

**ND Tribal Nations Oral Health Summit
August 1, 2016 Ramkota Inn Bismarck, ND**

**Planning Session for Tribal Leaders, Tribal Health, Public, Private and Non-Profit Dental Services and
Policy Makers Summary and Recommendations**

Prevention Ideas:

- Cavity Free clubs in Head Start, preschools and elementary schools
- Access to healthy foods
- Need to access to healthy food and decrease sugary drinks and foods
- Get toothbrushes/floss in all homes for all family members
- Work in each community to get increased access to sealants
- Stronger relationships between schools, tribal health, NDDoH Dental program and other dental programs

Fiscal Consideration:

- More people enrolled in Medicaid
- Need system in place to reimburse
- Clearly clarify the Medicaid dental billing process
- Designate and fund more sites in tribal communities for care mobiles and sealant program
- Cost in ND vs SD on border communities
- Expand care mobile

Current Practice Issues:

- More providers
- Providers who practice regularly and longer in the community
- Long waiting times to see a dentist
- Hard to access dentists
- Increase retention with culturally appropriate training
- Tough to get into HIS to provide care
- Some dentists keep creating roadblocks
- Hard to balance stakeholder groups with conflicting opinions

Education:

- Cultural competency training a licensing requirement – or self-regulated requirement
- How do we engage tribal colleges? Roots=retention
- Train the local people
- Culturally appropriate training
- Pre-clinical telehealth/online training engagement
- NIHB support: provide training to tribal leaders and can have examples and templates for oral health development for resolutions

- ND Dental loan help for 2 year programs
- Push prevention- CHR/CHW programs
- Even when a program works in other places, need to assess how it could realistically work here

Tribal Consideration:

- Gather data from HIS and Tribal Nations
- Creating a memorandum could help move things forward- tribal consensus
- Better involvement of tribal health directors
- Look at tribal sovereignty approach
- Tele-dentistry models
- Stronger relationships between schools, tribal health, NDDoH Dental program and other dental programs

Legislative Consideration:

- Fund 3-4 more care mobiles
- Amend IHCI to allow resources for lower 48 DHAT programs
- Lengthy implementation time is issue
- Contact legislators with tribes in their districts
- Tele-dentistry models
- Amend federal offsite no service billing policy for dental services
- Adult dental coverage under traditional and expanded Medicaid
- State funds for sealant program stability
- Caps on billing don't allow for recouping actual costs
- Clearly clarify the Medicaid dental billing process
- Increase the IHS dental health budget
- Caps on billing don't allow for recouping actual costs