Oral Health Need in North Dakota

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Center for Rural Health

WORKING PRESENTATION: DATA PRESENTED on 6.24.2014

- 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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North Dakota Oral Health Needs

Secondary Data Analysis

• North Dakota Department of Health
• The Center for Health Workforce Studies
• NDHealth.gov
• Health Resources and Services Administration

Live Document – 2013 data to come

Priority Areas

• Access for Medicaid Patients
  • Uninsured
• Access for Special Populations
  • American Indian
  • Special Needs
  • Aging
  • Low-income
• Workforce
  • Health Professional Shortage Areas
• Education/Prevention
Medicaid Reimbursement

- 2007-2009, $14.5 million spent on dental services
  - 3.5% of the overall Medicaid health care expenditure ($1.8 billion)
- Increased level of state Medicaid payments = Increased use of dental care by children/adolescents
- Dentists – Medicaid reimbursement does not cover cost of care

Medicaid Patient Access

- Nationally, 1 in 4 treat at least 100 Medicaid patients annually
- North Dakota, 2009 – only 20% of dentists were accepting new Medicaid patients
  - 49% were accepting new in 1992
- Only 28% of Medicaid-eligible adults and 25% of Medicaid-eligible children visited a dentist in 2007
Rural Disparities

Rural Urban Disparities in Oral Health Care among Third Grade Students, 2010

Racial Disparities

Racial Disparities in Oral Health Care among Third Grade Students, 2010
Special Populations

- Adults with annual incomes less than $15,000 were more likely to lose their teeth.
- North Dakota has a lower than national average rate of oral cancer.
  - Higher oral cancer mortality rate.
  - Highest among American Indians.
- In 2010, only 60% of adults with a disability reported going to the dentist compared to 76% of non-disabled adults.

Oral Health Workforce

- Dental Hygienists: Surplus
  - 518 in 2012, additional 83 with no practice address.
- Registered Dental Assistants: Surplus
  - 472 in 2012, additional 107 with no practice address.
- Dentists: Shortage
  - 0.61:1,000 in North Dakota.
  - 0.76:1,000 Nationally.
Workforce: Dental Providers . . . cont.

• Number of dentists has slowly increased from 2007 (327 dentists) to 2012 (360 dentists)
  • 46% of those currently practicing plan to retire in the next 13 years
• 2013, 57% of licensed dentists worked in the four largest counties
• 79% of the counties in North Dakota have six or fewer working dentists
Oral Health Provider Schools

• No Dental Schools in North Dakota
  • No school in South Dakota, Wyoming, Idaho

• Boarder States with a Dental School
  • Minnesota – 47% of North Dakota Dentists
  • Nebraska (2 schools) – 15% of North Dakota Dentists
  • Wisconsin – 4% of North Dakota Dentists
  • Iowa

• North Dakota State College of Sciences in Wahpeton
  • Dental Assisting Certificate
  • Dental Hygiene Associate in Science Degree

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Stakeholder Working Group

1. Medicaid reimbursement and coverage
2. Inadequate education and preventative services across the state
3. Access and workforce issues with regard to urban, rural, special populations, and American Indians
Medicaid

- Medicaid expansion does not include oral health services beyond the age of 21
- Insufficient number of providers accepting Medicaid patients
- Adolescent under the age of 18 that presents with an oral health concern must have a parent’s consent before they can receive care

Oral Health Literacy and Prevention

- Low-income, tribal, homeless, new American, special needs, and rural populations primarily seek reactive oral health services
- Oral health in North Dakota is an isolated practice
  - Needs to be perceived as an all-health component and included in total patient care
- Need to build prevention models into school health programs, including dental checks alongside vision and hearing, and making oral screening part of primary care practices
Access and Workforce

• There is a need to recruit and retain dental providers, especially those willing to accept Medicaid, uninsured, homeless, tribal, and special needs patients
• Tribal communities have heightened turnover of dental providers
• Very difficult to be certified in North Dakota which serves as a barrier to bringing in new dental providers

Other Concerns

• Steep up-front required payment for dental services
• Not an adequate system or process for dealing with emergent oral health issues
• Limited number of oral health providers that are willing to work with patients who have special needs
• Per-resident charges are not deemed an allowable expense for long term care
Input Group

1. Inadequate education and preventative services across the state
2. Medicaid reimbursement and patient access
3. Workforce

Oral Health Literacy and Prevention

• Focus on the pediatric and adolescent population
• Children should be visiting dentist from an earlier age
• Immigrant/refugee families and low-income households are not well educated on proper oral health practices
• Current price of an annual exam, the lack of pediatric dentists in the state, and the limited dental access among rural and tribal populations currently make it difficult to achieve regular exams for all state residents
• Need to involve public health, the school systems, and primary care to begin oral health screens and encourage positive oral hygiene
• There is simply a “lack of understanding of the importance of good oral health and its impact on overall health”
Medicaid

- Lack of access to dental care, primarily among the uninsured and Medicaid patients
- North Dakota ranks in the lowest quartile for the percentage of children receiving preventative dental services in the Medicaid program
- Medicaid expansion health plan should cover dental

Access and Workforce

A majority of respondents noted a long wait to see a provider, a limited number of providers willing to see patients with little or no insurance, few providers accepting new Medicaid patients, and a need for an increase in pediatric dental providers
Other Concerns

• Need to expand current loan repayment program
• More dental opportunities in rural areas and on reservations
• No emergent care for oral health
• Need to create a role for a dental hygienist to provide education in community settings
• Need to integrate oral health and primary care
• There is no dental coverage for those in long term care or it is a difficult reimbursement system
• Too many “roadblocks” in the system providing care on reservations
• Too many tooth extractions when other (more expensive care) may be more appropriate
• Need dental programs to train dental assistants in the western half of the state
• Need to bring in new dentists by accessing surrounding dental programs – offer externships
• North Dakota does not have a dental school – this leads to little opportunity to recruit our own
• North Dakota currently only has five oral health safety-net providers. There are no stationary safety-net clinics in the western part of the state.

Licensing & Credentialing

• Three states have approved a scope of practice for mid-level dental practitioners
  • Alaska
  • Minnesota
  • Maine
• Dental Hygiene: As compared to the three states surrounding it, North Dakota’s rules are not as permissive as Minnesota’s and Montana’s, but are slightly more permissive than South Dakota’s
Contact us for more information!

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