



## The Oral Health Crisis Among Native Americans

Native Americans suffer from the poorest oral health of any population in the United States, with staggering rates of untreated tooth decay among children and untreated decay and gum disease among adults.

4x

Preschool-aged Native American children had four times more cases of untreated tooth decay than white children—43 percent compared with 11 percent.<sup>1</sup>

68%

68 percent of Native Americans ages 35 to 44 had untreated decay in 1999, the most recent year for which nationwide data are available. This is more than twice the 2011 rate of 27 percent among all adults in the U.S. Forty-three percent of Native Americans in this age group had both untreated decay and periodontal disease.<sup>2</sup>



97%

97 percent of adults on the Pine Ridge Reservation in South Dakota—one of the largest in the country—had untreated decay in 2011, and 68 percent had gum disease.<sup>3</sup>

### **Support for oral health in tribal communities is limited**

\$99

The U.S. Indian Health Service spent an average of only \$99 per person on dental care in 2009, compared with average per capita spending of \$272 nationwide.<sup>4</sup>

2.4  
Million

Native Americans suffer from poor oral health in part because of a lack of available dentists: In 2014, more than 2.4 million Native Americans lived in counties with dental care shortage areas, and half of all Native American children lived in a shortage area.<sup>5</sup>



## Dental health aide therapists successfully expand access to oral health care

Since 2004, Alaska Native tribal governments have used midlevel dental providers to address the dental care needs in their communities. Dental health aide therapists (DHATs) provide preventive and routine restorative care, such as filling cavities and performing uncomplicated extractions. DHATs train for two years and can work in the same location as their supervising dentist or in remote locations, with supervision and consultation provided by the dentist using telehealth technology. This makes it easier to provide continuity of care and oral health education in rural villages, often DHATs' home communities. But before they can be certified to practice offsite, DHATs must gain at least three months of additional clinical experience under the direct supervision of a dentist.

More than 40,000 Alaska Native people living in 81 previously unserved or underserved rural communities have regular access to dental care thanks to the addition of DHATs to dentists' teams.<sup>6</sup> No malpractice claims have ever been filed against a DHAT.<sup>7</sup>

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## Dental health aide therapists are a cost-effective solution

Because DHATs perform only a small number of the most commonly needed routine procedures, their rigorous training can be completed in two years.<sup>8</sup> They also earn lower salaries than dentists, which allows tribal dental clinics to care for more patients, in an affordable way, while enabling dentists to focus their efforts on more complex needs and procedures.<sup>9</sup> In one case study, two DHATs generated more than \$216,000 in estimated net revenue after accounting for employment costs, including full-time dental assistants.<sup>10</sup> This frees up resources that can be reinvested in clinics and in expanded services.

## Endnotes

- 1 Kathy R. Phipps and Timothy L. Ricks, "The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey" (Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service, 2015), accessed June 23, 2015, [http://www.ihs.gov/doh/documents/IHS\\_Data\\_Brief\\_1-5\\_Year-Old.pdf](http://www.ihs.gov/doh/documents/IHS_Data_Brief_1-5_Year-Old.pdf). These figures refer to the 2014 IHS oral health survey of American Indian and Alaska Native children ages 1-5 and the National Health and Nutrition Examination Survey (NHANES), 1999-2002.
- 2 *An Oral Health Survey of American Indian and Alaska Native Dental Patients: Findings, Regional Differences and National Comparisons* (Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service, 1999), accessed June 23, 2015, [http://dhss.alaska.gov/dph/wcfh/Documents/oralhealth/docs/Oral\\_Health\\_1999\\_IHS\\_Survey.pdf](http://dhss.alaska.gov/dph/wcfh/Documents/oralhealth/docs/Oral_Health_1999_IHS_Survey.pdf); Bruce A. Dye et al., "Dental Caries and Tooth Loss in Adults in the United States, 2011-2012" (data brief, no. 197, Hyattsville, MD: National Center for Health Statistics, 2015), <http://www.cdc.gov/nchs/data/databriefs/db197.pdf>. The last time IHS conducted a national survey of Native American adult oral health was 1999. More recent data on oral health status exist for individual tribes.
- 3 Terry Batliner et al., "An Assessment of Oral Health on the Pine Ridge Indian Reservation," W.K. Kellogg Foundation (2011), <http://www.wkkf.org/news-and-media/article/2011/11/study-of-oral-health-on-the-pine-ridge-indian-reservation>.
- 4 *The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children* (Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service, 2014). <http://www.ihs.gov/DOH/documents/IHS%20Oral%20Health%20Report%2004-17-2014.pdf>. These figures refer to IHS fiscal year 2011 data and Medical Expenditure Panel Survey Household Component Data, 2009.
- 5 Center for Native American Youth at the Aspen Institute, "Oral Health and Native American Youth" (September 2014), <http://www.aspeninstitute.org/sites/default/files/content/docs/cnay/Oral-Health-and-Native-American-Youth.pdf>.
- 6 Alaska Native Tribal Health Consortium, *Opening Doors to Better Health: 2014 Annual Report*, <http://www.anthctoday.org/about/documents/2014AnnualReport.pdf>.
- 7 *Early Impacts of Dental Therapists in Minnesota* (report to the Legislature, Minnesota Department of Health and Minnesota Board of Dentistry, 2014), <http://www.health.state.mn.us/divs/orhpc/workforce/dt/dtlegisrpt.pdf>.
- 8 Scott Wetterhall et al., "Evaluation of the Dental Health Aide Therapist Workforce Model in Alaska," RTI International (2010), <https://www.rti.org/pubs/alaskadhatprogramevaluationfinal102510.pdf>.
- 9 The Pew Charitable Trusts, *Expanding the Dental Team: Studies of Two Private Practices* (February 2014), <http://www.pewtrusts.org/en/research-and-analysis/reports/2014/02/12/expanding-the-dental-team>.
- 10 The Pew Charitable Trusts, *Expanding the Dental Team: Increasing Access to Care in Public Settings* (June 2014), [http://www.pewtrusts.org/-/media/Assets/2014/06/27/Expanding\\_Dental\\_Case\\_Studies\\_Report.pdf](http://www.pewtrusts.org/-/media/Assets/2014/06/27/Expanding_Dental_Case_Studies_Report.pdf).

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## For further information, please visit:

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**Contact:** Michelle Mendes, senior associate, communications

**Email:** [mmendes@pewtrusts.org](mailto:mmendes@pewtrusts.org)

**Project website:** [pewtrusts.org/dental](http://pewtrusts.org/dental)

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