



**DATE:** February 3, 2016

**TO:** Commenters – Dental Pilot Project Program, Application #100,

**FROM:** Sarah Kowalski, Dental Pilot Project Coordinator, Dental Pilot Project Program,  
Oral Health Unit, Public Health Division, Oregon Health Authority

**cc:** Bruce Austin, Statewide Dental Director  
Cate Wilcox, Manager, Maternal and Child Health Section, Oral Health Program

**SUBJECT:** Dental Pilot Project Program Report on Public Comment Period for Dental  
Pilot Project Application #100

**DATES OF PUBLIC COMMENT:** January 11-22, 2016

**PURPOSE OF PUBLIC COMMENT:** To receive public comment regarding the intent to  
approve Dental Pilot Project Application #100

**PROGRAM:** Senate Bill 738 was passed by the Oregon State Legislature in 2011. This bill allows the Oregon Health Authority to approve Dental Pilot Projects once an application has been approved. The goal of the Dental Pilot Projects is to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care.

Dental Pilot Projects are intended to evaluate the quality of care, access, cost, workforce, and efficacy by teaching new skills to existing categories of dental personnel; developing new categories of dental personnel; accelerating the training of existing categories of dental personnel; or teaching new oral health care roles to previously untrained persons.

The Oregon Health Authority may approve a dental pilot project that is designed to operate for three to five years or a sufficient amount of time to evaluate the validity of the pilot project and evaluate the quality of care, access, cost, workforce and efficacy.

Projects must achieve at least one of the following:

1. Teach new skills to existing categories of dental personnel
2. Develop new categories of dental personnel
3. Accelerate the training of existing categories of dental personnel
4. Teach new oral health care roles to previously untrained persons

The Oregon Health Authority is responsible for processing initial pilot project applications, approving projects and monitoring approved pilot projects. Program staff shall evaluate approved projects and the evaluation shall include but is not limited to reviewing progress reports and conducting site visits. The program is responsible for ascertaining the progress of the project in meeting its stated objectives and in complying with program statutes and regulations.

**PUBLIC COMMENTS:** Eleven individuals and/or organizations submitted written comments to the Public Health Division within the period allotted for public comment. These comments are briefly summarized as follows:

**Comment 1:** Shannon English, DDS, Managing Dentist, Willamette Dental

Dr. English wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100 on behalf of Willamette Dental.

Dr. English's written comments are attached to this report as "*Exhibit 1*".

**Agency's Response:** The agency thanks Dr. English for her comments and for her support.

**Comment 2:** Nichole Maher, President, Northwest Health Foundation

Ms. Maher wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100 on behalf of the Northwest Health Foundation.

Ms. Maher's written comments are attached to this report as "*Exhibit 2*".

**Agency's Response:** The agency thanks Ms. Maher for her comments and for her support.

**Comment 3:** Becky Cantrell, Coquille Tribal Member

Ms. Cantrell wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100.

Ms. Cantrell's written comments are attached to this report as "*Exhibit 3*".

**Agency's Response:** The agency thanks Ms. Cantrell for her comments and for her support.

**Comment 4:** Katrinka McReynolds, Ready To Smile Program Manager, Coos Health & Wellness

Ms. McReynolds wrote in support of expanding the dental workforce to increase dental access for children.

Ms. McReynolds' written comments are attached to this report as "*Exhibit 4*".

**Agency's Response:** The agency thanks Ms. McReynolds for her comments and for her support.

**Comment 5:** Shanda Dunten RDH, EPDH

Ms. Dunten wrote in regarding potential geographical expansion of the program.

Ms. Dunten's written comments are attached to this report as "*Exhibit 5*".

**Agency's Response:** The agency thanks Ms. Dunten for her comments and for her questions.

**Comment 6:** William Ten Pas, DMD

Dr. Ten Pas has concerns regarding the completeness of the application, an insufficiency of baseline data, and concerns regarding the change from the University of Washington's affiliation with the DHAT program training in Alaska to a new affiliation with a tribal college. He has also requested clarification concerning the need for an MOA with the Coquille tribe. Additional points of concern are around quality measures of the sites. Dr. Ten Pas states that he "support[s] the concept and purpose [of the project]... [but does] not want it to fail because of inadequate planning and haste."

Dr. Ten Pas' written comments are attached to this report as "*Exhibit 6*."

**Agency's Response:** The agency thanks Dr. Ten Pas for his comments and concerns.

1. With regards to the change in affiliation, the applicants have stated that the relationship with University of Washington was not meant to be permanent. This relationship was established at the inception of the program to assist the program with administrative needs. The intention was for the program to affiliate itself with a local university or community college in Alaska. The DHAT program is a Federally certified program and does not need to align itself with any institutions. They have chosen to pursue alignment with Iļisaġvik College in Barrow, Alaska so that they may pursue Commission on Dental Accreditation (CODA) accreditation in the future. According to the Accreditation Standards for Dental Therapy Education Programs issued by CODA, the Dental

Therapy program must be part of an accredited degree-granting institution. The program, under its affiliation with the University of Washington, was not a degree-granting program but rather a certificate based program. Ilisaqvik College is accredited by the Northwest Commission on Colleges and Universities (NWCCU), one of six higher education, regional, accrediting associations recognized by the U.S. Department of Education.

2. In order for the Coquille site to be approved, an MOA must be on file with the program. Only sites with MOA's on file will be approved. As stated in the Application Workbook for Dental Pilot Projects Program, page 3, evidence must be included in the application that a liaison has been established with participating agencies. At this time, sufficient evidence has not been included in the application to approve the Coquille site. The applicants may submit a modification request showing evidence of a liaison with the Coquille site by submitting a Modification Request to the program, as outlined by the Oregon Administrative Rules.

*According to OAR 333-010-0460 Modifications, (1) Any modifications or additions to an approved project shall be submitted in writing to program staff. Modifications include, but are not limited to the following: (a) Changes in the scope or nature of the project. Changes in the scope or nature of the project require program staff approval; (b) Changes in selection criteria for trainees, supervisors, or employment/utilization sites; and (c) Changes in project staff or instructors. (2) Changes in project staff or instructors do not require prior approval by program staff, but shall be reported to the program staff within two weeks after the change occurs along with the curriculum vitae for the new project staff and instructors. (3) All other modifications require program staff approval prior to implementation. Stat. Auth.: 2011 OL Ch. 716 Stats. Implemented: 2011 OL Ch. 716 Hist.: PH 5-2013, f. & cert. ef. 2-4-13*

Applicants may also file an MOA prior to final approval of the application.

3. With regards to concern that there is insufficient baseline data in the application. The actual baseline data shall be collected and submitted in writing to the program within six (6) months after the project is initially approved. As required by the Application Workbook for Dental Pilot Projects Program, page 14, and Oregon Administrative Rules 333-010-0435, the application must include a Monitoring and Evaluation plan.

The Monitoring and Evaluation (M&E) plan should define the data to be collected and how it is going to be collected. Some of the variables or indicators will have numeric values (quantitative) and will be easier to measure (i.e. number of patients seen per day, numbers of sealants provided), while other qualitative indicators will be much harder to measure (i.e. patient satisfaction or clinical competency). A description of how bias will be accounted for should also be included in the M&E plan. Bias is often introduced at the monitoring and evaluation design stage. Bias includes a lack of relevant and appropriate control groups, biases on the part of independent evaluators, and biases on the part of those evaluated (trainees, instructors).

**A. Measurable Objectives:** Describe the purpose of the project and the measurable objectives to meet the purpose. Indicate the time plan for accomplishing the objectives. Include both short and long term objectives in your description. Provide pertinent attachments/exhibits such as studies or analysis that substantiate need or desirability of such a project.

**B. Evaluation:** Dental Pilot project applications must have an evaluation plan that includes, but is not limited to the following: (1) A description of the baseline data and information collected about the availability or provision of oral health care delivery, or both, prior to utilization of the trainee; (The actual baseline data shall be collected and submitted in writing to the program within six (6) months after the project is initially approved) (2) A description of baseline data and information to be collected about trainee performance, acceptance among patient and community, and cost effectiveness. (3) A description of methodology to be used in collecting and analyzing the data about trainee performance, acceptance, and cost effectiveness. (4) The data required in (2) and (3) shall be submitted in writing to the program at least annually or as requested by program staff. (5) A provision for reviewing and modifying objectives and methodology at least annually. (6) Results of this evaluation and project modification shall be reported to program staff in writing. (7) The evaluation plan shall include provision for retaining for two (2) years after completion of the pilot project all raw data about trainees and the implementation of the project.

**C. Monitoring:** A sponsor of a dental pilot project must have a monitoring plan that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (A) A description of the provisions for protecting patients' safety. (B) A description of the methodology used by the project director and project staff to provide at least quarterly monitoring of the following:  
*Patient Safety & Trainee competency:*

1. Supervisor fulfillment of role and responsibilities.
2. Employment/utilization site compliance with selection criteria.
  - a. Acknowledgement that project staff or their designee shall conduct site visits to each employment utilization site.
  - b. The monitoring plan shall also identify a methodology for reporting information to program staff.

**D. Data:** A sponsor's evaluation and monitoring plans must describe, but is not limited to the following:  
(A) How data will be collected  
(B) How data will be monitored for completeness  
(C) How data will be protected and secured

**Comment 7:** LT Jessica Scruggs MSDH, United States Public Health Service

Lieutenant Scruggs wrote in support of the pilot project. Ms. Scruggs comments concerned supporting laws adopted by the Federal government. Ms. Scruggs discussed ways the State of Oregon could be more supportive of Expanded Function Dental Hygienists. Ms. Scruggs would like to see the training of Dental Therapists completed in Oregon.

Lieutenant Scruggs written comments are attached to this report as “*Exhibit 7.*”

**Agency’s Response:** The agency thanks Lieutenant Scruggs for her comments and for her suggestions.

**Comment 8:** Joni Young, DMD, President, Oregon Dental Association

Dr. Young wrote that the Oregon Dental Association was is supportive of the legislation passed in 2011, SB738, which established the Dental Pilot Project Program. Dr. Young states that “national data is not sufficient in acting as baseline data collection...pilots should have local, population specific baseline data collection built into their plans.” Dr. Young discussed the new relationship with Isgavik College in Barrow, Alaska with concerns regarding the lack of CODA accreditation at Isgavik College. Dr. Young would like clarification regarding the role and scope of the DHAT Coordinator.

Dr. Young’s written comments are attached to this report as “*Exhibit 8.*”

**Agency’s Response:** The agency thanks Dr. Young for her comments and questions.

1. With regards to baseline data. The actual baseline data shall be collected and submitted in writing to the program within six (6) months after the project is initially approved. As required by the Application Workbook for Dental Pilot Projects Program, page 14, and Oregon Administrative Rules 333-010-0435, the application must include a Monitoring and Evaluation plan.

The Monitoring and Evaluation (M&E) plan should define the data to be collected and how is it going to be collected. Some of the variables or indicators will have numeric values (quantitative) and will be easier to measure (i.e. number of patients seen per day, numbers of sealants provided), while other qualitative indicators will be much harder to measure (i.e. patient satisfaction or clinical competency). A description of how bias will be accounted for should also be included in the M&E plan. Bias is often introduced at the monitoring and evaluation design stage. Bias includes a lack of relevant and appropriate control groups, biases on the part of independent evaluators, and biases on the part of those evaluated (trainees, instructors).

**A. Measurable Objectives:** Describe the purpose of the project and the measurable objectives to meet the purpose. Indicate the time plan for accomplishing the objectives. Include both short and long term objectives in your description. Provide pertinent attachments/exhibits such as studies or analysis that substantiate need or desirability of such a project.

**B. Evaluation:** Dental Pilot project applications must have an evaluation plan that includes, but is not limited to the following: (1) A description of the baseline data and information collected about the availability or provision of oral health care delivery, or both, prior to utilization of the trainee; (The actual baseline data shall be collected and submitted in writing to the program within six (6) months after the project is initially approved) (2) A description of baseline data and information to be collected about trainee performance, acceptance among patient and community, and cost effectiveness. (3) A description of methodology to be used in collecting and analyzing

the data about trainee performance, acceptance, and cost effectiveness. (4) The data required in (2) and (3) shall be submitted in writing to the program at least annually or as requested by program staff. (5) A provision for reviewing and modifying objectives and methodology at least annually. (6) Results of this evaluation and project modification shall be reported to program staff in writing. (7) The evaluation plan shall include provision for retaining for two (2) years after completion of the pilot project all raw data about trainees and the implementation of the project.

**C. Monitoring:** A sponsor of a dental pilot project must have a monitoring plan that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (A) A description of the provisions for protecting patients' safety. (B) A description of the methodology used by the project director and project staff to provide at least quarterly monitoring of the following:

*Patient Safety & Trainee competency:*

1. Supervisor fulfillment of role and responsibilities.
2. Employment/utilization site compliance with selection criteria.
  - a. Acknowledgement that project staff or their designee shall conduct site visits to each employment utilization site.
  - b. The monitoring plan shall also identify a methodology for reporting information to program staff.

**D. Data:** A sponsor's evaluation and monitoring plans must describe, but is not limited to the following:

- (A) How data will be collected
- (B) How data will be monitored for completeness
- (C) How data will be protected and secured

2. With regards to the Commission on Dental Accreditation (CODA) accreditation. The University of Alaska is the only program in Alaska which is currently CODA accredited. According to the applicants, the University of Alaska is not moving forward with establishing a Dental Therapy program at this time. The University of Alaska operates a CODA accredited dental hygiene program and dental assisting program.

The applicants have stated that the relationship with University of Washington was not meant to be permanent. This relationship was established in 2007, at the inception of the program, to assist the program with administrative needs. The intention was for the program to affiliate itself with a local university or community college in Alaska. The DHAT program was affiliated with DENTEX which is operated by the University of Washington's School of Medicine MEDEX Northwest program. The DENTEX DHAT program has no affiliation with the University of Washington's School of Dentistry.

The DHAT program is a Federally certified program and does not need to align itself with any institutions. They have chosen to pursue alignment with Iñisaġvik College in Barrow, Alaska so that they may pursue CODA accreditation in the future. According to the Accreditation Standards for Dental Therapy Education Programs issued by CODA,

the Dental Therapy program must be part of an accredited degree-granting institution. The program, under its affiliation with the University of Washington, was not a degree-granting program but rather a certificate based program. Ilisaġvik College is accredited by the Northwest Commission on Colleges and Universities (NWCCU), one of six higher education, regional, accrediting associations recognized by the U.S. Department of Education.

Standards for Dental Therapy Programs were approved by CODA in August of 2015. At this time there are no accredited CODA Dental Therapy programs. According to CODA, the earliest a program could be accredited is estimated to be January 2017.

3. With regards to the DHAT Coordinator. The applicants have clarified the role and scope of this position.

“The role of the DHAT Coordinator is not as a provider. This role is an administrative function to facilitate the additional workload assumed by participating tribes—allowing the supervising dentist and the DHAT to have patient care as their priority. This position was included in the application, although their job description is broader than just the pilot program at their Tribe.

The functions of the DHAT coordinator associated with the pilot could include:

- Assist supervisor (Tribal health director, supervising dentist, HHS director or other) in managing administrative pilot activities
- With oversight from the supervisor carries out project work plan, meets project milestones, and assists in managing the project.
- With oversight from supervisor, work with appropriate staff to recruit and support DHAT trainees.
- In collaboration with supervisor and NPAIHB Oral Health Project staff, educate tribal members about role of DHAT in oral health team
- Support supervisor and NPAIHB Oral Health Project staff to execute internal and external communications plan related to DHATs.
- Assists onsite supervisor to prepare written reports and presentations NPAIHB, federal and state agencies, and other oral health stakeholders.”

**Comment 9:** Sharon Stanphill, Dr. PH, R.D.

Dr. Stanphill wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board’s (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100.

Dr. Stanphill’s written comments are attached to this report as “*Exhibit 9*”.

**Agency’s Response:** The agency thanks Dr. Stanphill for her comments and for her support.

**Comment 10:** Jacqueline Mercer, M.A

Ms. Mercer wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board’s (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100.

Ms. Mercer's written comments are attached to this report as "*Exhibit 10*".

**Agency's Response:** The agency thanks Ms. Mercer for her comments and for her support.

**Comment 11:** Caroline Cruz

Ms. Cruz wrote in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100.

Ms. Cruz's written comments are attached to this report as "*Exhibit 11*".

**Agency's Response:** The agency thanks Ms. Cruz for her comments and for her support.

**Kowalski Sarah E**

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**From:** Shannon English [REDACTED]  
**Sent:** Monday, January 25, 2016 11:00 AM  
**To:** Kowalski Sarah E  
**Subject:** Public comment Pilot #100

To the OHA Dental Pilot Project Program:

I am writing in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project--Project #100.

As you are aware, American Indian/Alaska Native (AI/AN) populations suffer from the highest rates of oral health disparities caused by insufficient access to dental care services. NPAIHB's pilot project fulfills the intent of SB 738, which was passed by the Oregon Legislature, and intended to increase access and improve quality to oral health care by teaching new skills to existing providers, developing new categories of dental providers, and accelerating and expanding the training to current providers.

Adding Dental Health Aide Therapists (DHATs) to the dental team is a proven solution to the oral health crisis in AI/AN communities. DHATs increase access to high-quality, culturally competent routine and preventive care, grow the number of AI/AN oral health care providers to tribal communities, and bring cost effective care where it is most needed. Evidence based research shows that DHATs provide safe, high quality care within their scope.

I encourage you to approve NPAIHB's pilot project application as a partner in the effort to eliminate oral health disparities in American Indian and Alaska Native communities.

Sincerely,

Shannon English, DDS  
Managing Dentist  
Willamette Dental Group  
Eugene, OR

Sent from my iPhone



NORTHWEST HEALTH  
FOUNDATION

January 19, 2016

Sarah Kowalski, RDH  
Dental Pilot Project Coordinator Oral Health Program  
800 NE Oregon Street, Suite 825  
Portland, Oregon 97232-2186

To the OHA Dental Pilot Project Program:

Northwest Health Foundation offers its strong support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project (Project #100).

The region needs multiple and better solutions to its oral health crisis, especially for populations—such as the American Indian/Alaska Native (AI/AN) communities—that experience the highest rates of oral health disparities due to insufficient access to dental care services. Northwest Health Foundation supports the leadership of the NPAIHB, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians and the Coquille Indian Tribe in implementing high-quality, culturally competent care by expanding dental teams to include Dental Health Aide Therapists (DHAT).

NPAIHB's pilot project fulfills the intent of SB 738, which was passed by the Oregon Legislature to increase access and improve quality to oral health care by teaching new skills to existing providers, developing new categories of dental providers, and accelerating and expanding the training to current providers. Adding DHATs to the dental team is a proven solution to the oral health crisis in AI/AN communities. DHATs increase access to high-quality, culturally competent routine and preventive care, grow the number of AI/AN oral health care providers to tribal communities, and bring cost effective care where it is most needed. Evidence based research shows that DHATs provide safe, high quality care within their scope.

We encourage you to approve NPAIHB's pilot project application as a partner in the effort to eliminate oral health disparities in American Indian and Alaska Native communities.

Sincerely,



Nichole Maher  
President, Northwest Health Foundation  
Member, Tlingit Tribe

To the OHA Dental Pilot Project Program:

I am writing in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project (Project #100).

I am proud that my tribe is leading the state in modernizing the oral health team and piloting this proven solution. As you are aware, American Indian/Alaska Native (AI/AN) populations suffer from the highest rates of oral health disparities caused by insufficient access to dental care services. NPAIHB's pilot project fulfills the intent of SB 738, which was passed by the Oregon Legislature, and intended to increase access and improve quality to oral health care by teaching new skills to existing providers, developing new categories of dental providers, and accelerating and expanding the training to current providers.

I am really excited about this opportunity for our Tribal people within the community. Growing up in this community, high quality, compassionate dental services have not been provided consistently for low income families. Often times providers change with little to no notice and leave a patient lacking the proper follow up and follow through on dental needs and preventative dental measures. I believe the culture around dental care has changed in a way that people are seeking preventative care however, there is still a stigma around dental hygiene and dental offices that can become barriers to needed care. For me personally I did not have favorable experiences going to the dentist but as the neighboring tribe started their dental clinic and I became a patient of theirs it was a different atmosphere being native and getting care in a native facility that changed my perception of dental care and preventative dental care. The Coquille Indian Tribe has shown that dental care is a priority along with proper and compassionate care. Some of the dental programs that are already in place for the youth in our tribal community such as fluoride varnishing that is started when the children get their first tooth to the Head Start Program taking the youth on field trips to the local dentist has provided a much more relaxing experience and instills confidence in our children rather than the anxiety of just going to the dentist to get your teeth pulled out. This opportunity is especially exciting for families and our youth to begin with a provider that is a tribal member that has history with the families, that is trusted within the community and that knows tribal history and historical trauma associated with disparities amongst native communities. I believe that the Coquille Indian Tribe will be successful in implementing this project if given the opportunity because the staff that will be working on the project are extremely knowledgeable and resourceful and have already implement such amazing programs that will only compliment this program. I also know that our Tribal Council is always very supportive of Tribal members pursuing their career goals especially when that opportunity provides a way for them to come back and work for the tribe. I couldn't think of a better organization to be a pilot project and I truly hope that the Coquille Indian Tribe is fully considered for this amazing opportunity.

Adding Dental Health Aide Therapists (DHATs) to the dental team is a proven solution to the oral health crisis in AI/AN communities. DHATs increase access to high-quality, culturally competent routine and preventive care, grow the number of AI/AN oral health care providers to tribal

communities, and bring cost effective care where it is most needed. Evidence based research shows that DHATs provide safe, high quality care within their scope.

I encourage you to approve NPAIHB's pilot project application as a partner in the effort to improve oral health outcomes and quality of care in American Indian and Alaska Native communities. I am proud that our tribal member will be trained to care for our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Becky Cantrell", written in a cursive style.

Becky Cantrell  
Coquille Indian Tribal Member

**Kowalski Sarah E**

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**From:** Katrinka McReynolds <[REDACTED]>  
**Sent:** Wednesday, January 20, 2016 9:20 AM  
**To:** Kowalski Sarah E  
**Subject:** Re: Notice of Public Comment: Dental Pilot Project Program

Sarah, I just took a moment to read through the proposal and also through the Dentex website. If we are able to expand the dental workforce to include DHAT workers I foresee it having a positive impact on dental disease in Oregon. One of the biggest problems we face in the two counties where I work with children in grades Kindergarten to 8th is lack of access to care. A child with dental needs, even if they have insurance, is often scheduled weeks or even months away. Anything that we can do to expand the dental force and make better use of the staff we have is a move in the right direction. I see the project looking at a support structure to minimize learning curve mistakes as well.

**Katrinka McReynolds**  
**Ready To Smile Program Manager**  
**Coos Health & Wellness**  
 North Bend Annex

[REDACTED]  
[REDACTED]  
[REDACTED] Office  
[REDACTED] Cell  
[REDACTED] Fax

***Together, inspiring healthier communities***

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>>> Kowalski Sarah E 1/12/2016 11:12 PM >>>

Good Morning,  
Please see the attached document with regards to  
DPP #100: Oregon Tribes Dental Health Aide Therapist Pilot Project.

Please see the Notice of Public Comment posted on the Dental Pilot Project Program website,  
healthoregon.org/dpp  
(  
<http://public.health.oregon.gov/PreventionWellness/oralhealth/dentalpilotprojects/Pages/index.aspx>)

Thank You,

Sarah Kowalski

## Kowalski Sarah E

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**From:** shanda dunten <[REDACTED]>  
**Sent:** Wednesday, January 13, 2016 9:42 PM  
**To:** Kowalski Sarah E  
**Subject:** RE: Notice of Public Comment: Dental Pilot Project Program

I'm very interested in the pilot program. Are there any plans to move towards Eastern Oregon at all? How would I go about getting involved?

Thanks,  
Shanda Dunten RDH, EPDH  
[REDACTED]

**Kowalski Sarah E**

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**From:** William Ten Pas <[REDACTED]>  
**Sent:** Thursday, January 21, 2016 9:50 AM  
**To:** Kowalski Sarah E  
**Subject:** Comments for Dental Pilot Project 100.

I have some concerns about the application for Dental Pilot Project 100. I feel that much of the material submitted was incomplete. I submitted questions with the evaluation of the project that have never been answered.

1. The sudden switch from the University of Washington to a small native Community College was concerning. The University of Washington is an accredited University. I asked how many the Community College's faculty are FTE and what the enrollment is with no response. This change was in the works for a long time but was not mentioned until the committee met and then it was an aside.
2. The Coquille tribe had not signed an MOA. At the review, it was stated that the tribe may use the Coos tribes dental facility. If this was the case, why the application for a separate site designation? I see an interest on the part of the Coquille tribe but little commitment.
3. There is a lack of baseline data that is needed. I am not sure how the project can claim success when there is nothing to compare results from succeeding years.
4. There needs to be quality measures developed prior to the beginning of the project. Quality measures are meant to determine if the sites are achieving a predetermined level of excellence and if not, what needs to be done.

We all want this project to succeed. I support the concept and the purpose. With that said, I do not want it to fail because of inadequate planning and haste.

I worked on a mobile clinic on a Native American Reservation in South Dakota ( a week a year for ten years). Promises and good intentions have been the currency of for years. We need to make sure this project succeeds and positive results are delivered. I support the project with some concern.

William S. Ten Pas

**Kowalski Sarah E**

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**From:** Jessica scruggs [REDACTED]  
**Sent:** Wednesday, January 13, 2016 9:19 PM  
**To:** Kowalski Sarah E  
**Subject:** dental pilot program

I am a dental hygienist registered in the state of Oregon but practicing on Federal land in the state of CA. I over all support the pilot project what I would like to comment on is that I think OR could be more supportive of federal supremacy in their state laws regarding providers.

The Supremacy Clause of the Constitution preempts state laws that interfere with, or are contrary to, the laws of the Federal Government. Many federal agencies are moving away from federal supremacy I am assuming that is what the tribe is doing because if they are on federal land they do not need the state approval. What the state can do is support its providers and open up the laws regarding expanded function dental hygienist working on federal land with partnerships with out of state licensed dentists as an example

I would prefer to see the training be created in OR and the minimum requirement is a dental hygiene license Pacific University would be a perfect place to have such a training due to being so progressive.

LT Jessica Scruggs MSDH  
United States Public Health Service

To: Sarah Kowalski, RDH  
Dental Pilot Project Coordinator  
800 NE Oregon Street, Suite 825  
Portland, OR 97323

From: Joni Young, DMD  
President, Oregon Dental Association

Re: ODA Public Comment on Pilot Project 100

January 22, 2016

ODA was supportive of the 2011 Pilot Project bill and eagerly anticipates the data that will be coming from all pilots. We supported pilot projects to provide an opportunity to test out new ideas to see if they work specifically in Oregon. Our goal is to find innovative ways of providing access to care for those that have none, not just new avenues of care for those already have it, and truly improve the oral health of Oregonians as all dental disease is preventable. We have high expectations that pilots need to show that new models of care improve access, at less cost, while maintaining safety to patients. That being said, our comments for Pilot Project 100 are as follows:

- National data is not sufficient in acting as baseline data collection. All pilots should have local, population specific baseline data collection built into their plans so there is something to compare to at the conclusion of the pilot. Baseline data is imperative to show improved health outcomes of populations being served.
- To ensure training parity with other programs across the United States for this model, training modules should be partnered with CODA accredited schools. Although they have the intention of applying for CODA accreditation, why is this new affiliation being accepted prior to accreditation?
- The scope of the DHAT Coordinator referred to in the application is not laid out and clear. Will data be collected separately on the effectiveness of the DHAT Coordinator verses the DHAT? How will this be accounted for when pilot project data is reviewed?

We look forward to answers to these questions and continuous discussions with all parties involved.



Native American Rehabilitation Association of the Northwest, Inc.  
*Mission Driven, Spirit Led*

January 12, 2016

Sarah Kowalski, RDH  
 Dental Pilot Project Coordinator Oral Health Program  
 800 NE Oregon Street, Suite 825  
 Portland, Oregon 97232-2186

To the OHA Dental Pilot Project Program:

I am writing in support of the Notice of Intent to Approve the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Dental Health Aide Therapy Project (Project #100).

As you are aware, American Indian/Alaska Native (AI/AN) populations suffer from the highest rates of oral health disparities caused by insufficient access to dental care services. NPAIHB's pilot project fulfills the intent of SB 738, which was passed by the Oregon Legislature, and intended to increase access and improve quality to oral health care by teaching new skills to existing providers, developing new categories of dental providers, and accelerating and expanding the training to current providers.

Adding Dental Health Aide Therapists (DHATs) to the dental team is a proven solution to the oral health crisis in AI/AN communities. DHATs increase access to high-quality, culturally competent routine and preventive care, grow the number of AI/AN oral health care providers to tribal communities, and bring cost effective care where it is most needed. Evidence-based research shows that DHATs provide safe, high quality care within their scope.

I encourage you to approve NPAIHB's pilot project application as a partner in the effort to eliminate oral health disparities in American Indian and Alaska Native communities.

Sincerely,

*Jacqueline A. Mercer*  
 Jacqueline A. Mercer, M.A.  
 Chief Executive Officer  
 NARA

Oyate Administration &  
 Family Services  
 1776 SW Morrison  
 Portland, OR 97205  
 [p] 503.224.1044  
 [f] 503.621.235

Residential Treatment Ctr  
 17645 NW Helens Hwy  
 Portland, OR 97231  
 [p] 503.621.1069  
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Outpatient Treatment Ctr  
 1631 SW Columbia St  
 Portland, OR 97201  
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Indian Health Clinic  
 15 N Morrison  
 Portland, OR 97227  
 [p] 503.237.9875  
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Totem Lodge  
 1438 SE Division  
 Portland, OR 97202  
 [p] 503.521.0346  
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Wellness Center  
 12360 SE Sunnyside  
 Portland, OR 97233  
 [p] 971.271.4800  
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Youth Services Center  
 12360 SE Sunnyside  
 Portland, OR 97233  
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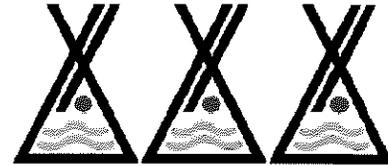
Mailing:  
 PO Box 159  
 Portland, OR 97207

**THE CONFEDERATED TRIBES OF WARM SPRINGS RESERVATION OF OREGON**

**Health and Human Services Administration**

PO Box C

Warm Springs, OR 97761



January 14, 2016

Joe Finkbonnner RPh, MHA

Executive Director

Northwest Portland Area Indian Health Board

2121 SW Broadway, Suite 300

Portland, Oregon 97201

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Sincerely,

A handwritten signature in cursive script that reads "Caroline M. Cruz".

Caroline M. Cruz

Health and Human Services General Manager