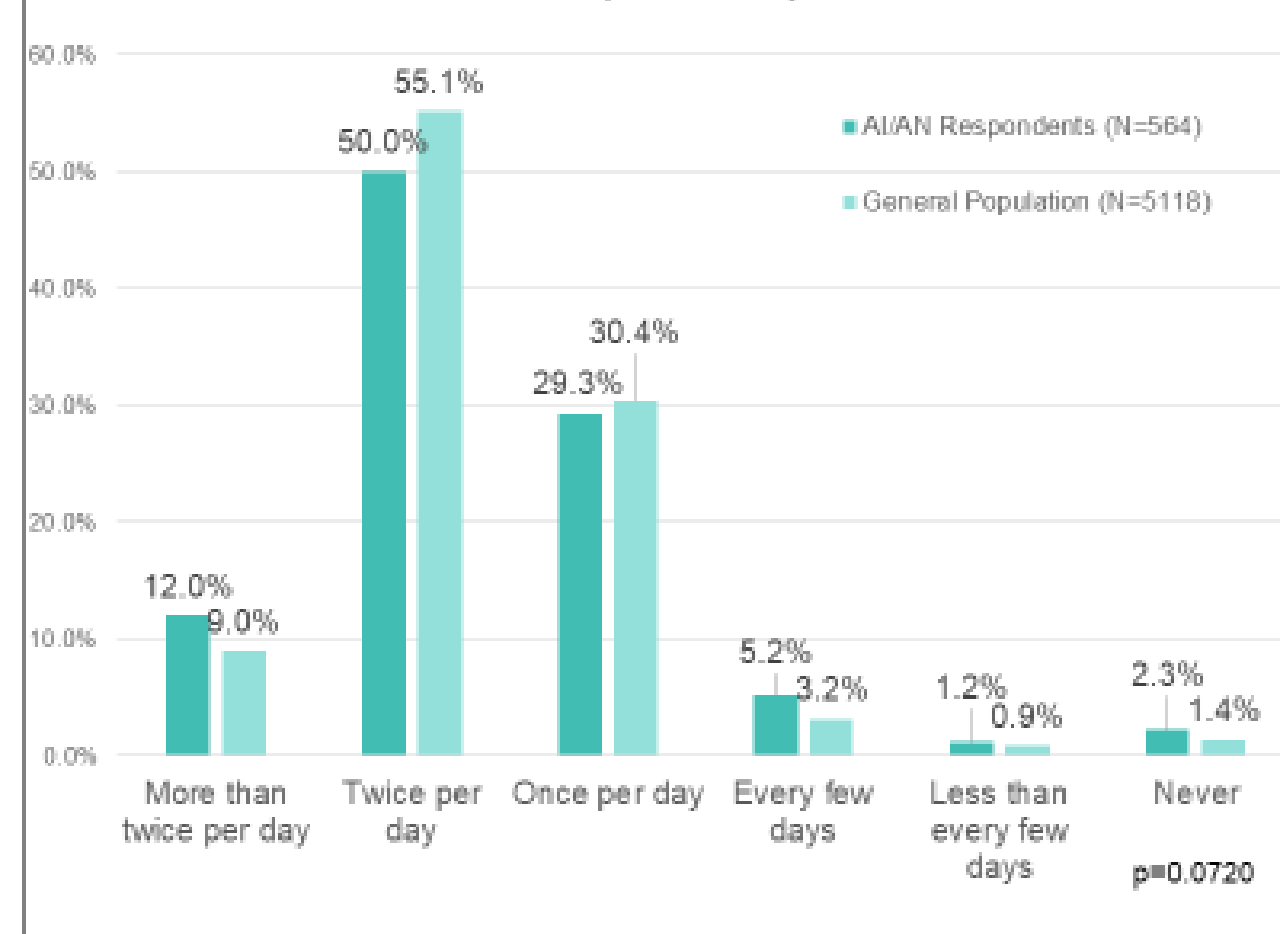
- Online & telephone survey through NORC's AmeriSpeak® Panel
 - Probability-based, representative of U.S. household population
- Sampling strata based on age, race/Hispanic ethnicity, education, gender
 - **Total sample of 564 American Indian/Native Alaskan (AI/NA) panelists (9.9% of final overall sample)**
- Adults aged 18+; one respondent per household
- Final sample size = **5,682**
 - Weighted cumulative response rate = 4%
 - Margin of error = 1.75%

Self-Rated Oral and Overall Health

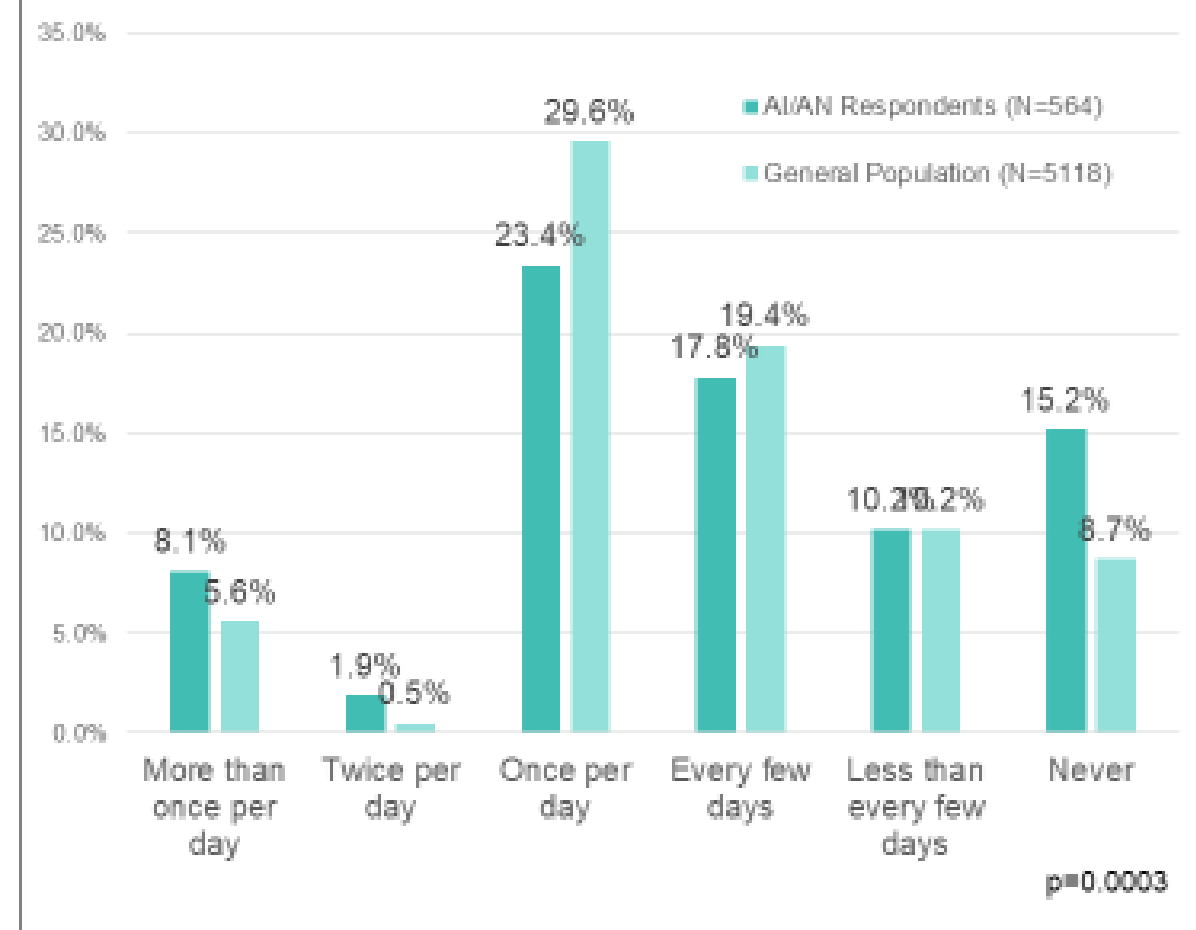


Oral Hygiene Practices

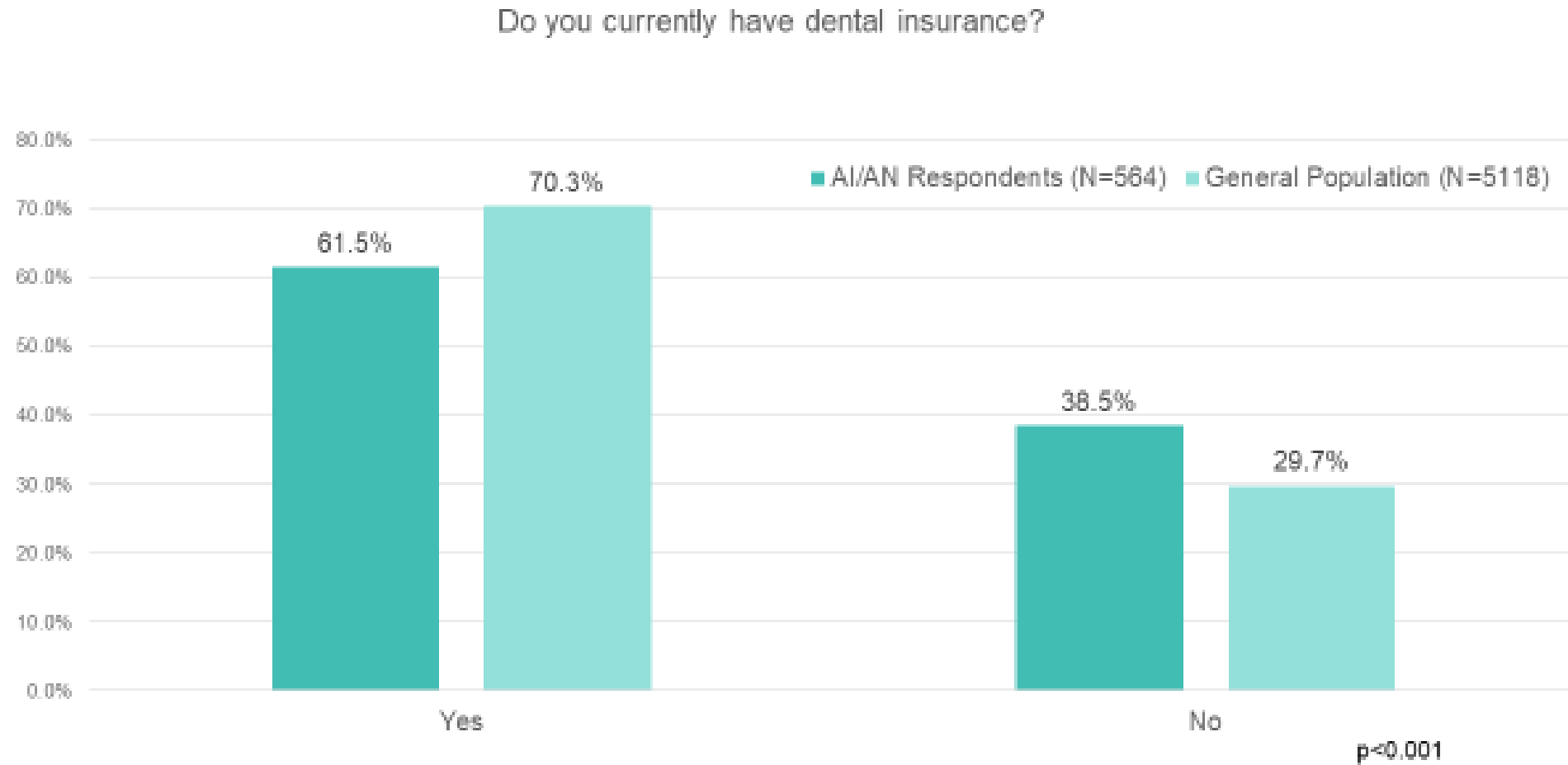
How often do you **brush** your teeth?



How often do you **floss** your teeth?

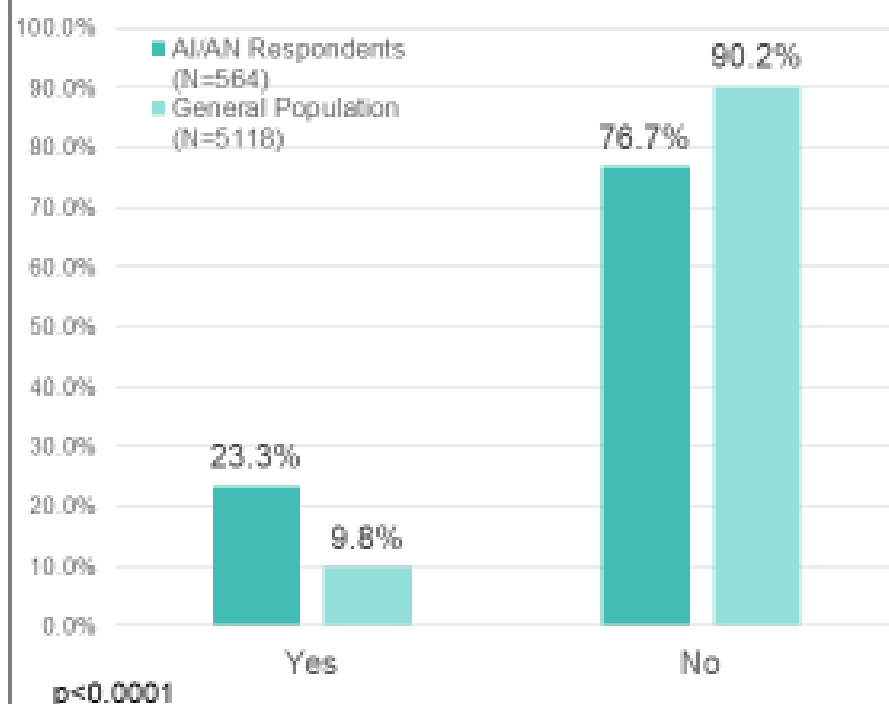


Dental Insurance

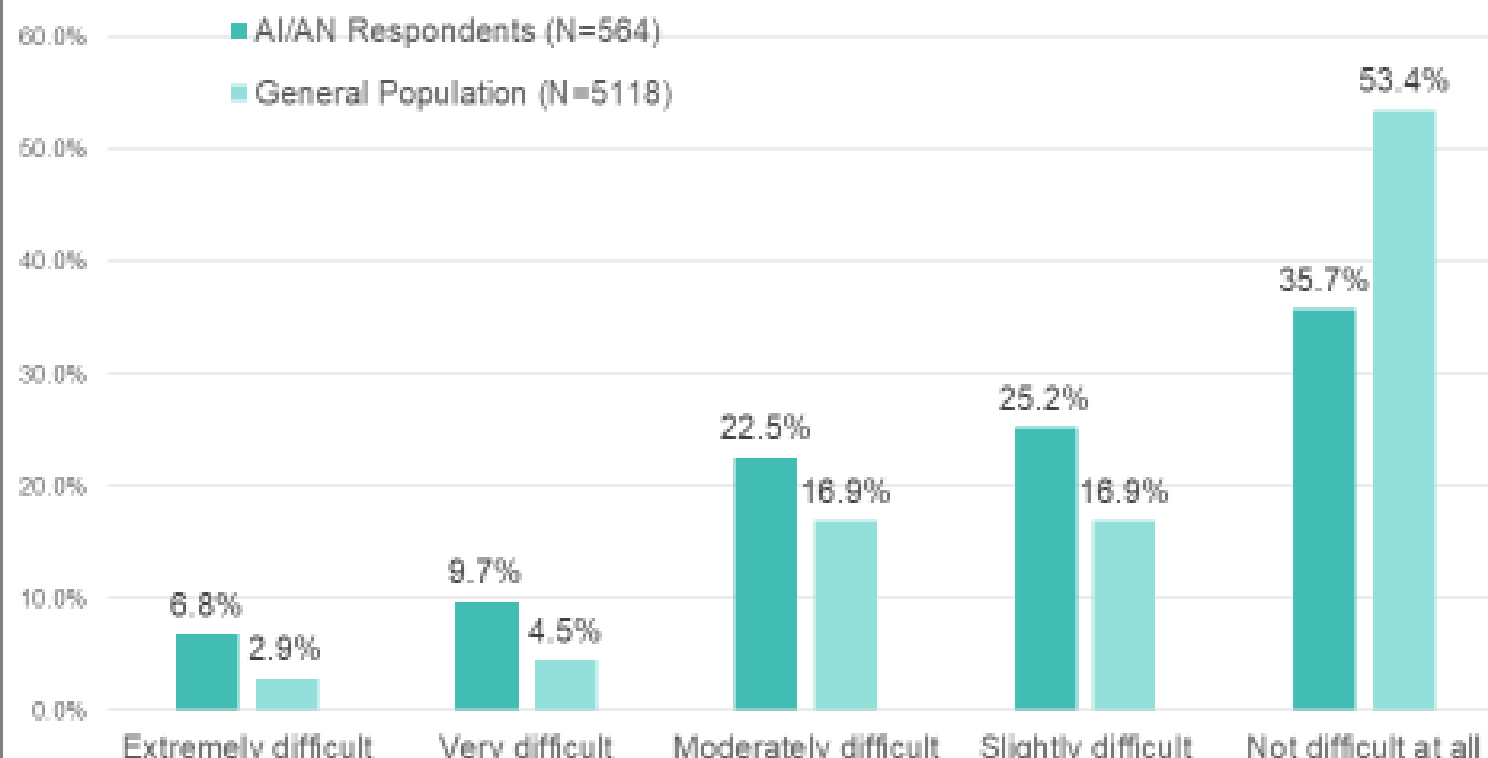


Transportation, Location and Access to Care

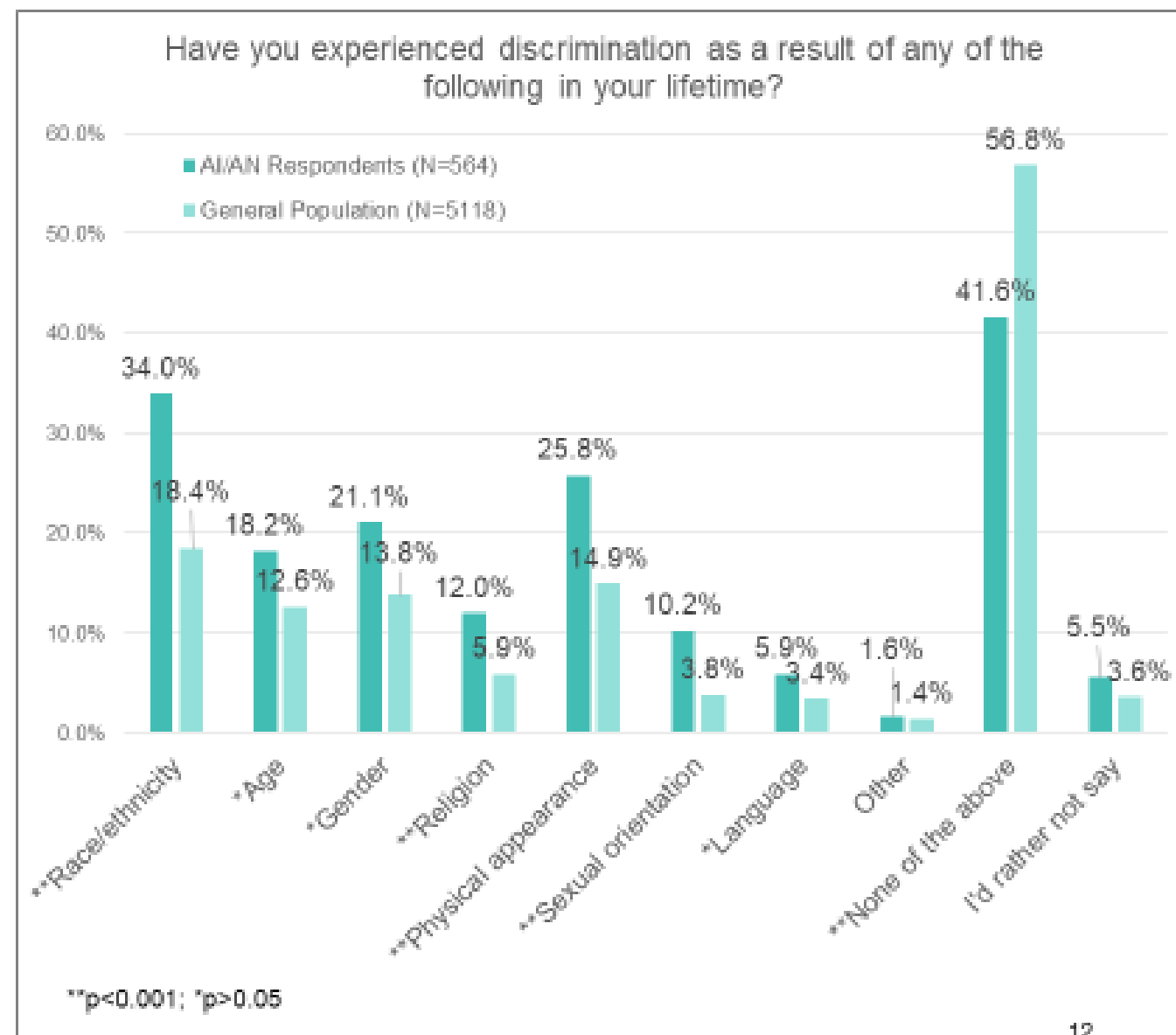
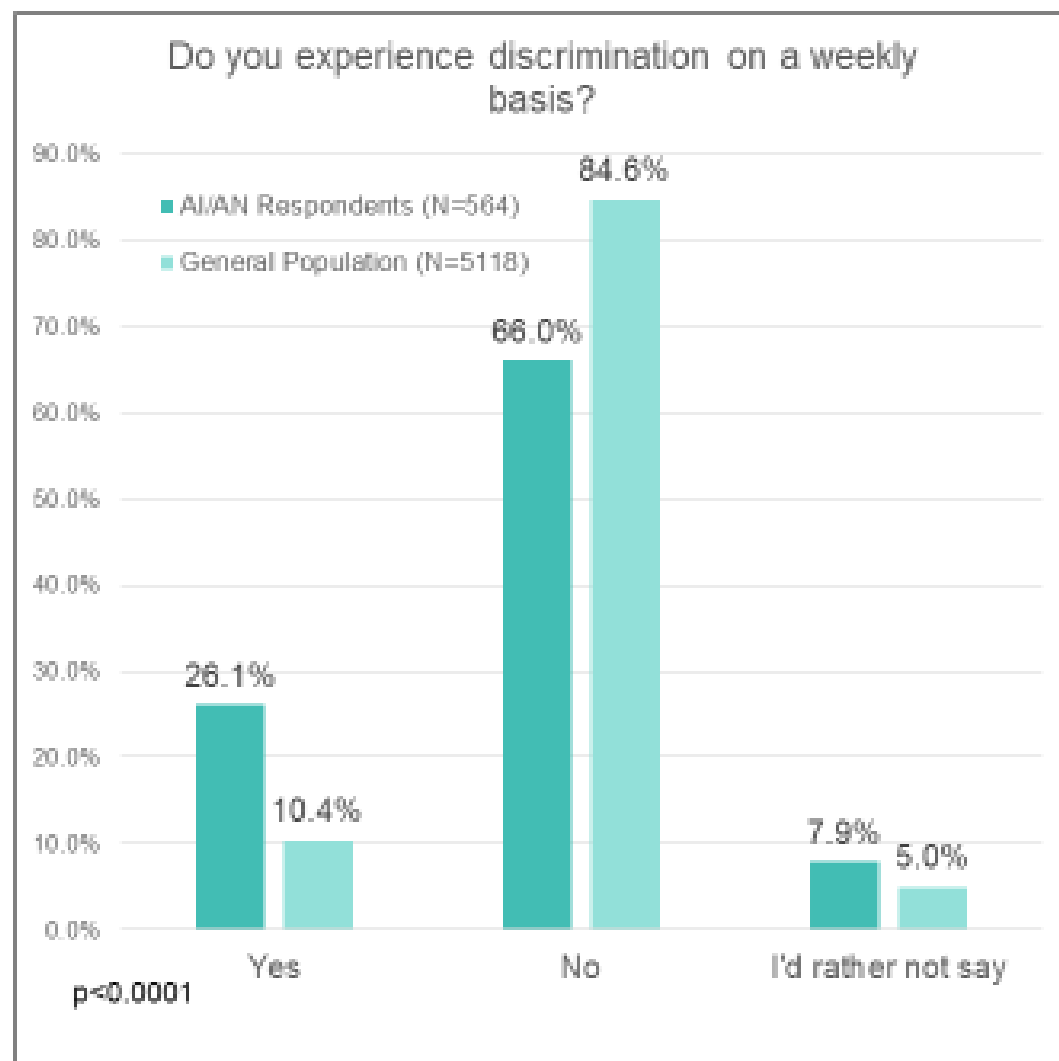
Within the last year, have you ever delayed care, missed an appointment, or been unable to obtain needed health care because of problems with your transportation?



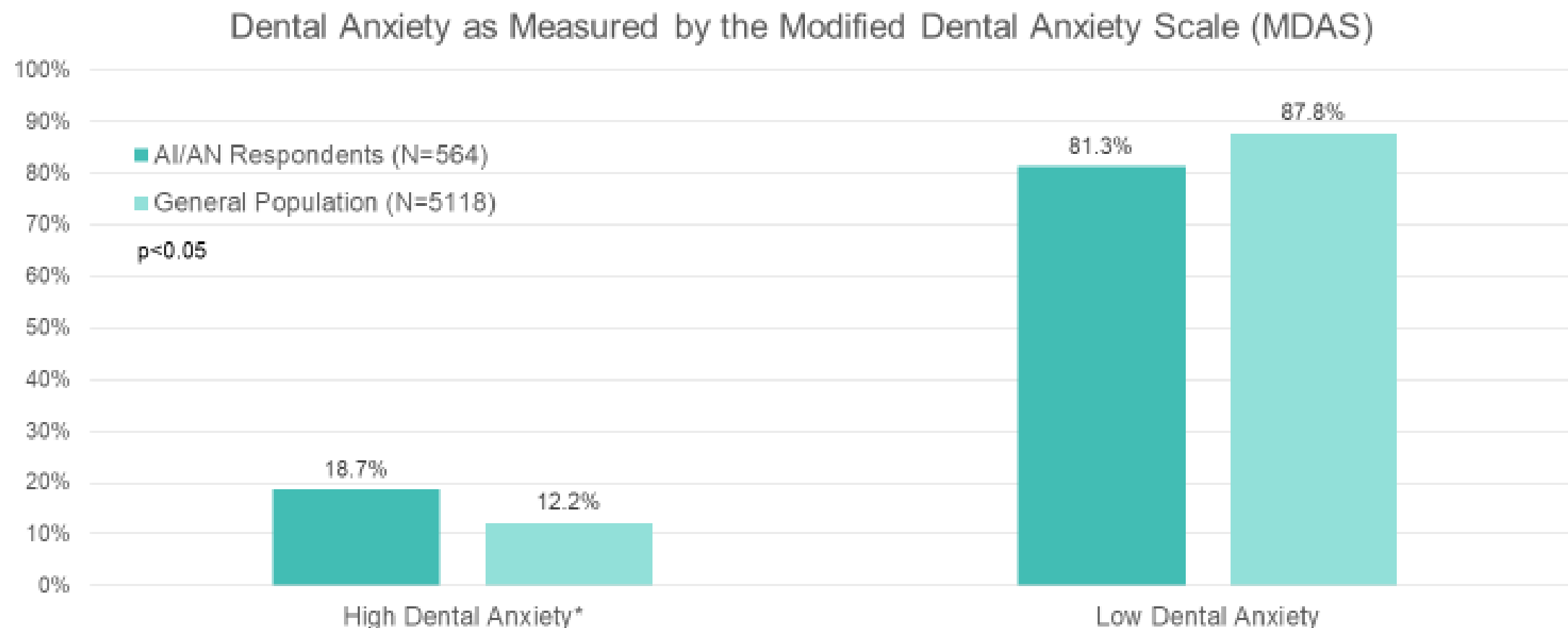
Thinking about the area in which you live, how difficult would it be to get care from a dentist if your mouth or teeth were causing you pain or discomfort?



Discrimination – Weekly and Lifetime

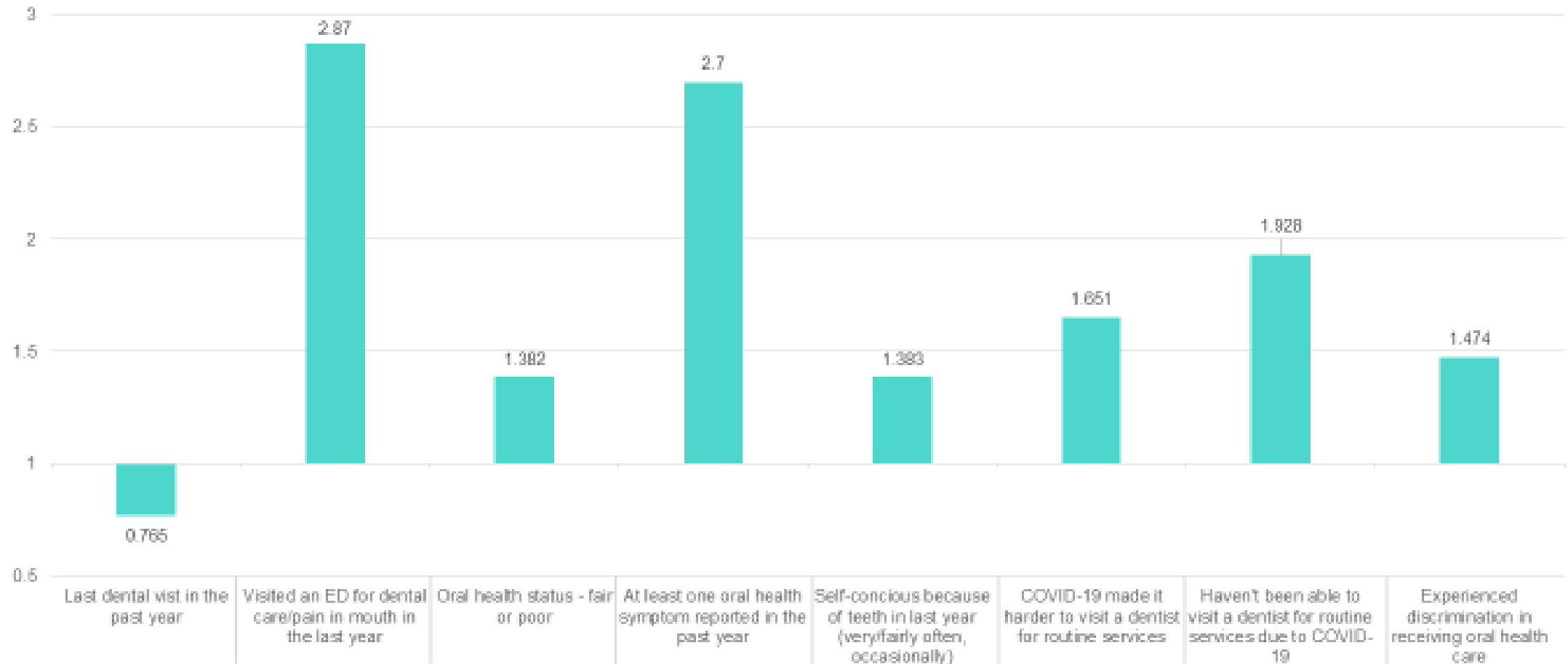


Dental Anxiety



Multiple regression analysis results

AI/AN individuals compared to other survey respondents



Diversity among AI/AN People in the US

574 Federally
Recognized
Tribes

https://www2.census.gov/geo/maps/DC2020/AIANWall2020/2020_AIAN_US.pdf



Working for AI/AN Oral Health

Tribal Leaders
and Citizens

Urban Indian Health

Native-led Indian Health Boards

- National Indian Health Board
- Area Indian Health Boards (11)
 - Advocacy
 - Policy Formation and Analysis
 - Legislative and Regulatory Tracking
 - Communication
 - Research on Indian Health Issues
 - Program Development and Assessment
 - Training and Technical Assistance Programs
 - Project Management

Native Oral Health Network

- Diverse group promoting AI/AN health
 - Peer support
 - Collaboration
 - Community Engagement

Society of American Indian Dentists

- Supporting Indigenous Dentists
- Increasing Indigenous Dentists

Federal Government

- Indian Health Service
 - Since 1955
 - Direct and contract services
 - Chronically underfunded
 - Advanced Appropriations 2023
 - Surveillance (data collection)
 - Dental Support Centers (9)

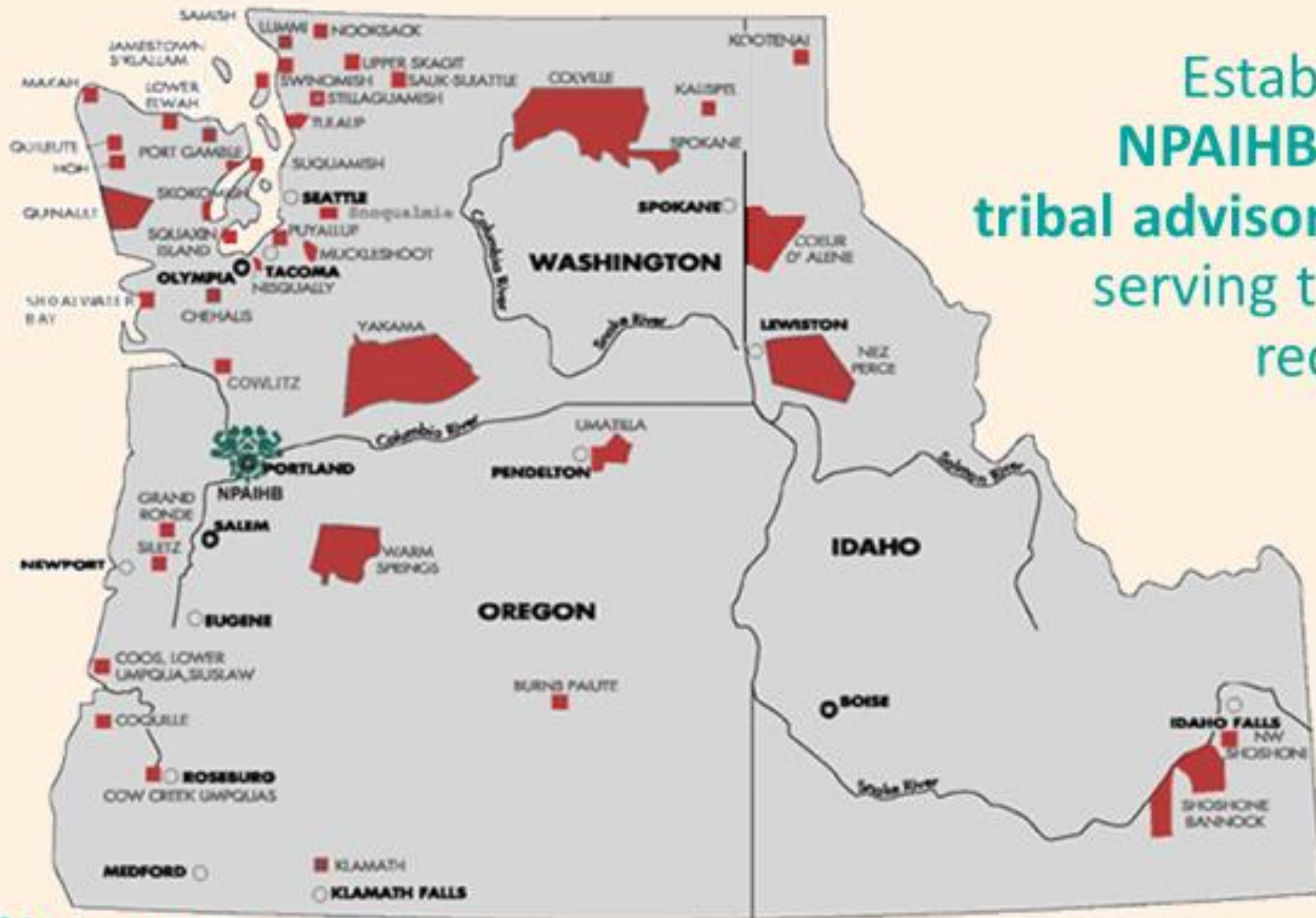
CHAP

Other Native-led
Organizations

Funders



Established in 1972,
NPAIHB is a non-profit
tribal advisory organization
serving the 43 federally
recognized tribes
of Oregon,
Washington,
and Idaho.



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Northwest Tribal Dental Support Center

31/43 Tribes have
dental programs

+

3 Urban Indian
Clinics

=

39 Dental Clinics



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NTDSC Activities

- ❑ **Provide clinical program support**
 - ❑ Site Visits, Prevention program support
 - ❑ Training, Technical Assistance
- ❑ **Provide continuing dental education (CDE) opportunities**
 - ❑ Webinars, ECHOs, Site Visits
 - ❑ Annual Portland Area Dental Meeting: Aug 14-16, 2023
- ❑ **Initiatives**
 - ❑ Baby Teeth Matter, Elders' Initiative, We Smile MID Style
 - ❑ Aims: Increase Access, Decrease Disease, Improve Satisfaction
- ❑ **Implement an Area-wide oral health surveillance system**
 - ❑ IHS Basic Screening Surveys



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What Influences Oral Health Outcomes?

- How and where care is provided
- Who provides care



- Home care
- Transportation



- Historical trauma
- Caregiver influence



- Time
- Expense
- Childcare



- Barriers to education
- Few AI/AN providers



CDC.gov

1968: Federal
Recognition for
Alaska CHAP

2010: National
Expansion
Authorized in IHCA

2021: Portland Area
CHAP Certification
Board

2004: Alaska Dental
Health Aides

2020: Expansion
Policy

• IHS Circular 20-06

Community Health Aide Program (CHAP)

An effective system of local Tribal community-sourced,
community-based providers



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CHAP Addresses Social
Determinants of Health!

Dental Health Aide Pathway

Accessible step-
wise education

Advancing
toward college
degrees

- Customized training offered in **tribal communities** in partnership with clinic
- No prerequisites for entry level



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Primary DHA I



Primary DHA II



Expanded Function
DHA I



Expanded Function
DHA II



DHA Hygienist



DHA Therapist (DT)



DHAs in Dental Clinics

- Increase revenue/encounters
- Improve efficiency
- Reduce patient wait times
- Community-based care
- Providers work at top of scope
- Effective care:
 - Early
 - Frequent
 - Prevention-focused
 - Person-centered



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DHAs work in the clinic *and* the community

How?

- General supervision
- Culturally responsive
- Trauma informed
- Prevention focused
- Continuity of care
- Building trust



Marissa Gardner, DHAT, LDT, Oregon, 2019

Where?

- School Programs
- Parent Groups
- Elder Care
- Home Visits
- Hospitals
- Meals on Wheels
- Long-term care
- Mobile vans
- Clinic



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dəx^wǰayəbus-Dental Therapy Program



Skagit Valley College - 2019



Swinomish Dental Clinic - 2019



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Epidemiology in Indian Country

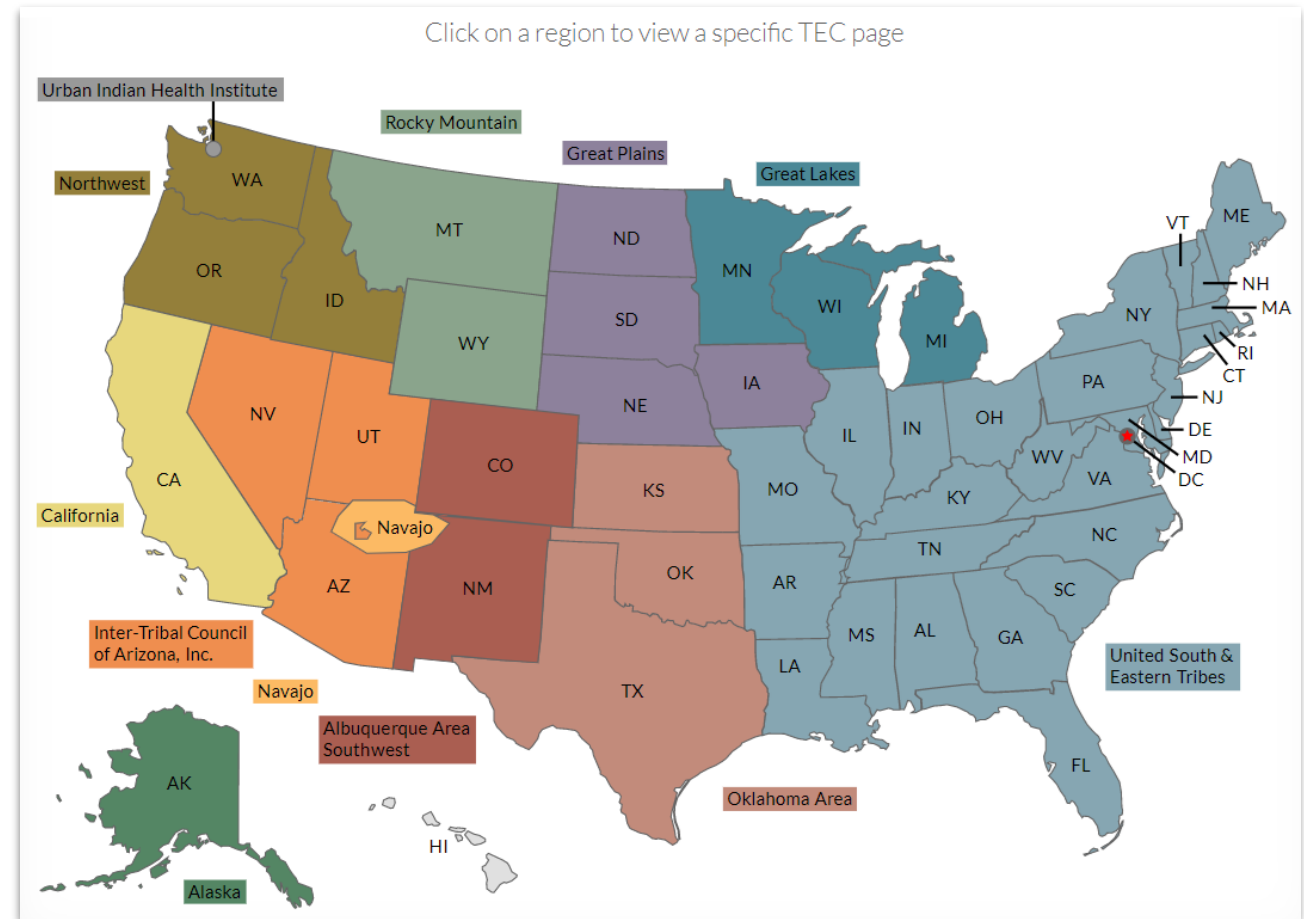
US Department of Health and Human Services (Indian Health Service)

Division of Epidemiology and Disease Prevention (1996)

- 12 Tribal Epidemiology Centers
- <https://tribalepicenters.org>

Tribes

- Some have epidemiology and/or research departments
- Some have epidemiologists employed in Health Departments



Epidemiological Challenges in Indian Country

Methodological

- Racial misclassification
- Lack of data
- Data sharing agreements
- Data disaggregation

Structural

- Distance between epidemiology centers and Tribes
- Fiscal instability
- Data standardization
- Competing Tribal interests

Historical

- Mistrust
- Lack of public health and data infrastructures



Epidemiological Strengths in Indian Country

Methodological

- National data is now being linked (Cancer, Deaths)
- IHS Advanced Appropriations
- IHS Data Modernization Project
 - IHS EHR line item in budget

Structural

- Tribal Epidemiology Centers
- Tribal interest
- Awareness among funders
- Many Tribal staff are experts

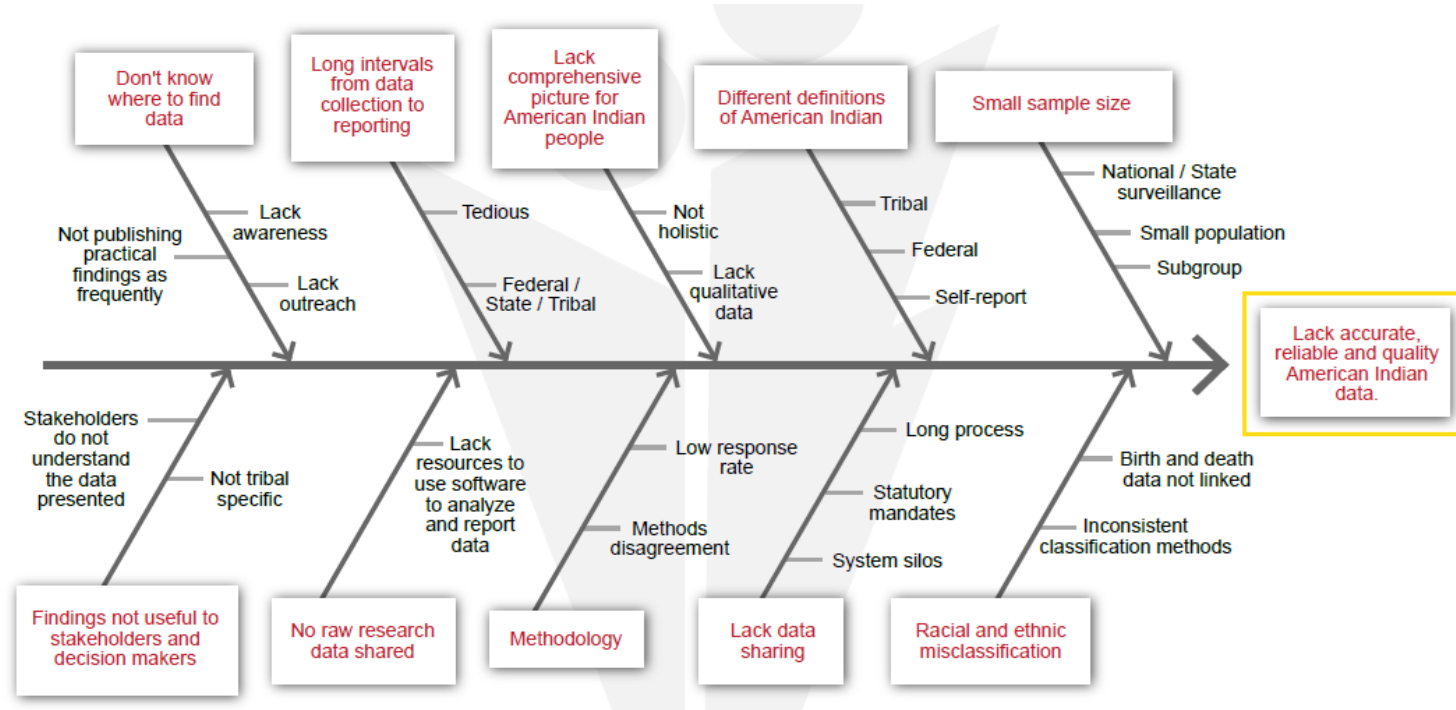
Historical

- National/State interests in AI/AN population issues
- Funds are beginning to be available (limited but there)



American Indian Data Community of Practice (AIDCoP)

The AIDCoP is a voluntary and evolutionary forum engaging data experts and stakeholders to exchange information, seek and offer consultation, share ideas, brainstorm for innovation, and seek peer-to-peer collaborative initiatives related to American Indian people in Oklahoma.



Benefits of AIDCoP

-  Help inform public health priorities
-  Gain access to expertise and reduce learning curves
-  Improve communication and knowledge sharing with peers
-  Increase productivity and quality of work
-  Build and strengthen alliance with key stakeholders
-  Foster innovation and stay forefront in the field
-  Enhance cultural intelligence

Racial Misclassification

Historically “Born Indian, Die White”

- A significant problem when describing health disparities and equity
- AI/AN populations are often racially misclassified in datasets which are critical for decision-making, appropriately sourced funding, etc.
- SPTHB/OUHSC conducted a special research project linking mortality data to IHS data and found that AI/ANs were racially misclassified upon death between 20 and 40 percent of the time, depending on geography.
- AI/AN data may be altogether omitted from data reporting (“othering”).

Research shows misclassification exists across various databases.

- It impacts all races.
- When a person is misclassified, it subtracts a data point from one race making it artificially lower, and includes that data point into another race, making it artificially higher.

Out with “Othering”

The Urban Indian Health Institute (UIHI) recommends:

- Include AI/AN as an individual category and allow for combination with other racial groups for individuals who identify as more than one race/ethnicity
- Include tribal influence and leadership when designing research protocols and collecting data designed to reflect rural and urban AI/AN populations



- Aggregate data across longer times
- Weighted sampling
- Limiting stratification
- Including appropriate confounding variables
- Oversampling
- Using mixed methods
- Reporting limitations

2022 YEAR IN REVIEW

MEMBERSHIP

The Native Oral Health Network has **162 members** as of December 2022.

The Breakdown



Membership increased by **18%** in 2022



Members represent **65 organizations** and **58 different occupations**



We have members in **19 states and Canada**



Our Core Team has **grown to 14 members**

The Native Oral Health Network is funded through the Centers for Disease Control and Prevention, Indian Health Service-Community Health Aide Program Tribal Assessment and Planning, National Indian Health Board, and Oklahoma State Department of Health.

ACTIVITIES

ADMINISTRATIVE



Updated Charter



2022-2025 Strategic Plan



New NOHN Website

DATA COLLECTION AND WRITING PROJECTS



5
Surveys and Focus Groups



2
Literature Reviews



1
Journal Publication

PUBLICATIONS AND PRESENTATIONS



7
Presentations



6
Trainings



1
Toolkit

OUTREACH



5
Tribal Leader and Stakeholder Interviews



2
Video Projects

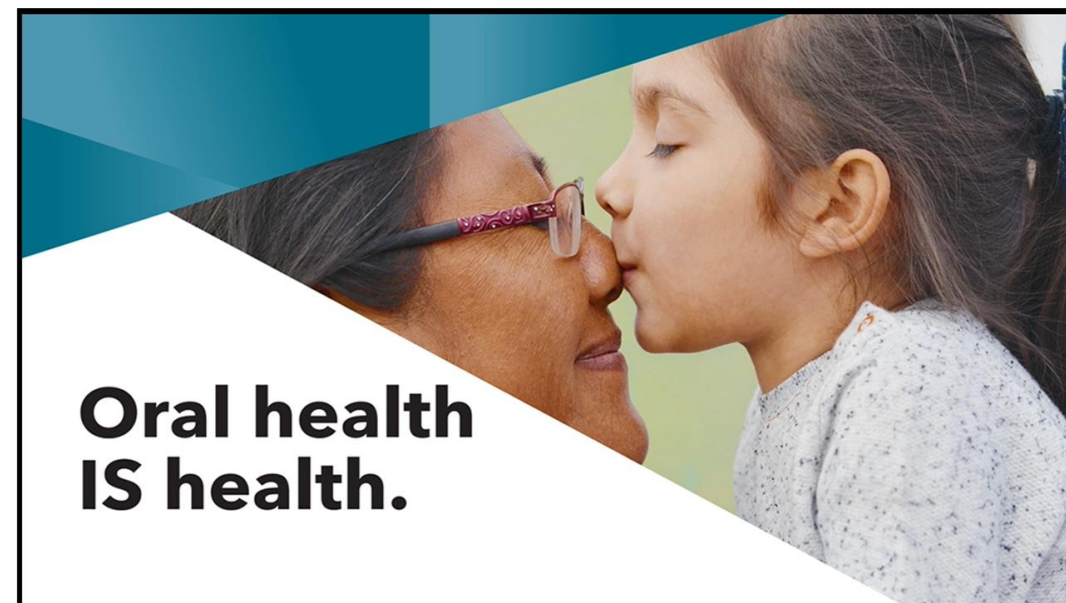
PARTNERSHIPS



6
New Agencies Collaborating



NATIVE ORAL HEALTH
NETWORK



Building healthier Native communities by connecting oral health to overall health and wellness through **peer support, collaboration, and community engagement.**

<https://www.thesaidonline.org/>



Since its founding in 1990 with just a few members, SAID has promoted dental health in American Indian communities, encouraged AI/AN youth to pursue careers in the profession of dentistry, provided role-model leadership, and promoted and supported the unique concerns of AI/AN dentists.

NEED: 105 new dentist graduates

REALITY: 5 graduates in 2023

CALL TO ACTION

- Oral Health Research in Partnership
- Education
- Workforce
- Community/NonProfit/Grantmaking
- Policy

“Data looks at people of color as problems to solve and we are not; we are in fact every single of one the answers. When consulted, when and how we are able to use our decolonized data practices, when tribal sovereignty is respected, when tribal epidemiology centers and tribal public health authorities are respected and we receive the resources we have a legal right to through our treaties, we are not the problem to solve, the systems are the problems to solve.” – Abigail Echo-Hawk

CDC Webinar: Data Practice through the lens of American Indian/Alaska Native Communities





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Question and Answer

To Explore More Industry-Leading Research

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We publish white papers, research reports, briefs, articles, posters, infographics, and tools on topics ranging from adult dental benefits to teledentistry. Use the filters below to find resources by type or topic.

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Filter by Type

Search

Title	Topic	Type
Improving Care Coordination Between Oral and Medical Providers	Care Coordination	Video
Veteran Oral Health: Expanding Access and Equity	Expanding Access	White Paper
2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

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Missed Connections

Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:

Medical-dental collaboration is currently uncommon.

63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.

33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.

45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.

- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

www.carequest.org/resource-library

Webinar Evaluation

Complete the **evaluation by Friday, April 7** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

April 13: Practical Considerations for Caring for Individuals with Disabilities at 7–8 p.m. ET

April 27: Strategies for Providing Care to Patients with Autism at 7—8 p.m. ET

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