



# Stories from Indian Country: Oral Health on the Fort Peck Reservation

## Introduction

The National Indian Health Board's (NIHB's) Tribal Oral Health Initiative is committed to elevating the oral health needs of American Indians and Alaska Natives and pays particular care to the needs of more vulnerable groups. On June 17, 2019, the National Indian Health Board (NIHB) hosted discussion groups on the Fort Peck Reservation with community members to discuss oral health and access to oral health care. Specifically, NIHB wanted to hear from youth and elders about their opinions and experiences. These two groups are often the most underserved by the current oral health care system, and much need has been identified around reducing barriers to care and incorporating generation specific solutions.. This brief captures some of what was shared with NIHB staff during those groups and highlights some important health care needs in Indian Country.

The Fort Peck Indian Reservation covers an area approximately 80 miles long and 40 miles wide. It is one of seven reservations in the state of Montana, and is home to the Fort Peck Tribes of Sioux and Assiniboine people. There are approximately 12,000 enrolled Tribal citizens, of whom approximately 6,000 reside on or near the reservation. The total population of the reservation is about 10,250 people, and the IHS User Population is approximately 8,400 people.



*The Fort Peck Reservation covers a large expanse in a rural part of Montana.*

As in many other Tribes, Fort Peck's oral health care network is chronically underfunded by the federal government. The dental clinics on the reservation are in Poplar and in Wolf Point, the reservation's largest town. The clinics make dental appointments on a monthly basis beginning on the first day of that month. The appointment slots are booked very quickly, and participants in the discussion groups said that people can wait from six months to one year for a dental appointment.

Participants in both discussion groups said that they often go to Billings, the nearest city, for dental care. Billings is 4½ hours from Wolf Point and is the closest referral point for more complex dental procedures. While Williston, North Dakota, is a shorter drive, fewer providers there accept Medicaid, so almost every participant in both groups said they and their families usually went to



Billings when they had to leave the reservation for dental care. There was a general consensus that providers in Billings were preferable, with one youth participant noting that one private practice dentist in Billings comforted and reassured her while she was in the chair.

### **Stories from Our Elders**

Three elders, one man and two women, participated in this exercise. They were eager to share their personal oral health stories. They were also willing to talk about the experiences of family members and friends in accessing oral health care in the community.

The elders were asked a series of questions about their own oral health and how they feel about the dental services they receive to maintain their health. Some of the participants see the same dental provider each time they go to the clinic. Indicative of some staff turnover, however, most participants said that they usually see a new provider.

One elder spoke about her experience having four teeth pulled. She said that the dental providers did not have an inclination to try and repair the teeth, and that pulling teeth was the most common method to treat oral health issues at the clinic she went to. She said that this experience gave her a genuine fear of returning to the dentist, and that she now prefers to go elsewhere for her care. However, she said that the clinic on the reservation prefers not to refer patients to other places if the clinic provider can address the issue. She also noted times when she has had to take time off work and travel to the clinic, only to wait for hours for what she considered to be an emergency procedure.

One of the elders was wheelchair bound and lived in the Tribe's assisted living facility, about 20 minutes' drive from the dental clinic in Wolf Point. He depends on the local bus to take him anywhere in the community he needs to go, including the dental clinic. This can mean several hours of his day are spent on a single trip.

One elder said that she once had beautiful teeth, but developed cancer later in life. The chemotherapy caused her teeth to rot. She stated that she continues to rely on dentists, and appreciates the care that they provide. She is currently on a wait list for dentures, which can be extremely expensive. She also noted that some women her age will joke about their missing teeth.

### **Stories from the Next Generation**

Seven young women from the community participated in the discussion groups. NIHB staff talked to the youth about similar topics – their thoughts about dental and oral health care, and oral health, overall. The participants were candid about their unmet oral health needs, but in general they were hesitant to cast blame and preferred to highlight positive solutions.

The youth participants were asked if any of them had thought about being a dentist when they grew up. One teenager said she was interested in a medical career, but just not dentistry. Another recalled that her brother had wanted to be a dentist, but had personal health issues that made it



unlikely. Each of the other participants viewed dentistry as a field that was inaccessible to them as reservation residents, with the length of school being the most common reason why.

Responses varied when participants were asked if they like going to the dentist. A teenager said that she liked getting her teeth cleaned. Another youth recalled an incident when she had to go to the hospital because she had an allergic reaction to Novocain. She has not been to the dentist since, and has had panic attacks when she's tried to return. Some youth did comment on the turnover at the clinics on the reservation. Two youth said that they have seen five or six different oral health care providers at the clinic over the years.

When asked about stigma around poor oral health, a youth participant shared that when people see someone with missing teeth, they assume that the person is using drugs.

When asked about oral health outreach in the community, participants noted that the schools did some education around oral health maintenance. A group of non-Tribal oral health providers that did not work at either clinic came to the school to place sealants on the students' teeth. Youth participants said that the schools generally did not incorporate a culturally informed dynamic. While there was lots of health education, including oral health and dietary health, there was not enough positive reinforcement on healthy alternatives. Two youth said the school did not allow snacks, so it was hard for them to get in the habit of eating healthy snacks during the day.

NIHB asked the youth participating in the roundtable what a healthy mouth meant to them. Every participant said that they brushed their teeth and flossed regularly, and cited that they had received formal education from their schools and within their homes. They said that Tribal resources had made oral health supplies available for free. Overall, they spoke on a holistic understanding of oral health – noting that a healthy mouth is connected to a health body, and that a healthy mouth includes clean teeth and good gums.

### **Conclusion**

Based on the stories shared by these community members, several themes emerge that can potentially lessen an individual's ability to access quality, culturally competent oral health care services.

Oral health care providers in Indian Country sincerely care about the services they are providing and the people they are serving. However, they may be faced with difficult circumstances, outdated equipment, and limited funding, finding themselves doing the best they can with the constraints in which they work.

High turnover of dental providers makes it hard for patients of any age to develop positive, long lasting relationships with their oral health provider. Data has shown that patients who feel comfortable with their dentist are more likely to visit the dentist more often and have improved



oral health outcomes.<sup>1</sup> Some community members have developed an experientially-based fear of dentists/dental care. Providers staying in the community for a longer amount of time would make it easier for patients to get to know them and become comfortable in the dental chair.

Like many communities in Indian Country, Fort Peck sees challenges in quality of care. Adequate funding would go a long way to improving quality of care, allowing the Tribe to offer more appointments and additional services. The elder on the wait list for dentures said that she does not know how long it will take for her to get the dentures she needs, but inadequate funding to the Indian health system means that she is waiting for a much longer time than the national average.

Transportation issues can present a huge barrier to accessing health services, including dental care. Fort Peck is a large reservation, and with only two clinics, patients may have to drive quite a while to get to their appointment, and those who depend on family or the Tribal bus system for their transportation needs face an additional hurdle. The large number of referrals to Williston (2 hours away) or Billings (4 ½ hours away) mean that community members have to devote a large amount of time to their oral health care, and those without reliable transportation may have to go without care altogether

NIHB has long advocated for solutions to this dynamic, all too common throughout Tribal communities. NIHB's Tribal Oral Health Initiative has identified dental therapy as a solution to Indian Country's oral health challenges. These focused, mid-level providers specialize in routine preventative and restorative care. By focusing on early treatment, dental therapists are able to meet more than half of patient need, catching issues before they become problems and problems before they become crises. In Tribal communities served by dental therapists, more people receive preventative care, and fewer people need invasive oral health procedures.<sup>2</sup>



*Fort Peck's Tribal Cultural Center.*

According to Tribal leadership, Fort Peck is working to hire a dental therapist in accordance with the new state law by 2020. The dental therapist will work in clinic, mobile, and community practice settings as part of the Tribe's health department.

The National Indian Health Board would like to thank the leadership and community members of the Fort Peck Reservation for sharing their stories.

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<sup>1</sup> Corah NL, Gale EN, Illig SJ. The use of relaxation and distraction to reduce psychological stress during dental procedures. *J Am Dent Assoc.* 1979;98:390–394.

<sup>2</sup> Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta: Findings from an Observational Quantitative Study. Donald Chi, DDS, PhD. University of Washington. August 2017.