Center *for* Rural Health

North Dakota Oral Health Status

Dental Services Network Team Meeting

Community HealthCare Association of the Dakotas

July 14, 2016

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Assistant Professor, Research
Center for Rural Health

Center *for*
Rural Health
The University of North Dakota
School of Medicine & Health Sciences

- 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

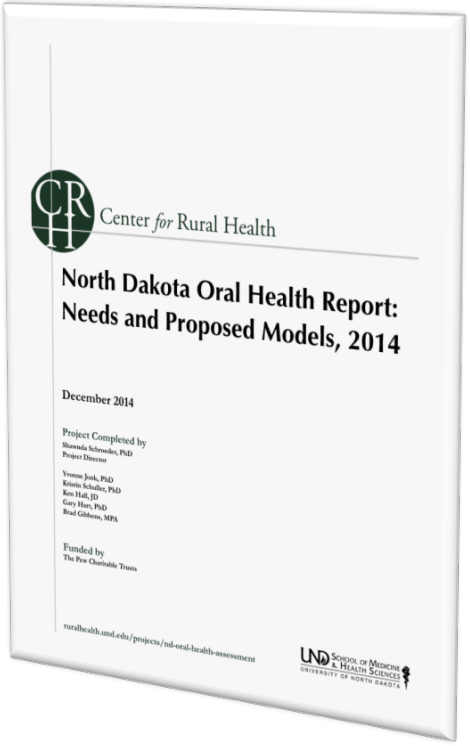
State Oral Health Legislation

- Senate Bill 2205
  - State loan repayment programs for DDS
  - Incentives for rural
- Senate Concurrent Resolution no. 4004
  - Continued study of dental services
  - Case management
  - Mid-level providers

North Dakota Oral Health Assessment

- Pew Charitable Trusts
- Complete Report & Executive Summary
  - State oral health status
  - Demographic variations
  - Need
  - Current programs
  - Stakeholder recommendations

https://ruralhealth.und.edu/projects/nd-oral-health-assessment



North Dakota Oral Health Assessment

- Pew Charitable Trusts
- ND Department of Health Oral Health Program
  - DentaQuest: Long Term Care Oral Health Services
  - CDC: Assessment of Pediatric Varnish Application

Oral Health

The Center for Rural Health works in a variety of ways to address oral health issues in North Dakota. We support North Dakota rural communities in addressing oral health issues by:

- Evaluating unmet needs and existing workforce capacity for oral health care statewide
- Examining the impact of efforts to improve access to dental services
- Analyzing oral health data and oral health status in the state
- Collaborating to provide resources for best practices and proposed models of oral health care
- Assessing oral health services among long term care facilities
- Researching knowledge of pediatric oral health preventative measures among clinic providers

The Center for Rural Health's Rural Health Information Hub lists additional oral health information and resources.

Key Contact

Shawnda Schroeder, PhD - Research Assistant Professor

Featured Publication

Oral Health Services and Barriers to Care in North Dakota Long Term Care Facilities: Chartbook

Schroeder, S., Bright, P.

March 2016

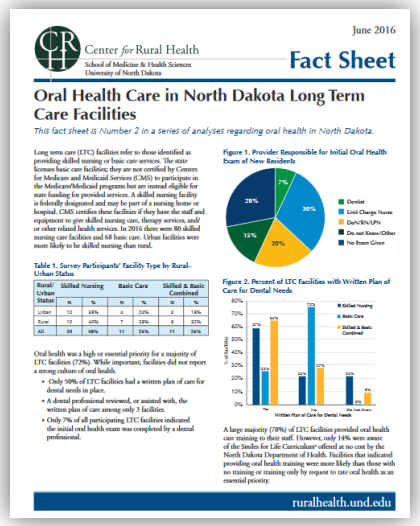
Long term care facility staff completed a survey to identify current oral health practices, and barriers to providing oral health care to facility residents in North Dakota.

Current Projects

- Fluoride Varnish Application in North Dakota Clinics
- North Dakota Oral Health Status (PEW)
- Oral Health in North Dakota's Long Term Care Facilities

For recent publications and past presentations, visit the CRH Oral Health webpage at: https://ruralhealth.und.edu/what-we-do/oral-health

New Oral Health Products



June 2016

Center for Rural Health
School of Medicine & Health Sciences
University of North Dakota

Fact Sheet

Oral Health Care in North Dakota Long Term Care Facilities

This fact sheet is Number 2 in a series of analyses regarding oral health in North Dakota.

Long term care (LTC) facilities refer to those identified as providing skilled nursing or basic care services. The state licenses basic care facilities; they are not certified by Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare/Medicaid programs but are instead eligible for state funding for provided services. A skilled nursing facility is federally designated and may be part of a nursing home or hospital. CMS certifies these facilities if they have the staff and equipment to give skilled nursing care, therapy services, and/or other related health services. In 2016 there were 80 skilled nursing care facilities and 68 basic care. Urban facilities were more likely to be skilled nursing than rural.

Figure 1. Provider Responsible for Initial Oral Health Exam of New Residents

Table 1. Survey Participants' Facility Type by Rural-Urban Status

Rural/Urban Status	Skilled Nursing		Basic Care		Skilled & Basic Combined	
	N	%	N	%	N	%
Urban	10	59%	4	24%	3	18%
Rural	10	45%	7	32%	5	23%
All	20	48%	11	26%	11	26%

Figure 2. Percent of LTC Facilities with Written Plan of Care for Dental Needs

Oral health was a high or essential priority for a majority of LTC facilities (72%). While important, facilities did not report a strong culture of oral health.

- Only 50% of LTC facilities had a written plan of care for dental needs in place.
- A dental professional reviewed, or assisted with, the written plan of care among only 3 facilities.
- Only 7% of all participating LTC facilities indicated the initial oral health exam was completed by a dental professional.

A large majority (78%) of LTC facilities provided oral health care training to their staff. However, only 14% were aware of the Smiles for Life Curriculum© offered at no cost by the North Dakota Department of Health. Facilities that indicated providing oral health training were more likely than those with no training or training only by request to rate oral health as an essential priority.

ruralhealth.und.edu

- Oral Health Workforce Factsheet
- FQHC Policy Brief
- Varnish Application Factsheet
- Varnish Application Chartbook
- Long Term Care Oral Health Chartbook
- Long Term Care Oral Health Program Post Assessment
- Long Term Care Oral Health Services Factsheet

Oral Health Products in Development

- Pediatric Oral Health Factsheets
  - Oral Health Status
  - Oral Health Social Factors
- Dental Hygiene Workforce Survey Factsheet
- Dental Workforce Survey Factsheet

Community Health Centers: Oral Health

- 5 Federally funded CHCs at 18 sites in North Dakota
- Oral health services are provided directly by 3 CHCs in a total of 6 satellite locations

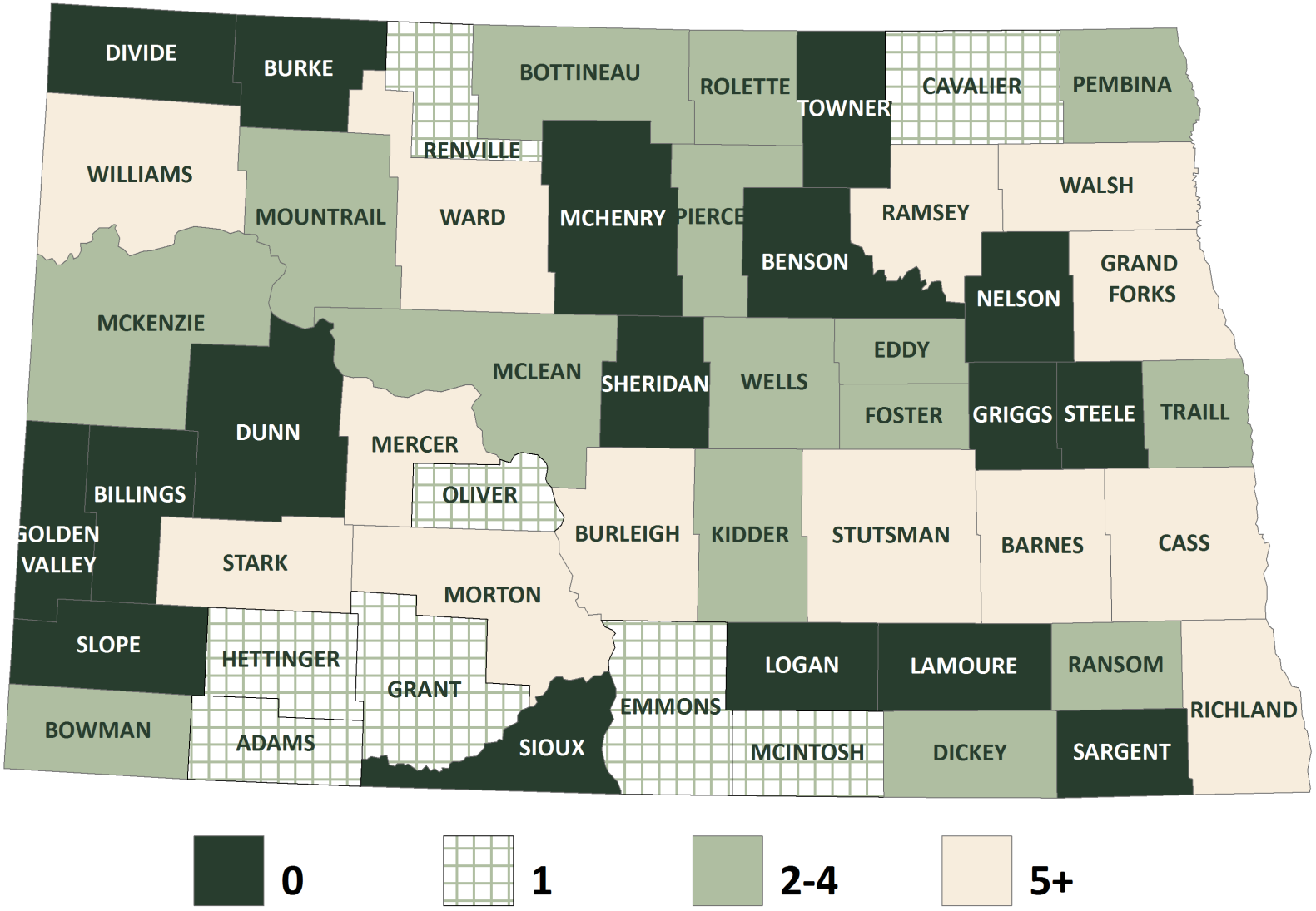
Turtle Lake	Northland Health Centers
Rolette	Northland Health Centers
Minot	Northland Health Centers
Fargo	Family Healthcare Center
Moorhead, Minnesota	Family Healthcare Center
Grand Forks	Valley Community Health Centers

Who do CHCs Serve in North Dakota?

	ND CHC Population	ND Population
Health Insurance		
Uninsured	34%	9%
Medicaid	23%	9%
Medicare	10%	13%
Race/Ethnicity		
Hispanic	6%	3%
African American	10%	2%
Asian/Pacific Islander	5%	1%
American Indian/Alaska Native	7%	5%
White	73%	89%
Income Status		
≤100% FPL	61%	10%
<200% FPL	91%	24%

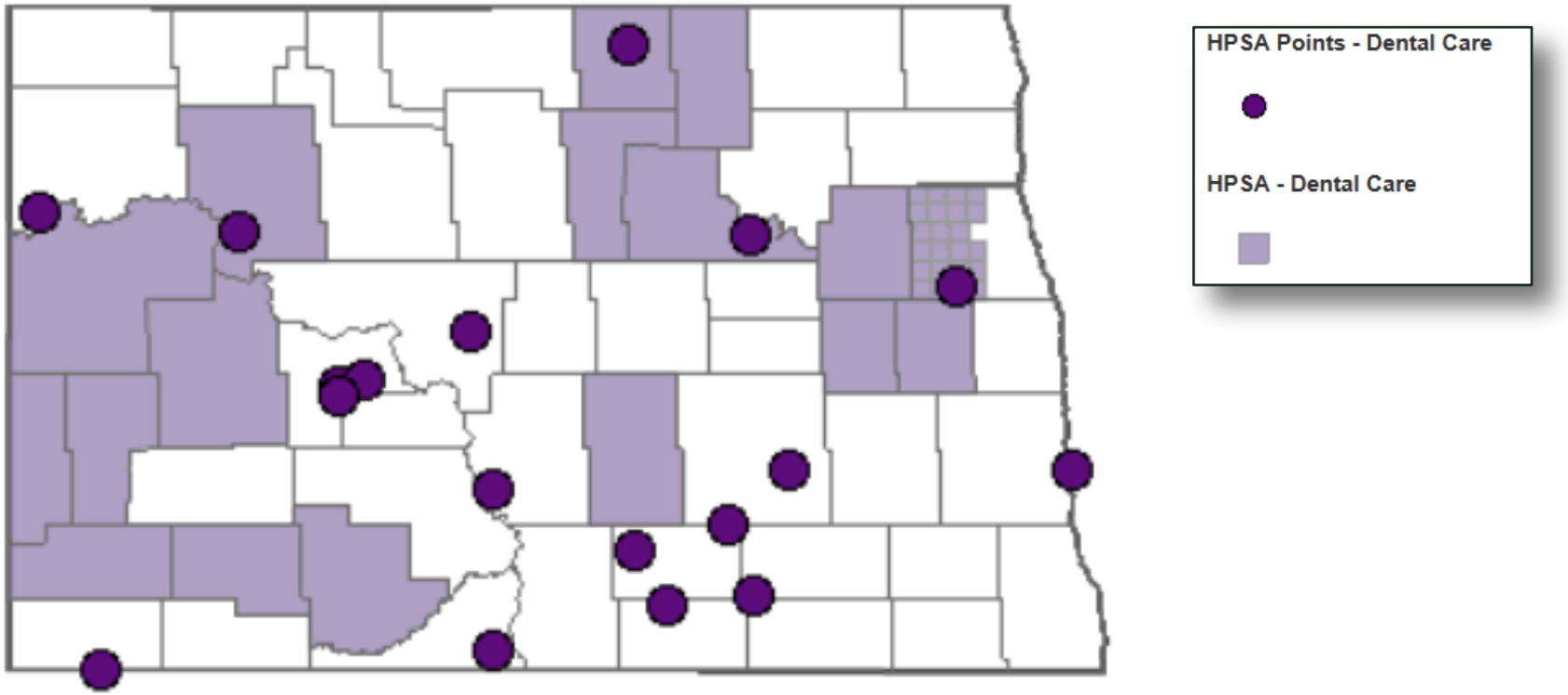
CHCs located in rural areas also served 58% of the total CHC patient population in North Dakota

Number of Dentists in Each County, 2016



Data provided by the North Dakota Board of Dental Examiners, March 2016

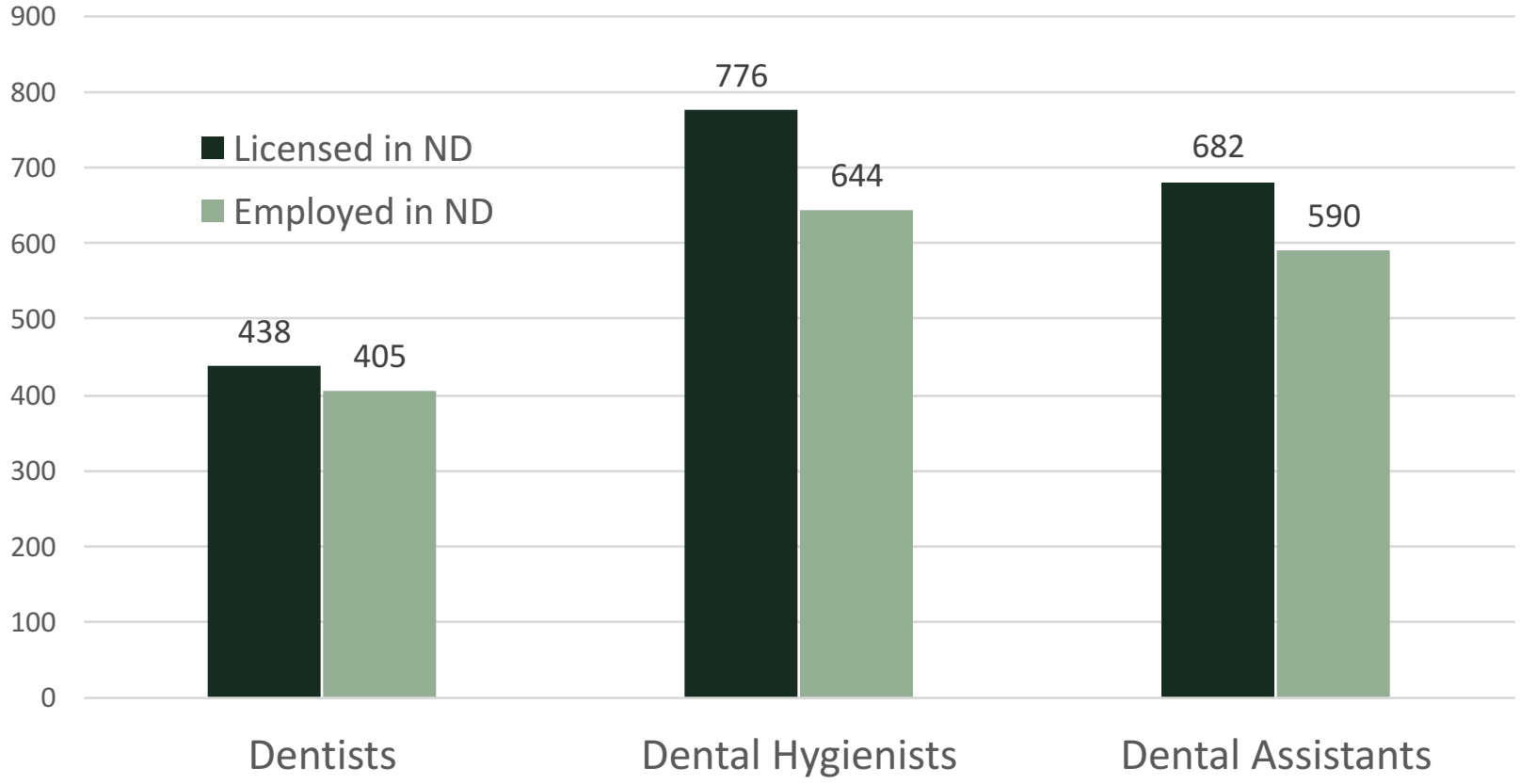
Dental Health Professional Shortage Designations: Single Counties, April 2016



https://datawarehouse.hrsa.gov/Tools/MapToolQuick.aspx?mapName=HPSADC#

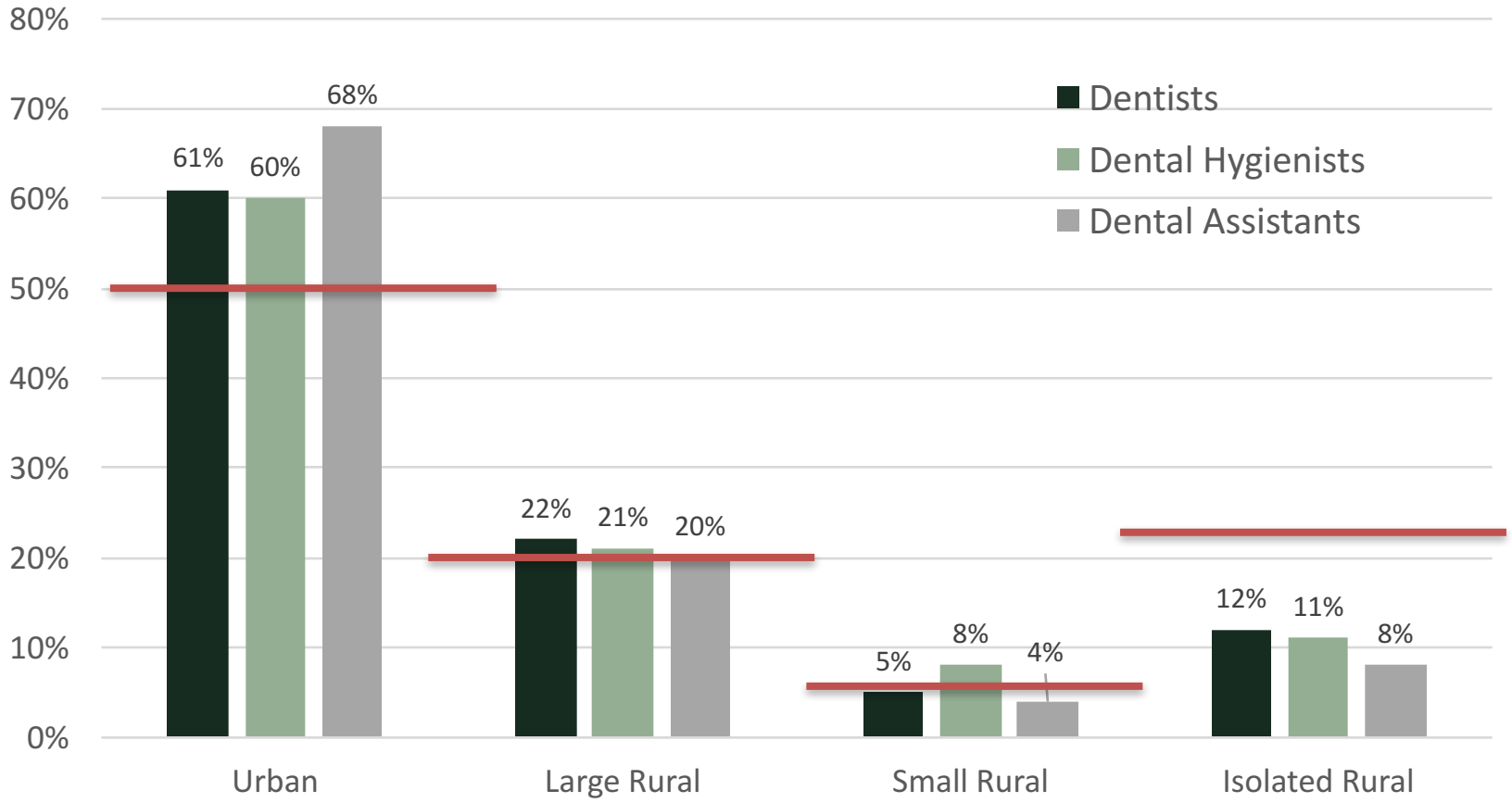
2016 State Oral Health Workforce

Number of Providers with an Active License & Practicing in ND, March 2016



Data provided by the North Dakota Board of Dental Examiners, March 2016

North Dakota Dispersion of Oral Health Workforce, 2016



The red line (–) indicates the percent of the state population within that geographic category

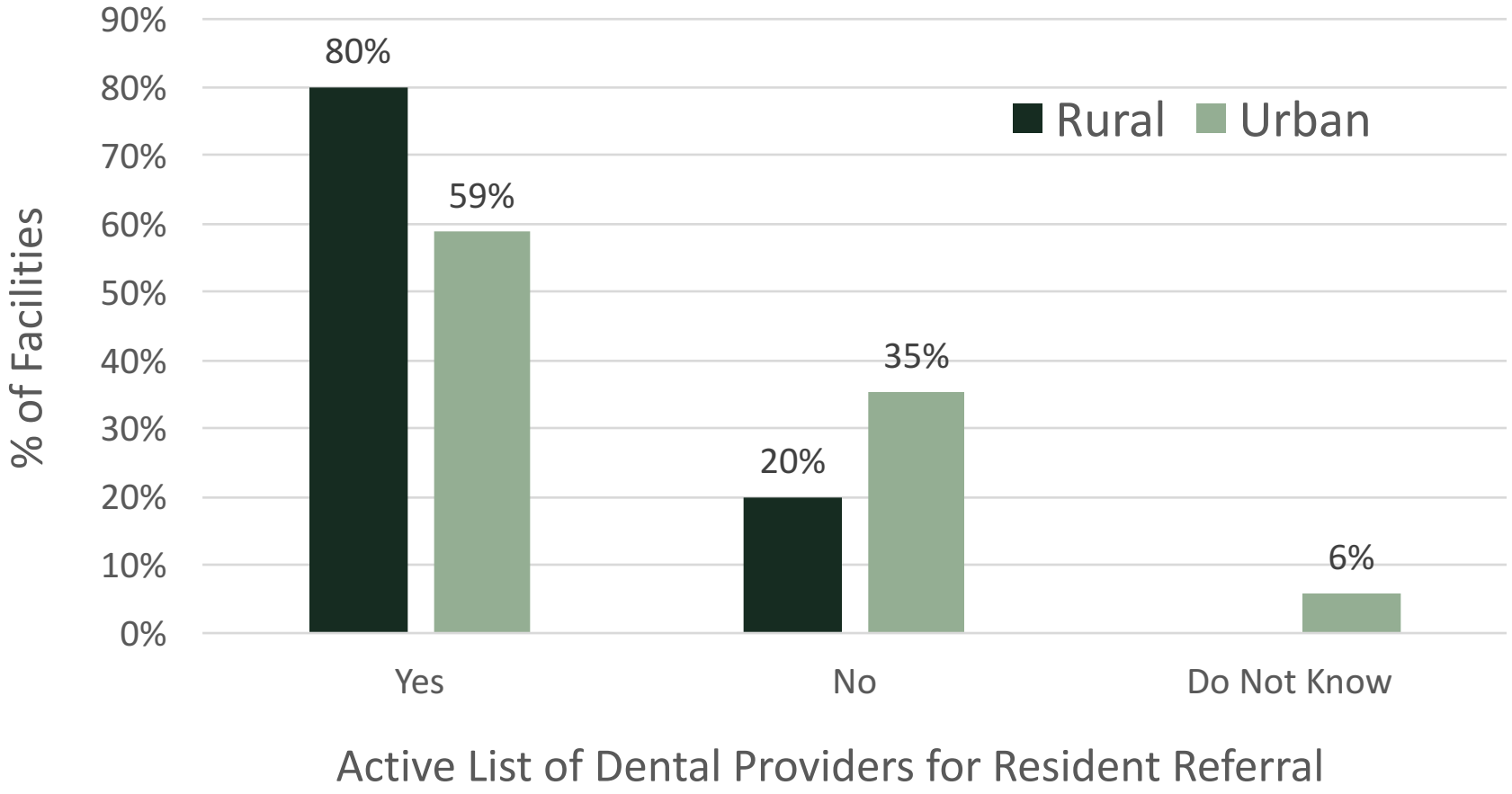
Data provided by the North Dakota Board of Dental Examiners, March 2016

Oral Health Access for Medicaid Enrollees

- In 2013, 249 dental practices billed for at least one Medicaid patient in the calendar year
  - 65 (26%) of those practices saw more than 100 Medicaid patients
- 58% of Providers seeing Medicaid patients only accounted for 11% of Medicaid patients seen
  - 8% of the dental practices billing Medicaid in 2013 provided care to 52% of the Medicaid enrollees accessing dental services

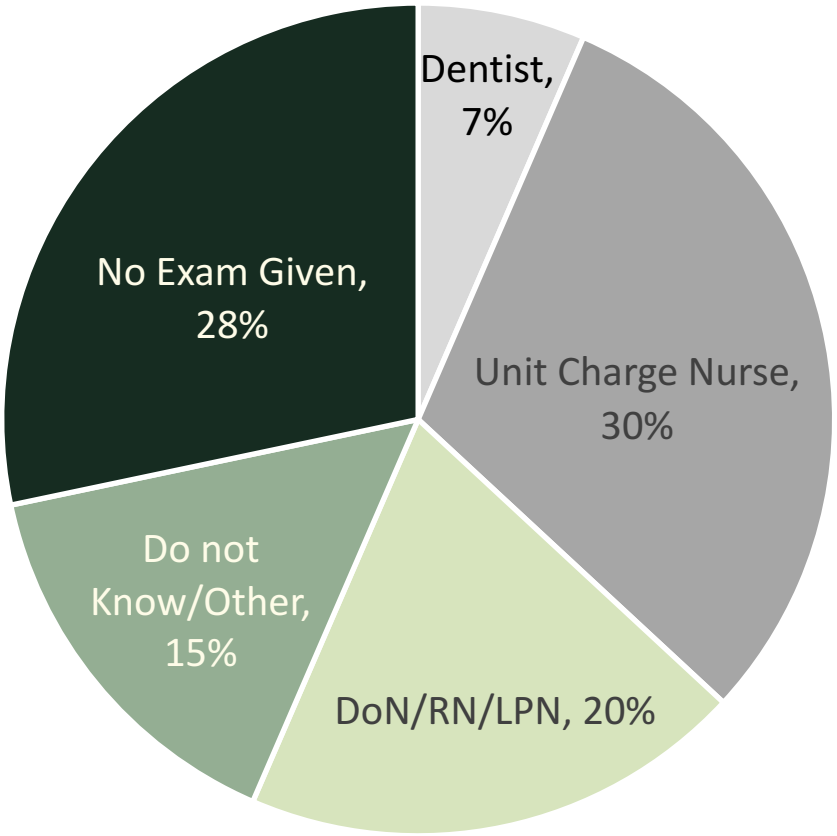
Data provided by the North Dakota Department of Health & Human Services, State Medicaid

Percent of Facilities with List of Dental Providers for Referral by Rural-Urban Status ($n = 42$)



Data provided by the North Dakota Center for Rural Health, LTC Survey 2015

Provider Responsible for Initial Oral Health Exam of New LTC Residents



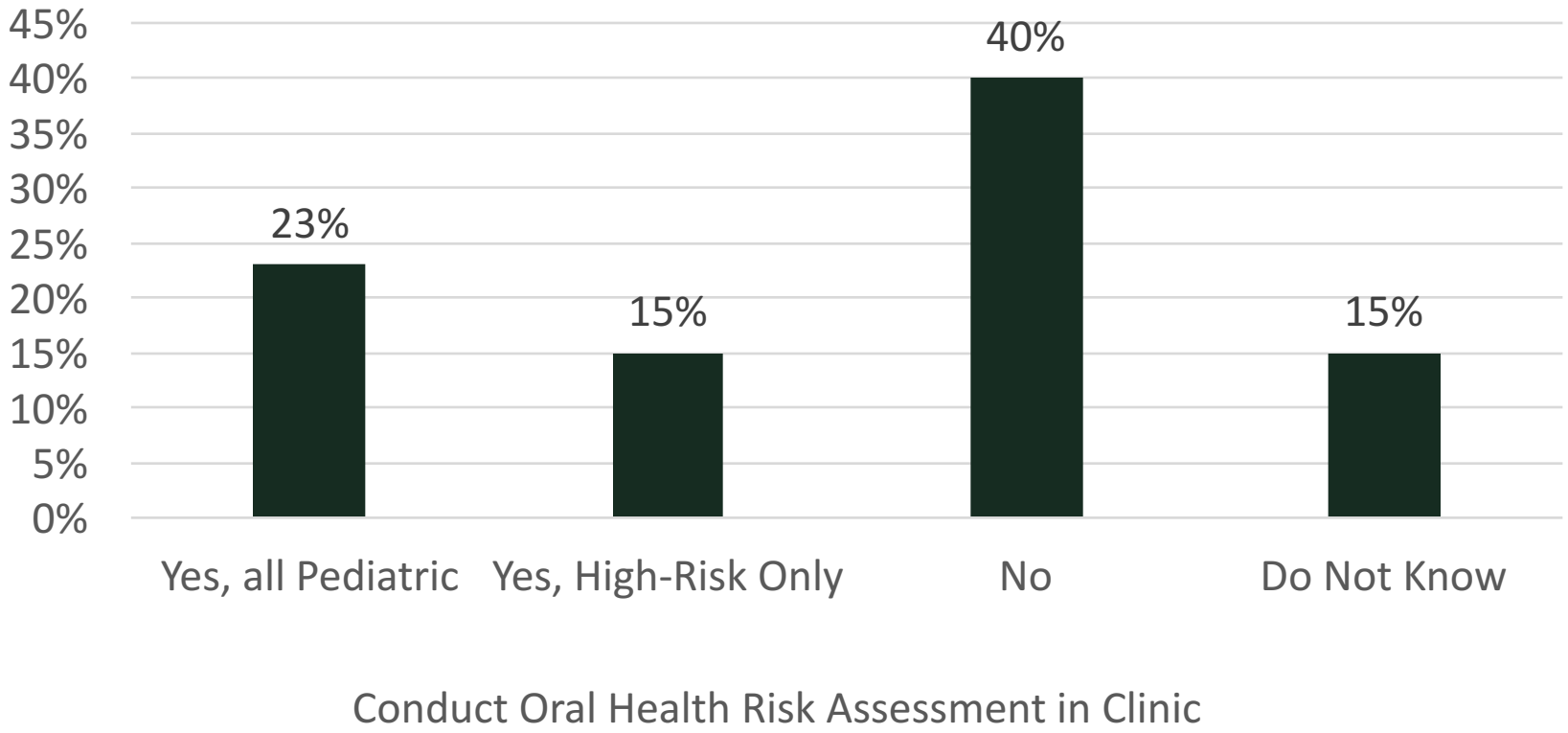
Oral health was a high or essential priority for 72% of LTC facilities. However:

- Only 50% had a written plan of care for dental needs
- A dental professional reviewed/assisted with the written plan of care among only 3 facilities
- Only 6% of facilities indicated the initial oral health exam was completed by a dental professional

Data provided by the North Dakota Center for Rural Health, LTC Survey 2015

Varnish Application in Clinical Settings

Percent of Practices where Providers Conduct Oral Health Risk Assessments



Data provided by the North Dakota Center for Rural Health, Varnish Survey 2015

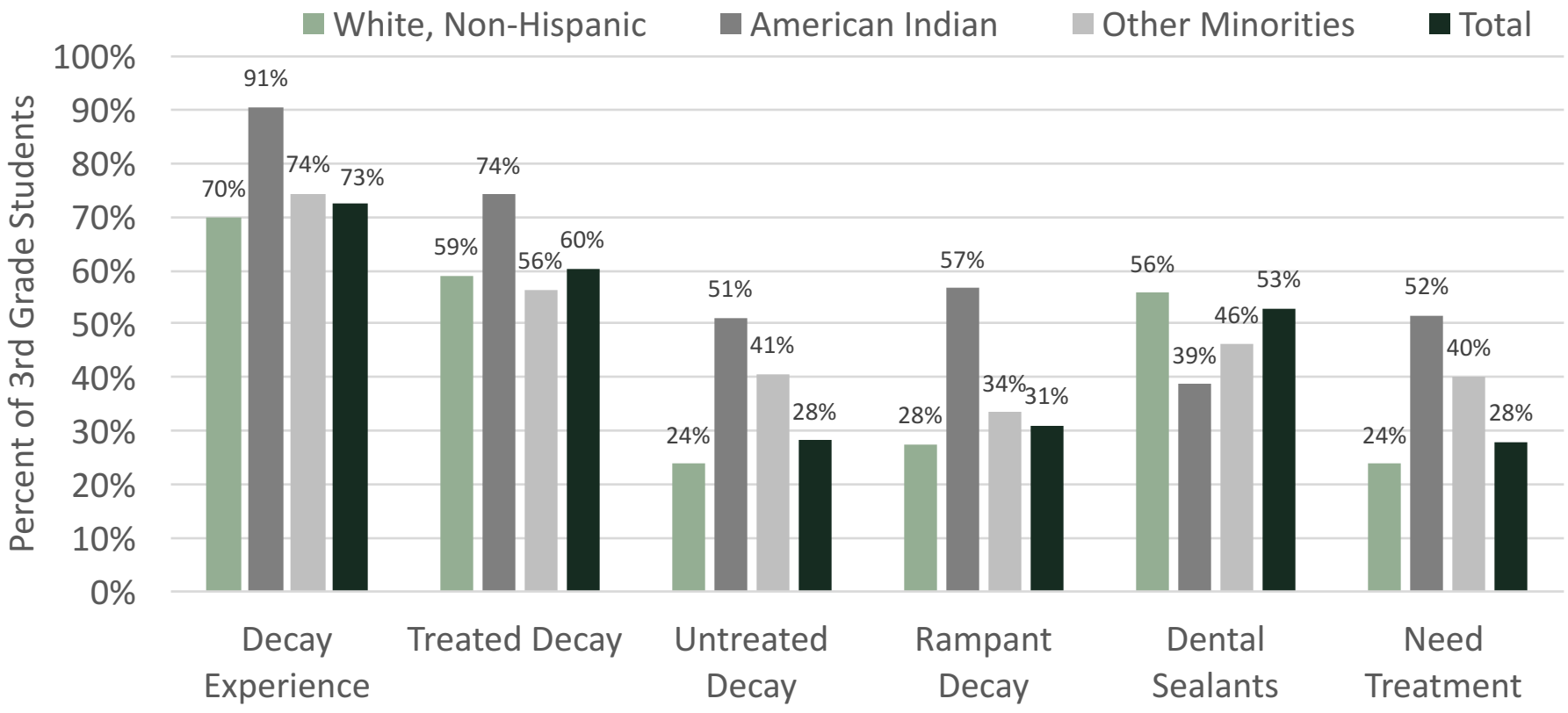
Primary Care Varnish Application

- A majority of pediatricians (60%) and family practice physicians (82%) replied that no one within the clinic provided varnish.
- Only 31% believed that other physicians were aware that it was a reimbursable service.
- 90% of pediatricians and 82% of family practice physicians either agreed or strongly agreed that fluoride varnish was an effective preventative oral health care measure .
- Providers agreed/strongly agreed that well-child visits were an appropriate time for both varnish application (60%) and the oral health risk assessment (86%).
- If required as part of the well-child checklist, many also believed they would be done.

Data provided by the North Dakota Center for Rural Health, Varnish Survey 2015

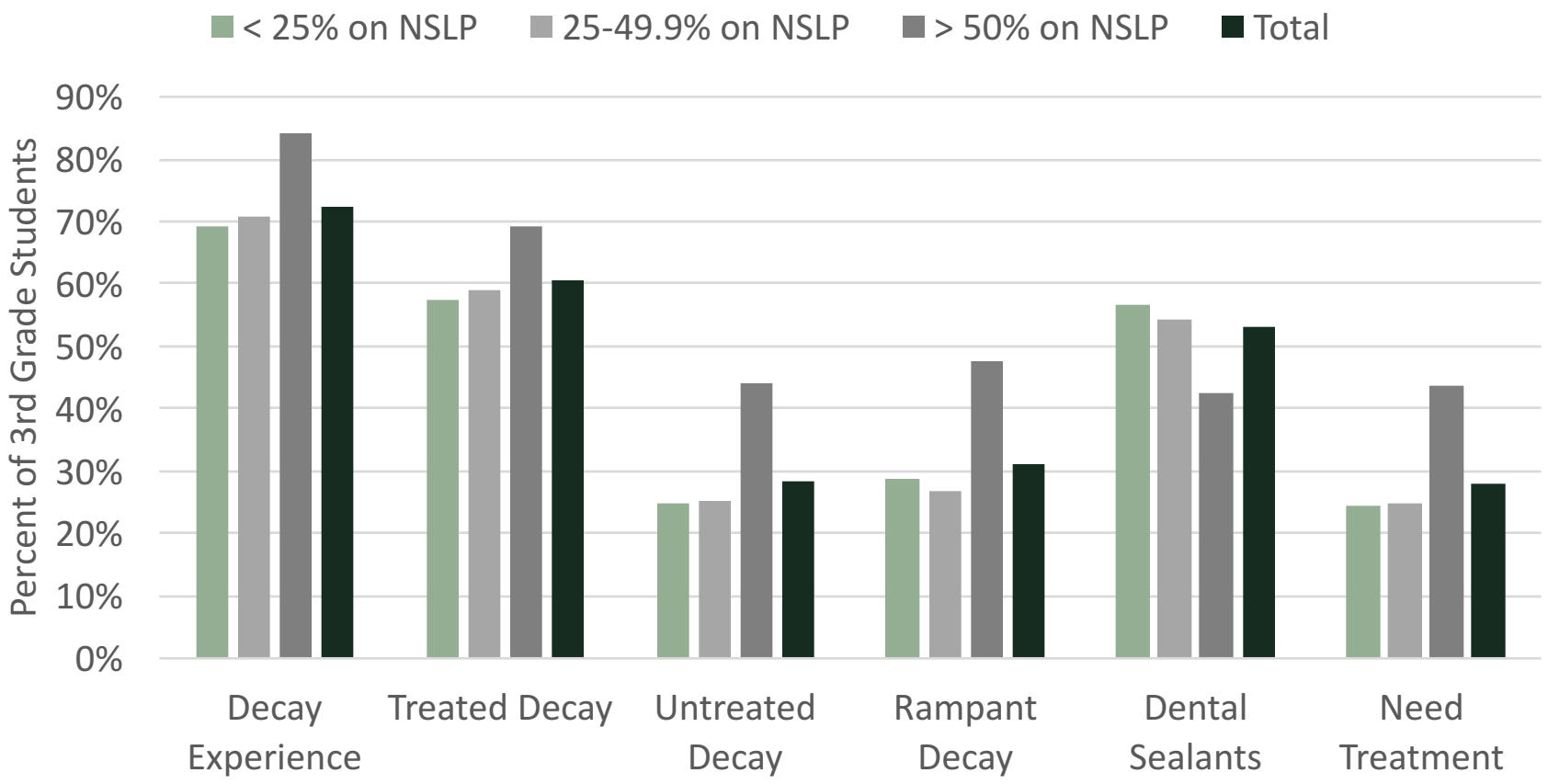
North Dakota Third Grade Students

Oral Health Status of North Dakota Third Grade Students: Racial Disparities



Data provided by the North Dakota Department of Health, Basic Screening Survey of Third Grade Students

Oral Health Status of North Dakota Third Grade Students: Income Disparities



Data provided by the North Dakota Department of Health, Basic Screening Survey of Third Grade Students

Barriers to Growing Oral Health Workforce in North Dakota

- No School of Dentistry
- Cost of out-of-state education
  - Loan repayment programs
- Cost of developing a new practice
  - Loan repayment programs
- Limited opportunities for student residencies
  - Heightened concern for rural and tribal communities

Case Management: Senate Concurrent Resolution 4004

- Case Management Outreach (CMO) to target high-risk patients in community settings utilizing current workforce
- Services provided by dental assistants and hygienists and reimbursed through collaborative dental offices to link high-risk patients to dental homes
- Need to create service reimbursement: Medicaid

Dental Therapy

- CODA Accreditation
- State Participation
  - Alaska
  - Minnesota
  - Maine
  - Vermont
  - Kansas
  - New Mexico
  - Washington

Types of New Provider Types

- Dental Health Aide Therapist (DHATs)
- Advanced Dental Therapist
- Dental Therapists

How do we incentivize practice in rural communities and in our CHCs?

Contact us for more information!

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