



The Community Health Aide Program & Dental Therapy Program

California Rural Indian Health Board, Inc.

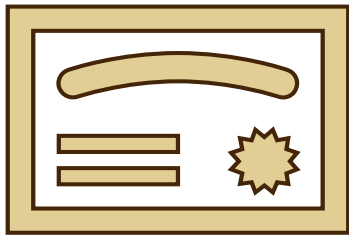
Best Practices Conference

November 5th, 2025

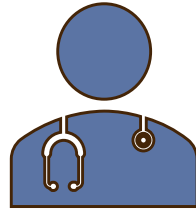
Clarissa Fernandez, B.A
Arianna Pretolani, MHA
Shivani Patel, MPH

➤ CHAP Purpose

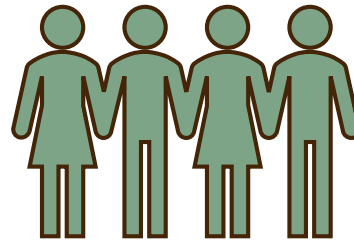
The Community Health Aide Program aims to reduce healthcare gaps in rural Native communities and aid underserved Tribal Health Programs by creating a trained network of health aides that extend the *dental*, *behavioral*, and *primary* health care workforce.



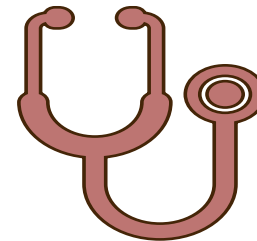
Tiered certification in specialized content



Health Aides practice under the supervision of a licensed clinician



Expands system of care and Tribal workforce



Increases access to care



Creates jobs in Tribal communities

➤ CHAP Addresses Social Determinants of Health



➤ CHAP Career Tiers

- **Community Health Representative (CHR)**
 - Separate from CHAP
 - Excellent optional step on the pathway to becoming a CHAP provider

Behavioral Health Aide

- Behavioral Health Aide I
- Behavioral Health Aide II
- Behavioral Health Aide III
- Behavioral Health Aide Practitioner

Supervising Clinician: Licensed Behavioral Health Provider (LICSW, LCSW, Psych, etc.)

Community Health Aide

- Community Health Aide I
- Community Health Aide II
- Community Health Aide III
- Community Health Aide IV
- Community Health Aide Practitioner

Supervising Clinician: Licensed Physician or Physician Assistant

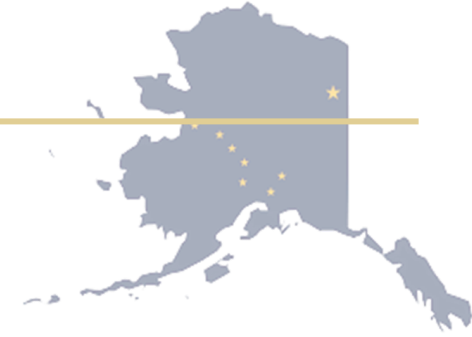
Dental Health Aide

- Dental Health Aide I
- Dental Health Aide II
- Expanded Function Dental Health Aide I
- Expanded Function Dental Health Aide II
- Dental Health Aide Hygienist
- Dental Health Aide Therapist

Supervising Clinician: Licensed Dentist



➤ Alaska Community Health Aide (CHAP) Origins



Originated in response to the TB epidemic



1950's



1960's



1970's

Congress amends the Indian Health Care Improvement Act (IHICIA) to authorize CHAP expansion

Indian Health Service (IHS) established CHAP in Alaska

Alaska CHAP Program Certification Board formalized



1990's



2000's



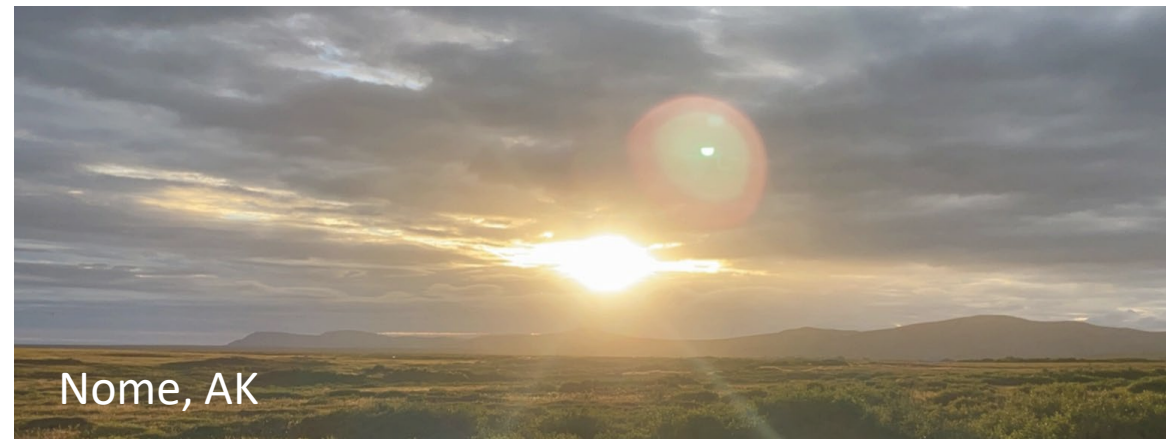
2020

Nationalization of the CHAP Program

Dental Health Aide and Behavioral Health Aide Programs created and certified



akchap.org



Nome, AK

➤ Current CHAP Programs 2025

Alaska

- Community Health Aide/
Practitioner (**CHA/P**) – all levels
- Dental Health Aide/ Therapist
(**DHA/T**) – all levels
- Behavioral Health Aide/
Practitioner (**BHA/P**) – all levels

Washington & Oregon

- Community Health Aide (**CHA I & II**)
- Behavioral Health Aide (**BHA I & II**)
- Primary Dental Health Aide (**PDHA I & II**)
- Dental Health Aide Therapist (**DHAT**)

➤ Funding for CHAP education programs

- Foundations
 - National
 - Regional
 - Local
- Federal
 - Indian Health Services
 - Health Resource and Services Administration
 - Scholarships
- State
 - Program investment
 - Grants
- Tribal
 - Program investment
 - Student sponsorship



➤ CHAP Providers are sustainable

- All CHAP provider types provide reimbursable services under health coverage plans (i.e., Medicaid).
- The reimbursement rates are the same as those of other provider types (encounter rate).
- A State Plan Amendment (SPA) may be needed for a state Medicaid to reimburse for CHAP providers.



➤ National CHAP Board Update- October 2025

- CA Area NCHAPB Representative is Angelina Renteria, COO at Indian Health Council
- CRIHB, IHC and CA NCHAPB Rep are organizing a CHAP Advisory Group designed as a platform for Tribes/Tribal Organizations to voice questions and specific CHAP needs that are relevant to their tribal communities.
- NCHAPB is finalizing the Bylaws, Policies & Procedures.
- The IHS CHAP Team is completing final modifications to the IHS CHAP website—intended to improve ease of access to state representatives.
- The NCHAPB is developing a mission (purpose)/vision statement to ensure unified communication and understanding of the NCHAPB role and commitment to the Areas served.
- NCHAP Board Open Sessions will begin in January 2026. Details about process and access will be shared once dates and process are solidified.

➤ Current 2023-2025 CHAP Project

Tribal Assessment and Planning (TAP) Grant Program

Goal

To aid Tribes and Tribal Organizations in assessing the feasibility on implementing CHAP into their existing Tribal Health system

Objectives

Identifying barriers relating to:

- *Clinical & Training Infrastructure
- *Implementation Cost
- *Financial Constraints
- *Education & Workforce
- *Cultural Inclusion
- *Determination of Implementation

Activities

- Identify & plan educational partnerships
- Collect data regarding barriers and feasible solutions
- Continue group efforts with CHAP Tribal Advisory Group

Tribal Assessment and Planning (TAP) Grant Program

Mini-Grants

- **Nine Tribes awarded \$10,000**
 - Scotts Valley Band of Pomo Indians
 - Sonoma County Indian Health Project, Inc.
 - Hopland Band of Pomo Indians
 - Tuolumne Me-Wuk Indian Health Center
 - Pit River Health Service
 - Northern Valley Indian Health
 - Lassen Indian Health Center/Susanville Indian Rancheria
 - Greenville Rancheria
 - Consolidated Tribal Health Project
- **May 2024 through September 2025**
- **Deliverable-based contracts with CRIHB**

➤ Current CHAP Project – Mini-Grants

Mini-Grant Deliverables:

- ✓ Select staff to oversee project.
- ✓ Select Tribal Program staff member to be a part of the CHAP Advisory Group.
- ✓ Provide via survey a list of potential educational partners in their region.
- ✓ Attendance at CHAP Advisory Group meetings.
- ✓ Recruit and provide THP staff to discuss CHAP educational surveys.
- ✓ Recruit and provide THP staff and/or community members to participate in a focus group regarding CHAP implementation.
- ✓ Submit final reports.

➤ Focus Groups and Key Informant Interviews

- Garrow Consulting
- Miranda Davis
- Clarissa Fernandez
- Sarah Ponnequin

- CRIHB consultants and project staff conducted focus groups and key-informant interviews at the nine participating THPs.
- The participating staff were from the clinics' behavioral, primary, and dental health departments.
- Focus groups lasted approximately 90 minutes.
- The interviews and focus groups were carried out in person or virtually when needed.
- Questions surrounded implementation and integration barriers, and how the THP and other agencies can address those needs.
- Key-informant interview questions explored the barriers and solutions from each staff member's unique perspective.

➤ No-Cost Extension

- The California Rural Indian Health Board (CRIHB) is pleased to announce that our Community Health Aide Program (CHAP) grant has been approved for a six-month no-cost extension.
 - End date: March 30th, 2026
- This extension will facilitate the continuation of efforts through an additional phase aimed at further assessing inequities, identifying best practices, and conducting a thorough and comprehensive evaluation and analysis of the CHAP project.
- Ensure California is well-prepared for the implementation phase.

➤ CHAP Champions

- As CRIHB continues throughout the extension phase, join our efforts to reduce health care gaps in rural communities by helping build a trained community workforce.
- Scan the QR code to share your voice to guide the CHAP grant and stay informed with updates.
- Help ensure local perspectives shape how we improve care access.



November 5, 2025
Carlsbad, CA

Dental Therapy

Arianna Pretolani, MHA – *Project Coordinator*

Shivani Patel, MPH – *Dental Support Center Coordinator*



CRIHB

The California Rural Indian Health Board, Inc.

This film is funded by The California Wellness Foundation Grant # 22-28379.

Dental Therapists

- Tribes in Alaska introduced Dental Therapists in 2004
- Dental Therapists have been practicing worldwide for decades
- Dental Therapists have significantly increased the health of AI/AN communities

Why do we need Dental Therapists:

Dental Therapists are mid-level providers that work as part of the dental team and perform **preventative** and **routine** care to address these gaps:

Poor oral health affecting AI/AN communities

- Barriers to care limit native communities' access

Shortage of qualified dentists and professionals

- Only 14% of dentists practice in rural communities



What dental therapists do

Services

- **Preventive** care (simple cleanings, fluoride, sealants, education)
- **Routine** care (fillings, simple extractions)
- **Community outreach** by conducting screenings, oral health education, and treatment services, and can bring in new patients.

Supervision

- **General supervision:** dentist is available for consultation via phone or internet
- **Direct or close supervision:** dentist and dental therapist are at the same site. Dentist performs re-operative, mid-operative, and post-operative checks
- **Indirect supervision:** dentist and dental therapist are at the same site, dentist is available for consultation, but does not need to see the patient

Education

- **3 academic years** or 2 years with back-to-back semesters
- **400 hours of preceptorship** under the supervision of a dentist

Trauma-informed care

Dental anxiety: historical trauma, life experiences, fear of pain



Dental therapists can provide a few **solutions** that support **trauma-informed care**:

- **Desensitization:** gradually increasing exposure to treatment over time
- **Person-centered care:** building a trusting relationship with patients
- **Community outreach:** by bringing the care to where the patients are located

Dental Hygienist

- Focus on periodontal disease*
- Advanced (deep) cleanings*
- Periodontal maintenance*

• *DT scope includes DH scope in some states

- Simple cleanings
- Prevention
- Sealants
- AS, BS, MS degree options

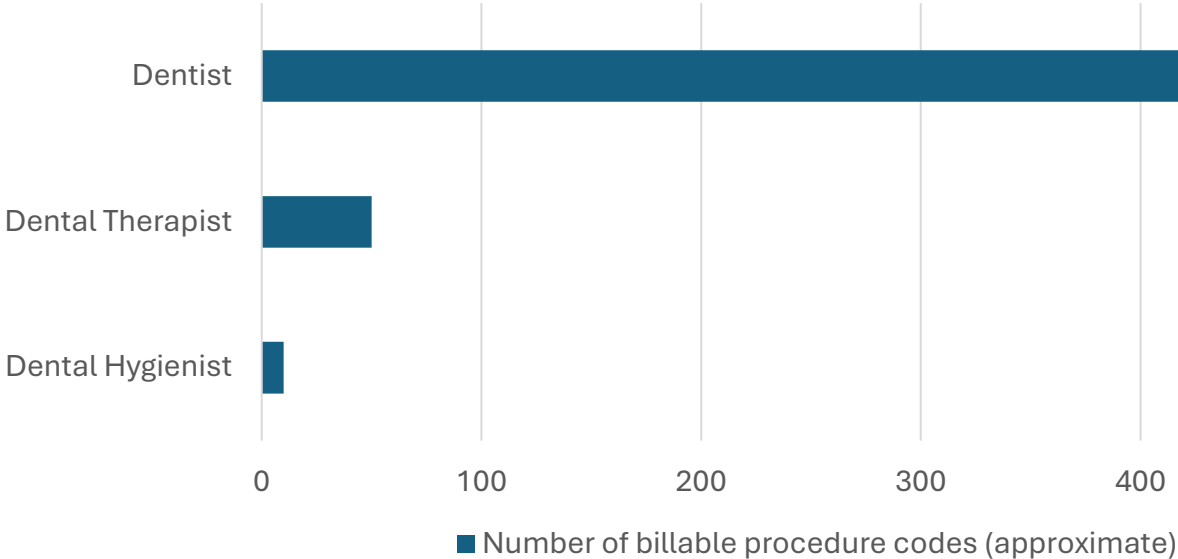
Dental Therapist

- Dental exams
- Focus on dental caries (cavities)
- Clean and restore cavities
- Simple extractions

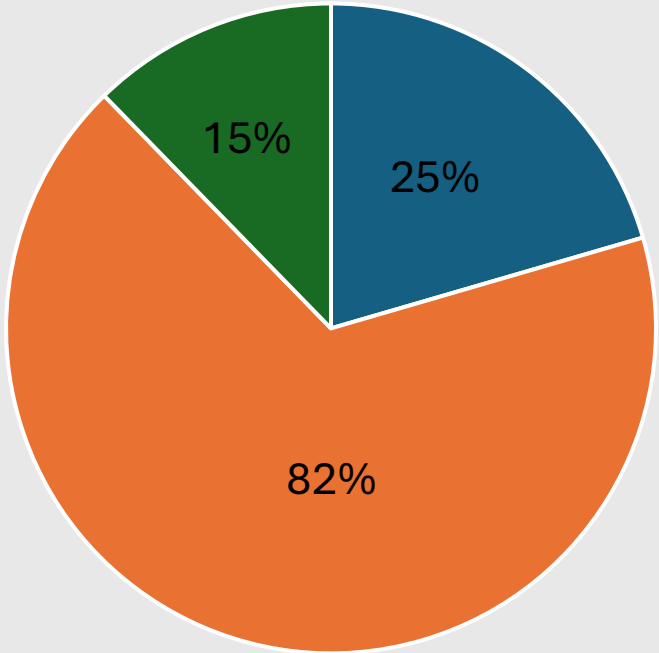
Procedures needed in public health settings

Number of billable procedures in scope of practice*

(*varies by state)



Patient visits within scope of practice at a Midwest community clinic



Phillips E, Gwozdek AE, Shaefer HL. Safety Net Care and Midlevel Dental Practitioners: A Case Study of the Portion of Care That Might Be Performed Under Various Setting and Scope-of-Practice Assumptions. Am J Public Health. 2015 Sep;105(9):1770-6. doi: 10.2105/AJPH.2015.302715. Epub 2015 Jul 16. PMID: 26180959; PMCID: PMC4539835.

■ RDH scope ■ DT scope ■ Dentist scope only

What makes dental therapy work?



Focused Scope of Practice

Highly specialized due to narrow scope
Expertise in prevention and basic dental restorative procedures



General/Remote Supervision

Ability to work in office when dentist is not present
Can bring care to the community



Cost-effective, Efficient Care

Salary between that of a dentist and a hygienist
Dentists focus on more advanced procedures

Benefits to clinic

- Efficient model
 - More care with same resources
 - Role models
- Clinicians work at top of scope
 - Allows more advanced services
 - Opportunities for advancement
- Increase outreach and integrated care

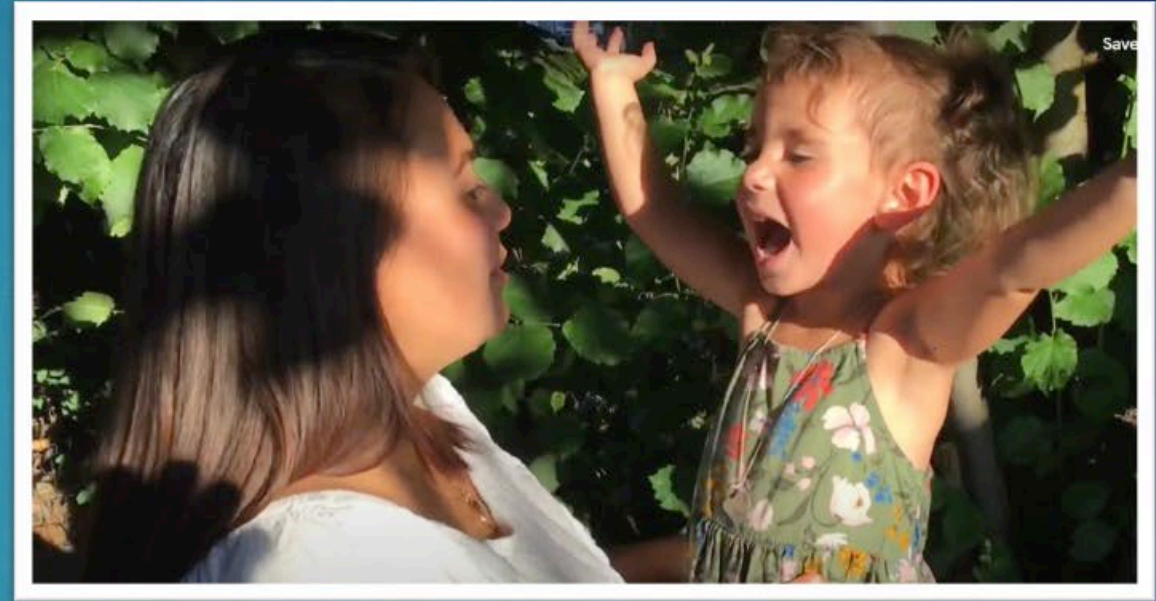


Marissa Gardner, LDT, DHAT

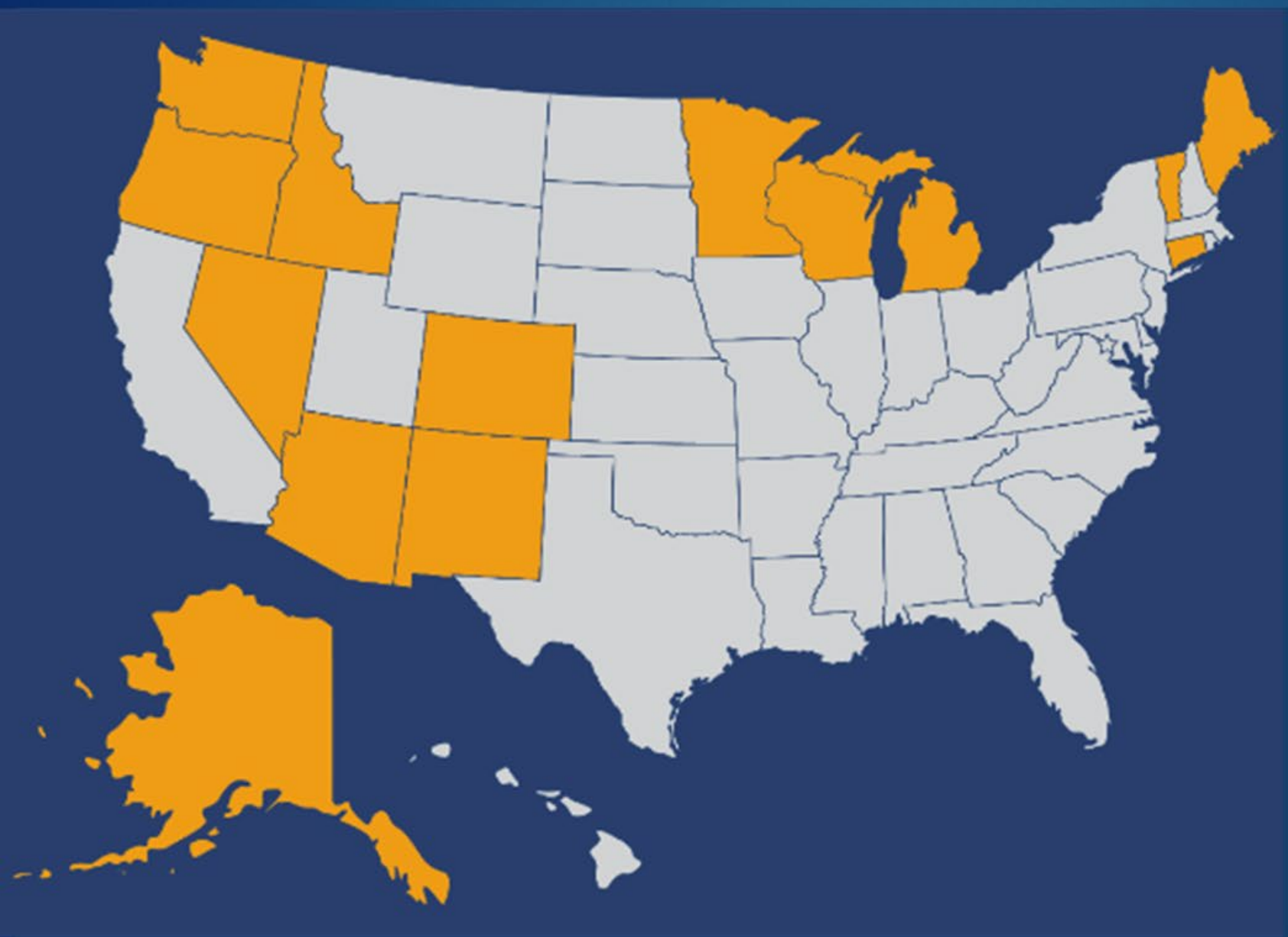
Benefits to Community

- Employment opportunities
- Role models
- Access to care
- Continuity of provider
- Health outcomes

..... for the seventh generation



Arielle Cawston, LDT, DHAT



States
that have
**authorized
dental therapy**
in some or all
settings



National
Partnership *for*
Dental Therapy

Dental therapists linked to improved dental outcomes for Alaska Native communities in the Yukon-Kuskokwim Delta

Donald L Chi ¹, Dane Lenaker ², Lloyd Mancl ¹, Matthew Dunbar ³, Michael Babb ³

Affiliations + expand

PMID: 29377127 PMID: PMC6019600 DOI: 10.1111/jphd.12263

Abstract

Objectives: Dental Health Aide Therapists (DHATs) have been part of the dental workforce in Alaska's Yukon-Kuskokwim (YK) Delta since 2006. They are trained to provide preventive and restorative care such as filling and extractions. In this study, we evaluated community-level dental outcomes associated with DHATs.

Methods: This was a secondary data analysis of Alaska Medicaid and electronic health record data for individuals in Alaska's YK Delta (2006-2015). The independent variable was the number of DHAT treatment days in each community. Child outcomes were preventive care, extractions, and general anesthesia. Adult outcomes were preventive care and extractions. We estimated Spearman partial correlation coefficients to test our hypotheses that increased DHAT treatment days would be associated with larger proportions utilizing preventive care and smaller proportions receiving extractions at the community-level.

Results: DHAT treatment days were positively associated with preventive care utilization and negatively associated with extractions for children and adults ($P < 0.0001$). DHAT treatment days were not associated with increased dental treatment under general anesthesia for children.

Conclusions: Dental therapists are associated with more preventive care and fewer extractions. State-level policies should consider dental therapists as part of a comprehensive solution to meet the dental care needs of individuals in underserved communities and help achieve health equity and social justice.

Keywords: Alaska Native oral health disparities; Dental Health Aide Therapists; access to dental care; dental utilization; dental workforce.

Fewer extractions of front four teeth for children under the age of three

Fewer adults with permanent tooth extraction

More people of all ages receiving preventive care



GOAL 1: Dental Therapy Steering Committees

CRIBB is a proud COHEC Steering Committee member for:

- Communications Campaign
- Government Relations
- Grassroots Education & Organizing
- Research



GOAL 2: Dental Therapy Summit Recap

Oct. 16, 2024

Graton Rancheria

Three dental therapy advocates spoke on the following topics:

- Dr. Miranda Davis, DDS, MPH: The Funding and Implementation of Dental Therapy
- Brett Weber, MPA: Dental Therapy Data Highlights, Policy, Legislation & Dental Therapy's Impact on Indian Country and Beyond
- Jenny Kattlove, MSSA: Dental Therapy Efforts in California from 2009 and Ongoing Advocacy Work



Dental Therapy Summit Outcome

Oct. 16, 2024

Graton Rancheria

- The Dental Therapy Summit gave Tribal Leaders updates on Dental Therapy progress in California
- Tribal Leaders asked questions and engaged with the speakers and CRIHB staff on Dental Therapy topics
- A genuine interest in Dental Therapy was received
- Tribal Leaders signed up to be more involved and kept up to date on Dental Therapy advocacy work

GOAL 3: Dental Therapy Recap at TGCC

January 21, 2025

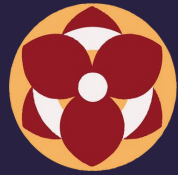
California Rural Indian Health Board (CRIHB)

Happy Valley Film Co. presented for Program Directors and the Tribal Governance Consultation Committee to discuss the Dental Therapy film project.

- Tribal Leaders engaged directly with Happy Valley Film Co. by asking questions, offering film suggestions, volunteering stories, and signing up to be involved in the film project



Happy Valley Film Has Partnered With...



Redbud Resource Group.
Native Minds Changing Lives.



Dental Therapy Film Outline

Video #1

Happy Valley Film Co. is creating two films to educate the public and advocate for Dental Therapy in California Tribal communities.

Perspective: Told through Indigenous voices and leadership

Audience: Legislators/Tribal Leadership/General Public

Goals:

- Communicate why Native Communities are especially impacted by lack of dental care
- Define dental therapy, its benefits & establish why it is needed in California
- Relieve concerns about dental therapy
- Explain to legislators that dental therapy will help ALL members of the community
- Inform and bring awareness of current advocacy efforts



Video #1 outline

Video #1 Outline (total ~15 minutes)		
	Topic	Questions
1	Clinics' needs	<ul style="list-style-type: none"> • Does your clinic have any challenges with recruiting / retaining enough dental clinic staff? • Is your clinic able to meet all the oral health care needs of the community?
2	Patients' needs	<ul style="list-style-type: none"> • Is dental care accessible for your community members?
3	Importance of oral healthcare	<ul style="list-style-type: none"> • Why is it important to be able to access to dental care regularly and in a timely manner? • Does dental care affect other aspects of health and overall well-being? • What unique challenges do Tribal communities face in accessing dental care?
4	What is Dental Therapy	<ul style="list-style-type: none"> • What do dental therapists do? • How are DTs different from hygienists/ RDHAP? • How do they fit into the clinic team? • Where do they provide services? • Brief history and overview of profession
5	Effect for dental team	<ul style="list-style-type: none"> • Is there an effect for dentists, hygienists, and the rest of the dental team when dental therapists are added to the clinic team?
6	Effect for the community	<ul style="list-style-type: none"> • Does the community notice a difference when dental therapists are working?
7	Other states	<ul style="list-style-type: none"> • How has Dental Therapy worked in other states? (studies, pilot projects, experiences, policies)
8	Quality	<ul style="list-style-type: none"> • How do we know that Dental Therapists will provide high quality care for our communities?
9	Advocacy	<ul style="list-style-type: none"> • What would you like legislators to know about DT? • How can Tribes work with other communities / organizations toward shared goals? • CALL TO ACTION (signup page)

Dental Therapy Film Outline

Video #2

Perspective: Indigenous leaders with expertise in dental care and Dental Therapy

Audience: Tribal Management & Clinic Leaders

Goals:

- Define the detailed roles and capabilities of a dental therapist
- Explain how dental therapy will be integrated into Indigenous health programs
- Explain the licensure component and training
- Communicate the goal of training local, Indigenous community members to serve their communities
- Explain the Next Steps and timeline for dental therapy implementation





Video #2

Video #2 Outline (total ~20 minutes)		
	Topic	Questions
1	Details about Dental Therapist role & scope	<ul style="list-style-type: none">• What specifically can DTs do as part of the clinic team?• What are they not allowed to do?
2	Supervision	<ul style="list-style-type: none">• How are DTs supervised, who can supervise, how does remote supervision work?
3	DT education and training	<ul style="list-style-type: none">• What does DT education entail, how long does it take? What clinical experiences and exams are required?• What prerequisites exist (depending on state) (accessible program)• How many programs in US, any differences
4	License/Certification	<ul style="list-style-type: none">• What license/certification is required?• What is the process to obtain license/certification?
5	Integrating DTs	<ul style="list-style-type: none">• What steps do clinics need to take if they would like to hire DTs? (administrative, clinical)
6	Billing/reimbursement	<ul style="list-style-type: none">• Are DT services billable?• How are DT services reimbursed? At what rate?
7	CA next steps	<ul style="list-style-type: none">• How can we bring about DT authorization in CA?• What will be important to consider and plan for?

Dental Therapy Film Sites

California Rural Indian Health Board, Inc.(CRIHB)

Filming initiated at CRIHB on July 16

Participants:

- **Dr. Mark LeBeau, PhD, MS** – Health Policy Manager
- **Dr. Alicia Martinez, MD** – Medical Consultant
- **Dr. Miranda Davis, DDS, MPH** – Dental Consultant
- **Melissa Myers** - UIHS Board of Directors Member
- **Shirley Laos** - UIHS Board of Directors, Trinidad Rancheria Tribal Representative



Dental Therapy Film Sites

United Indian Health Services (UIHS)

Filming continued at UIHS Potawot Health Village on July 18
& Da'bouruk Dental Clinic on July 19

Participants:

- **Elizabeth Lara-O'Rourke, MPA** – Chief Executive Officer
- **Cecil P. Wilson III, MS** – Chief Financial Officer
- **Dr. James Surdilla, DDS** – Dental Director
- **Carol De Lorme Larsen** – Board of Directors, Vice Chairperson
- **Laura Borden** – Board of Directors, Treasurer
- **Ina Shelley, RDA** - Registered Dental Assistant & Community Member
- **Johnie Thrash** – Dental Receptionist & Community Member



Dental Therapy Film Sites

Virginia Garcia Memorial Health Center (VGMHC)

Filming concluded at VGMHC in Beaverton, Oregon on August 28

Participants:

- **Gil Munoz** – Chief Executive Officer
- **Dr. Lisa Bozzetti, DDS** – Dental Director
- **Dr. Brittany Fox, DDS** – Associate Dental Director
- **Dr. Tochi Okeke, DDS** – Supervising Dentist
- **Yadira Martinez, EPDH, LDT** – Dental Therapist & Dental Therapy Programs Manager
- **Kari Ann Kuntzelman, LDT** – Dental Therapist, Executive Director & Past President of the American Dental Therapy Association
- **Amy Coplen, RDH, DT, EPDH, MS** – Director of Dental Hygiene Studies, Pacific University



Dental Therapy Virtual Filming

Filming via Zoom on September 11

Participants:

- **Dr. Cheyanne Warren, MS, DDS** – Dental Therapy Program Director at Skagit Valley College
- **Brett Weber, MPA** – Senior State Advocacy Manager, Dental Access Project



Film Preview

Dental Therapy Preview Participant
Titles V10.mov



Dental Therapy Film Project Next Steps:

- November 2025 -CRIHB will conduct an internal review of the film project with additional edits to be incorporated after review.
- December 2025 -CRIHB will have the final film project and excerpts ready to share.



Next Steps: starting 2026



Community Outreach

- Build connections with grassroots groups, tribal clinics, and local leaders.
- Partner with communities to support program success.



Increasing Awareness

- Share information about dental therapy in clear, accessible ways.
- Provide education that connects social needs with health needs.
- Promote healing from historical trauma.



Disrupting Barriers and Addressing Misconceptions

- Clear up common misunderstandings about dental therapy.
- Empower communities to overcome barriers to care.

Deliverables - Year 1

**Subscription option on
CRIHB's website**

members sign up
for an email list to
receive updates

**Coordination of focus
groups and listening
sessions with THPs**

increase awareness
and address
misconceptions
around dental
therapy

gain support for
legislative
advocacy efforts

**Participation in
conferences where
CRIHB can share
information on dental
therapy**

E.g., California
State Rural Health
Conference in
Folsom, CA

**Creation of a Dental
Therapy booklet**

increase awareness
and
education about
dental therapy

Deliverables - Year 2

Launch of a social media campaign

- Online presence to boost visibility and engagement
- Increase public awareness
- Increase equity and representation

Ongoing focus groups and listening sessions

- Continuous effort to partner and engage with clinics
- In-depth feedback
- Identifying barriers and solutions

Creation of an endorsement portfolio

- Credibility boost and legitimacy
- Strategic partnerships showcase
- Advocacy power

Deliverables - Year 2 - Cont.

Ongoing coordination of focus groups and participation in conferences

- Continuous effort to increase engagement rates

Dental Therapy Summit

- Communities and partners to participate to Dental Therapy Summit to solidify the increased awareness and growth around the topic

Years 1 to 2

Continuous participation in COHEC Steering Committee activities and constant engagement with all members.

Strategic Direction

- Participate to monthly meetings and subcommittees.
- Provide feedback and work on campaign strategies and communications.

Education & Engagement

- Distributing information and materials through networks of stakeholders.
- Recruit a minimum 3-5 stakeholders to engage in campaign activities.

Representation

- Lend organizational name to campaign materials and communications.
- Present at forums and conferences for continuous engagement.

COHEC subcommittees include: Communications, Government Relations, Grassroots Education and Organizing, Research.

americandentaltherapyassociation.org



SAVE THE DATE

2025 NATIONAL DENTAL THERAPY CONFERENCE

DECEMBER 8-10
Sacramento, CA



HOSTED BY:



**Community
Catalyst**



CHAP Champion

QUESTIONS?

THANK YOU!

*Register for the National Dental
Therapy Conference!*



Clarissa Fernandez, B.A: cfernandez@crihb.org
Arianna Pretolani, MHA: apretolani@crihb.org
Shivani Patel, MPH: spatel@crihb.org



SCAN ME

