

OVERALL PURPOSE FOR GRANT

The major focuses of the grant projects remained the same from the start of this Continuation Grant. The stumbling blocks and growth opportunities have caused changes in projects within the scope of the grant itself. Medicaid clients and underinsured individuals still have reduced access to health care and particularly dental care. The latest statistics from North Dakota Department of Human Services show roughly 40,000 under age 21 are covered by Medicaid. Of that number, about one fourth (1/4) have received dental care, either preventative or treatment. This number significantly increases for the uninsured and under-insured. Education of the general populace regarding dental health needs is also an issue. Multiple methods of reaching the public to stress the importance of dental health and its relationship to overall health must be utilized. Education of healthcare professionals and offering solutions remains a key factor in achieving better access, better care, and informed citizenry. Oral health and medical health must function in a partnership to deal with this issue.

Thus, the problems from the original application still exist, however there has been an increased awareness of the issues, more coalitions and collaborations have been formed, and more effort is being made to resolve the oral health care dilemmas. This grant has offered the opportunities to move forward as well as providing an impetus to do so.

*North Dakota State Oral Health Collaborative Systems Grant
Grant #H47MC01926
End of Project Final Report*

The original grant goals and objectives included:

Goal: Collaborate with partners from throughout the state to integrate oral health awareness and education to facilitate community consensus building and work to build these ideas into existing Division of Family Health programs.

Objective 1: Increase the oral health contacts to patients by educating primary care providers about the importance of oral health.

Objective 2: Facilitate oral health education to parents of Head Start and WIC children, through hands on interactive training.

Objective 3: Assess oral health of elementary school aged children throughout the state to determine access to care, caries experience, untreated decay and sealant utilization.

Accomplishments:

During the 2004-2005 school year, the North Dakota Department of Health (NDDoH) conducted a statewide Basic Screening Survey (BSS) of third-grade children enrolled in public, state or Bureau of Indian Affairs elementary schools. Within the 50 participating schools, 73 percent of the enrolled children were screened. Approximately 3,075 students were surveyed.

North Dakota state school districts superintendents and principals of elementary schools, local county health departments worked to facilitate selection of schools that were surveyed.

Baseline data was obtained from the BSS that was utilized in planning for not only the State Oral Health Program, but for the State Department of Health and other collaborative partners. Statements of need, projected goals, future direction of the Oral Health Program were facilitated by these results.

This survey found that 56 percent had cavities and/or fillings (decay experience) - substantially higher than the Healthy People 2010 objective of 42 percent. Seventeen percent had untreated dental decay compared to Health People 2010 objective of 21 percent. Twenty seven percent reported that they had not brushed their teeth that day and 3 percent reported they did not have their own toothbrush. Compared to white, non Hispanic children in North Dakota, a significantly higher portion of minority children have decay experience, untreated decay and urgent dental needs. At the time of the screening, 5 percent of minority children had not brushed their teeth on the day of the screening, and 12 percent reported that they did not have their own toothbrush. North Dakota's American Indian third grader children experienced more dental caries than whites. They also had untreated decay (82 percent vs. 54 percent) than whites. To learn more about the survey you can visit our website at www.ndhealth.gov/oralhealth. They also had more untreated decay (33 percent vs. 16 percent) than whites. Furthermore, American Indian third graders had less dental sealant use than whites. The BSS showed

that American Indian third-grade children were significantly more likely to need treatment than whites, and more than five percent need urgent treatment.

Less than expected progress/constraints

Due to competing priorities and orientation of new staff, only objective number three was met. After year one the objectives were reevaluated to align with the state priorities. These have remained consistent in years two through four.

NARRATIVE FINAL REPORT

PROBLEM 1:

Access to dental care as an unmet need for North Dakotans continues to grow. Dental recruitment is an issue in rural North Dakota as well as for major cities, but particularly for public health entities and those clinics treating the low-income client. The North Dakota Department of Health's Oral Health Program needs to find options to assist in recruitment and encouraging students to return to North Dakota after training in order to expand or at least maintain current access to dental care.

OBJECTIVES AND ACHIEVEMENTS

OBJECTIVE 1: To incorporate clinical rotations at Community Health Care Centers, Federally Qualified Healthcare Centers or other suitable sites for dental students from the University Of Minnesota School Of Dentistry or other dental schools interested in providing service learning opportunities.

Accomplishments

The Bridging the Dental Gap (BDG) Clinic Manager and Board of Directors determined that opening the clinic for student rotations would not be beneficial without the assistance of a full-time dentist to work with the students and the student advisors. Recruitment and retention of a dentist at BDG was imperative. After going through a number of dental candidates a full time dentist was hired in May 2007. With a full time dentist in place efforts are being made to investigate rotation opportunities.

Less than expected progress/constraints

The BDG Clinic manager remains in contact with the University of Minnesota staff in order to implement this project. The probability of the clinical student rotations in the future is very likely due to the support of the University of Minnesota School of Dentistry, North Dakota Dental Association and BDG.

This objective was unmet for year 2006-2007. This objective will be better able to be completed and become an on going source of dental care as a result of the contacts made and groundwork that has been laid.

OBJECTIVE 2: To incorporate Oral Health Public Health Surveillance Software (or similar) and Language Translator Software into BDG.

Accomplishments

BDG opted to use alternative software to the Public Health Surveillance software in order to provide data, billing and patient information needed to carry on the overall dental practice. This software does provide primary demographics tracking and ethnicity information complication. The information is available to share with other entities including those looking to begin similar programs. This software is available for Medicaid use as well as the North Dakota Dental Association for drawing statistics of those people who have little access to dental care. The software has been in place since April 2005 and continues to demonstrate its usefulness in grant data preparation and multiple business purposes.

Less than expected progress/constraints

BDG does not have the language translator software on site at this time. Numbers are increasing in the population for those of Hispanic and Slavic origins who speak minimal English, however, BDG has been able to use translators provided by schools and religious organizations where needed. Internet translation services are available for consent documents and application forms which has been utilized for several of the patients.

OBJECTIVE 3: To increase the number of clinics or providers offering services to Medicaid, uninsured, and underinsured populations through support of Valley Community Health Center (VCHC).

Accomplishments

North Dakota has few options for Medicaid or uninsured patients with dental needs. The number of dental providers accepting Medicaid patients continues to decrease. Patients who are unable to pay for their dental care up front are being denied care. Offered payment plans are not within reach by the target population. The Northern Valley Dental Health Coalition has identified this as a significant problem and has taken steps to intercede and provided a solution.

The Northern Valley Dental Health Coalition has worked for several years towards a project that will offer dental access to all. The clinic provides special emphasis to persons who have Medicaid or do not have insurance. The Northern Valley Dental Health Coalition represents both North Dakota and Minnesota communities. The model of service of utilizing a Federally Qualified Health Center for provision of services fit these community needs well.

Valley Community Health Centers (VCHC), working with the Northern Valley Dental Health Coalition has moved slowly toward the initiation of a dental clinic located in

*North Dakota State Oral Health Collaborative Systems Grant
Grant #H47MC01926
End of Project Final Report*

Grand Forks, North Dakota. A dentist, hygienist, assistant and receptionist have been hired and the clinic saw its first patient on November 8, 2007.

Less than expected progress/constraints

The clinic has had many challenges this past year. The renovation of the building was much more extensive than first thought. However, the city of Grand Forks provided incredible support and assistance through a Community Development Block Grant and the building owner provided a year free rent.

PROBLEM 2:

Dental health literacy is an unmet challenge in North Dakota. Individuals do not comprehend the effect oral health has on their total health. Preventative oral health needs to be promoted through more arenas than the dentist office. More North Dakotans have a medical provider than have a dentist and see this provider more than their dentist.

OBJECTIVES AND ACHIEVEMENTS

OBJECTIVE 1: To increase the number of fluoride varnish applications from non dental providers.

Accomplishments

The North Dakota Oral Health Coalition, along with support from the North Dakota Dental Association, and the Board of Dental Examiners, drafted a bill during the 2007 legislative session that allows licensed physicians, physician assistants, nurse practitioners, licensed practical nurses, registered nurses, registered dental hygienists and registered dental assistants to apply fluoride varnish to any child between the ages of six months up to 21 years of age. This is allowed under the general supervision of a physician or dentist. The proposed legislation passed with an emergency clause attached which meant that the bill could be implemented immediately.

The North Dakota Department of Health's State Oral Health Program, North Dakota Department of Human Services and the University of Minnesota collaborated to establish training for fluoride varnish application. In September 2007, Dr. Amos Deinard from the University of Minnesota trained head start nurses and the North Dakota Oral Health Consultants to apply fluoride varnish. North Dakota now has an on-line and hands on training for professionals to apply fluoride varnish.

Less than expected progress/constraints

The major obstacle with the fluoride varnish legislation was the emergency clause. Due to the timing, not all the procedures were established. The North Dakota Department of Health's Oral Health Program is in the process of implementing all procedures, brochures and guidelines for the fluoride varnish program.

Fluoride varnish applications in a medical setting are not new. All states with programs in place can share best practices and lessons learned in the implementation stages of the programs.

PROBLEM 3:

Basic knowledge of oral health care is deficient at best. The State Oral Health Program needs to integrate information in multiple programs and provide guidance to parents, caregivers, counselors, public health entities and others. Information needs to be provided not only on basic care, but also on interactions with medications and related dental reactions to certain diseases. Prevention needs for children at risk need to be stressed.

OBJECTIVES AND ACHIEVEMENTS

Objective 1: To collaborate with other North Dakota Department of Health programs and incorporate an oral health component.

Accomplishments

In collaboration with the Coordinated School Health Programs, the oral health program has contracted with Minot State University on the development of the School Health Services Guideline Manual. There is no state mandate or funding for school nurses in North Dakota. In the larger cities, schools are fortunate to receive school health/nursing services on a fairly consistent basis, while in other parts of the state, schools may only have access to a school nurse for a few hours a week for health screenings, immunizations, or on a consultation basis, or not at all. Due to this inconsistent model of school health services, the need for this manual for all schools is critical. Input on development of the manual is being provided from public health, school nurses, school personnel, medical providers and others. The Oral Health Program Director provided input for the oral health portion of the manual.

All funds allocated for this project/objective were expended in the 2006-2007 period.

Less than expected progress/constraints

Initially planned for distribution in August 2006, the North Dakota School Health Services Guideline Manual is behind schedule for publication. The manual is presently being published and will be distributed to all school buildings in North Dakota. In addition, the manual will be placed on the Coordinated School Health website.

PROBLEM 4:

Low-income patients may qualify for a variety of programs that would address their health and daily living needs, however; many of these patients, particularly those new to the community, are unsure of what is available, where to enroll and the need for assistance in completing the forms required. There are concerns about “safety net”,

infrastructure, clinical service and collaboration issues related to the increasing number of uninsured in the service area.

Additionally at issue is the high instance of missed appointments among this population. Missed appointments are a detriment to the dental health of the individual, as well as tax the time constraints in the dental office providing services. Bridging the Dental Gap has a 25 to 33 percent no-show or missed appointment rate. The major cause of missed appointments includes care-giving issues, transportation and lack of understanding of the need for dental care.

A service coordination model using a Community Resource Coordinator (CRC) can encourage and assist the uninsured and underinsured on a person-to-person basis to enroll in available assistance programs and educate on the importance of dental health. A CRC can also create access opportunities and decrease the causes of missed appointments.

OBJECTIVES AND ACHIEVEMENTS

OBJECTIVE 1: To assist individuals in the enrollment process for various programs. To improve dental access through awareness and facilitate urgent dental care needs. To integrate components (medical home) of the Early Childhood Comprehensive Systems Grant. To decrease missed appointments and establish programs to address this problem.

Accomplishments

BDG has been able to hire and retain a Community Resource Person (CRP) as a staff member. In the past year the CRP has referred individuals to housing assistance, heating assistance, Medicaid program, Children to Caring Program and the medical drug assistance program. The CRP has been able to establish interaction with multiple programs and maintains brochures at their agencies for referral. The CRP has made multiple bulletin boards and additional handouts highlighting programs available in oral health awareness issues. The CRP staff attends the homeless coalition meetings and provides input as well as brings information that can assist the patients. On a quarterly basis, she has brought information to the schools and several churches for their referral use. A "loan program" with funding donations from local individuals for payment of dental care has been instituted.

Less than expected progress/constraints

Missed appointments are still a crucial area of concern for BDG. This past year the CRP has researched and analyzed available data to find viable solutions that can help reduce missed appointments. The CRP sends letters to those patients that have missed appointments and then compiles the information to track some of the primary reasons for not showing for their dental appointment. The percentage of "no-shows" still remains a challenge, although the rate has decreased this past year due to the CRP's continuous efforts in these areas.

*North Dakota State Oral Health Collaborative Systems Grant
Grant #H47MC01926
End of Project Final Report*

The use of the CRP for these functions will create information that can be shared with other facilities. Finding a means of decreasing no show rates is a favorable outcome for all facilities, since it is a problem that all organizations seem to share.

NO-COST EXTENSION REQUEST

A no-cost extension of funds was requested and granted from the above referenced grant with the North Dakota Department of Health, Oral Health Program, in the amount of \$25,000. The SOCHS project period end date was August 31, 2007. The request for the no cost extension of funds was to host a conference on developing short and long-term goals and strategies to enhance access to dental services for children in North Dakota. Due to the availability of the conference presenters, the conference had to be extended past the grant period. The conference was held November 2, 2007. The project will be completed by November 30, 2007 to ensure all expenditures have been received. The source of the unspent funds is from a carry over request from the previous grant period of September 1, 2005 through August 31, 2006.

In September of 2006, the North Dakota Oral Health Program hosted a one-day Conference that unveiled the North Dakota State Oral Health Plan and Burden Document. The State Plan includes numerous Vision Priorities, one of which is “Creative Solutions exist for improving access to oral health care.”

Hence, the November 2007 conference was held as a continuation of the September 2006 conference. Participants which attended the November conference were provided with background information and data regarding the challenges faced by parents, caregivers, health care providers, communities and policymakers in accessing oral health care for children. Participants had the opportunity to develop goals and strategies to improve access to oral health care for children and be asked to continue their commitment by serving on workgroups to move strategies forward. A complete summary of the conference will be submitted with this final report.