



Expanding the Oral Health Workforce

A DENTAL THERAPY TOOLKIT FOR OKLAHOMA



The Southern Plains Tribal Health Board (SPTHB), established in 1972, is a 501(c)3 nonprofit organization based in Oklahoma City, Oklahoma. The SPTHB provides a unified voice for federally recognized Indian tribes in the Oklahoma City Indian Health Service Area, hereafter IHS OKC Area, and it's mission is to improve the health and quality of life for Native American people through cultural advocacy, education, outreach, and collaboration. The SPTHB is focused on building tribal relationships and working closely with the tribes in the area. In 45 years of serving Tribal Nations, SPTHB has given over \$80 million grant dollars back to our tribal communities through community health profiles, emergency management plans, data collection, education, substance abuse and suicide prevention, as well as supporting tribal public health initiatives across the **United States.**

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Executive Summary

The Native Oral Health Network (NOHN), established in 2017, is a program administered through the Southern Plains Tribal Health Board. NOHN is represented by tribes, tribal organizations, and others that connect around the vision of health, wellness, and quality of life through oral health advancement. With momentum and capacity building since 2017, NOHN now consists of over 120 members who bring over 31 unique areas of expertise. NOHN has collaboratively developed resources and partnerships that have strengthened efforts to improve the oral health of American Indians and Alaska Natives (AI/ANs).

Through SPTHB/NOHN's partnership and support from the National Indian Health Board Tribal Oral Health Initiative, the dental therapy workgroup presents this toolkit for your education, advocacy, and action.

This toolkit provides an overview of the oral health status of Al/ANs in Oklahoma, a consumer perspective on access and an expanded workforce, an explanation of the evidenced-based dental therapy provider model, and an introduction to implementation in Oklahoma. This provider model was designed for tribes by tribes to meet communities where they are, to ease dental anxieties and historical trauma connected with the dental office, and implement a community-based model that focuses on prevention and utilization of teledentistry in a culturally competent way. There are numerous ways to utilize this toolkit: Understand the barriers to care and solutions to poor oral health outcomes; familiarize yourself with the oral health status locally and nation-wide and consider the areas where we must do better for our people; challenge yourself to think beyond the mouth and consider all the ways that poor oral health impacts daily life. While a cliché, knowledge IS power. Use these facts to empower yourself and your community to advocate for change, to alter the narrative to our stories, and to remind the federal government of their legal responsibility to provide for the health of Al/AN communities.

The infographics in this toolkit can be used separately or together in your future advocacy efforts. To turn this toolkit and its information into action, share the information through social media, discuss the dental therapy provider model with your community members and leaders, and learn more about the oral health status of your area through the "Explore Your Area" tools. Visit www.nohn.spthb.org for more resources and to get involved.



We would like to thank our dental therapy workgroup members for their time, expertise, and mentorship that were essential to the successful completion of this project.

How to Use the Dental Therapy Toolkit



Learn more about the dental therapy provider model



Educate fellow community members and stakeholders on dental therapy



Research the oral health status of your community with the "Explore Your Area" tools







Share information and infographics from this toolkit on social media



Use this toolkit to advocate for dental therapy at the state legislature



Community Health Aide Program (CHAP) and Dental Therapy in Oklahoma

What is CHAP?

The Community Health Aide Program is a multidisciplinary system of federally certified focused providers in behavioral, community, and dental health working alongside licensed providers to offer patients increased access to quality care.

According to results from the "Survey of Oral Health Challenges and Solutions among the Native and General Population of Oklahoma"

🐴 NATIVE ORAL HEALTH

96%

92%

82%

Dental Therapy & CHAP

Dental therapists are highly trained, mid-level dental professionals. They are trained to perform routine and preventive procedures and services and work as an essential part of the dental care team. Dental therapists working under CHAP are known as dental health aide therapists (DHATs).



would <u>encourage</u> tribal or organizational leaders <u>to support dental therapy</u> as one solution to improve access to oral health care in their communities

believe members in their <u>community</u> would be willing to receive treatment from a dental therapist



Oral Health in Oklahoma Tribal Populations: Children Ages 1-15



AI/AN children age 6-9 years are three times more likely than White children to have untreated tooth decay* *According to the 2017-2018 IHS Oral Health Survey Data Brief



CHILDREN IN IHS OKC AREA AND U.S. GENERAL

DENTAL SEALANTS BY AGE GROUP AMONG CHILDREN IN IHS OKC AREA AND U.S. GENERAL



NATIVE ORAL HEALTH NETWORK

AI/AN adolescents are accessing dental services at a significantly lower rate than adolescents in the general U.S. population*

*Based on findings from the 2020 follow up to the 2013 IHS Oral Health Survey Brief

SOUTHERN PLAINS TRIBAL HEALTH BOARD

Oral Health in Oklahoma Tribal Populations: Adults Ages 35 and Older

PERCENTAGE OF ADULTS AGES 35 AND OLDER WITH UNTREATED DECAY, DEEP POCKETING, AND TOOTH LOSS DUE TO DECAY AND GUM DISEASE AMONG IHS OKC AREA AND GENERAL U.S. POPULATION



Periodontal disease is a form of gum disease wherein the tissues that hold teeth in place become infected.

NATIVE ORAL HEALTH

NETWORK

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PERCENTAGE OF ADULTS AGES 35 AND OLDER WITH ORAL PAIN AMONG IHS OKC AREA AND IHS NATIONWIDE POPULATIONS IN 2015



mouth, and avoiding certain foods due to pain. Poor or fair oral health can be the result of oral pain experienced by patients*

*Based on the 2015 IHS Adult Oral Health Survey



Dentist to Patient Ratio

for Indian Health Service, Oklahoma, and United States Populations



Why Look at the Dentist-to-Patient Ratio?

The dentist-to-patient ratio helps to understand the <u>access</u> <u>to care</u> for rural and urban populations as well as the <u>workload for dentists</u> in these communities.



Important Note

In 2006, only <u>0.12%</u> of dentists in the U.S. were American Indian/Alaska Native*

*According to a 2006 survey administered by the American Dental Association; this is the most up-to-date data available.



Concerns, Challenges, and Solutions for Oklahoma Communities

<u>Top 3 Oral Health</u> <u>Concerns for</u> <u>Communities</u>

- 1. Oral health services to rural populations
- 2. Lack of covered benefits for oral health services
 - 3. Decreasing oral health related ER/urgent care visits

Please Note: The following data is according to the results from the "Survey of Oral Health Challenges and Solutions among the Native and General Population of Oklahoma." This consumer-based survey was administered by the Native Oral Health Network and Southern Plains Tribal Health Board

> If you would like to read the methods, analysis, and limitations to this survey, please click <u>here</u> to download the complete report.



<u>Challenges and</u> <u>Solutions</u>



Stated <u>costs of dental care</u> was one of the biggest barriers/challenges for improving oral health in their communities

61%

Suggested <u>expanded scope of</u> <u>practice</u> for dental hygienists would help address shortage of providers in Oklahoma



Suggested <u>expanded dental</u> <u>workforce</u> would help address shortage of providers in Oklahoma

SOUTHERN PLAINS TRIBAL HEALTH BOARD

A Closer Look at the Barriers, Challenges, and **Opportunities** in Oklahoma Communities

Qualitative results from the "Survey of Oral Health Challenges and Solutions among the Native and General Population of Oklahoma"

Introduction

The Southern Plains Tribal Health Board (SPTHB) conducted a survey to assess oral health concerns, attitudes, experiences, and possible solutions to care access and health disparities among Tribal and non-Tribal communities in Oklahoma.

Results

Key themes of the qualitative data included community, concerns, and solutions. Respondents illustrated a need for more education on oral health and role of dental therapists. Respondents noted lack of specialty services due to workforce shortage or lack of access and some suggested family or general practitioners be trained in basic oral health to increase access to services.

Conclusion

Further discussion and consultation towards solutions to workforce shortages is necessary. Removing barriers to oral health care requires partnerships that include consumers and communities most affected by gaps in the oral health care delivery system.



Methods

A cross-sectional survey was administered online and consisted of quantitative and qualitative openended questions. Data collection was from February 1 to March 8, 2021.The qualitative data were analyzed by assessing themes in the open-ended response questions.



Expanded Dental Team

An expanded dental team increases access to care, builds community trust with the dental team, and promotes community outreach.





Did You Know?

Dental therapists are required to work under the supervision of a dentist



When DT provides basic services (ex. Fillings and sealants), dentists are able to offer more complex services (ex. Crowns, root canals, and implants).

Dental therapists are excellent providers to offer community-based care (Head Starts, home visits, elder care, school based programs, Meals on Wheels, community events), education, and outreach





Dental therapy education programs are required to be a minimum of three academic years and DTs receive in-depth education in their scope of practice

Dental therapy has been working in other countries around the world for over a century and is now an established profession in over 50 other countries





Dental therapists have been working successfully in the United States since 2004, and 13 states have now authorized dental therapy

Dental therapists create a more efficient dental team, and this brings value to clinics and offices in both rural and urban settings





CODA Accredited Dental Therapy Program

Check out an example of the dental therapy education at the Ilisagvik College

A.A.S. Dental Health Therapy –Curriculum (72 credit hours)									
			YEA	P 1					
Summer Semester (6)		Fall Semes					s	pring Semester (14)	
DHAT 101 Intro to Dental Therapy I	3	BIOL 100 Human Biology		-,	4	DHAT 135		/. Diag. & Treatmt Plan. I	2
MATH 116 Mathematics in Healthcare	3	DHAT 152 Anat, Phys, Path,	Head	&Neck	2	DHAT 130	Col	mmunity Oral Hlth Ed I	1
		DHAT 153 Basic Restorative	Func	tions	2	DHAT 125	ΒO	p. Dent.Therap.Tech. Mod B	1.5
		DHAT 151 Behav. Sc: Tobac	cco Ad	ldiction	1		_	al Anesthesia	1
		DHAT 154 Cariology/Min Inv			1			nav. Sc: Oral Hith Ed I	1
		DHAT 125A Op. Dent. Thera		n. Mod A	1.5			o to Dental Therapy II	1.5
		DHAT 111 Dental Therapy L	ab I		2			ntal Therapy Lab II	2
		DHAT 160 Infection Control			0.5	DHAT 161	Infe	ection Control Lab I	1
	ENGL 111 Intro to Academic Writing 3			3					
		-	YEA	R 2					
Summer Semester (6)		Fall Semester (12) Spring		Spring Semester (14) Summer Semester (6)					
DHAT 251 Pharmacology	0.5	DHAT 221 Prof. DHAT Practice I	0.5	COMM 131 F Communicat		of Oral	3	DHAT 201 D Adv. Dent. Therapy, Mod D	1
DHAT 235 Adv.Diag. & Treatmt Plan. II	1	DHAT 201B Adv. Dent. Therapy, Mod B	1.5	DHAT 201C Therapy, Mo		Dent.	2	DHAT 211 D Adv. Dent. Ther. Clinic, Mod D	4
DHAT 156 Hygiene & Periodontology	1	DHAT 211B Adv. Dent. Ther. Clinic, Mod B	4.5	DHAT 211C Ther. Clinic,			4	DHAT 232 Community Oral Hith Ed III	0.5
DHAT 262 Infection Control Lab II	0.5	DHAT 242 Community Clinic. Rotations I	3	DHAT 263 In Lab III	fectio	on Control	1	DHAT 222 Prof. DHAT Practice II	0.5
DHAT 201A Adv. Dent. Therapy, Mod A	1	DHAT 241 Behav. Sc: Oral Hith Ed II	0.5	DHAT 243 Community 3 Clinic. Rotations II					
DHAT 211A Adv. Dent. Ther. Clinic, Mod A	. 2 DHAT 231 Community Oral 2 INU 118 Topics in Inupiaq 1 HIth Ed II Studies – Intro to Inupiaq Ianguage and culture								

As of March 2022, the Ilisagvik College in Utqiagvik, Alaska has the only accredited dental therapy program in the U.S.*

*The Commission on Dental Accreditation (CODA) established accreditation standards for dental therapy in 2015.

Click here to read more about the CODA accreditation standards.



Dental Therapists Build Trust in Communities

Empowering Community Members



Dental therapists increase access to preventive services

Improved oral health outcomes (2017 Chi et al.)

Dental therapists are trained to provide minimally invasive and noninvasive dental care which is shown to be highly effective at improving health while also providing care that improves patient comfort. (2019 Chi et al.)





How Does Dental Therapy Expand Access to Care for **Rural Residents?**

Let's Look at **Minnesota!**

43% of Dental Therapists in MN have a primary location outside of the Twin Cities metropolitan area

residents

Mobile equipment and teledentistry technology has

allowed dental therapists to bring care to rural MN

18,000+

patients were served by dental therapists employed by the Children's Dental Services (CDS) through 600 sites across across MN

In 2018, CDS's executive director stated that of the over 18,000 patients cared for by dental therapists, 47% of those patients have been served in portable, satellite sites; 32% in rural MN. Click here to read the full presentation





According to the Minnesota Board of Dentistry's licensee database, there are 117 dental therapists with active licenses in Minnesota.*

*As of January 2022

Dental therapists in MN are able to work under general supervision to bring care to community centers, schools, Head Starts, veteran's homes, and long-term care facilities in rural areas.

A joint MN Board of Dentistry and MN Department of Health report found dental therapists were increasing access and reducing travel and wait times. Click here for the full report

CDS is a nonprofit clinic headquartered in the Twin Cities. Through the cost-effectiveness of hiring dental therapists, they have grown from one clinic in Minneapolis to over 600 across MN. CDS currently employs seven dental therapists.





ATIVE ORAL HEALTH

NETWORK

SOUTHERN PLAINS

RIBAL HEALTH BOARD



NATIVE ORAL HEALTH

NETWORK

Oklahoma Oral

Solutions:

1. Advocate for Medicaid adult dental benefits 2. Advocate for coverage and reimbursement for teledentistry

3. Advocate for uptake and utilization of available oral health CPT codes within all $I/T/U^*$ health systems. *Indian Health Service/Tribal/Urban

Solutions:

1. Advocate for coverage, reimbursement, technical support, and utilization of teledentistry services 2. Advocate for coverage and reimbursement for transportation options to oral health care providers. 3. Advocate for the continued and expanded recruitment and retention of oral health care professionals within I/T/U health systems.

Solutions:

1. Advocate for addition/expansion of scopes of practice for oral health care providers. 2. Advocate for the continued and expanded recruitment and retention of oral health care professionals within I/T/U health systems. 3. Support I/T/U representation on the Oklahoma Dental Board.

SOUTHERN PLAINS TRIBAL HEALTH BOARD

Oklahoma Oral Health Report Card 2020 State Score: **1**



The Oklahoma Oral Health Coalition is a collaboration of organizations and individuals committed to impacting the oral health of Oklahomans.

We created this report card to illustrate the gravity of the oral health problem in our state. Working together, we can improve these grades and the oral wellness of Oklahomans.

	INDICATOR	GRADE
	CHILDREN: ENROLLED IN MEDICAID	
1	16% of ages 1-2 received a preventive dental care visit	E
2	49% of ages 3-5 received a preventive dental care visit	C
3	49% of ages 1-20 received a preventive dental care visit	C
4	10% of ages 6-14 received dental sealants on permanent molars	(\mathbf{E})

	CHILDREN: GENERAL POPULATION	
5	72% of ages 1-17 received one or more dental visits last year	(
6	66% of third graders have caries experience (treated or untreated tooth decay)	E
7	25% of third graders have dental sealants on permanent molars	E

	ADULIS	
8	58% of ages 18-64 visited the dentist in the last year	
9	43% of ages 65+ have lost six or more teeth due to tooth decay or gum disease	0
10	21% of ages 65+ have lost all of their natural teeth due to tooth decay or gum disease	T
11	35% of pregnant women had their teeth cleaned during pregnancy	E

GENERAL POPULATION 70% of Oklahomans have access to fluoridated water (natural or adjusted) 12

40% of needs were met in Dental Health Provider Shortage Areas

For a PDF containing sources
and details, go to oohc.org

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Development and Underwriting by

△ DELTA DENTAL[®]



C

Oklahoma

Oral Health

Coalition

CRADE

Oklahoma Oral Health Report Card 2020 Comparison Chart

	CHILDREN: ENROLLED IN MEDICAID	DESIRED TREND	OK %	US %	% DIFFERENCE	POINTS	GRADE
1	% of ages 1-2 received a preventive dental care visit	Ť	15.9	26.2	48.9 worse	0	F
2	% of ages 3-5 received a preventive dental care visit	Ť	48.6	51.8	6.4 worse	2	С
3	% of ages 1-20 received a preventive dental care visit	Ť	48.9	48.1	1.6 better	2	С
4	% of ages 6-14 received dental sealants on permanent molars	Ť	10.1	15.4	41.6 worse	0	F
	CHILDREN: GENERAL POPULATION						
5	% of ages 1-17 received one or more dental visits last year	÷	72.4	80.2	10.2 worse	1	D
6	% of third graders have caries experience (treated or untreated tooth decay)	÷	66.0	51.6	24.5 worse	0	F
7	% of third graders have dental sealants on permanent molars	Ť	25.2	38.2	41.0 worse	0	F
	ADULTS						
8	% of ages 18-64 visited the dentist in the last year	Ť	58.2	65.7	12.1 worse	1	D
9	% of ages 65+ have lost six or more teeth due to tooth decay or gum disease	÷	43.0	36.0	17.7 worse	1	D
10	% of ages 65+ have lost all of their natural teeth due to tooth decay or gum disease	ŧ	21.4	14.4	39.1 worse	0	F
11	% of pregnant women had their teeth cleaned during pregnancy	t	35.3	46.3	27.0 worse	0	F
	GENERAL POPULATION						
12	% of Oklahomans have access to fluoridated water (natural or adjusted)	Ť	69.6	72.8	4.5 worse	2	с
13	% of needs were met in Dental Health Provider Shortage Areas	†	40.1	29.2	31.5 better	4	A
	US COMPARISON				1	D	

Method

The 13 indicators were chosen based on the following characteristics:

- Recent data are available
- The indicator shows change over time
- The indicator increases awareness of the importance of oral health
- The indicator is meaningful for advocacy and education efforts
- The data examine demographic characteristics
- The indicator is tracked at the national level as well as state level for comparison

The data percentages were turned into number/letter scores by comparing the Oklahoma data to national data. This national comparison grade was determined using the percentage difference between the Oklahoma and US data percentages. The following percentage difference formula was used to calculate the relative difference between Oklahoma's percentages and the national percentages:

$\frac{ V_1 - V_2 }{\left\lceil (V_1 + V_2) \right\rceil} \times 100$	 Percent difference of Oklahoma from National 	$V_1 = OK per V_2 = US per C$
_ 2 _		

Based upon the desired trend of the indicator, the percentage difference is classified as either "better" or "worse" than the national average. The percentage difference was then converted into a numerical point value and letter grade using Table 1. The points for all 13 indicators were averaged to create a total point value for Oklahoma. That point total was placed on the 4.0 scale (Table 2) to convert the point total to an overall letter grade.

For a PDF of this document containing sources and comments, go to oohc.org



Table 1				
Grade	Points	Criteria		
A	4	20%+ better than US		
В	3	10.1 - 19.9% better than US		
С	2	0 - 10% change from US		
D	1	10.1 - 19.9% worse than US		
F	0	20%+ worse than US		

rcentage rcentage

Table 2 Letter Grade 4.0 Scale 4.0 A-3.7 B+ 3.3 3.0 В 2.7 B-C+ 2.3 2.0 С C-1.7 1.3 D+ D 1.0 D-0.7 0.0

OOHC thanks the Texas Oral Health Coalition for sharing their indicator and methodology



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US Source: Centers for Medicare and Medicaid Services Annual EPSDT Participation Report – Form 416 (National), Fiscal Year 2018. [retrieved[1/24/2020] https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

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US Source: Centers for Medicare and Medicaid Services Annual EPSDT Participation Report – Form 416 (National), Fiscal Year 2018. [retrieved[1/24/2020] https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

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US Source: Bureau of Health Workforce Health Resources and Services Administration (HRSA) U.S. Department of Health & Human Services. Designated HPSA Quarterly Summary as of December 31, 2019. [retrieved 1/24/2020] URL: https://data.hrsa.gov/topics/health-workforce/shortage-areas



National Resources on Dental Therapy

Videos and Webinars
Dental Therapy is a Free Market Issue- Community Catalyst Video Blog Post
Dental Therapy Policy Trends- Community Catalyst Video Blog Post
Dental Therapy: Bringing Care to People in the Community- Community Catalyst Video Blog
Dental Therapy: An Economic Analysis- Community Catalyst Video Blog
Adding Dental Therapists to the Dental Team- Community Catalyst Video Blog
Dental Therapy: The Basics- Native Oral Health Network Video
Tribal Innovations for Improving Access to Oral Health Care- Native Oral Health Network Video

Further Considerations for Dental Therapy in Oklahoma- Native Oral Health Network Video

Posteko
Factshee
Dental Therapy Fact Sheets- National Indian Health Board
Toolkits and
Oral Health Policy Equity Tool- Community Catalyst
Dental Therapy Start Up Guide for Tribal Leaders- Nationa
Dental Therapy Program Toolkit- Kauffman & Associates
Dental Therapy Toolkit: Dental Therapy Matters- W.K. Kell
Dental Therapy Toolkit: Dental Therapists and Advanced
Dental Therapy Toolkit: A Resource for Potential Employe
Report
The Contributions of Dental Therapists and Advanced De Tree Dental in Minnesota
10 Years of Data Show Dental Therapists Boost Productiv

<u>Collaborating to Improve Oral Health in Oklahoma</u>

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National Resources on Dental Therapy (cont.)

Research Articles	
Dental Therapists linked to improved dental outcomes for Alaska Native communities in the Yukin- Kuskokwim delta (Dr. Chi 2018)	
Dental Therapists: Improving Access to Oral Health Care for Underserved Children	

Other Resources

Tribal Community Health Provider Project

Dental Therapist National Standards Report and Model Act

Dental Therapist Model Rules

Texting messages about Dental Therapy (Community Catalyst

Statewide Survey of Washington Voters on Dental Therapy Legislation (Community Catalyst)

The Pew Charitable Trusts and Harvard Dental School Dental Access Survey (Community Catalyst)

Surveys on Dental Therapy for Community Members and Tribal Leaders and Health Directors (National Indian Health Board)



I KUUDD

Organizations Endorsing Dental Therapy

Alaska Native Tribal Health Consortium AllCare Health (OR) Alliance for a Healthy Washington American Dental Hygienists' Association American Dental Therapy Association American Institute of Dental Public Health American Public Health Association Arizona Oral Health Coalition Asian Pacific Community in Action (AZ) Asian & Pacific Islander American Health Forum Australian Dental and Oral Health Therapists Association Baptist Health (FL) Bay Mills Community College (MI) The Bingham Program (ME) Bond Community Health Center, Inc. (FL) California Pan-Ethnic Health Network California Rural Indian Health Board Capitol Dental Care (OR) Carolyn Brown and Associates, Inc. Catalyst Miami CEConsultants Center for Medicare Advocacy Central Florida Health Care Chicanos Por La Causa (AZ) Children's Alliance (WA) Children's Action Alliance (AZ) Children's Dental Services (MN) Children's Forum (FL) Children's Health Alliance of Wisconsin CHI St. Joseph's Health (MN) CHX Technologies Citizen Action of Wisconsin Clintonville-Beechwold Community Resources Center (OH) Community Action Partnership of North Dakota The Connecticut Oral Health Initiative, Inc. Consumers for Affordable Health Care (ME) CQUniversity Australia DentiCare Dental Surgery **Detroit Community Solutions** DFXCI

Dientes Community Dental Care (CA) Disability Rights Vermont Eastern Washington University, Department of Dental Hygiene EveryStep (IA) Faith in Action Network Family Voices of North Dakota Florida Association of Community Health Centers Florida Dental Hygienists' Association Florida Legal Services, Inc. Florida Policy Institute Florida Public Health Association Florida Rural Health Association Florida Voices for Health Florida's Children First Floridians for Dental Access Great Lakes Community Action Partnership (OH) Greater Tampa Bay Oral Health Coalition Health Action New Mexico Health Care For All (MA) Health Council of East Central Florida Health Equity Solutions (CT) Healthier Colorado HealthPartners (MN) Highland County Community Action Head Start/Early Head Start (OH) l isaġvik College (AK) Intercommunity Justice and Peace Center (OH) Jacksonville Urban League The James Madison Institute (FL) The JAYCEE Alliance of Rhode Island Justice in Aging W.K. Kellogg Foundation Kentucky Voices for Health Kids Forward (WI) Klamath Basin Oral Health Coalition (OR) Louisiana Dental Hygienists' Association Louisiana Head Start Association Lower Elwha Dental Clinic (WA) Maniilag Association

Marshall University, Department of Family & Community Health (WV) Marvland Citizens' Health Initiative Mendocino County HHSA, Public Health, Community Wellness (CA) Metropolitan State University (MN) Miami Dade College Michigan Council for Maternal and Child Health Michigan Primary Care Association Minnesota Community Care Minnesota Dental Hygienists' Association Minnesota Dental Therapy Association Minnesota State University, Mankato MomsRising National Congress of American Indians National Network of Healthcare Hygienists National Rural Health Association Native American Connections (AZ) Native American Youth & Family Center (OR) NC Child Nevada Dental Hygienists' Association New Jersey Dental Hygienists' Association New Mexico Voices for Children New Mexico Oral Health Coalition North Dakota Nurses Association North Dakota Public Health Association North Florida Medical Centers, Inc. Northern Arizona University Northwest Health Law Advocates (WA) Office of the Health Care Advocate, Vermont Legal Aid Ohio Association of Foodbanks Ohio Dental Hygienists' Association Ohio Public Health Association Oklahoma Policy Institute Oneida Nation Oral Health Connections - Mary Kelly, LLC Orapuh, Inc. Oregon Dental Hygienists' Association Oregon Oral Health Coalition **Oregon School-Based Health Alliance** Pacific University (OR) Palms Medical Group (FL) The Pew Charitable Trusts Premier Community HealthCare (FL) Rocky Mountain Tribal Leaders Council Santa Fe Group

Senior Charity Care Foundation (UT) Shared Harvest Foodbank (OH) Shawnee Mental Health Center, Inc. (OH) Side Effect Support LLC Soft Smiles, LLC South African Dental Therapy Association Southern Arizona Oral Health Coalition Southern Plains Tribal Health Board Southern Vermont Area Health Education Center Southside Community Health Services (MN) Southwest Women's Law Center (NM) Statewide Poverty Action Network (WA) Strategic Concepts in Organizing and Policy Education (CA) Suncoast Community Health Centers, Inc. (FL) Suwannee River Area Health Education Center (FL) Swinomish Dental (WA) Tacoma Healing Awareness Community Tender Mercies, Inc. (OH) Toothbrush Pillow, LLC Tooth BUDDS, Inc. (AZ) Totem Concepts LLC UHCAN Ohio Universal Health Care Action Network of Ohio Utah Health Policy Project Vermont Technical College Virginia Coalition of Latino Organizations Virginia Dental Hygienists' Association Voices for Vermont's Children Washington Dental Hygienists' Association Wayne County Oral Health Coalition (MI) WellFlorida Council West Central Initiative (MN) West Ohio Food Bank West Virginians for Affordable Health Care Wisconsin Dental Hygienists' Association

Wisconsin Oral Health Coalition

Explore Your Area

Health Provider Shortage Areas: Find out if your county is a Designated Health Provider Shortage Area (HPSA). HPSAs are designated by the Health Resources and Services Administration.	Website: https://data.hrsa.gov/tools/sh ortage-area/hpsa-find
Census Demographics: Find out demographic information for your county or city/town with the Census navigation tool. Demographic information that can be found with this tool includes race, education, and income.	Website: <u>https://data.census.gov/cedsc</u> i/table?q=United%20States
Water Fluoridation: Check out your community's water fluoridation status with My Water's Fluoride from the Centers for Disease Control and Prevention	Website: https://nccd.cdc.gov/DOH_M WF/Default/Default.aspx
Area Health Resource Files (AHRF): Explore data on providers, health facilities, population characteristics, health professions trainings, and more in your county with the AHRF from the Health Resources and Services Administrations.	Website: https://data.hrsa.gov/topics/h ealth-workforce/ahrf

SOUTHERN PLAINS TRIBAL HEALTH BOARD

Share on Social Media

How to share this toolkit:

Example Text

Many states across the country are incorporating the evidence-based dental therapy model to improve the health of their communities. To learn more about dental therapy and how it can benefit Oklahomans and Oklahoma tribes, download "Expanding the Oral Health Workforce: A Dental Therapy Toolkit for Oklahoma" at [link]. Dental therapy has helped expand access to care and

improved health in underserved communities. To learn more about dental therapy and how it can benefit Oklahomans, download "Expanding the Oral Health Workforce: A Dental Therapy Toolkit for Oklahoma" at [link].

Hashtags

#ForTribesByTribes **#DentalTherapyforOKTribes #DentalTherapyforOK #TribalSovereignty**

Be sure to follow the Native Oral Health Network on social media.

NATIVE ORAL HEALTH





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