ARIZONA AMERICAN INDIAN ORAL HEALTH INITIATIVE

A DentaQuest Foundation Oral Health 2014 Project Partner

Status Report on the Formation of a Statewide Coalition

August 2012
Preamble

In April 2011, an historic statewide Arizona American Indian Oral Health Summit was held. Participants including tribal leaders, government and community-based agencies and organizations, and oral health advocates, left that meeting with a shared commitment to improve the oral health, and thus the overall health, of American Indians of all ages throughout the state of Arizona. In June 2012, just over one year later, they were joined by others at a Statewide Tribal Leaders’ Oral Health Round Table, convened for the purpose of creating an Arizona American Indian Oral Health Coalition that will take action to improve oral health literacy, prevent oral disease, increase access to quality treatment, and nurture the next generation of home grown American Indian oral health professionals, while developing and advocating for the resources required to achieve these goals. This report tells the story of what happened and what steps will be taken to go from here to achieve the vision of optimal oral health for all American Indians in Arizona. The Statewide Planning Committee of the Arizona American Indian Oral Health Initiative hopes that this report will increase your awareness of the efforts that have been undertaken to-date and motivate you to join in this important undertaking.

The Statewide Planning Committee would like to express its sincere appreciation to the DentaQuest Foundation for their generous grant support under the Oral Health 2014 project. As this report goes to press, we are pleased to report that the Arizona American Indian Oral Health Initiative has been approved for an additional $150,000 in Oral Health 2014 implementation funding for 2013. The Statewide Planning Committee also thanks the Delta Dental of Arizona Foundation for their generous cash match support under the Oral Health 2014 grant for this coming year.

Sincerely,

Frederick L. Hubbard  
Executive Director  
Arizona Advisory Council on Indian Health Care

Kevin B. Earle, MPH  
Executive Director  
Arizona Dental Association

Planning Committee Co-Chairs
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**EXECUTIVE SUMMARY**

Oral health is a key component of overall health and well-being. Tooth decay is a chronic infectious disease that affects more than the mouth—it can have a serious impact on the whole body. American Indians are among the most underserved populations in Arizona in terms of oral health care and are disproportionately impacted by oral disease.

Tribal leaders and others concerned with the health of American Indians living in Arizona came together in 2010 to address this issue. As a result of their deliberations, a Summit was held in April 2011 for the purpose of increasing oral health literacy and determining if there was interest among tribal leaders in moving forward together to improve oral health. At the end of the Summit, participants agreed that oral health is a high priority and that there must be continued dialogue and action to improve the oral health of American Indians of all ages throughout Arizona. Among the Summit recommendations was that an Arizona American Indian Oral Health Coalition should be established to facilitate ongoing dialogue, learning, policy development, resource acquisition and leveraging, and advocacy. They noted that a Coalition would help them to unify their voices and, thereby, take collaborative action to improve the oral health of their community members.

The energy generated at the Summit was palpable. The Statewide Planning Committee moved forward to conduct a series of local, regional, and statewide meetings to engage a broader group of stakeholders. Serendipitously, DentaQuest Foundation announced its Oral Health 2014 Initiative, designed to provide $100,000 in grant support to statewide oral health coalition building planning activities.

In October 2011, the Statewide Planning Committee and the Arizona Dental Foundation were notified that the Arizona American Indian oral health proposal had been selected as one of 20 programs funded across the Nation. The Arizona American Indian Oral Health Initiative is the only coalition project engaged to address a specific population. The OH2014 grant provided staffing and support for the series of regional Tribal Leaders’ Round Tables. Between October 2011 and April 2012, Round Tables were held in six areas throughout the state and a delegation traveled to visit one additional community. At the Round Tables, recommendations that were drafted at the Summit were prioritized in the areas of Oral Health Literacy, Prevention, Treatment, Workforce Education, and Advocacy/Resource Development. A priority that emerged was creating a Statewide American Indian Oral Health Coalition.

The grant also provided funding for a Statewide Tribal Leaders’ Oral Health Round Table, which was held in June 2012. At the Statewide Round Table, tribal leaders and interested others developed recommendations for the Coalition’s structure, governance, functioning, funding, and sustainability. Additionally, participants developed some initial measures of success for the Coalition. It was recommended that the Coalition be composed of representatives from all the Tribes and American Indian Communities with a presence in Arizona, plus a designated number of Urban American Indian representatives. There was also agreement that the Coalition should include representatives of government and community-based agencies and organizations as non-voting members and technical advisors. The Coalition should also have functioning issue-oriented committees and Regional Committees. The primary function of the Coalition should be advocacy for improved oral health among American Indians living in Arizona. It was recommended that the Statewide Planning Committee take the lead in working out the details of Coalition structure, governance, and functioning, and that a development plan be created that details strategies for identifying and pursuing potential funding sources.

The Coalition has the potential to be a powerful resource. It can serve as a hub for collaboration—sharing ideas and best practices, leveraging resources, creating a strong and unified voice, mobilizing for strategic action, and building economies of scale. It can serve as a resource and tool for tribal councils, executive offices, and health departments; for American Indian organizations concerned with oral health;
for the Indian Health Service; and others. It can gather, analyze, and share information with tribal leaders, government agencies, and funders—infor-

mation that can be used to guide policy and practice and garner needed resources. It can educate policy makers both inside and outside the Tribes on cur-
rent issues, models for addressing identified issues, and resources. It can help to build consensus. It can promote and facilitate oral health literacy, prevention programs, and access to treatment services. It can take an active role in workforce development. An Arizona American Indian Oral Health Coalition can provide Arizona tribal leaders with the knowledge, tools, and resources they need to assert strategic regional and national leadership on oral health issues, elevate their concerns, and generate the resources needed to address them.

As identified by the participants in the Statewide Round Table, the next steps are:

1. Continue to engage in active outreach to Tribes and American Indian Communities throughout Arizona. It was envisioned that some formal commitment such as a Memorandum of Understanding might be developed with each.

2. Convene the expanded Statewide Planning Committee to finalize recommendations related to the Coalition and Regional Committee structure, governance, and functioning.

3. Convene a group of potential funders and seek funding for further planning and implementation.

4. Begin work on a communication strategy.

5. Continue to build relationships with and garner the support of critical partners.

6. Apply for Year Two DentaQuest Implementation Grant.

Assuming that the Coalition receives implementation funding, there will be significant opportunities for tribal members and other interested stakeholders to participate as Board members and on either the Regional Committees or the issue-oriented committees.

**ORAL HEALTH AMONG AMERICAN INDIANS IN ARIZONA**

Oral health is a key component of overall health and well-being. Tooth decay is a chronic infectious disease that affects more than the mouth—it can have a serious impact on the whole body. Tooth decay at an early age is a predictor of lifetime oral disease, with dental care being the most common unmet health need in children. According to federal and state sources, oral diseases contribute to lost school and work hours, impaired speech development, inability to concentrate in school, decreased school performance, poor social relationships, and reduced self-esteem. Oral diseases are linked with other health problems, including prematurity, low birth weight, failure to thrive, diabetes, cardiovascular disease, and stroke.

American Indians are among the most underserved populations in Arizona in terms of oral health care. Geographic isolation, low population density, high levels of unemployment, and poverty make it difficult to create sustainable economies of scale for the provision of oral health services. This is complicated by the fact that the Indian Health Service operates on a budget that is significantly less than what is required for the population served.
Available data focuses primarily on children. Tooth decay in American Indian children starts early and progresses into childhood. The children are significantly less likely to have seen a dentist during the past year and more likely to have had tooth decay experience than their age peers who are not American Indian. The prevalence of tooth decay among American Indian children in Arizona is getting worse—not better.

According the Arizona Department of Health Services, American Indian children are disproportionately impacted by oral disease. Data from the 2009 Oral Health Survey of Arizona Pre-School Children and the 2010 Arizona Healthy Bodies, Healthy Smiles Survey show that:

1. Ten percent of American Indian children from birth to age 5 in Arizona have early childhood tooth decay, a severe and aggressive form of tooth decay. This compares with seven percent among children who are not American Indian.

2. The average number of decayed teeth for children in this age group was 4½ teeth per child, compared to an average of 2½ teeth among children who are not American Indian.

3. Significantly more American Indian children birth to age 5 were observed to have one or more teeth with treated decay when compared to children who are not American Indian (17% vs. 7%). Data on children in third grade show that American Indian children in this age group were also more likely to have one or more teeth with treated decay than their peers who are not American Indian (82% vs. 59%).

4. American Indian children (in third grade) were significantly less likely to have seen a dentist during the year prior to their screening (59% vs. 73% for children who are not American Indian).

5. Significantly more American Indian children (in third grade) have had tooth decay experience compared to children who are not American Indian (93% vs. 76%).

6. In the last ten years, there has been a ten percent increase in tooth decay experience (from 83% in 2000 to 93% in 2010) among American Indian children (in third grade). This is moving away from the Healthy People 2020 target for children aged 6-9 of 49 percent.

7. Significantly more American Indian children (in third grade) were observed to have untreated decay, compared children who are not American Indian (62% vs. 41%). The Healthy People 2020 objective for children aged 6-9 is 26 percent.

According to a 1999 survey conducted by the Indian Health Service:

1. Untreated periodontal disease is complicating the treatment of diabetes and heart disease.

2. One in four Native elders is without natural teeth and 20 percent of those do not have dentures.

► ORAL HEALTH SUMMIT

The concept of convening an oral health Summit in 2010 emerged from conversations among tribal leaders, other leaders from the American Indian community in Arizona, government agencies, professional associations, and others concerned with improving oral health among American Indians in Arizona. A committee was formed in October 2010 to plan the initial statewide event. The Summit Planning Committee membership included tribal representatives from the Colorado River Indian Tribes, Gila River Indian Community, Pascua Yaqui Tribe, and Tohono O’odham Nation. The committee also included representatives from the Advisory Council on Indian Health Care, Arizona Dental Association, Arizona Department of Health Services, Arizona Health Care Cost Containment System (AHCCCS), Arizona Public Health Association, Arizona State Dental Hygienists’ Association, Delta Dental of Arizona Foundation, First Things First, Indian Health Service, and the Native American Community Health Center.

The Summit Planning Committee was guided by the principle that the Summit should be focused on the priorities and interests of tribal leaders, tribal health directors, and urban American Indian health directors. They were guided also by the principles of partnership and collaboration, believing that strategic
Alliances would be required to improve oral health in American Indian communities throughout Arizona. Additionally, they were guided by the principle of leveraging resources, recognizing the scarcity of resources and the magnitude of the need for prevention, education, and services in the state. It was their premise that by working together and sharing expertise and resources, we can achieve more than any of us can achieve alone.

There were multiple purposes for the Summit. First, it was intended to provide an opportunity for those concerned with oral health among American Indians in Arizona and those engaged in the delivery of oral health services to come together to share information and network. Additionally, the Summit was convened to yield recommendations for addressing the concerns and priorities of Tribes and American Indians throughout the state and to educate participants about promising prevention and treatment models being implemented in Arizona and elsewhere.

The Arizona American Indian Oral Health Summit was held on April 21-22, 2011 at the Fort McDowell Radisson Resort located on the Fort McDowell Yavapai Nation. It was funded by private donations from a variety of sources including the Advisory Council on Indian Health Care, Arizona Dental Association, Arizona State Dental Hygienists’ Association, Basha’s, Delta Dental Of Arizona Foundation, Institute for Oral Health, Native Health, Office of Minority Health/US Department of Health and Human Services, Pascua Yaqui Tribe, and Salt River Project (SRP). There were over 100 persons in attendance. During the day and a half long meeting, participants learned about systems of oral health care, the state of American Indian children’s oral health, early childhood caries, the Affordable Care Act, and the Indian Health Care Improvement Act. There was a tribal leaders’ town hall and breakout sessions during which participants were given an opportunity to discuss the 638 dental clinics, teledentistry, dental health aide therapists, and First Things First’s oral health strategies. Additionally, there was discussion of prevention and treatment strategies for both children and adults.

At the end of the Summit, participants agreed that oral health is a high priority and that there must be continued dialogue and action to improve the oral health of American Indians of all ages throughout Arizona. They underscored the need to build capacity in their communities to engage in population-based prevention approaches, to increase oral health literacy, and to provide culturally responsive services. They highlighted the need to nurture a new generation of home grown oral health professionals to work in their communities. They pointed to the need for tribal leaders to make a commitment to improve oral health, to adopt policies that promote oral health, and take action that expands access to both prevention and treatment of oral disease.

A report on the Summit was issued. The report listed a number of actions that could be taken to improve oral health in several categories, although no priorities were established. Following the Summit, A State-wide Planning Committee set forth a plan to engage local stakeholders in a process to set priorities.

Among the Summit recommendations was that an Arizona American Indian Oral Health Coalition should be established to facilitate ongoing dialogue, learning, policy development, resource acquisition and leveraging, and advocacy. They noted that a Coalition would help them to unify their voices and, thereby, take collaborative action to improve the oral health of their community members.
The energy generated at the Summit was palpable. The Statewide Planning Committee moved forward with an effort to conduct a series of local, regional, and statewide meetings to engage a broader group of stakeholders. Serendipitously, DentaQuest Foundation (DQF) announced its Oral Health 2014 Initiative, designed to provide $100,000 in grant support to statewide oral health coalition building planning activities. The Statewide Planning Committee submitted a letter of intent and was then invited to submit a full proposal. The Summit Planning Committee with the Arizona Dental Foundation (an existing IRS 501(c)(3) acting as the fiscal agent) then collaborated and submitted the grant application to DentaQuest Foundation in the Fall of 2011.

A list of Statewide Planning Committee members is included as Appendix A.

The goals of the proposed project were to improve oral health literacy and expand access to prevention and treatment services among Arizona’s American Indian communities. The project proposed to engaged Arizona tribes, urban American Indian organizations, and the Indian Health Service, as well as key federal, state, and public and private stakeholders in a strategic planning effort to: 1) organize a statewide Arizona American Indian Oral Health Coalition; 2) develop vision, mission, goals, objectives, activities, and timelines emphasizing concepts of collaboration, partnerships, and leveraging resources; and 3) develop benchmarks for measuring success, an evaluation methodology, communications protocols, and strategies for public relations and marketing, development, and sustainability.

Letters of support for the grant were provided by Tribes representing 95 percent of the American Indian population in Arizona (Gila River Indian Community, Hopi Tribe, Navajo Nation, Pascua Yaqui Tribe, San Carlos Apache Tribe, Tohono O’odham Nation, White Mountain Apache Tribe), as well as the Advisory Council on Indian Health Care, the Arizona Dental Association, Delta Dental of Arizona Foundation, State agencies (including the Arizona Department of Health Services and First Things First), Arizona State Dental Hygienists’ Association, Native American Community Health Center, Arizona Public Health Association, Arizona Rural Health Association, Tucson Indian Center, and a variety of Tribal and Arizona elected officials. The proposal was also supported by AHCCCS, the State Medicaid Agency in Arizona.

In October 2011, the Statewide Planning Committee and the Arizona Dental Foundation were notified that the Arizona American Indian oral health proposal had been selected as one of 20 programs funded across the Nation. The Arizona American Indian Oral Health Initiative is the only coalition project engaged to address a specific population.

**REGIONAL TRIBAL LEADERS’ ROUND TABLES**

The OH2014 grant provided staffing and support for the series of regional Tribal Leaders’ Round Tables and a Statewide Tribal Leaders’ Round Table.
Between October 2011 and April 2012, the following Round Tables were held:

1. Hon-Dah Round Table, October 26, 2011 (which was conducted prior to the Grant), hosted by the White Mountain Apache Tribe
2. Tucson Region Round Table, December 14, 2011, hosted by the Tohono O’odham Nation
3. Urban Indian Round Table, January 26, 2012, hosted by Native American Community Health
4. Parker Round Table, February 22, 2012, hosted by the Colorado River Indian Tribes
5. Central Phoenix Round Table, April 11, 2012, hosted by the Gila River Indian Community
6. Window Rock Round Table, April 19, 2012, hosted by the Navajo Nation

A list of participants is included in Appendix B.

In addition, a delegation traveled to the Kaibab Band of Paiute Indians on 5/10/12 because they were unable to attend one of the Round Tables.

In each of the Round Tables, the DentaQuest Foundation Grant was explained; an information session was provided to enhance oral health literacy among participants; participants engaged in table top discussions to identify their priorities for action in the areas of oral health literacy, prevention, treatment, educating the next generation of American Indian oral health professionals, advocacy, and resource development. The concept of the development of an Arizona American Indian Oral Health Coalition was discussed. The priorities identified in each of the Round Tables were tallied and compiled.

In the area of Oral Health Literacy, the recommendations in order of priority were:

1. Facilitate the use of health educators, Head Start personnel, First Things First personnel, caseworkers, community health representatives, and dental personnel for oral health literacy and education.
2. Connect oral health education objectives with overall health and wellness education objectives
3. Incorporate knowledge about nutrition and tooth decay with other nutritional recommendations that are culturally and geographically sensitive.
4. Implement Head Start brushing programs in childcare settings.
5. Include information on substance abuse and the effect of tobacco use on teeth & surrounding oral tissue.

In the area of Prevention, the recommendations in order of priority were:

1. Integrate oral health prevention services with other existing health services professionals including dieticians, pharmacists, OB/GYNs, affiliated practice dental hygienists, and physicians.
2. Initiate oral health program collaboration with wellness programs, parenting classes, and diabetes and tobacco prevention programs.
3. Implement school-based sealant programs with others providing services in local clinics.
4. Utilize public water fluoridation as the foundation for the prevention of tooth decay in tribal communities. (School fluoride mouth rinse programs as an alternative where fluoridation of the public water supply is not feasible.)
5. Incorporate oral health disease prevention education into programs at senior centers and geriatric clinics, and in diabetes programs.

In the area of Treatment, the recommendations in order of priority were:
1. Encourage tribal leaders to continue to consult with state and federal administrative agencies in order to acquire adequate funding to support residency programs, hire dental specialists, create pilot programs, etc.

2. Insure that information on treatment options and benefits are readily available and easily accessible.

3. Survey elders and treatment facilities to identify specific needs and availability of services for the elderly.

In the area of Workforce Education, the recommendations in order of priority were:

1. Recruit, support, and mentor American Indian students as a means of promoting access to education, academic excellence, successful completion of necessary academic programs, and the attainment of necessary degrees.

2. Inform and educate young American Indian students about oral health care careers and how they can become oral health professionals.

3. Build the oral health capacity of Arizona American Indian communities by creating a statewide education and professional pipeline for American Indian students and adults.

4. Encourage tribal leadership to play a significant role in encouraging young American Indians to seek careers in health care.

In the area of Advocacy and Resource Development, the recommendations in order of priority were:

1. Establish an Arizona American Indian Oral Health Coalition comprised of tribes, urban Indian organizations, and key public and private sector stakeholders to facilitate collaboration, strategic partnerships, and peer-to-peer mentoring; share knowledge and information; enhance resource development; and leverage community resources.

2. Encourage tribal leaders to promote the importance of oral health as a component of overall health and communicate the importance of adequate dental care as a significant contributor to quality of life for American Indians.

3. Unify and amplify American Indian voices to strategically educate and inform opinion leaders and decision makers in administrative agencies and elected representatives.

4. Build consensus regarding short-term and long-term policy goals, objectives, and strategies for resource development, regulatory reform, and policy development.

5. Monitor federal and state funding opportunities, regulatory proceedings and legislation, and inform tribal and community leaders about timely and important opportunities and calls for action.

Statewide Tribal Leaders’ Round Table

The DentaQuest Foundation Grant also funded a Statewide Tribal Leaders’ Oral Health Round Table, which was held on June 13-14, 2012, in Phoenix. The Statewide Round Table was focused on building a coalition for the advancement of oral health in American Indian communities throughout Arizona. The desired results for the Statewide Round Table were:

1. To foster a shared commitment to moving forward together to improve the oral health of American Indian communities in Arizona by creating an Arizona American Indian Oral Health Coalition.

2. To achieve clarity about how an Arizona American Indian Oral Health Coalition can benefit tribal leaders and their communities.

3. To reach agreement on the Arizona American Indian Oral Health Coalition structure, functioning, and communications, and have an action plan for creating the Coalition.

4. To have identified some key measures of success for the Arizona American Indian Oral Health Coalition.

Participants supported the development of an Arizona American Indian Oral Health Coalition ("the Coalition"). Recommendations from participants related to the formation of the Coalition are described below.

Coalition Structure, Governance, and Functioning

The Coalition should be composed of representatives...
from all the Tribes and American Indian Communities with a presence in Arizona, plus a designated number of Urban American Indian representatives. Participants underscored the critical importance of support from tribal leaders and regular communication with them. There was also agreement that the Coalition should include representatives of government and community-based agencies and organizations as non-voting members and technical advisors. The participation of Indian Health Service will also be crucial to success.

The Coalition should have a governing board, the composition of which should be recommended by the Statewide Planning Committee. The governing board should have a designated number of tribal and urban American Indian representatives. The Coalition should also have functioning committees, perhaps paralleling the priorities categories, i.e., oral health literacy, prevention, treatment, workforce, and advocacy/resource development. There should also be Regional Committees, the number, location, and composition of which are yet to be determined. The Regional Committees should be inclusive and allow for broad and diverse participation. Both the Coalition and the Regional Committees should be American Indian controlled. Whether the statewide Coalition will be a 501(c)(3) will need to be determined. In the interim, a fiscal agent will be needed.

The primary function of the Coalition should be advocacy for improved oral health among American Indians in Arizona and for the resources required to address this critical health issue. Other important functions of the Coalition should include relationship building, communication, capacity building, and supporting efforts to improve oral health literacy, prevention, access to treatment services, and workforce development.

➢ FUNDING AND SUSTAINABILITY

It will be necessary to reach agreement on some of the key elements of Coalition infrastructure in order to determine resources needed. It is clear that resources will be needed for infrastructure, including space, technology, staff, and other basic operating expenses. There is agreement that the conversation about sustainability should start as soon as possible.

A strategy will be needed for identifying and pursuing potential funding sources. A resource development plan should be developed and might include seeking funding from federal and state government, national and local philanthropic foundations, Tribes and American Indian Communities, Arizona-affiliated businesses, health and oral health-affiliated businesses, American Indian-related organizations, agencies and organizations focused on chronic diseases that impact or are impacted by oral health, other agencies and organizations focused on health, and colleges and universities, as well as in-kind support. Partnerships will be key to resource development and critical to sustainable funding.

➢ MEASURES OF SUCCESS

Participants in the Statewide Round Table identified some initial measures of success. These were:

1. Establishment of a strategic plan and operational plan for the Statewide Coalition
2. Participation in Statewide Coalition meetings
3. Tribal commitment to participation
4. Procurement of funding

➢ RESULTS TO-DATE

Significant progress has been made in three areas:

1. Increased oral health literacy
2. Increased commitment to move forward to together to improve the oral health of American Indians in Arizona
3. Creation of recommendations for the development of an Arizona American Indian Oral Health Coalition

In each of the regional Tribal Leaders’ Round Tables, an orientation to oral health was provided—“Oral Health 101.” These educational sessions helped participants who were not dental professionals to better understand oral health and the critical link between oral health and overall health. In the Statewide Round Table, several participants spoke about the need for oral health education in their communities and how the Coalition, once activated, could help to promote and facilitate the oral health education of community members.
After the Statewide Round Table, participants were asked to complete a commitment form. Many of the participants did so and indicated their interest in assisting with the design and development of the Coalition structure and functioning, outreach to and communication with other tribal leaders, identifying resources to support the Coalition, refinement and implementation of a plan for improving oral health in American Indian communities, or other activities.

When asked on the post-meeting reflection form what they plan to do as a result of participating in the Statewide Round Table, participants commented:

1. Be a voice and keep this project in the ears of Tribal Leaders’
2. Get officials on the band wagon to understand the importance
3. Inform my Tribal leadership and get the word out
4. Attempt to gain local support at my Tribe

The recommendations that came out of the Statewide Round Table addressed Coalition structure, governance, functioning, membership requirements and benefits, outreach and ongoing communications, funding, and sustainability of the Coalition. Participants in the Statewide Round Table recommended that the Statewide Planning Committee that was originally convened prior to the 2011 Summit be tasked with finalizing the recommendations. Several asked to join the Statewide Planning Committee.

**Benefits of an Arizona American Indian Oral Health Coalition**

There was discussion at the Statewide Round Table about the potential value of a Coalition to tribal leaders and American Indian communities throughout Arizona. The Coalition has the potential to be a powerful resource. It can serve as a hub for collaboration—sharing ideas and best practices, leveraging resources, creating a strong and unified voice, mobilizing for strategic action, and building economies of scale. It can serve as a resource and tool for tribal councils, executive offices, and health departments; for American Indian organizations concerned with health; for the Indian Health Service; and others. It can gather, analyze, and share information with tribal leaders, government agencies, and funders—information that can be used to guide policy and practice and garner needed resources. It can educate policy makers both inside and outside the Tribes on current issues, models for addressing identified issues, and resources. It can help to build consensus. It can promote and facilitate oral health literacy, prevention programs, and access to treatment services. It can take an active role in workforce development. An Arizona American Indian Oral Health Coalition can provide Arizona tribal leaders with the knowledge, tools, and resources they need to assert strategic regional and national leadership on oral health issues, elevate their concerns, and generate the resources needed to address them.

**Next Steps**

As identified by the participants in the Statewide Round Table, the next steps are:

1. Continue to engage in active outreach to Tribes and American Indian Communities throughout Arizona. It was envisioned that some formal commitment such as a Memorandum of Understanding might be developed with each.
2. Convene the expanded Statewide Planning Committee to finalize recommendations related to the Coalition and Regional Committee structure, governance, and functioning.
3. Convene a group of potential funders and seek funding for further planning and implementation.
4. Begin work on a communication strategy.
5. Continue to build relationships with and garner the support of critical partners.
6. Apply for Year 2 DentaQuest Implementation Grant.

**How to Get Involved**

Assuming that the Coalition receives implementation funding, there will be significant opportunities for tribal members and other interested stakeholders to participate as Board members or on either the Regional Committees or the issue-oriented committees.
APPENDIX A

STATEWIDE PLANNING COMMITTEE MEMBERS

Michael Allison, Native American Liaison, Arizona Department of Health Service

Frederick L. Hubbard, Executive Director, Advisory Council on Indian Health Care

Kevin B. Earle, MPH, Executive Director, Arizona Dental Association

Brendalee Lopez, MSAC, Project Coordinator, American Indian Oral Health Project

Kade L. Twist, Consultant, Highground Associates for Arizona Dental Association

Lydia Enriquez, Administrative Assistant, Advisory Council on Indian Health Care


Joyce Flieger, RDH, Arizona Public Health Association

Jan Grutzius, RDH, Arizona State Dental Hygienists’ Association

Dr. Heshmat Mortazavi, Chief Dental Officer, IHS Sells Hospital Dental Clinic

Ron Toepke, DDS, Dental Director, Pascua Yaqui Tribe Dental Clinic Health Services Division

Laverne Dallas, Director, Health Resource Center, Gila River Indian Community

Dan Huber, DDS, Phoenix Area Dental Consultant, IHS- OHP

Bonnie Talakte, Tribal Relations Liaison, AHCCCS

Beverly Russell, Senior Tribal Liaison, First Things First

Sandi E. Perez, PhD, Vice President of Communications & Community Benefit, Delta Dental of Arizona
APPENDIX B

ATTENDEES AT REGIONAL ROUND TABLES

NOTE: Regional Round Tables were Attended and Facilitated by:

Frederick Hubbard, Executive Director, Advisory Council on Indian Health Care
Michael Allison, Native American Liaison, Arizona Department of Health Services
Kevin Earle, Executive Director, Arizona Dental Association
Brendalee Lopez, Project Coordinator, Arizona American Indian Oral Health Initiative
Kade Twist, Consultant, Highground Associates/Arizona Dental Association
Lydia Enriquez, Administrative Assistant, Advisory Council on Indian Health Care

HON-DAH ROUND TABLE, WEDNESDAY, OCTOBER 26, 2011

Connie Baine, Navajo-Apache-Gila Regional Oral Health Coordinator
Charlene Hamilton, Executive Director, WMAT-Division of Health Programs
Jovanna Aday, Supervisor, WMAT-Elderly Service Program
Rudy Ethelbah, WMAT-Health Board Member
Marilyn Fredericks, Hopi Tribe
Glenda Lee, Administrative Assistant, WMAT, Division of Health Programs
Lori Joshweseoma, Director, Department of Health Services, Hopi Tribe
Gwendena Real Bird, Executive Assistant, WMAT

TUCLSON TRIBAL LEADER ROUNDTABLE, DECEMBER 14, 2011

Teresa Molina, Dental Clinic – PYT
Maria Alcantara, Dental Clinic – PYT
Ruth Trujillo, Dental Clinic – PYT
Reuben Howard, Executive Director, Health Services Division, PYT
Barbara Raper, Dental Office Manager – PYT
Bernadine Ramon, Child Welfare – PYT
Rebecca Rivera, Head Start – PYT
Rose Ann Frodge, Manager Senior Services – TON
Sylvia Lopez, Child Welfare – TON
Alberta Ray, Child Welfare – TON
Robert Birdwell, DDS, Dental Director, AHCCCS

Attendees continued on next page
APPENDIX B CONTINUED

Attendees continued from previous page

Margaret Perry, RDH, Oral Health Program Coordinator, PIMA County Health Department
Joyce Fleiger, RDH, U of A Cooperative Extension Service
A.L. Renteria, MD, RIO Pasqua
Ronald Toepke, DDS, Dental Director, Health Services Division PYT
Ayana Blagrove, RDH, Indian Health Service, Sells Service Unit
Victoria Hobbs, Executive Director of Education, TON
Frances Stout, Chairperson, Board of Directors, Archie Hendricks Nursing Home, TON
Julia Wacloff, RDH, Chief, Office of Oral Health, Arizona Department of Health Services
Carlos Aceve, Group Home Supervisor – TON
Fileberto Lopez, DDS, PYT
Francisco G. Munoz, Tribal Council Member, PYT

URBAN TRIBAL LEADERS ROUND TABLE, JANUARY 26, 2012

Michael Joseph, Indian Health Service
George Blue Spruce, Jr., DDS, Retired Assistant Surgeon General, USPHS
Minnie Amos, Pediatric Clinic Nursing Supervisor, PIMC
Yvette Thornton, RDH, Participating Coordinator, A.T. Still University
Craig Pattee, Grants Management Specialist, Native Health
Mary Busch, RDH, Associate Director Community Partnership, A.T. Still University
Lori Riedel, Director, Sanford-Brown College Dental Hygiene Program
Alyssa York, DDS, Inter Tribal Council of Arizona
Dr. Dan Huber, Phoenix Area Dental Consultant
Michael Allison, Native American Liaison, Arizona Dept. of Health Services
Anh Thu Becker, DDS, Native Health
Laverne Dallas, Director, Health Resource Department, GRIC
Naomi Lane, Inter Tribal Council of Arizona
Julia Wacloff, Chief, Office of Oral Health, Arizona Department of Health Services
APPENDIX B CONTINUED

PARKER TRIBAL LEADERS ROUND TABLE, WEDNESDAY, FEBRUARY 22, 2012

Dr. Dan Huber, Phoenix Area Dental Consultant
Dr. Heather Judd, Chief Dental Officer, Indian Health Service, Parker Service Unit
Janel Striped-Wolf, Native American Program Coordinator, NurseWise
Dr. Randy Smith, Pediatrics, Indian Health Service, Parker Service Unit
Evan Nelson, Caseworker, NurseWise
April Duckey, Caseworker, NurseWise
Jan Grutzius, RDH, Arizona State Dental Hygienists’ Association
Maurice James, Acting Director, Fort Mohave Health Center
Mercedes Hill, Director, Senior Center, CRIT
Victoria Enas, CHR Manager, Department of Health Services, CRIT
Eldred Enas, Chairman, CRIT
Daniel Barbara, Executive Director, Dept of Health and Social Services, CRIT
Arnie Short, Manager, Alcohol and Substance Abuse Counselor, CRIT
Bonita Hernandez, Tobacco Coordinator, Dept of Health Services, CRIT
Isabel DeLeon, WIC/First Things First, CRIT
Stacey Amador, Manager, Special Diabetes Program, CRIT
Mike McCluskey, Director, Behavioral Health, CRIT

CENTRAL PHOENIX TRIBAL LEADERS ROUND TABLE, WEDNESDAY, APRIL 11, 2012

Marc Matteson, Diabetes Prevention Coordinator, Ak-Chin
Dr. Jody Herschenhorn, Dentist
Katrina Naasz, Chief Dentist, Indian Health Service, SRPMIC
BJ Tatro, Tatro Consulting
Dr. George Blue Spruce, Jr., Retired Surgeon General, USPHS
Dr. Dan Huber, Indian Health Service - Phoenix Area Dental Consultant
Laurie Buckles, RDH, Arizona State Dental Hygienists’ Association
Mary Busch, Associate Director Community Partnership, A.T. Still University
Laverne Dallas, Director, Health Resource Department, GRIC
Lori Riedel, Director, Sanford- Brown College Dental Hygiene Program
Martin Chou, University of Arizona- Children’s Study - Pinal County

*Attendees continued on next page*
APPENDIX B CONTINUED

Attendees continued from previous page

Beverly Allen, Health Coordinator Headstart, GRIC
Mary Weston, Caregiver Coordinator Senior Services, SRPMIC
Kelley Murphy, Senior Child Specialist, Child Health, First Things First

WINDOW ROCK TRIBAL LEADERS ROUND TABLE, THURSDAY, APRIL 19, 2012
Dr. Robert Lloyd, Dental Chief, Tse’hootsooi’ Medical Center
Valonia Hardy, RN, Chief Community Health Officer
Wanda Johnson, Office of the Vice-President Administrative Assistant
Connie Baine, RDH, Navajo-Apache-Gila Regional Oral Health Coordinator.
Rex Lee Jim, Vice-President, Navajo Nation
Dr. Richard Champany, Chief, Shiprock Service Unit Dental Program
Philene Herrera, Program Manager III, Navajo Health Education Program
Janet Slowman-Chee, PhD, Chief Officer of Planning and Logistics, Navajo Nation
Mary Tyler, Assistant Health Director, Navajo County Public Health
Maegilene Begay, CHR, Outreach Program - Navajo Division of Health
Douglas Peter, Chief Medical Officer, Indian Health Service, Navajo Area
Michael Tutt, MD, Chief Medical Officer Supervisor, Tse’hootsooi’ Medical Center
Dr. Leland Leonard, Chief Executive Officer, Tse’hootsooi’ Medical Center
Gayle Chacon, MD, Supervisor, Navajo Division of Health

KAIBAB BAND OF PAIUTE INDIANS ROUND TABLE, THURSDAY, MAY 10, 2012
Dennis Day, DDS, Community Health Representative - Tobacco
Ona Segundo, Director of Education and Librarian
Laura Savala, CHR and Medical Billing
Manuel Savala, Chairman, Kaibab Band of Paiute Indians
Ronica Spute, Administrative Assistant
Yolana Rogers, Housing
Bing Thomas, Director, Kaibab Early Learning Center
Lori Tait, Tribal Community Nurse
Dolores Savala, CHR Director
Amelia Segundo, CHR Health Educator, Councilwoman
APPENDIX C

ATTENDEES AT STATEWIDE ROUND TABLE, JUNE 13-14, 2012

Sheina Yellowhair, Tribal Liaison, Cenpatico
Fred Hubbard, Executive Director, Advisory Council on Indian Health Care
Brendalee Lopez, Project Coordinator, AZ American Indian OH Initiative
Demetra Barr, MD, Acting Health Division Director, Ft McDowell Yavapai Nation
Megan Vrooman, Delta Dental of Arizona
Suzanne DeBall, DDS, Dental Director, Gila River Health Care, GRIC
Clare Nolan, Vice-President, Harder+ Company
Patrick Finnerty, DentaQuest Foundation
Amanda Jones, Delta Dental of Arizona
Kade L. Twist, Consultant, Highground Associates for Arizona Dental Association
Lori Tait, Tribal Community Nurse, Kaibab Band of Paiute Indians
Dolores Savala, CHR Director, Kaibab Band of Paiute Indians
Joanne Romero, Community member, TON
Dawn Lorenzo, Director of Philanthropy, Delta Dental of Arizona
Dr. Leland Leonard, Chief Executive Officer Tse’hootsooi’ Medical Center
Katrina Naasz, DDS, Chief Dentist at Indian Health Service, SRPMIC
Maurice James, Acting Director, Fort Mohave Health Center, Fort Mohave Indian Tribe
Bonnie Talakete, Tribal Relations Liaison, AHCCCS
Janice Anderson, Community Health Analyst, Health Resource Dept, GRIC
Bing Thomas, Director, Kaibab Early Learning Center, Kaibab Band of Paiute Indians
Nancy Piqosa, Office Manager, DCHS, Hopi Tribe
Laverne Dallas, Director, Health Resource Department, GRIC
Michael Tutt, MD, Chief Medical Officer Supervisor, Tse’hootsooi’ Medical Center
Anh Thu Becker, DDS, Native Health
Mary Tyler, Assistant Health Director, Navajo County Public Health
RaNee Toscano, RDH, Arizona Department of Health Services
Jan Jepson, Executive Assistant, Arizona Dental Association
Jennie Bencenti, Executive Director, Dept of Health and Human Services, TON
Tina Aguilar, Manager, Healthy O’Odham Promotion Program, TON
Chester Antone, Councilman, TON
Annette Brown, Assistant Director Health and Human Services, SRPIMC
Elvira Martin, CHR Program, Navajo Nation
Dan Huber, DDS, Phoenix Area Dental Consultant
Lori Riedel, Director, Sanford-Brown College

Attendees continued on next page
APPENDIX C  CONTINUED

Attendees continued from previous page

Richard Champany, DDS, Chief, Shiprock Service Unit Dental Program
Sandi Perez, Vice-President of Corporate and Communication Benefits of Delta Dental of Arizona
Kelley Murphy, Senior Child Specialist Child Health, First Things First
Connie Baine, Regional Oral Health Coordinator
Melissa Charley, Student, GRIC
Ronald Toepke, DDS, Dental Director, Health Services Division, PYT
Kevin Earle, Executive Director, Arizona Dental Association
Michael Allison, Native American Liaison, Arizona Dept. of Health Services
Dr. George Blue Spruce, Jr., Retired Surgeon General, USPHS
Richard Champany, DDS, Chief, Shiprock Service Unit Dental Program
Megan Vrooman, Delta Dental of Arizona
Kelley Murphy, Senior Child Specialist Child Health, First Things First
Clare Nolan, Vice-President of Harder+ Company
Agatha Amos, Director, Health Education, White Mountain Apache Tribe
Fileberto Lopez, III, DDS, PYI
Janet Slowman-Chee, PhD, Chief Officer of Planning and Logistics, Navajo Nation
B.J. Tatro, Tatro Consulting
Lynda Enriquez, Administrative Assistant, Advisory Council on Indian Health Care
Julia Wacloff, RDH, Office of Oral Health, Arizona Department of Health Services
FOR MORE INFORMATION, CONTACT:

Brendalee Lopez, Project Coordinator
c/o Advisory Council on Indian Health Care
2830 W Glendale Avenue, Suite 1
Phoenix, AZ 85051
(602) 374-2575