

**National Rural Health Association
Rural Health Policy Board Meeting: May 2006
Policy Statement**

Whereas the National Rural Health Association endorses having the most appropriately trained health professionals for the size and demographics of the community; and

Whereas dentists are located disproportionately in the more affluent and suburban communities¹ and,

Whereas the number of dentists declines as areas become more isolated². and

Whereas the dental workforce nationally is declining relative to the population.^{3,4}

Whereas Casamassimo⁵ has noted that “The simplistic formula of dentist-to-population ratio, which is declining, does not address special populations, for whom there are not enough dentists, nor does it address demand.”

Whereas Alaska tribal programs experience a 25% annual vacancy rate and 30% annual turnover rate for dentists; and

Whereas Alaska Native children have 2.5 times the dental disease of all US races; and

Whereas the cost of providing dental care in small, isolated villages is substantially higher than rural and urban counterpart communities; and

Whereas many of these villages have virtually no cash economy and populations of an insufficient size to support a full-time dentist, and

Whereas dental care is not available in small villages and the itinerant dentist approach is insufficient and prohibitively expensive, requiring residents to travel long distances by bush plane to larger towns; and

Whereas the Dental Health Aide program is a congressionally authorized program in the Indian Health Care Improvement Act with established standards for training and continuing education; and

Whereas the World Health Organization cites 42 countries that utilize dental therapists; and

Whereas a similar model, the community health aide for somatic problems, has been employed very successfully with these populations for the last 35 years,

Therefore, the National Rural Health Association fully endorses the provision of oral health care via dental health aides and therapists in small, frontier communities in Alaska.

1. Edelstein BL. 2002. Disparities in oral health and access to care: findings of national surveys. *Ambulatory Pediatrics*. 2(2 Suppl):141-7
2. Vargas CM, Ronzio CR, and Hayes KL (Summer 2003) Oral Health Status of Children and Adolescents by Rural Residence, United States. *Journal of Rural Health*. Vol. 19(3):260-268.
3. Dela Cruz GG, Rozier RG, Slade G. 2004. Dental Screening and Referral of Young Children by Pediatric Primary Care Providers. *Pediatrics*. 114(5): e642-e652.
www.pediatrics.org/cgi/doi/10.1542/peds.2004-1269
4. State Reforming Group. Pediatric dental care in CHIP and Medicaid: Paying for what kids need: Getting value for state payments. July 1999. Milbank Memorial Fund.
5. Casamassimo PS, Harms KA, Parrish JL, Staubach JW (2002). Future of dentistry: The dental workforce. *Journal of the American Dental Association*. 133(9):1226-35.