Pediatric Oral Health in North Dakota

North Dakota Department of Oral Health Webinar
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Shawnda Schroeder, Ph.D.

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

Focus on
- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

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Pediatric Oral Health Data

Provided by variety of sources:

- North Dakota Department of Health Basic Screening Survey
- North Dakota Board of Dental Examiners
- State Medicaid Office
- Behavioral Risk Factor Surveillance Survey

For specific information about data analyses or method, read the data source included in the pediatric fact sheets available at: https://ruralhealth.und.edu/what-we-do/oral-health/publications

Pediatric Oral Health Data

Today’s Discussion Available in Four Fact Sheets:

- Pediatric Oral Health Disparities in North Dakota
- Social Factors Affecting Pediatric Oral Health in North Dakota
- Oral Health among North Dakota Medicaid Recipients
- Fluoride Varnish Application in Primary Care Settings

Figures in today’s presentation are snap shots from the above fact sheets and maintain their numbering from the fact sheets for easier reference.
North Dakota Pediatric Populations with Oral Health Needs

- American Indian
- Low-income
- Medicaid Enrollees

American Indian Youth

Among North Dakota Third Grade Students in 2015:

- 51% of American Indian youth experienced untreated decay compared to 24% of their white non-Hispanic peers
- 91% of American Indian students reported decay experience, compared to 70% of white non-Hispanic peers
- 57% of Indian students presented with rampant decay, compared to only 28% of white non-Hispanic peers
American Indian Youth

Among North Dakota Middle School & High School Students in 2015:

- **62%** of American Indian middle school students had visited a dentist in the past 12 months compared to **76%** of their white non-Hispanic peers
- **39%** of American Indian middle school students reported no cavities, compared to **51%** of white non-Hispanic peers
- **23%** of American Indian high school students reported no cavities, compared to **44%** of white non-Hispanic peers

*All “significant” differences in this report were tested at p>0.05*
American Indian Youth

Figure 3. ND Middle School Students with Dental Visit during Past 12 Months by Race: 2007-2015

Figure 5. ND High School Student Cavity Rates by Race*

*Totals will not equal 100% because response category "not sure" has been omitted from the figure; 11% of all middle school students reported "not sure" in 2015.
Income Status

NSLP: National School Lunch Program

• Lower Income Schools
  • 50% or more of the students qualify for NSLP

• Higher Income Schools
  • Less than 25% of the students qualify for NSLP

Income Status

Among North Dakota Third Grade Students in 2015

• 48% of students attending lower income schools had rampant decay compared to 29% of students attending higher income schools

• 84% of students attending lower income schools had decay experience compared to 69% of students attending higher income schools
Medicaid Enrollees

• In 2015, **51,281** North Dakota youth were eligible for the early and periodic screening, diagnostic and treatment (EPSDT) benefit.

• This benefit provides coverage for children under age 21, enrolled in Medicaid

Medicaid Enrollees

• **72%** of these children went with no preventive dental visit in 2015
  • Only **28%** had a preventive dental visit in 2015
  • **13%** received dental treatment in 2015
  • **34%** had some form of dental service
Medicaid Enrollees

In 2013, North Dakota Medicaid reimbursement rates for child dental services were 63% of private dental benefit plan rates, compared to 49% in the U.S.

In 2013, North Dakota had one of the highest reimbursement rates, and some of the lowest dental visit rates for Medicaid enrollees.
North Dakota’s preventative dental visit rate was 29% in 2013 compared to the national average at 46%.

North Dakota had the third lowest rate for dental treatment in the nation at 14%.
Influencing Factors

• Access to care
• Utilization
• Oral health literacy
• Travel distance
• Cost of care
• Dentists’ willingness to accept Medicaid
• And more . . .

American Indian adolescents are:

• Less likely to have visited a dentist
• More likely to consume sugary drinks
• Less likely to floss
• Less likely to brush regularly
• Less likely to have a toothbrush

*than their white non-Hispanic peers*
Influencing Factors

You cannot expect good oral health among American Indian third graders when less than half (49%) even have a toothbrush.
Pediatric Interventions

- Sealant program
- Mobile dental units
- Donated dental days
- Head Start screenings and referrals
- Community health centers
- And more . . .

Varnish Application in Clinical Settings

In North Dakota, physicians, physician assistants, nurse practitioners, registered nurses, and licensed practical nurses may all assess oral health, apply fluoride varnish, and bill for these services in a primary care setting.
Varnish Application

- Nearly all pediatricians (90%) and family physicians (96%) either agreed or strongly agreed that oral health was an important aspect of overall pediatric health.
- Only 27% of pediatricians and 18% of family practice physicians indicated that there was an oral health risk assessment tool at their clinic.
- 38% of all providers conducted oral health risk assessments, but 1/3 of those only did so for at-risk patients.
- A majority of pediatricians (60%) and family physicians (82%) replied that no one within the clinic provided varnish to any patient demographic.

Varnish Application

- Few providers (31%) believed that other providers were aware that varnish was a reimbursable service.
- Providers agreed/strongly agreed that fluoride varnish was an effective preventative oral health care measure (90% of pediatricians and 82% of family practice physicians).
- Providers agreed/strongly agreed that well-child visits were an appropriate time for both varnish application (60%) and the oral health risk assessment (86%).
Contact us for more information!

Shawnda Schroeder
Shawnda.Schroeder@med.und.edu

501 North Columbia Road, Stop 9037
Grand Forks, North Dakota 58202-9037

701.777.0787 • ruralhealth.und.edu/what-we-do/oral-health