



Policy Brief

Oral Health Care Service in North Dakota Community Health Care Centers

This policy brief is complementary information to a series of fact sheets regarding Oral Health in North Dakota.

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Key Findings

Sixteen of the 53 counties in North Dakota are designated as dental health professional shortage areas (HPSAs). Only two of the 16 dental HPSA counties have a CHC site, and only one of those two CHC sites provide oral health services. The four federally funded CHCs and their satellite sites are primarily located in the Eastern and Northern halves of the state. A majority of the counties designated as dental HPSAs do not have CHC services, and only one has a CHC that offers access to oral health care. The dental HPSAs are also all located in counties with rural designations. North Dakota also has fewer CHC sites than neighboring states.

Additional CHCs, or satellite locations, offering oral health services and more geographically dispersed in the state would provide greater access to care for North Dakota residents. There is also a lack of state financial support for North Dakota CHCs compared to the national average, which makes it difficult for North Dakota CHCs to expand their service areas, or the care provided at existing sites. There is also opportunity, if funding were available, to grow the dental workforce among existing CHCs that do not yet offer oral health services.

Introduction

Community health centers (CHCs) are non-profit healthcare providers that act as safety nets to those who are uninsured or underinsured in high need areas. CHCs are open to all residents regardless of their ability to pay. They provide comprehensive primary healthcare services tailored to fit the needs of the community, including primary care, dental care, mental and substance abuse services, vision, and health education.¹ CHCs that are federally funded are also referred to as Federally Qualified Health Centers, or FQHCs. For this brief, we will use the term CHCs.

As of June 2016, there were five federally funded CHCs providing care to North Dakota residents at 18 sites.^{1,2} The five CHCs in North Dakota include; Coal Country Community Health, Northland Health Centers, Family Healthcare Center, Valley Community Health Center, and Community Health Service, Inc. Community Health Service, Inc. is headquartered in Moorhead, Minnesota, but has one North Dakota site in Grafton. In North Dakota, oral health services are provided directly by three federally funded CHCs in a total of six satellite locations

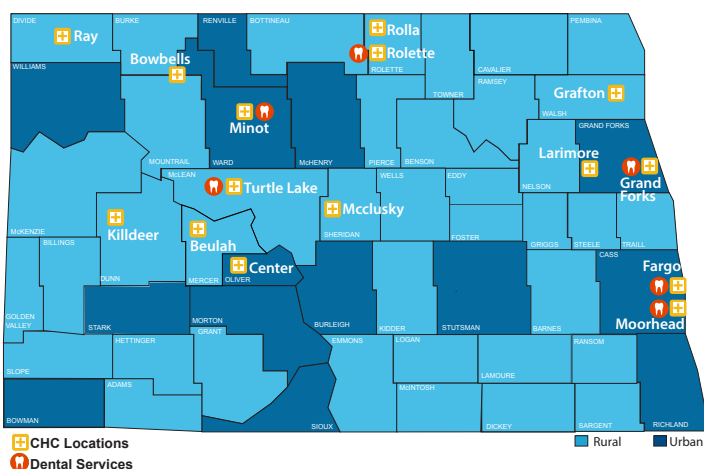
throughout the state, including one in a bordering city in Minnesota. These six sites provided dental services for 12,999 patients in 2015.¹

The six CHC locations providing oral health services for North Dakota residents include:

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

CHC Funding & Patient

Figure 1. CHC Locations and Dental Services in North Dakota



Demographics in North Dakota

CHCs (or FQHCs) are federally funded through application to the Health Resources & Services Administration’s Bureau of Primary Health Care. Money has been allocated under Section 330 of the Public Health Services Act.^{3,4} Federally funded CHCs must provide services regardless of a patient’s ability to pay, and they must have a sliding scale fee schedule based on patient income. Fees are calculated on a sliding scale up to 200% of the Federal Poverty Level (FPL).⁴ In North Dakota, federal grants provide 22% of the funding for the CHCs, slightly above the national average of 21%. They are also reimbursed by Medicaid, Medicare, and private insurance as indicated in Table 1.⁵ North Dakota was also one of only 15 states in 2012 that did not allocate State Funding to CHCs.⁶

Table 1. Sources of Revenue for Federally Funded Community Health Centers⁵

Location	U.S.	ND
Medicaid	45%	24%
Medicare	6%	11%
Other Public Insurance	2%	0%
Private Insurance	8%	23%
Self-Pay	5%	12%
Federal Grants	21%	22%
State/Local Grants	9%	4%
Foundation/ Private Grants	3%	1%
Other	4%	3%

In 2015, of the 36,016 residents accessing any health service at the four federally funded health centers headquartered in North Dakota, 329 were migrant farmers, 2,224 were homeless residents, and 1,070 were veterans. A majority of those accessing the health care services in North Dakota were poor, and either uninsured or were Medicaid/Medicare recipients. CHCs located in rural areas served 58% of the total CHC patient population in North Dakota.¹ See Table 2.

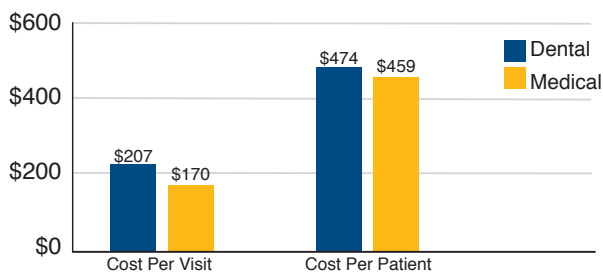
Table 2. North Dakota Community Health Centers’ Population Demographics, 2014¹

	ND CHC Population	ND Population
Income Status		
≤100% FPL	61%	10%
<200% FP	91%	24%
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%

Oral Health Services in North Dakota CHCs

Three of the four CHCs in North Dakota had oral health professionals to provide dental care services, as of June 2016. Between the three CHCs, there were nine full-time dentists and eight full-time hygienists. In 2015, the three CHCs had 20,144 patient visits with a dentist, and 8,682 patient visits with a dental hygienist. The services provided included dental exams, cleanings, sealants, fluoride treatments, x-ray, cavity fillings, extractions, crowns, root canals, dentures, and dental emergency services. The average dental costs per visit and per patient were greater for dental services than medical care.

Figure 2. North Dakota CHC Dental vs. Medical Costs Per Visit & Per Patient¹



Northland Health Centers

Northland Health Center is located in Turtle Lake with six satellite sites located in: Minot; Rolette; Bowbells; McClusky; Ray; and Rolla. Among these sites, three were providing oral health care services:

- Turtle Lake
- Rolette
- Minot

Each site had one full-time dentist and one full-time hygienist, with one additional part-time dentist in Turtle Lake. Northland Health Centers had also requested for funding through the Oral Health Expansion Grant to open a new oral health clinic in Ray, North Dakota by September 2016.

According to Northland Health Center’s dental administrator, Turtle Lake primarily serves patients who are Caucasian while a majority of those seen in Rolette are American Indian. The dental administrator also indicated that Rolette and Minot patients are primarily (80%) covered through Medicaid while Turtle Lake patients have more varied coverage to include Medicaid, private insurance, and out of pocket payments.

Access to, and utilization of, dental care are particularly acute for North Dakota’s elderly residents because Medicare does not cover most dental services. Medicare Part A will only cover limited dental procedures performed within a hospital setting when considered necessary to treat a medical condition.^{7,8}

In order to mitigate some of the disparity among the aged population, satellite dental providers within Northland Health Center have begun to visit five different long term care facilities in the area to provide dental exams, hygiene care, and denture adjustments. They are also developing training for certified nurse’s aides to provide oral care to the nursing home residents. Learn more about long term care oral health services by visiting ruralhealth.und.edu/projects/nd-oral-health-ltc-survey or read the recent fact sheet, *Oral Health Care in North Dakota Long Term Care Facilities* at: ruralhealth.und.edu/pdf/north-dakota-oral-health-long-term-care.pdf.

Family Healthcare Center

Family Healthcare Centers are located in West Fargo and Fargo, North Dakota, and Moorhead, Minnesota with oral health services provided in the latter two locations. The majority of their dental patients are served by the medical clinic, but occasionally receive referrals from private practices for Medicaid and uninsured patients. Both sites also receive emergency referrals from Sanford Hospital and treat those patients as walk-ins. Between the Fargo and Moorhead locations, there are four full-time dentists, one part-time dentist, and three full-time hygienists. Collectively, the Fargo and Moorhead clinics provided care to 5,726 dental patients in 2015. Those

5,726 patients had 11,962 dental visits between the two sites. Approximately 30% of those who sought oral health care were 65 and over. A majority of the patients at both locations were covered by Medicaid, with others paying out of pocket or through private insurance.

Valley Community Health Centers

Valley CHCs are located in both Larimore and Grand Forks, though oral health services are only provided at the Grand Forks office. Patients from Larimore are referred to Grand Forks, with few being referred to a private dental practice in Larimore. In Grand Forks there are two full-time and two part-time dentists and two full-time and two part-time hygienists. In 2015, according to the Uniform Data System, Valley CHCs provided oral health services to 4,256 dental patients who accounted for 10,398 dental visits. The dental director for valley CHCs reported that among the 496 patients ages six through nine, 201 patients received sealants to their first molars to prevent cavities.

Conclusion

North Dakotans living in poverty are more likely to be uninsured, underinsured, or insured by Medicaid and thus have difficulty gaining access to oral health services. CHCs are helping to fill this need through affordable, and accessible oral health services. In 2014, the percentage of people living in poverty among the counties with CHCs offering oral health services in North Dakota ranged between 8.5% to 31.6% (Rolette). The average rate of poverty for the state overall in 2014 was 11.1%.⁹ The rate of poverty was similar in the counties designated as dental HPSAs.^{9,10} Additionally, the USDA Economic Research Service (ERS) report stated that rural areas have a larger proportion of their population living in poverty (18.2%) than urban communities (15.1%).¹¹ While CHCs seek to meet the health care needs of the uninsured, underinsured, Medicaid eligible, and poor, it is imperative to have services that are easily accessible for rural North Dakotans who need and utilize a majority of the existing services. Though only three of the six CHCs providing oral health services are in identified rural communities

(Minot, Rolette, and Turtle Lake) they provide 58% of the patient care.

Sixteen of the 53 counties in North Dakota are designated as dental HPSAs.¹⁰ Only two of the 16 dental HPSA counties have a CHC site, and only one of those two CHC sites provide oral health services (Rolette). The four federally funded CHCs and their satellite sites are primarily located in the Eastern and Northern halves of the state. A majority of the counties designated as dental HPSAs do not have CHC services, and only one has a CHC that offers access to oral health care. The dental HPSAs are also all located in counties with rural designations.¹²

Recommendations

CHCs are intended to act as safety net providers, providing access to services like oral health care for the poor, rural, and under/uninsured in North Dakota. The existing CHCs that offer oral health services have provided care to a large portion of the state that would have otherwise been unable to access, or pay for, said care. In addition, the rural located CHCs providing oral health care serve a majority of CHC patients, though only three of their oral health clinics are in rural counties. Rural North Dakota residents rely on CHCs for their oral health care. In addition, population growth from migration is expected in cities like Minot, Grand Forks, and Fargo between now and 2025.¹³ Thus, even current CHCs in urban communities may face increased patient demand and inadequate workforce. North Dakota also has fewer CHC sites than neighboring states. In South Dakota, there are five CHCs with 44 delivery sites.² Minnesota and Montana have 16 CHCs with 76 delivery sites and 17 CHCs with 69 delivery sites, respectively.^{14,15} Additional CHCs, or satellite locations, offering oral health services and more geographically dispersed in the state would provide greater access to care for North Dakota residents. There is also a lack of state financial support for North Dakota CHCs compared to the national average, which makes it difficult for North Dakota CHCs to expand their service areas, or the care provided at existing sites. There is also opportunity, if funding were available, to grow the dental workforce among existing CHCs that do not yet offer oral health services.

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