

## Creating A New Health Profession: Dental Therapists in Alaska

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Introduction: Alaska remote villages, populated by Alaska Native and Indian residents, have some of the highest rates of dental disease of all communities in the US. Dental disease is exacerbated by a shortage of dentists who are unwilling to relocate to what are perceived to be geographically undesirable communities. In 2004, the Alaska tribal groups received resources from the Paul Allen Foundation which allowed them to send selected Alaska villagers to New Zealand for training as Dental Health Therapists (DHATs). Upon completion of a two year Dental Health Therapist program, these DHATs returned to practice in Alaska. At this point the American Dental Association sued the Alaska tribal groups—and the DHAT's themselves—charging that their practice was illegal. Subsequently the Tribal groups—through the Alaska Native Tribal Health Consortium (ANTHC) asked the University of Washington to assist them in training additional DHATs. While the School of Dentistry faced considerable opposition to such an activity, the MEDEX Northwest PA Program—with a 25year history of training Alaska tribal members in expanded health care roles—agreed to design a DHAT curriculum. Funds were later received from the Kellogg Foundation to begin training of DHATs in Alaska. Students began their training in January, 2007. DHATs can be viewed essentially as “primary care dental PAs.” Their competency based training makes them skilled in primary care dental procedures. They are required to function only under the supervision of a licensed dentist. The Alaska tribal groups also sought and received a Medicare waiver which allows for reimbursement for their services.

Methods: Two historical models were used in developing the DHAT program. Legally, the program builds on the successful Community Health Aide Program which was developed to serve remote villages in the 1950s. DHATs are certified through the Community Health Aide Board with the requirement that supervision be carried out by Indian Health Service Dentists in regional centers such as Bethel, Nome, Kotzebue, Barrow, Sitka, and Kodiak. In addition, the program is built on the original principles of the MEDEX Program developed by Dr. Richard Smith in 1967. The MEDEX principles include community based collaboration, the development of a receptive framework, competency based training, a deployment strategy, and ongoing education. This paper describes how principles of these two models have been applied to the development of the DHAT program (now called “Dentex.”).

Results: The first students began the didactic year of a two year curriculum in January 2007. Their second (clinical year) will take place in the more remote community of Bethel, Alaska (350 miles west of Anchorage) where dental disease is treated by a cadre of Indian Health Service Dentists. New students for the second class will be chosen in October 2007 for entry into the program in 2008. The presentation will discuss educational and professional challenges as well as modifications which have been made to the program based on the MEDEX experience.

Conclusions: The American Dental Association was forced to drop their law suit in the summer of 2007 based on a court ruling. While the terms of the settlement forbid the Alaska Native Tribal Consortium from promoting and promulgating the DHAT profession outside of their tribal system, there is widespread interest in the development and implementation of this new career.

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