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Testimony

This is the written testimony for Dr. Mary Williard.
Submitted by the Alaska Native Health Board.

The Yukon-Kuskokwim Health Corporation manages a comprehensive health care system on behalf of 58 federally recognized Tribes for 50 rural communities in southwest Alaska. This area is roughly the size of Oregon. The system includes community clinics, sub regional clinics, a regional hospital, dental and optical services, mental health services, substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

Alaskan children suffer from tooth decay at 2-1/2 times the national rate, and the number of Alaska Natives has doubled since 1970. There is an epidemic of dental caries in Alaska Native villages. This epidemic is not hidden; it is seen in every smile that reveals missing or decayed teeth in the mouths of Alaska Natives of all ages.

The Alaska Native Health Board endorsed the Dental Health Aide Program to address the epidemic of dental disease in Alaska Native Villages in 1999. The program then began the process of developing program standards, requirements, and certification guidelines. The board that carried out this process included experienced Public Health Dentists, local community members, Community Health Aide Practitioners and Directors, attorneys and other experts as necessary. Five Dental Health Aides Therapists have been trained and are now in their preceptorship training with dentists in regional hospitals, others are currently in training in New Zealand.

In 1991, a dental manpower study was conducted in Alaska. This study showed that if the IHS/Tribal health system doubled the number of dentists, it would take 10 years to eliminate the unmet need for dental services. The problem has continued to increase since this study, however, there have been no funding increases, nor has the dental community provided a viable solution.

There have been suggestions that having dentists volunteer would provide a viable solution to the dental problems of rural Alaska. The itinerant approach where dentists visit periodically has not been effective in reducing the rate of dental disease. One of the issues that arise with the volunteer program is that there is no continuity of care for the people of the villages. Volunteer dentists would not be able to develop a long-term relationship with the population that they serve. The dental therapists will ideally be Alaska Natives from the rural community and have strong ties to the people. They will provide a more consistent basis of care. Being Native Alaskans, they will be more culturally sensitive to the issues of the indigenous population. Alaskan Natives will be empowered to take care of their own people.

For the 85,000 Alaska Natives who live in the 200 villages without road access, the only time dental services are available is when a dentist flies in to conduct a dental clinic. Alaska Tribal Health Programs experience a 25% vacancy rate among dentists and a 30% average annual turnover rate. Tribal health programs have increased their dental budgets above the IHS allocation of funds so that they could increase salaries, and have built numerous well-equipped dental facilities. But dentists still don't choose to live in remote, isolated communities or to travel by small planes to even more remote villages to conduct clinics in buildings that may not even have running water.

Dental therapists have a two-year training program; general dentists have a four-year program. The dental therapy program has a more clinical focus. The therapists gain competencies within a more limited scope of practice. The dental health aide therapist's competence assessments are equal to the requirements of an accredited dental school. The therapists graduate with more clinical hours in their area of training than the average dental student.

There is bi-annual recertification for the dental therapists where they are required to demonstrate their clinical competencies. A 3-month or longer preceptorship under a dentist is required before dental health aide therapists are allowed to practice independently. The DHAT is then able to work under a consultation/referral status with the dentist who supervised their preceptorship. This preceptorship is more stringent than what is required by other dental professions. All Alaskan tribal health programs, including the dental health aide program, are scrutinized independently by national hospital accreditation organizations. Dental professionals in private practice are not held to the same standard.

• The Dental Health Aide Program is a local solution to a local crisis. This program will be as successful as the Community Health Aide Provider Program, which has been in place for 30 years, because of local residents receiving appropriate training, employment, and providing high quality care to their community.

• Dental health aides will have as many hours of educational clinical experience in their limited scope of practice as most dentists receive during their educational program.

• Dental health aides will be supported by telemedicine access to the dentist who will be able to actually view the same tooth and x-rays that the DHAT is examining.

• Dental health aides are subject to biannual recertification and continuing education requirements.

• Mid-level providers such as nurse midwives, physician assistants, and paramedics have been successful in delivering other types of health care in the United States for years with good economic and public health benefits.

• Due to the distance and isolation of these Alaskan communities, dental care is only offered on a very basic level. With dental health aides addressing these basic needs, the dentist would have more time to perform root canals, dentures, crowns, bridges, and orthodontics.

• Dental therapists will be able to raise dental awareness. Once the overall general dental aptitude is increased, the need for re-treatment would be reduced.

• Canada and other countries, such as New Zealand and Australia are successfully using the dental therapy model to increase access to restorative and preventive oral care. In the Province of Saskatchewan - Canada, there are about 170 dental therapists currently practicing. They can legally provide all procedures within their scope of practice including, but not limited to: fillings, extractions and pulp therapy. In over 30 years of regulation, evidence clearly shows that there have been no disciplinary actions taken against a dental therapist for either professional misconduct or professional incompetence, or any claims against their independent malpractice insurance

I have been the Chair of the Academic Review Committee for the Dental Health Aide Program for the last 3 years, during which time I have been involved in the development of certification standards, educational course curriculums, and levels of practice. These processes were performed with care and attention to the scientific literature, which has addressed the questions of quality and safety in the dental therapists practice; clearly the science supports our claim that therapists provide safe and high quality dental care. To date, the American Dental Association has not provided any scientific evidence to support their position that Dental Therapists would provide substandard quality of care, yet they persist in spreading these unsubstantiated and fear-based claims.

My Personal experience includes mentoring two Alaska Native people who completed the two-year Dental Therapy Diploma course in New Zealand. They returned to Bethel, Alaska, in January 2005, to start their preceptorship. I have scrutinized every aspect of their work and have found them to be competent in their scope of practice, and in knowing their limits. My own children have been treated by the therapists. I have had my teeth cleaned by them. Moreover, our patients are happy to see the therapists. Following are some quotes by patients who have been treated by our therapists.

“I had my teeth cleaned by Lillian, {a dental therapist at YKHC} and I’d say it was better than any other cleaning I had received by a hygienist. She was good.” – Angie Whitman, a dental assistant with 15 years experience.

“You know, historically, out here (in the YK Delta) we have lead the state with health aides, VPO’s (Village Police Officers) and now tribal courts. And there are always naysayers. But I think self determination and getting more services directly out to the people is the name of the game and you guys are right on the ball with the Dental Health Aide Therapists.” – Susan Taylor, life-long Alaska resident.

The name of the game is also disease prevention, which has been pushed aside during much of this discussion, but the major push of the Dental Health Aide program is to improve the dental presence in the rural communities, the Therapist could be the leader of this effort, as well as offering much needed routine and basic care.

Please listen to the people who live and work in these communities, and refuse to take away our federally recognized right to manage our own healthcare. Support the S. 1057 of the Indian Health Care Improvement Act that does not limit the scope of practice of the Dental Health Aides.