

Native American Women on the Hopi Reservation Paving the Way for a New Professional Model

It is easy to become enthralled

with the austere, rugged beauty of the Hopi Nation and the seemingly endless expanse of red rock mesas and canyons that define the Colorado Plateau in this part of northeastern Arizona.

The Hopi people have lived here more than 2,000 years among some of the oldest continually occupied communities in North America. They have maintained an unmistakable interconnectedness with this land, and remain one of the most traditional tribes in North America.

However, the paradox of the Hopi Nation, and the vast majority of Indian Country, is that the geographic isolation which enables tribes to protect and retain their respective cultures and tribal identities, and preserve the natural integrity of their lands, also poses structural barriers to developing and sustaining social and economic infrastructure.

The bottom line is that it's extremely difficult to create sustainable economies of scale in areas where small sparsely populated communities are widely dispersed across vast expanses of land. Then, factor in high unemployment

and poverty rates due to the lack of job opportunities, and you have an equation where the market, alone, does not work.

Providing dental services in Indian Country is equally difficult. The economic challenges are exacerbated by the federal government's chronic underfunding of the Indian Health Services (IHS), which translates into inadequate health care for Native Americans.



Kade L. Twist

The tragedy is that the IHS system receives less funding per patient than the federal prison system. For the Phoenix Area IHS oral health program, which includes the Hopi Nation, and the largest population base within the IHS system, this translates into a budget that is 25% of what is needed for the population they serve.

Education and prevention services are insufficient, and the most isolated and vulnerable patients, particularly elders, are not being effectively reached. Dental teams are responding to complex treatments and emergency procedures far more often than they are being proactive. Not surprisingly, this has led to some devastating results.

Children, Elders

According to IHS, at least 60% of Native American children have severe Early Childhood Caries (ECC). The American Dental Association's (ADA) 2009 Symposium on ECC revealed that in many Native American communities ECC rates are roughly 400% higher than that of all races of children in the U.S.

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This bleak picture continues into adulthood, where IHS finds that approximately 32% of Native Americans between the ages of 35 and 44 have advanced periodontal disease. This is particularly troubling given the risk factor of diabetes, which is prominent among Native people.

Equally troubling is that approximately one out of every four Native elders has lost all of their natural teeth, and that 20% of those without natural teeth do not have dentures of any kind.

CDHC

In Arizona, the enormity of this crisis has brought together tribes, IHS, ADA, AzDA, Arizona Department of Health Services and the Arizona Health Care Cost Containment System in an effort to find ways to improve access to services within the existing realities of budget limitations.

On the forefront of this collaborative effort is the Hopi Health Care Center (HHCC), which is piloting a new ADA workforce model that may prove helpful -- the Community Dental Health Coordinator (CDHC).

Dr. Jeffrey Carolla, the HHCC dental chief and seasoned IHS veteran, welcomes the collaboration. "I am very grateful for being a part of a

program that is helping to set up a new professional model, and that this model of care will be reaching out to those who are not being serviced," he said.

With the support of Dr. Carolla and DeAlva Honahnie, the Center's CEO, Virginia Coochwyte (Hopi) and Christina Antonio (Navajo), the trainees participating in the program, are forging a path for a new generation of community-based American Indian oral health care professionals. They are working to become tribal advocates for oral health care, and cultural liaisons between community and clinic that will expand the reach of the clinic's education, prevention, and treatment services to the tribe's most isolated and vulnerable populations.

If the CDHC becomes a new certified member of the dental team and is formally endorsed by the ADA, IHS, the State of Arizona, and its Medicaid agency, the dedicated efforts of American Indian leaders like Ms. Coochwyte and Ms. Antonio will play an important role. It will be the result of their commitment and determination to serve their tribal communities, as well as the communities' embracement of their service.

Ms. Coochwyte and Ms. Antonio are expanded function dental assistants employed by the HHCC. They already

have extensive experience serving Hopi people, and an intimate knowledge of the oral health challenges these communities face.

The importance of community connectedness, and being both leaders and servants, is a common link between them. It's a sincere commitment that is driven by an accountability that begins with family and permeates throughout the community. "I pray for a good life for my family and friends; for my job and the people I work with; and my family's field when we plant; for rain, so that we will have good crops when it's harvest time. This is my world," said Ms. Coochwyte. "I enjoy living home at Hopi and learning traditional ways and living the Hopi way. I enjoy the opportunity to participate in ceremonies. And I enjoy the opportunity to give back to my community," she added.

Ms. Coochwyte, a 30-year veteran of IHS, saw the potential of the CDHC program. "When I learned about this program I believed that Hopi could benefit from it," said Ms. Coochwyte. "That's one of the reasons I wanted to be a part of this."

She was also looking for a new experience. "I enjoy learning new things, learning how to utilize new technologies, and adapt new technologies and techniques to the work we are doing here," she explained.



Virginia
Coochwyte



Donna
Kotyk



Dr. Nancy
Reifel



Christina
Antonio

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The CDHC will help to make more efficient use of dentists for restorative and rehabilitative services.

Christina Antonio saw it as an opportunity to get out of the clinic setting and get more involved. "There are a lot of challenges here in the community and high caries rates," she said. "I wanted to see what I could do for my people. I wanted more responsibility with setting goals, planning and evaluating work. I want to be a leader and a role model."

According to Dr. Nancy Reifel (Rosebud Sioux Tribe), an assistant researcher for public health and community dentistry at UCLA and co-director of the ADA's Native American CDHC program, the key to the model's success will be increasing efficiency. Like everywhere else these days, the challenge is doing more with less. The CDHC will achieve this through the knowledgeable and strategic community engagement of people like Ms. Coochwytewa and Ms. Antonio.

"Because of limited personnel, there is a limited number of hours available to perform dental procedures," said Dr. Reifel. "The CDHC will bring the needs of the community in line with the workforce that is available, and help focus the clinic to make more efficient use of dentists for restorative and rehabilitative services."

The CDHC's role of actively engaging communities to assess and triage community-wide needs for prevention and treatment services may provide a more effective means of managing the challenge of supply and demand.

Dr. Reifel added, "It is also more effective from a patient perspective, by going out into the community and matching patients with appropriate services. You are always going to have a need for dental treatment, but the emphasis on prevention will bring this need more in line with our available resources."

This type of community health worker (CHW) approach has been successful in other disciplines. According to the *Journal of Health Care for the Poor and Underserved*, for every dollar spent on the CHW, there is a reduction in health care cost of \$2.28.

Progress

After a year of intensive education and training focusing on expanding their knowledge of the dental profession, as well as social work, leadership development, planning and project managing, the CDHC trainees have designed community projects that they are currently in the process of implementing.

"I am working with the WIC program* to focus on addressing the caries issues from pregnant moms to two-year-olds," said Ms. Antonio. "The WIC program is in the hospital, but I will also work with families unable to come into the facilities. My focus is on prevention and oral hygiene education. Addressing obesity at a young age. To educate the parents and encourage them to change their habits."

Ms. Antonio's project may be particularly impactful, because it addresses one of the tribe's biggest needs and has the potential to improve the oral health of the next generation of Hopis systemically, by improving habits. The concept of working to improve knowledge and transform bad oral hygiene habits into good is one of the key objectives of the CDHC program.

Another priority for the tribe is serving the needs of its elders, who are one of the most isolated and underserved populations on the reservation. Ms. Coochwytewa's project is focusing on working with the tribe's elders. "They have a tremendous need for dentures," she said. "I am going to work with a coordinator from each village to assist with screening. One of my goals is to have the tribal council contract with a prosthodontist to work with the tribe," she added. Ms. Coochwytewa hopes to see her project evolve into a permanent program.

*The Special Supplemental Nutrition Program for Women, Infants and Children (known as WIC) is a Federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of five. *Source: Wikipedia.org*

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Sustainable models of dental care delivery and dental workforce can emulate the private practice model.

Into the Future

It will be interesting to witness the outcomes of Ms. Coochwytewa's and Ms. Antonio's work. According to Dr. Carolla, their work is already making a difference in the community. "Today Virginia went to a Hopi Elder Center and discussed the goals of her program," he said. "An elder raised his hand and said he was ready to have dentures made. He needed an exam and full mouth extractions. He followed Virgie back to the clinic for an examination. His upper teeth were removed preparatory for very necessary full dentures. His lower teeth will be removed in one week."

Dr. Carolla emphasized, "This could have happened ten years ago for this particular patient but it was Virgie's gentle presence that persuaded him to have this work started. Perfect example of what a CDHC can do."

The ambition and relevancy of their projects, as well as the community needs they are serving, are certain to have numerous meaningful impacts. However, the question remains: How will this work be sustained over the long haul?

In the meantime, DeAlva Honahnie is happy to see members of her staff willing to make the sacrifices it takes to be innovators. "I think it brings a lot of pride for anyone to who takes the opportunity to take on a challenge like this," she said.

"A lot of people want to stay here and work to improve the health of their community. So, the fact that they that have found this opportunity and are willing to take the risk is exceptional," she emphasized. "It builds a sense of pride among them and their families and their community. I really do appreciate any time anyone goes out to do this, it is an extension of our caring and our services."

If CDHC becomes a reality, it will enable a new generation of Native American oral health care professionals to achieve something that is incredibly difficult within their field -- to stay home and serve their tribal community; to maintain a close connection with their family, culture and homeland; to be part of the nation-building movement of the future, rather than the brain-drain exodus of the past.

It will also enable tribes like Hopi, and their dental service providers, to improve the quality of oral health care among tribal members and expand the reach of the services to the most isolated and vulnerable populations. And it couldn't be happening at a more pressing time.

Kade L. Twist is affiliated with Highground Public Affairs Consultants in Phoenix and is providing consulting services to the Arizona Dental Association under the ADA Native American Oral Healthcare Project. A citizen of the Cherokee Nation of Oklahoma, Mr. Twist was a Sequoyah Fellow at the University of Oklahoma, where he was graduated with a BA in American Indian studies with an emphasis in tribal policy and economic development. He has 9 years of public affairs experience at the tribal, state, and federal levels, particularly in working with American Indian tribes and Native communities to advance their respective interests on issues pertaining to economic and community development, telecommunications, media, and healthcare. He is currently serving on the City of Tempe's Human Relations Commission.

The photos on page 24 are courtesy of Jeffrey M. Carolla, DDS, FAGD, CAPT-USPHS, Chief-Service Unit Dental Program, Hopi Health Care Center, Polacca, AZ.