

EXECUTIVE COMMITTEE

PRESIDENT Jefferson Keel Chickasaw Nation

FIRST VICE-PRESIDENT Juana Majel Dixon Pauma Band of Mission Indians

RECORDING SECRETARY Edward Thomas Central Council of Tlingit & Haida Indian Tribes of Alaska

TREASURER
W. Ron Allen
lamestown S'Klallam Tribe

REGIONAL VICE-PRESIDENTS

ALASKA **Bill Martin** Central Council of Tlingit & Haida Indian Tribes of Alaska

EASTERN OKLAHOMA

S. Joe Crittenden
Cherokee Nation

GREAT PLAINS Robert Shepherd Sisseton Wahpeton

MIDWEST Matthew Wesaw Pokagon Band of Potawatomi

NORTHEAST Lance Gumbs Shinnecock Indian Nation

NORTHWEST Fawn Sharp Quinault Indian Nation

PACIFIC **Don Arnold** Scotts Valley Band of Pomo Indians

ROCKY MOUNTAIN Scott Russell Crow Tribe

SOUTHEAST Larry Townsend Lumbee Tribe

SOUTHERN PLAINS Robert Tippeconnie Comanche Nation

SOUTHWEST Joe Garcia Ohkay Owingeh

WESTERN
Ned Norris, Jr
Tohono O'odham Nation

EXECUTIVE DIRECTOR

Jacqueline Johnson Pata

Tlingit

NCAI HEADQUARTERS

1516 P Street, N.W. Washington, DC 20005 202.466.7767 202.466.7797 fax www.ncai.org

NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians Resolution #PDX-11-047

TITLE: Support for Federal or State Policies to Make Oral Health Care Services More Accessible through the Development of the Dental Therapist Provider Model Pioneered by the Alaska Dental Health Aide Therapist Program

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all federally recognized American Indian and Alaska Native tribal governments by advocating for the improvement of health care delivery to American Indians and Alaska Natives and for the fulfillment of the federal government's trust responsibility to American Indian and Alaska Native tribal governments; and

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

WHEREAS, there are few dental caries prevention programs that target American Indian and Alaska Native children, and other oral health issues persist for the American Indian and Alaska Native population such as:

- Seventy-nine percent of American Indian and Alaska Native children aged 2-4 years have dental caries;
- Majority of American Indian and Alaska Native children have tooth decay with 78 percent of the 6-14 year olds and 91 percent of the 15-19 year olds had a history of decay;
- Despite a trend toward a reduction in tooth loss in the U.S. population, older data indicate 25 percent of American Indian and Alaska Native 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 American Indian and Alaska Native adults have periodontal (gum) disease;

Seventy-eight percent American Indian and Alaska Native 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 are 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% of the dental positions within the IHS are vacant, which contributes to the lack of access to dental health services; and

WHEREAS, the NIHB 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, 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, the State of Oregon under Chapter 716 (2011 Laws) adopted by the Governor on August 2, 2011 allows the Oregon Health Authority to approve pilot projects to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that have the highest disease rates and the least access to dental care, including among facilities, Tribal Federally Qualified Health Centers; and

WHEREAS, tribes and the Indian Health Service would be eligible in 2011 for \$4 million federal grant funding for the training and employment of dental therapists who practice in rural, Tribal and underserved communities; and

WHEREAS, federal law outside of Alaska does not allow Tribes to act independently and train or hire dental therapists for their communities and in order for Tribes to have a dental therapist in their community, state law must be changed to include dental therapists; and

WHEREAS, the Board of Directors of the NIHB passed Resolution 11-07 on September 25, 2011 in support for federal or state policies to make oral health care services more accessible through the development of the dental therapist provider model pioneered by the Alaska dental health aide therapist program.

NOW THEREFORE BE IT RESOLVED, that the NCAI does hereby support Washington House Bill 1310 and New Mexico House Bill 495 and any other substitutes supported by child health advocates such as the Children's Alliance in Washington State or Health Action New Mexico as well as similar action to develop mid-level dental health providers program in other states; and

BE IT FURTHER RESOLVED, that NCAI will support to change Federal or state policies to make oral health care services more accessible through the development of the dental therapist provider closely modeled by the Alaska Dental Health Aide Therapists for the benefit of their member communities; and

BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2011 Annual Session of the National Congress of American Indians, held at the Oregon Convention Center in Portland, Oregon on October 30 – November 4, 2011, with a quorum present.

ATTEST:

Recording Secretary