ARIZONA AMERICAN INDIAN ORAL HEALTH INITIATIVE

Arizona Tribal Oral Health Legislative Forum Report

August 27-28, 2015
Twin Arrows Casino Resort

Sponsored by

DentaQuest FOUNDATION

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Executive Summary

On August 27-28, 2015, the Arizona American Indian Oral Health Initiative (AAIOHI) and the Advisory Council on Indian Health Care (ACOIHC), with the support and funding from the DentaQuest Foundation, hosted the ***Arizona Tribal Oral Health Legislative Forum*** at the Twin Arrows Casino Resort in Flagstaff, Arizona. The purpose of the forum was to strengthen public policy and legislative engagement in Arizona specific to the American Indian population, to increase participation of tribes in the legislative process and to provide advocacy resources to improve oral health outcomes in the areas of oral health workforce development, health care coverage, and prevention.

Interactive roundtable discussions sparked lively conversations among participants as they absorbed the information presented and shared their experiences in oral health delivery, administration, advocacy, prevention, education and research. The challenges from the attendees were summarized and the opportunities and strengths were incorporated into the following key policy recommendations:

Key Recommendations for Oral Health Workforce Development

1. Support Education and Training of American Indians as Dental Providers
2. Strengthen the Oral Health Care Delivery Model
3. Expand the Types of Oral Health Service Practitioners
4. Improve Recruitment and Retention of Oral Health Providers

Key Recommendations for Oral Health Care Coverage

1. Expand Medicaid Dental Coverage to Adults
2. Improve Dental Insurance Literacy
3. Increase Revenue Generating Opportunities
4. Cover (Fund) Oral Health Literacy for Other Health Care Providers

Key Recommendations for Preventative Oral Health

1. Fund Preventative Oral Health Services
2. Increase Oral Health Literacy
3. Provide School Based Services

Despite federal (and sometimes state) laws and regulations, Indian Tribes, unlike local cities, towns and municipalities, have the ability to leverage their tribal sovereignty and exercise their self-determination to design models that are targeted, culturally appropriate, and effective towards improving its oral health workforce, coverage, and preventative services. AAIOHI with the leadership of the Statewide Executive Committee (SEC) plans to use this information to develop an advocacy agenda that reflects the short-term and long-term oral health goals and priorities necessary to improve the oral health conditions for American Indians in Arizona. AAIOHI plans to continue to work with the stakeholders who participated in this legislative forum to develop or support local, state or federal efforts that align with improving oral health for American Indian people in Arizona.

Introduction

The Arizona American Indian Oral Health Initiative (AAIOHI) and the Advisory Council on Indian Health Care (ACOIHC) convened the ***Arizona Tribal Oral Health Legislative Forum***, at the Twin Arrows Casino Resort in Flagstaff, Arizona on August 27-28, 2015. This two-day event was funded and supported by the DentaQuest Foundation; it brought together over 75 professionals, tribal leaders, tribal health officials and representatives, dental providers, Indian Health Service (IHS) administrators, Arizona legislators, and other oral health stakeholders to focus on potential legislative efforts directed at improving the oral health status of Arizona's American Indian (AI) population.

The purpose of this forum was to examine and strengthen oral health legislative and policy development in Arizona that is specific to the AI population, to increase participation of tribes and tribal members in the legislative process and to provide advocacy resources and support for improved oral health outcomes. The three primary focus areas for this forum were the following:

- Oral Health Workforce Development
- Oral Health Care Coverage
- Oral Disease Prevention

Throughout the two days, participants addressed the challenges of the oral health workforce, insurance coverage and prevention efforts. They then discussed potential solutions towards strengthening these critical areas in an effort to improve access to care in Arizona's American Indian reservations and communities. The gathering also identified the need for basic information on oral health data necessary to ensure the current evidence reflects the actual need and demand for oral health care.

Background

In early 2015, the Indian Health Service (IHS) released three summarized 2014 Data Briefs on Early Childhood Caries taken from a nationwide survey of American Indian and Alaska Native (AI/AN) school-aged children. Key findings in those reports were:

- More than half of AI/AN children (54%) between 1-5 years of age have experienced tooth decay.[1]
- AI/AN preschool children have the highest level of tooth decay of any population group in the US, which is more than 4 times higher than White non-Hispanic children.[1]
- Eight out of 10 (83%) AI/AN children between 6-9 years of age had a history of tooth decay in their primary or permanent teeth, compared to 45% of children in the general U.S. population.[2]
- Over half of 13-15 year-old AI/AN dental clinic patients (53%) had untreated tooth decay, while 38% of the 13-15 year old AI/AN students experienced untreated tooth decay. This compares to 11% of 13-15 year-old children in the general U.S. population (NHANES, 2009-2010) and a Healthy People 2020 target of 15%. [3]

The data from these reports indicates AI/AN children are not receiving the oral health care that is necessary to prevent tooth decay. Data for AI/AN adult populations show that 68% of AI/AN adults ages 35-44 had untreated decay, twice the national average. More data is necessary to better understand the state of oral health for AI/AN populations. Current data is limited and in some cases

non-existent. IHS data is broken down by area office and is not Tribe specific. Statewide data groups together the entire AI population and little to no information is available or shared with each specific Tribe. As a result, the AAIOHI and ACOIHC felt the need to bring Tribal leaders of Arizona together not only to share these staggering statistics, but also to provide a context for discussions with elected officials and people at the tribal, state and federal level. This gathering was an important step towards addressing the oral health crisis in Arizona's American Indian population.

Summary of Forum Sessions

The two-day forum began with presentations focused on the state of oral health, the oral health workforce, access to oral health coverage, and advocacy. A summary of the sessions are below (see Appendix A for copy of the agenda). Copies of the presentations can be found at AAIOHI.org.

The Importance of Policy and Legislative Formulation: Senator Carlyle Begay, Arizona Legislative District 7

Senator Begay set the tone by addressing participants on the importance of tribal representation and participation in the formulation process of policies and laws from beginning to end. He encouraged tribal leaders to engage with their local, state and federal representatives to elevate oral health as a priority. Senator Begay discussed his work with the Department of Education where he has helped to develop an early workforce pipeline for elementary students to become interested in health professionals, a "grow your own" model approach.

The State of Oral Health: Ronald Toepke, DDS, Dental Director, Pascua Yaqui Dental Center

Dr. Ronald Toepke discussed his experiences working with the Pascua Yaqui Dental Center. He discussed his positive experience working with the Pascua Yaqui Tribe's clinic, which had invested a significant amount of money towards improving dental services for their citizens. He also covered the common oral health issues that affect tribal members such as early tooth decay in young children, the increasing rate of gum disease and periodontal disease (which has significantly higher rates within diabetic populations), the increased incidence of tooth loss, and the challenge of missed appointments from patients. His presentation shared information about their efforts to improve access to dental care via extending opportunities to train dental hygienists and dental students, and Community Dental Health Coordinators (CDHCs) through agreements with local colleges and universities.

Tribal and Oral Health Data Report: Dan Huber, DDS, Phoenix Area Indian Health Service

Dr. Dan Huber shared data from the recently released 2014 Indian Health Service Oral Health Survey which included results from the nationwide oral health survey on school aged children. The report summarized data on American Indian children, the high rates of tooth decay, and the lack of dental sealants in these populations. Dr. Huber covered other data trends and the current IHS surveying methods of clinics and hospitals, such as the Government Performance Reporting Audit (GPRA). He informed forum participants on the process to request local oral health data and creating regional specific community health profiles.

Oral Health Care Coverage: Alida Montiel, Health Systems Director, InterTribal Council of Arizona, Inc.

Ms. Alida Montiel discussed current health care insurance coverage options available for American Indians on the federal and Arizona state level. Ms. Montiel covered basic health insurance terminology, eligibility determination, types of insurance coverage, and provided an overview of the oral health provisions currently impacting tribes. She also updated participants on key consumer protections provided by the Affordable Care Act and changes to the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid program utilized by many American Indians.

The Oral Health Workforce in Indian County: Kim Russell, Executive Director, Advisory Council on Indian Health Care & Caitrin McCarron Shuy, Director of Congressional Relations, National Indian Health Board

Ms. Kim Russell's presentation focused on the changes to the oral health workforce that have ensued over the past legislative year in Arizona. Several of these changes were included in Senate bill 1282, which passed the State Legislature this past session, and included the expansion of the current scope of work for some oral health professions (i.e. Affiliated Practice Dental Hygienists, Expanded Function Dental Assistants); and the recognition of Teledentistry throughout Arizona, which will help improve oral health access to the rural areas of Arizona. Ms. Russell also discussed Health Professional Shortage Area designations that are developed by the Arizona Department of Health Services, which include all Arizona tribes.

Ms. Caitrin Shuy discussed the Dental Health Aide Therapist (DHAT) model, an innovative solution that expands the traditional dental health team. The DHAT model has been successful in Alaska over the past ten years. It has trained villagers to become mid-level practitioners, which allows expansions to their scope of practice beyond a dental hygienist under the supervision of a dentist. DHAT is a "grow your own" type of model that recruits local residents to practice within their own communities thereby improving access to care for many people that would otherwise go without. Thus far, the impact has improved oral health conditions and continuity of care for patients unable to travel long distance for dental care.

Oral Health State Legislation and the Stakeholder Process: Senator David Bradley, Arizona Legislative District 10

Senator Bradley discussed current efforts of the Oral Health Stakeholder Workgroup and their work on the Arizona SB1282 Tele-dentistry; Dental Hygienists; Dental Assistants. SB1282 was signed into law on April 6, 2015. Senator Bradley shared information about his monthly stakeholder meetings, a group composed of over thirty different affiliates from policy makers, health service providers, early childhood organizations, dental providers, tribal representatives and insurance companies all gathered together to improve oral health across Arizona. Senator Bradley plans to focus on restoring the AHCCCS/Medicaid adult emergency dental benefit and resonating preventative service benefit for the patients under the Arizona Long Term Care System or ALTCS (elderly and developmentally disabled population) benefits in the next legislative session.

American Indian Oral Health Efforts: Chester Antone, Legislative Council, Pisinemo District, Tohono O'odham Nation

Mr. Chester Antone shared the progress of work within Indian Health Service (IHS) and the U.S. Department of Health and Human Services Secretary of Health's Tribal Technical Advisory Group. The IHS in the past year has moved oral health to a top-ten health priority, which will invest a

larger portion of the budget for oral health needs. The Secretary's Tribal Technical Advisory Group has been doing work by focusing on oral health and the workforce platform.

The Role of Advocacy: Nate Myszka, Children's Dental Campaign, PEW Charitable Trusts

Mr. Nate Myszka began day-two discussing the importance of advocacy specific to oral health issues at the state and federal level. He emphasized that American Indians should be the number one advocates for improved oral health care because they know their communities' needs best. Mr. Myzska covered various methods for AI/AN to reach their legislators through letters, phone calls, meetings and invitations. He also emphasized the successful implementation of the DHAT model towards improving the oral health conditions in Alaska.

Summary of Challenges and Key Recommendations

Upon conclusion of the informational presentations, the forum then proceeded into interactive working group discussions among participants. There were six working groups whom gave themselves unique names such as the "Wisdom Tooth" and "Oral Rounders" (See Appendix B for a complete list of each workgroup). All six workgroups were asked to discuss the following questions and provide oral report-outs of their responses to garner larger group discussions and feedback.

The roundtable questions were as follows:

Roundtable 1: Oral Health Workforce Development
Discussion

- *What are the challenges to improving the oral health workforce at the tribal, state or national level?*
- *What can be done to strengthen the oral health workforce at the tribal, state or national level?*

Roundtable 2: Oral Health Care Coverage
Discussion

- *What are the challenges to oral health care coverage on the tribal, state or federal level?*
- *What can be done to improve oral health care coverage at the tribal, state and federal level?*

Roundtable 3: Preventative Oral Health
Discussion

- *What are the challenges in oral health preventative services and resources?*
- *What can be done to improve preventative oral health at the tribal, state or federal level?*

The responses from the six groups regarding challenges were summarized and the strengths have been revised into key recommendations for improving workforce, coverage, and preventative services. See Appendix C for group specific responses to both the challenges and the strengths.

Summary of Challenges

Roundtable 1: Oral Health Workforce Development Challenges

1. **Recruitment and Retention of Providers:**
    - AI reservations most significant challenge for oral health care providers are related to the recruitment and retention of oral health clinicians to practice on or near Indian reservations
    - Often the salaries and benefits (including retirement plans) are not competitive in comparison to the private sector
    - AI reservations with the most need for clinicians are in rural areas with limited economic development and other community resources such as schools, shopping and leisure activities which is important to potential employees who are not from the respective community
2. **Education and Training:**
    - There are not enough AI trained in the oral health care sector
    - Some tribal colleges exist on Indian reservations but not enough of them offer degree or certificate programs for oral health practitioners
    - For many, the expense of dental school is cost prohibitive because of limited availability of loan repayment or forgiveness programs or the amounts are insufficient to offset the full expenses of educational programs
    - Salaries on AI reservations in the public health clinical services are not enough to cover the cost of education
3. **Funding:**
    - There is a lack of funding in the public sector (i.e. IHS budgets) to keep up with the demand for services and to hire qualified personnel
    - Third party billing (i.e. Medicaid and private insurance) is not enough to sustain services.

Roundtable 2: Oral Health Care Coverage Challenges

1. **Medicaid:**
    - The Children's' Health Insurance Program (CHIP) enrollment freeze in Arizona, has reduced the number of children who are eligible to receive oral health care coverage through the CHIP program.
    - There is no emergency dental coverage for adults in Arizona
    - Services do remain for American Indian population in Arizona, but coverage is limited to services delivered in IHS or tribal 638 facilities and coverage for services obtained from private dentists is not permitted
    - IHS service coverage is limited to root canals on the 12 anterior (front) teeth and extractions; no restorative (fillings, crowns, dentures) or routine preventative treatment is covered
    - There is a need for comprehensive oral health care coverage that includes routine preventative care and restorative services for adults that mirrors the coverage provided to children under AHCCCS
2. **Dental Insurance Literacy:**
    - Understanding insurance is complicated and many people are uninformed about medical and dental insurance and the process to get coverage for dental services
    - People do not understand what other types of options there are for oral health care services if they do not qualify for Medicaid; for example, community health centers and services delivered in charitable clinics which permit payments under a sliding fee scale

3. **Coding and Billing Issues:**
    - Many dental clinics experience challenges with accurate billing and coding (codes change often)
    - Multiple coding errors result in costly delays in reimbursements

Roundtable 3: Preventative Oral Health Challenges

1. **Funding for Prevention:**
    - Funding for prevention services are critical to improving oral health but difficult to procure and a non-reimbursable service under AHCCCS
    - The value towards long-term savings in school/work productivity, and the cost of emergency room (ER) visits and hospital visits has not been recognized nor been quantified (This is being addressed by a study currently underway by the University of Arizona, Center for Population Research.)
2. **Oral Health Literacy:**
    - Oral health literacy is poor; which can be a result of communication breakdowns between different languages and cultures
    - The correlation of oral health and the impact it has on overall health has not been well understood or recognized
3. **School Based Program:**
    - Historically, there has been resistance from school districts for school-based programs because of cost, lack of time for oral health education in schools, challenges with obtaining parental consent, and lack of oral health educators

Summary of Key Recommendations

Oral Health Workforce Development Recommendations

1. **Support Education and Training for American Indians as Dental Providers:** Focus on developing or supporting legislation that authorizes and allocates funding for the education and training of American Indians to practice within their respective American Indian Tribe or within other tribal communities. For example:
    - Institute early career development programs starting at the earliest times possible within elementary, middle, and high schools that develop an early career pipeline encouraging children to excel in science and math and pursue careers in the oral health care sector
    - Develop opportunities for students to train on reservations through externships and internships
    - Recruit more American Indians into oral health careers by funding scholarships and loan forgiveness programs
2. **Strengthen the Oral Health Care Delivery Model:** Establish policies and processes that are in alignment with cultural values and support the integration and collaboration of oral health with primary care (Tribal and IHS), community health care, health education, social services, behavioral health, and other services to improve continuity of care and service delivery.
3. **Expand the Types of Service Practitioners:** Expand services to include more dental practitioners at all levels, thereby encouraging American Indian Tribes to exercise their sovereignty to implement effective models or pilot new models to diversify and increase the oral workforce. For example:
    - Allow for the implementation of the DHAT model in Arizona to practice on Indian reservations
    - Support the use of Teledentistry to make more effective use of dental teams by

connecting them virtually and expanding the reach of brick and mortar dental clinics into remote and rural areas.
    - Support Community Dental Health Care Coordinators (CDHC), and imbed CDHCs among Community Health Representative programs that exist on the tribal level.
    - Expand oral health care beyond the traditional setting to include community centers, nursing homes, schools and other communal locations
4. **Improve the Recruitment and Retention of Oral Health Providers:** Provide more competitive salaries and incentives such as housing, benefits, and loan repayment options. For example:
    - Assist Tribes in understanding their HPSA scores to better evaluate their level of need and potentially increase opportunities to hire additional providers

Oral Health Care Coverage Recommendations

1. **Expand Medicaid Coverage:** Include comprehensive oral health coverage for both children and adults by supporting legislation that supports the expansion of CHIP and Adult Medicaid Dental Benefits to increase coverage for dental services.
2. **Improve the Dental Insurance Literacy:** Assist people to understand the public and private insurance eligibility guidelines, availability of services, and coverage options for the uninsured.
3. **Increase Revenue Generating Opportunities:** Develop processes that increase revenue and seek to expand the scope of care to increase funding. For example:
    - Develop best practices for billing to avoid and reduce errors and increase reimbursement
    - Request additional Federal funding of the IHS budget to support the level of need
    - Reimburse for prevention strategies such as education and awareness; and preventative services for adults
    - Assess the current oral health delivery system to determine opportunities to save cost through improved oral health literacy efficiency and effectiveness
    - Improve the efficiency of third party billing and reimbursement.
4. **Cover (Fund) Oral Health Literacy for Other Healthcare Providers**: Develop policies that support oral health screenings and prevention efforts such as training, education and awareness activities for primary care providers, community health workers/representatives, nurses, and other clinicians.

Preventative Oral Health Recommendations

1. **Fund Preventative Oral Health Services**: Improve funding opportunities for preventative treatment services and oral health promotion. For example:
    - Reimburse for prevention services (including routine examinations, cleaning, fluoride applications and sealants) for adults through Medicaid and private insurance
    - Recognize the value of good oral health and its long-term savings in school/work productivity
    - Quantify the costs of ER visits, hospital admissions and the savings associated with routine and regular preventative care
2. **Increase Oral Health Literacy:** Develop policies that integrate oral health education in programs and services such as prenatal care, Women Infants and Children (WIC), Head Starts, schools and other community settings.
3. **Provide Oral Health School Based Services:** Develop policies that support school based treatment and disease prevention interventions. For example:
    - Allow for preventative screenings
    - Allow for sealants and fluoride treatments
    - Allow for education and awareness programs for adults and children

- Develop partnerships with local dentists to provide dental services

Conclusion and Next Steps

The Arizona Tribal Oral Health Legislative Forum was an unprecedented opportunity to gather the community of tribal and state leadership, Tribal/IHS oral health providers, non-profit organizations, philanthropists, advocates, and others interested in addressing the oral health crisis for American Indians (see Appendix C for complete list of participants). The legislative forum garnered a lively discussion about the challenges to oral health care and multi-disciplinary solutions towards improving oral health. The gathering helped to shed light on some of the challenges other non-Tribal local municipalities have encountered during their quest to improve oral health for their region.

Despite federal (and sometimes state) laws and regulations, American Indian Tribes, unlike local cities, towns and municipalities, have the ability to leverage their tribal sovereignty and exercise their self-determination to design models that are targeted, culturally appropriate, and effective towards improving its oral health workforce, coverage, and preventative services. AAIOHI with the leadership of the Statewide Executive Committee (SEC) plans to use this information to develop an advocacy agenda that reflects the short-term and long-term oral health goals and priorities necessary to improve the oral health conditions for American Indians in Arizona. The SEC is AAIOHI's leadership coalition composed of representatives from eight of the 22 American Indian Tribes in Arizona (it is envisioned that all 22 Tribes will have a representative become a member of the SEC). A list of the current SEC members is in Appendix G.

AAIOHI and the SEC plan to continue to work with the stakeholders who participated in this legislative forum and others to develop or support local, state or federal legislative efforts that align with improving oral health for the American Indian people of Arizona.

References:

1. Phipps KR and Ricks TL. The oral health of American Indian and Alaska Native children aged 1-5 years: results of the 2014 IHS oral health survey. Indian Health Service data brief. Rockville, MD: Indian Health Service. 2015.
2. Phipps KR, Ricks TL, Blahut P. The oral health of 6-9 year old American Indian and Alaska Native children compared to the general U.S. population and Healthy People 2020 targets. Indian Health Service data brief. Rockville, MD: Indian Health Service. 2014.
3. Phipps KR, Ricks TL, Blahut P. The oral health of 13-15 year old American Indian and Alaska Native children compared to the general U.S. population and Healthy People 2020 targets. Indian Health Service data brief. Rockville, MD: Indian Health Service. 2014.

Appendix A: Arizona Oral Health Legislative Forum Agenda

Day One: Setting the Foundation for Oral Health Care in Arizona

10:30 a.m. **Registration**

11:30 a.m. **Lunch**

Noon **Welcome and Opening Prayer**: Lynette Shupla, Hopi Tribe, and AAIOHI Statewide Executive Committee Chairwoman

12:15 p.m. **Overview of Day 1**: Fred Hubbard, Master of Ceremony (MC)
Purpose:

- Strengthen legislation and policy development, analysis and advocacy for American Indian populations.
- Ensure evidence is integrated into policy making to improve population health.

12:30 p.m. **The Importance of Policy and Legislative Formulation**:
Senator Carlyle Begay, Arizona District 7

1:00 p.m. **The State Of Oral Health**:
Ronald Toepke, DDS, Dental Director, Pascua Yaqui Dental Center

1:20 p.m. **Tribal and Oral Health Data Report**:
Dan Huber, DDS, Phoenix Area Indian Health Service

2:00 p.m. **Oral Health Care Coverage**:
Alida Montiel, Health Systems Director, InterTribal Council of Arizona

2:45 p.m. **Break**

3:00 p.m. **The Oral Health Workforce in Indian County**:
Caitrin McCarron Shuy, Director of Congressional Relations, National Indian Health Board
Kim Russell, Executive Director, Advisory Council on Indian Health Care

3:45 p.m. **Oral Health State Legislation and the Stakeholder Process**:
Senator David Bradley, Arizona District 10

4:30 p.m. **American Indian Oral Health Efforts**:
Chester Antone, Legislative Council, Pisinemo District,
Tohono O'odham Nation

5:15 p.m. **Review of Day 1**: Fred Hubbard

Day Two: Working Session "Developing Recommendations in Legislation and Policy"

7:30 a.m. **Breakfast**

8:00 a.m. **Welcome and Opening Prayer**: Patsy Boney, Hualapai Tribe, and AAIOHI Statewide Executive Committee Member

8:15 a.m. **Overview of Day 2**: Fred Hubbard, Master of Ceremony (MC)
Purpose:

- Develop legislation that encourages a sustainable and competent workforce by ensuring that a variety of specialties are made available to American Indian communities
- Assure that oral health is accessible to all income levels and overall health and wellness is encouraged and valued.
- Legislative content are appropriately aligned with cultural competencies within Native American communities

8:30 a.m. **The Role of Advocacy**:

	Nate Myszka, Children's Dental Campaign at the Pew Charitable Trusts
9:15-2:30 pm	**Working Session:** Fred Hubbard, MC
9:15 a.m.	**Roundtable 1: Oral Health Workforce** • What are some of the challenges to improving the oral health workforce at the tribal, state or national level? • What can be done to strengthen the oral health workforce at the tribal, state or national level?
10:00 a.m.	**Roundtable 1: Group Report Outs**
10:30 a.m.	**Break and Check out**
11:00 a.m.	**Roundtable 2: Oral Health Care Coverage** • What are some of the challenges to oral health care coverage on the tribal, state or federal level? • What can be done to improve oral health care coverage at the tribal, state and federal level?
11:45 p.m.	**Roundtable 2: Report Outs**
12:15 p.m.	**Lunch**
1:15 p.m.	**Roundtable 3: Preventative Oral Health** • What are some of the challenges in oral health preventative services and resources? • What can be done to improve preventative oral health at the tribal, state or federal level?
2:00 p.m.	**Round Table 3: Report Outs**
2:30 p.m.	**Oral Health Care Next Steps**: Chester Antone, Legislative Council, Pisinemo District, Tohono O'odham Nation
3:00 p.m.	**Closing and Adjournment**: Fred Hubbard, MC

Thank you & Safe Travels

Appendix B: Round Table Groups

Group One: Messing with CMS
Dr. Omar Abuzeineh
Chester Antone, Tohono O'odham Nation
Sheila Barton, Navajo
Marilyn Chee, Navajo
Jan Grutzius
Stephanie Hyeoma, Hopi
Tricia Moore, RDH
Sandi Perez
Julia Wolcoff

Group Two: Oral Rounders
Jenine Blondeau
Mary Bush
Sylvia Dawavendewa, Colorado River Indian Tribes
Shirley Humeumptewa, Colorado River Indian Tribes
Cecelia Jackson, Navajo/White Mountain Apache Tribe
Lynette Shupla, Hopi
Joyce Tovar, San Carlos Apache Tribe
Will Humble

Group Three: Sweet Tooth
Hong Chartrand
Jeanette Francisco, Tohono O'odham Nation
Dr. Jim Hisrich
Angeline Josephy, Hopi
Cornelia Keams
Dr. Douglas MicKendry
Alida Montiel, Pascua Yaqui
Jackie Siyuja

Group Four: Wisdom Tooth
Kevin Earle
Lydia Enriquez
Deidre Greyeyes, Navajo
Mary Joyce Howato, Hopi
Nate Myska
Matt Rudig
Deanna Sangster, Navajo
Kathleen Shurba
Delaine Tawahongya, Hopi

Group Five: The Whole Tooth and Nothing but the Truth
Shirlene Bahe, Navajo
Jennifer Estudillo, Navajo
Joyce Flieger
Lishua Gishie, Navajo
Sheru Penn, Hopi
Anisia Sieweyumptewa, Hopi/Navajo
Cheryle Singer, Navajo
Kenneth White, Jr., Navajo

Group Six: Wisdom Teeth
Kavita Bernsterin
Patsy Boney, Hualapai
Dr. Rick Champany
Scott Crozier, Hualapai
Veronica Homer, Colorado River Indian Tribes
Dr. Dan Huber
Sandra Irvin, Hualapai
Marlene James, Colorado River Indian Tribes
Deborah Kappes
Cloetta Keams, Navajo
Dr. Juan Vigil
Philbert Watahomigie, Sr, Hualapai

Appendix C: Roundtable Responses Groups 1-6

Roundtable 1: Oral Health Workforce Development Challenges Group Responses

Group One: • Hostile relationship between tribes—IHS • Community College but no dental program • Long distance and travel time • Navajo dental assistant students cannot return (college of Americas, internships) • Lack of jobs and lack of experience • Benefits are not enough to entice potential workforce • Lack of retirement plan • Is this a question of no jobs or no need/demand?	**Group Two:** • Lack of providers especially in rural areas • Lack of properly trained dental providers, in particular tribal members, to provide care • Lower salaries paid at the Tribal level, it is not competitive • Higher professional turnover at the Tribal level • Not enough recruiting/training at the Tribal level • Not enough Native professionals to practice at the Tribal level • Professional turf war due to self-preservation at the state level • Lack of NHSC scholarships at the federal level • The cost of Dental School (education) vs salary at the federal level
Group Three: • Lack of providers • Implementation or enforcement of state law (specific to oral health) in tribal community • Poor education awareness and prevention outreach • Lack of specialty doctors (specific to oral health)	**Group Four:** • Political—conservative legislature that does not want to change scope of care, spend money, or focus on oral health programs • Delivery system relies on 3rd party billing (IHS alone not enough) • Rural area and poverty • Poor infrastructure—housing/education • Regulations are frustrating—638 can help but also can impede creativity • Systems (transportation) based on fixed sites • High debt/limited repayment slots for dentist • Move (can become specialist) in private sectors • Some do not feel part of the community (outsider mentality) • So much demand—need to ration care—limitation on type of services provided—regulations and need to focus on most needed
Group Five: • Keeping providers (i.e. loan repayment, salary, education) • Education • Lack of outreach • Facilities (lack of chairs and lack of specialty services)	**Group Six:** • Loan repayment (forgiveness of taxes) • Housing/Isolation • Competitive salary • Hire more hygienists (bonus) • Lack of communication and identification of resources

Roundtable 1: Strengthening the Oral Health Workforce Group Development Responses

Group One: • More dental professionals at all levels • Develop opportunities for Tribal internships/externships • Integrate Tele-dentistry into tribal sites • Connect CHRs to Dental clinics • Improve or develop collaboration with providers • Integrate oral health in Primary Care within IHS • Use ADHS Oral Health Training for home visitors • Explore Title 5 Self-governance to take over IHS management • Improve third party reimbursement from state Medicaid • Implement "Pilot" DHATs and other models • Remove barriers • Change state law to allow DHATs on Nations, explore more models for workforce (EFDA, PD cleaning, perio, suture removal, planning, no extractions) DHATS, APDH and CDHC	**Group Two:** • Assist Tribes to help facilitate an oral health career pipeline in schools; start at elementary and middle school levels • Increase scholarships to recruit more American Indians into oral health careers • Actively recruit NHSC professionals • Encourage all tribes in AZ to get a HPSA score to understand their level of need • Provide housing incentives such as stipends for oral health professionals • Actively market and recruit oral health professionals • Develop Tribal welcoming committees • Explore visa opportunities to increase workforce • A2 tribal voter initiative
Group Three: • Focus on services billed to 3rd party • Address and improve the language barrier	**Group Four:** • Improve loan forgiveness program • Improve recruitment & retention by improving community and economic development infrastructure (i.e. build theatres, housing, and schools for kids) • Develop demonstration projects/pilots that implement an "ideal" delivery system • Improve interaction and communication with providers about oral health • Expand care to non-traditional settings to improve accessibility (community centers, schools, nursing homes, etc.) • Connect dental/medical providers and services better • Replicate the traveling nurse programs but for oral health providers
Group Five: • Provide housing incentives for all staff • Provide better loan repayment options • Develop an improvement plan for all staff for better patient care • Incorporate culturally sensitive care	**Group Six:** • Coordinate a systemic approach to oral health • Scan of what is currently available in the area/region for oral health • Use of EFDA and APDH • Implement a grow your own model—pilot programs

Roundtable 2: Challenges Oral Health Care Coverage Group Responses

Group One:
• Tribal level challenges:
  ○ PRC
  Medical Only Plans
• State Level Challenges:
  ○ Too many health plans
  ○ CHIP coverage eliminated
  ○ No adult dental benefits
  ○ Medicaid only pays emergency dental services
• Federal Level Challenges:
  ○ No Medicare dental benefits
  ○ No funding
  ○ Insurance literacy
	Group Two:
	• Knowledge of services available
	• AHCCCS cuts to adult services
	• Lack of economic development and employer provided insurance benefits
	• Educating patients on dental insurance
	• Changes to medical coding (ICD-10)
	• Coding errors and non-payment of claims

Group Three: • Lack of adult Medicaid coverage • Navigating private insurance • Use all forms of coverage	**Group Four:** • IHS funding • Oral health for pregnant women, adults, elders, and the disabled • Medicaid coverage doesn't always equal care, can't find providers, don't know who has dental coverage • AIHP has few providers practicing on Indian reservations • There may be coverage but the facility doesn't always provide all needed service and patients are sent elsewhere • Coverage but lack of equipment to do the required treatment services • Long wait time to get an appointment and lines for emergency care
Group Five: • No adult coverage for dental treatment • No State funding (i.e. where to get funding) • Dental care is expensive • Need for better guidance of using dental insurance • Billing conflicts • Need more funding for more treatment • Lack of Tribally provided dental insurance benefits for employees • Lack of utilizing insurance benefits	**Group Six:** • Need for insurance literacy • Need to increase CHS money for dental services • Need for literacy on navigating private insurance options • Vulnerability of patients with no resources • No reimbursement of prevention programs or efforts

Roundtable 2: Strengthening Oral Health Care Coverage Group Responses

Group One:
• Tribal Level:
  ○ More work sponsored plans
• State Level:
  ○ Restore CHIP/Restore Benefits
  ○ Influence public policy
  ○ Pay PCP for screening and preventative oral health (i.e. education, referral)
  ○ Reimbursement for oral health education
• Federal Level:
  ○ Payment for primary care
  ○ Oral health screening
  ○ Legislative change to allocate funding i.e. IHS/638 and Medicare
• Improve dental IQ, insurance IQ, educate everyone of all ages about oral health
	Group Two:
	• Strengthening reimbursement processes
	• Training
	• Sharing billing knowledge and practices

Group Three: • Adult Medicaid coverage • Agreement for IHS to bill tribal employee plan • Tribal input for additional dental services [root canals, braces, crowns and dentures]	**Group Four:** • Money, coverage equipment • Studies to demonstrate cost savings from routine care • Cover more populations (Medicaid) • If more coverage, need more providers, perhaps DHATs etc. • Lack of provider knowledge about American Indian Health Plan—better reimbursement, easier to bill • Toolkit for prospective providers to become credentialed with AIHP
Group Five: • Need to educate on how and where to use benefits • Need to become more active with representatives for oral health care • Develop best practices for billing	**Group Six:** • Statewide initiative to raise money • Increase IHS dental money overall • Earmark CMS money for dental • Use HPDP funds for dental • Use other programs (i.e. diabetes) for dental

Roundtable 3: Preventative Oral Health Challenges Group Responses

Group One: • No fluoridation in the water • Resistance from school districts for school based programs, lack of time for oral health education in schools • Prevention services are not reimbursed or they are reimbursed at a low level • Workforce restrictions • Lack of funding • People do not recognize oral disease is contagious • Foods that are available and affordable are bad for oral health • Lack of access to care • Low perceiving value of oral health • Lack of parental consent • Lack of support from medical providers	**Group Two:** • Structural challenges • Not enough oral health educators • Health literacy is lacking • No reimbursement for prevention • Parental participation in school-based programs • Disconnect between medicine and dentistry
Group Three: • Communication between providers • Reimbursement for prevention • Scheduling of appointments for family members	**Group Four:** • Inconsistent funding (year-to-year) • Often rely on volunteers (so inconsistent) • Parents don't know what sealant is • Schools inconsistent on accepting sealant programs
Group Five: • Lack of education • Lack of resources • Lack of funding for education • Lack of motivation from parents • Lack of consistency—no follow through with education • Dental myths	**Group Six:** • Reimbursement of preventative services • Self-awareness advocacy • Available funding • Silo system of care • Innovation—lack of data of what works • Outcome data—demonstration project

Roundtable 3: Strengthening Preventative Oral Health Group Responses

Group One: • Fluoridate water • Oral health that meet standards in schools • Include incentives for prevention and more reimbursement for prevention education • Fund school based programs (i.e. sealant) target pregnant women/integrate oral health into OB/GYN • Start prevention at early age, by age one—WIC program • Collaborate with other preventative health strategies (mobile van, collaborate with schools, set aside school days, "prenatal day") • Raise oral health literacy programs • Work with Medical providers—first line of defense against disease	**Group Two:** • Insert oral health into primary care • Develop effective parental education during exam visit • Develop community oral health education presentations specific to each tribe that incorporates cultural beliefs to education services • Deliver service with positive messages that encourage self-strength and self-efficacy • Recognize the value of prevention and reimburse for it • Know the percent of Medicaid eligibility for tribal members
Group Three: • Utilization of hub and spoke model for education and collaboration • Interact effectively with the medical doctors • Utilize a case management approach to oral health	**Group Four:** • Educate educators about the value of prevention, what it is (i.e. oral health 101) • Educate parents about oral health • Relate the school funding formula to good oral health i.e. tooth pain equals lower attendance and therefore less funding for schools; develop a pilot project to track this information • Use billing codes and improved data • Advocate to invest in prevention; money now saves money later • Develop intergovernmental collaborations to maximize funding and resources • Address the IHS boundaries that restrict collaboration and find a way to open up collaboration • Get health groups to prioritize oral health
Group Five: • Start education during prenatal visits - incorporate oral health for baby as well as mom • CDHC • Restrictions on EBT • Distribute oral health promotion goodie bags to improve awareness • Fix budget for prevention programs • Develop, increase or improve oral health public advertising to improve awareness and education	**Group Six:** • Advocate to reimburse prevention services (AHCCCS) • Gather outcome data • Implement vertical integration of Workforce and Training • Change the way we think about prevention (reimbursement) • Rethink what is measured and what is rewarded • Leverage technology

Appendix D: Complete List of Participants

Participant Name	Title	Company
Abuzeineh, Omar, DDS	Dentist	Winslow Indian Health Care Center, Inc.
Antone, Chester	Legislative Branch Representative	Pisinemo District Tohono O'odham Nation
Bahe, Shirlene	Dental Assistant	Winslow Indian Health Care Center, Inc.
Barton, Sheila	Senior Community Health Worker	Navajo Nation Community Health Representative Program (CHR)
Begay, Carlyle	Senator	Arizona District 7
Begay, Mae-Gilene	Program Director	Navajo Nation Community Health Representatives/ Outreach Program (CHR)
Begaye, Varian		
Bernstein, Kavita	Program Specialist for Children's Health	First Things First
Bigbey, Mark	Executive Officer	Indian Health Service
Blondeau, Jenine	Dental Hygienist	Winslow Indian Health Care Center, Inc.
Boney, Patsy	Community Health Representative	Hualapai Health Education and Wellness
Bradley, David	Senator	Arizona District 10
Busch, Mary	Director of Community Engagement and Partnerships	
Canyon, Brooke	Health Educator	Coconino County Public Health Services District
Cayatineto, Tracey	Project Intern	Arizona American Indian Oral Health Initiative (AAIOHI)
Champany, Rick, DDS	Dental Consultant	Indian Health Service
Chartrand, Hong	Program Manager	Arizona Department of Health Services (ADHS)
Chee, Marilyn, DA	Supervisor	Kayenta Service Unit
Crozier, Scott	Tribal Council Member	Hualapai Tribe
Dawavendewa, Sylvia	Executive Director	CRIT Department of Health and Social Services
Denetsosie, Dorothea	Program Manager	Navajo County Public Health
Diviney, Shelley, Dr.	Dental Hygiene Department Chair	Northern Arizona University
Earle, Kevin	Executive Director	Arizona Dental Association
Enriquez, Lydia	Administrative Assistant	Advisory Council on Indian Health Care
Estudillo, Jennifer	Dental Assistant	Winslow Indian Health Care Center, Inc.
Flieger, Joyce	Oral Health Professional	University of Arizona
Francisco, Jeanette	Program Coordinator	Healthy O'Odham Promotion Program TON

Participant Name	Title	Company
Frias, Herminia	Project Coordinator	Arizona American Indian Oral Health Initiative (AAIOHI)
Gishie, Lishua	Senior Health Educator	Navajo Health Education/HIV Prevention Program
Greyeyes, Deidre	Consultant	
Grutzius, Jan	Oral Health Coordinator	Arizona Alliance for Community Health Centers
Helm, Denise, Dr.	Doctor	Northern Arizona University
Hisrich, Cindy	President	The Smiles Movement
Hisrich, James, DDS	Consultant	The Smiles Movement
Homer, Veronica	Health Board Member	Colorado River Indian Tribes (CRIT)
Howato, Mary Joyce	Health and Wellness Coordinator	Hopi Tribe
Hubbard, Fred		
Huber, Daniel, DDS	Area Dental Consultant	Indian Health Service
Humble, Will	Division Director	University of Arizona Center for Population Health
Humemptewa, Shirley	Health Board Member	Colorado River Indian Tribes (CRIT)
Hyeoma, Stephanie	Community Health Representative	Hopi Tribe
Irwin, Sandra	Director	Hualapai Tribe Health Department
Jackson, Cecelia	Dental Billing Technician	Winslow Indian Health Care Center, Inc.
James, Marlene	Health Board Member	Colorado River Indian Tribes (CRIT)
Johnson, Doris	Health Board Member	Colorado River Indian Tribes (CRIT)
Joseph, Angeline	CPS Social Worker	Hopi Tribe Social Services Program
Kappes, Deborah, RDH	Dental Hygienist	Arizona State Dental Hygienist's Association
Keams, Cloetta	Dental Assistant	Winslow Indian Health Care Center, Inc.
Keams, Cornelia	Senior Community Health Worker	Navajo Nation Community Health Representatives Program (CHR)
McCabe, Lorraine	Community Liaison	The Smiles Movement
McCarron-Shuy, Caitrin	Director of Congressional Relations	National Indian Health Board
Mexican, Theresa	SCHW	Kayenta Public Health Nursing Program
MicKendry, Douglas, Dr.	Supervisory Dental Officer	Kayenta Service Unit
Montiel, Alida	Health Systems Director	Inter Tribal Council of Arizona
Moore, Tricia	Professor Dental Hygiene	Northern Arizona University
Myszka, Nate	Officer	Pew Children's Dental Campaign
Panico, Michelle Dr.		
Penn, Sherie	Social Worker	Hopi Social Services Program

Participant Name	Title	Company
Perez, Sandi Ernst, PhD	Vice President of Communications & Community Benefit	Delta Dental of Arizona
Rudig, Matthew	Government Relations	Coconino County
Rudolfo, Jessica	Executive Director	Division of Health Programs, White Mountain Apache Tribe
Russell, Kim	Executive Director	Advisory Council on Indian Health Care
Sangster, Deanna	Health Services Administrator	Native American Community Health Center, Inc.
Shupla, Lynette	Family Community Partnership Coordinator	Hopi Tribe
Shurba, Kathleen	Oral Health Coordinator	Arizona Alliance for Community Health Centers
Sieweyumptewa , Anisia	Social Worker	Hopi Tribe Social Services Program
Singer, Cheryle, DMD	Dentist	Winslow Indian Health Care Center, Inc.
Siyuja, Jacqueline	Health Coordinator	Havasupai Head Start
Tawahongva, Delaine	Dental Assistant	Hopi Tribe
Toepke, Ron, DDS	Dental Director	Pascua Yaqui Tribal Dental Center
Tovar, Joyce	Health Educator	San Carlos Department of Health and Human Services
Twist, Kade	Outreach Coordinator	Highground, Inc.
Vigil, Juan Ildefonso, DDS	Supervisory Dental Officer	Inscription House Indian Health Service Dental Clinic
Vinyard, Christopher	Legislative Liaison	Arizona Health Care Cost Containment System (AHCCCS)
Wacloff, Julia	Chief	Office Of Oral Health ADHS
Watahomigie, Philbert Sr.	Vice-Chairman	Hualapai Tribe
White, Kenneth, Jr.	Chief Executive Officer	Native Americans for Community Action, Inc.
Wilcox, Dana	Research Assistant	Black Hills Center for American Indian Health
Young, Amy	Oral Health Program Manager	Coconino County Public Health Services District

Appendix E: Planning Committee List

Alida Montiel, Inter Tribal Council of Arizona
Deidre Greyeyes, AAIOHI and Consultant
Herminia Frias, Arizona American Indian Oral Health Initiative
Kade Twist, HighGround Consultant
Kevin Earle, Arizona Dental Association
Kim Russell, Advisory Council on Indian Health Care
Lydia Enriquez, Advisory Council on Indian Health Care
Lynette Shupla, Statewide Executive Committee
Mae-Gilene Begay, Statewide Executive Committee
Mary Joyce Howato, Statewide Executive Committee
Michael Allison, Arizona Department of Health Services
Patsy Boney, Statewide Executive Committee
Tracey Cayatineto, Arizona American Indian Oral Health Initiative

Appendix F: Forum Evaluation

Venue	
Convenient Conference Date or Days	90.4%
Convenience of Registration	93.4%
Programs and handouts	86.7%
Quality of Presenters	90.6%
Forum Facility	93.1%
Forum Location	90.1%

Presenters	
The Importance of Policy and Legislative Formulations, Senator Carlyle Begay	91.9%
The State of Oral Health, Dr. Ronald Toepke	91.9%
Tribal and Oral Health Report, Dr. Dan Huber	86.1%
Oral Health Care Coverage, Alida Montiel	90.2%
The Oral Health Workforce in Indian Country, Caitrin McCarron Shuy and Kim Russell	87.1%
Oral Health State Legislation and the Stakeholder Process, Senator David Bradley	91.7%
American Indian Oral Health Efforts, Chester Antone	82%
The Role of Advocacy, Nate Myszka	92.7%
Roundtable 1: Oral Health Care Workforce	91.6%
Roundtable 2: Oral Health Care Coverage	91.6%
Roundtable 3: Prevention Oral Health	90.9%
Oral Health Care Next Steps, Chester Antone	87.1%

Appendix G: List of Executive Committee

Name	Professional Title	Tribe
Lynette Shupla Chairwoman	Family Community Partnership Coordinator	The Hopi Tribe
Chester Antone Vice-Chairman	Legislative Branch Representative: Pisinemo District	Tohono O'odham Nation
Marc Matteson	Health Education Manager	Ak-Chin Indian Community
Shirley Humeumptewa	Health Board Member Small Business Owner	Colorado River Indian Tribes
Patsy Boney	Oral Health Advocate	Hualapai Tribe
Mary Joyce Howato	Health and Wellness Coordinator	The Hopi Tribe
Autumn Gillard	Tobacco Coordinator	Kaibab Paiute Tribe
Mae-Gilene Begay	Program Director CHR & Outreach Program	Navajo Nation
Joyce Tovar	Health Educator San Carlos Department of Health and Human Services	San Carlos Apache Tribe
Tina Aguilar	Program Manager Healthy O'odham Promotion Program	Tohono O'odham Nation
Jeanette Francisco	Program Coordinator Healthy O'odham Promotion Program	Tohono O'odham Nation
Jessica Rudolfo	Executive Director WMAT Division of Health Programs	White Mountain Apache Tribe
Jennifer Dangremond	Grants Manager Native American Connections	Urban Indian Representative-Phoenix