North Dakota Oral Health Status & Policy Recommendations

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Introduction
In spring of 2014 the North Dakota Center for Rural Health was tasked with completing an objective assessment of oral health need and policy recommendations for North Dakota. This study was in response to the Legislative Health Services Interim Committee which, under HB 1454, was responsible for a Legislative Management study on oral health. The project included assessing the existing oral health workforce and service capacity, assessing the potential unmet need for oral health care, and producing a written report of needs and stakeholder recommendations.

Study Design
Researchers studied the oral health status of North Dakota, asking specifically:
1. What are the disparities* in utilization of dental care?
2. What are the dental care access disparities?*
3. What are the disparities* in oral health status of North Dakota residents?
4. What are the perceived disparities* in oral health access, utilization, and health status from the perspective of North Dakota oral health stakeholder and input group members?

*To include race, rural/urban status, insurance status, age, and income

Quantitative Data
Secondary data were provided by the North Dakota Department of Health, the Head Start Program, the Board of Dental Examiners, the Dental Hygienists’ Association, and the Department of Health’s Oral Health Program. Primary data were provided by the state DHBS (Medicaid data). All data were de-identified. To test for disparities in oral health status by race category, rural and urban status, and school’s population of students on Free and Reduced Lunch (FRL), researchers ran chi-square tests and difference of means.

Qualitative Data
An electronic questionnaire was sent to input group members asking about state oral health needs. Stakeholders were sent an email inquiring about the availability of their perception of state oral health needs, and researchers held an in-person focus group meeting to identify and discuss perception of oral health needs in the state.

Input Group
Organizations that focused primarily on oral health, to include provider organizations. Responsible for providing insight on identification of need and proposing solutions, not responsible for making final recommendations.

Stakeholder Group
Organizations that represented populations in need of oral health services. Responsible for identifying the priority policy recommendations for the state.

Principal Findings
- In 2014, 12 North Dakota counties had no dentist, 9 had 1, 13 counties had 2-4 dentists, and five counties had no data.
- In 2013, 67% of all the licensed North Dakota dentists worked in the four largest counties: Burleigh, Cass, Grand Forks, and Ward.
- Rural third grade students reported worse oral health when compared to their urban peers.
- American Indian third graders reported higher rates of tooth decay, untreated decay, rampant decay, and need for treatment than their white and other minority peers.
- More third graders presented with history of decay, untreated, treated, and rampant decay among schools where 50% or more of students qualified for Free and Reduced Lunch.

Stakeholder & Input Group Perceptions
Stakeholders’ Perceived State Oral Health Needs:
1. Medicaid reimbursement, access and coverage for Medicaid enrollees
2. Need oral health education and preventive services across the state, heightened among special populations.
3. Need improved access to and ameliorate workforce issues; better access for special populations.

Special populations: children, aging, Medicaid and Medicare beneficiaries, low-income, homeless, new Americans, American Indians, rural, and those with physical/mental disabilities.

Conclusions
In both the quantitative and qualitative data analysis, it was evident that there were oral health disparities in both access to utilization of care, and current oral health status. Specifically, there were lower rates of dental visits and higher reports of poor oral health status among Medicaid patients, rural residents, American Indians, and low-income communities.

There is need for preventive oral health programs and initiatives, as well as improved access to care through adjustment of the current workforce, implementing efforts to meet the oral health needs of special populations as defined.

Policy Relevance
After detail of the state’s oral health status, the stakeholder group (through facilitation of the Center for Rural Health researchers) identified priority policy recommendations to meet the specified oral health needs. All of which were presented to the Legislative Health Services Interim Committee. The research had immediate policy implications for the state. In addition, the proposed preventive research methods which required collaboration with state and community agencies, state government, and oral health professionals and advocates may be utilized in other states with regard to other specialty health disciplines. This is a strategy for identifying current health status and policy recommendations through statewide collaboration, transparent process, and objective analyses, regardless of the health specialty in focus.

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