



Native American Oral Health Care Project

During the last year, both the Arizona Dental Association and New Mexico Dental Association (NMDA) have been the recipients of ADA State Public Affairs Grants to jointly collaborate with American Indian tribes, Native communities, and health care stakeholders to improve the oral health of Native Americans. The project seeks to establish and develop relationships to collectively develop systemic solutions to chronic dental care challenges. This includes: exploring opportunities to increase access to dental health and how to maintain it, focusing on the relationship between diabetes and periodontal disease, leveraging expertise and resources, and identifying opportunities to jointly advocate for issues of common interest.

The ADA program, coordinated through ADA's Washington office, has allowed the two state associations to engage the services of local Native American consultants to facilitate outreach and dialogue with local tribal officials and health authorities in both states, as well as with officials with the Indian Health Service. In Arizona, Kade Twist, with Highground Public Affairs Consultants, has been assisting AzDA on this project.

During the last year, ADA and the IHS hosted a symposium on Early Childhood Caries (ECC) right here in Phoenix, with

major nationally recognized experts, to focus attention on the frightening level of caries among the Native American pediatric population. Soon after the symposium, the IHS announced an "ECC Initiative" that would incorporate a national surveillance system for ECC and calls for a more formal approach to reach out to medical and community partners to more aggressively address the problem. This initiative provides opportunities for AzDA and NMDA to engage tribal communities and the IHS in collaborative projects aimed at this population. IHS has set goals to:

- Reduce the prevalence of ECC among 0-5 year olds by 25% by 2015.
- Increase dental access for this population by 10% in FY 2010 and 50% by 2015.
- Significantly increase the application of fluoride varnish and sealants during the same period.

Discussions with stakeholders often turn to new forms of dental care providers. The information gathered to date suggests that sustainable models of dental care delivery and dental workforce can emulate the private practice model that has been the hallmark of dental practice for generations. The model under

consideration supplements the private practice Dental Team with the use of the newest member, the Community Dental Health Coordinator (see accompanying article), to connect the population's most isolated and underserved communities with the dentist. In addition, the focus on education and prevention services offered by the CDHC, and the work in triaging, scheduling, and managing treatment plans will enable the dentist to go directly into the communities, provide treatment and restorative services on a consistent and regularly scheduled basis, and result in a significant expansion of access to services. The model would suggest that access can be improved without resorting to new forms and levels of dental care providers doing invasive procedures.

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