

North Dakota
Head Start Association

Oral Health Forum Summary Report

September 2003- A summary and action agenda addressing the dental health needs of families with young children in North Dakota.





Finding the needs...bridging the gaps

“I needed dental work really bad, but had to travel 85 miles one way because no one is taking any new Medicaid patients” Devils Lake, ND

Finding the needs...

For Several years, the North Dakota Head Start Association has seen a growing need for more consistent and continuous dental health care available to families. Access to dental services is hit or miss throughout the state. Tribal Head Start programs are finding a high dentist turnover rate making it difficult to create dental homes for families, and the lack of preventative education materials available create barriers in trying to prevent and reduce oral health disease in Early Head Start and Head Start populations. In an effort to identify the needs for services, access and availability of care and attitudes about preventative oral health, the North Dakota Head Start Association conducted a statewide Oral Health Forum on April 29th, 2003. Funded in part by ASTDD through a grant from HRSA Maternal and Child Health Bureau, the North Dakota Head Start Collaboration Office and the North Dakota Health Department, a survey was done and video conference held to obtain information from both parents and health consultants to ascertain the resources needed to bridge the gap in services and start preventative care for children earlier. The issues affecting families of young children seeking dental services and the roadblocks created by the system of financial reimbursements to dental providers; has set up barriers and gaps in oral health services available to citizens of North Dakota.

“We are unsuccessful at collecting co-pays from patients who barely make ends meet, and the reimbursements are lower than operating costs” Dental Health provider- Fargo, ND

Bridging the Gaps

“Results- not talk, committees and reports!” a Williston dentist replied on his survey form. Dental professionals throughout the state have given plenty of feedback in the past, with little action and results. In April 2000, the North Dakota Dental Summit identified several issues and challenges related to accessing dental health services. A continuing erosion of the number of dentist available to our rural state is affecting communities. In 2000, there were 288 dentists; in 2002 the number was reduced to 282. In a recent survey, 40% of these remaining dentist plan to retire within 8 years. The distribution of dentist in rural and tribal areas is already at crisis level, and will continue to grow. Families on medical assistance are finding it difficult to obtain services in their communities. The Head Start Oral Health Forum video conference was held on April 29th, 2003 to solicit information and survey the needs of

both parents and health professionals. The Forum was held in 12 sites throughout the state, with opportunities for both statewide and local facilitated discussion. Dialog centered around five topics:

- Access to dental services – urban, rural and tribal
- Creating dental homes for children
- Prevention of oral health disease
- Financial access to dental services
- Local partnerships for dental care

The Oral Health Forum created a venue for innovative ideas to surface and a platform for promoting ideas that would bridge the gaps in oral health care. Recommendations were formulated in this summary paper by which an agenda for action could be created by the State Oral Health office.

Planning Process

In organizing the Head Start Oral Health Forum, many new collaborative partners were invited to participate who were not active in the April 2000 North Dakota Dental Summit. Some the new collaborative partners were: the Healthy Child Care nurses located in the Child Care Resource & Referral offices, the regional Dental Health Consultants, Health Tracks project directors, Early Head Start Directors (new program directors) and the new state Oral Health Director hired in the spring of 2002.

The North Dakota Head Start Association took the lead in coordinating the Oral Health Forum, by hiring Barb Arnold-Tengesdal with Voices for North Dakota's Children as the facilitator for planning and implementing the Forum. The planning committee consisted of Julie Quamme the State Issues and governmental affairs committee chair for the North Dakota Head Start Association, Maija Beyer the state Oral Health Program Director, Tamara Gallup-Millner the unit director for Children's Special Health Services, Linda Rorman the North Dakota Head Start Collaboration administrator and Linda Reinicke the coordinator of the Healthy Child Care Project. The planning committee utilized conference calls for monthly meetings organized around the following timeline:

December 2002 – Identify work plan for the committee with each person taking responsibility for one of the following areas:

- Local site facilitators: Identify local facilitators for ½ day event. Create format for discussion and questions for IVN event.
- IVN site arrangements: dates, locations, time, reservations and fee's paid. Local hostess contacted etc.
- Coordinate invitations to local forum participants and any follow-up responses needed.
- Written action plan – contract with writer, edit and print final version of action plan. Responsible for final grant summary sent to ASTDD.

January 2003 – Develop invitee list, secure date, time and location of IVN videoconferencing, contract with entity to write final action plan and grant summary.

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February 2003 – Choose 12 local facilitators, create questions for discussion. Send out initial “save the date” email messages to invitees.

March 2003 – Send out official letters of invitations to participants by the local Head Start program. Send out surveys to parents and dental health professionals, returning them to local facilitators for summarizing issues to be addressed at the video conference Forum. Hold individual conference calls with each facilitator discussing process for collecting data, facilitating discussion and submitting written summary.

April 29th 2003 - Host IVN videoconference entitled *Head Start Oral Health Forums*.

June & July 2003– Compile data and surveys from local facilitators and send out stipend payments.

August & September 2003 – Compile statewide data and create final summary of findings. Post on the North Dakota Head Start Association website and state Health Department website. Final grant report will be submitted to ASTDD.

Data Collection

In a rural state like North Dakota with inclement weather always lurking, utilizing the statewide IVN videoconference system was ideal for local and statewide information gathering. Twelve sites were chosen dependent on the availability of system, location of Head Start programs, and other factors taken into consideration by the planning committee. It was important to have input from a diverse group of parents, dental health professionals, child care providers, Head Start, Tribal, and Early Head Start staff. By hosting local IVN sites, it encouraged people to participate with a minimal time commitment, and eliminated transportation or weather barriers.

A survey/questionnaire was created by the statewide planning committee, and distributed locally by each of the 12 facilitators – usually the nurse from the Head Start program. Two different surveys were created that had the same questions, worded differently depending on the targeted audience of responder’s. The *Parent Dental Access Survey Form* (attachment 1) was given to Head Start and Early Head Start families, and the *Health Consultant Dental Access Survey Form* (attachment 2) was sent to local Healthy Child Care Nurses, Health Tracks coordinators, dentist and hygienists, WIC coordinators, North Dakota Health Department dental health consultants, and USDA food program representatives.

The surveys were returned to the local facilitator prior to the video conference for compilation to identify local issues and trends for discussion at the video conference. There were 713 surveys returned statewide. Some facilitators compiled data with specific demographics and populations in mind, others generalized and only recorded the number of returned surveys. They did distinguish between those returned by a dental health professional and those returned by parents. The original returned surveys are archived with the State Dental Health Director.

The video conference served as the vehicle to collect oral responses to local issues and hear from participants how their issues are similar or different to other regions around the state. It also provided an arena for statewide discussion on innovative ideas that could bridge the gaps identified throughout the state.

Table #1 –Surveys returned and attendance at video conference sites

Site	# of Returned surveys	# of sent surveys	# of video conference attendees
Region 1 – Williston/Trenton	48		7
Region 2 - Minot	99	285	8
Region 3 – Devils Lake/ Towner	126	216	Attended Minot
Turtle Mountain communities	108		3
Region 4 – Grand Forks	26		3
Mayville	38		4
Region 5 -Fargo area	93		7
Wahpeton	17		4
Region 6 - Jamestown	9		5
Valley City	11		6
Region 7 – Bismarck/Mandan	92		8
Region 8 - Dickinson	46		2

Participation in Video Conference

The combination of a written survey and the opportunity for oral discussion proved to be a powerful way to solicit both information and stimulate creative problem solving. Invitations to participate in the video conference portion of the Forum were limited to 6-12 people per site. The video conference was held in 12 sites: Williston, Minot, Grand Forks, Mayville, Fargo, Wahpeton, Jamestown, Valley City, Bismarck, Dickinson and Belcourt, with 57 people participating. The Devils Lake/Towner area attended the Minot conference site. A complete list of facilitators and locations is included (attachment 3).

Diversity was sought in the local participant groups consisting of parents, dental health professionals, child care providers, Head Start, Tribal, Early Head Start staff, state representatives from professional organizations and state agencies. From 9:00-10:15am, a local facilitator solicited information and noted the strengths and challenges that each local community faces based on questions sent to invitee’s prior to the televised conference. From 10:30 to 11:30am the statewide system went “live” with a moderator asking the same questions to all sites and encouraging a statewide sharing of ideas, resources and challenges. Local facilitators were asked to summarize responses by their groups to the entire statewide IVN audience. At 11:30 the statewide system went “off line” and the local facilitators continued follow-up discussion with participants regarding who would be the best group or person on a local level to respond to the identified needs.

The local facilitators were contracted to write up the summary and submit it to the planning committee along with originals of all survey forms. A stipend of \$100 was given to the local facilitator for their time and written draft of results. The Oral Health Forum planning facilitator was contracted to write up this summary report and submit it to appropriate entities.



Trends and Issues

“Education and family values have the greatest effect on dental health”. *Deb Franzel, Dickinson Oral Health Forum Facilitator*

Two major themes were identified creating barriers to good oral health for young children being raised in North Dakota.

1. The attitudes, beliefs and experiences that parents had about their own oral health care, often contributed to the lack of preventative care given to their children.
2. Poor access to dental services was linked to financial issues associated with medical assistance programs and the lack of transportation to meet scheduled appointments.

The Oral Health Forum proved that access to dental care and knowledge of optimum preventive oral health care practices are major unmet needs in North Dakota, that often present low income children and families with the biggest challenges.

Findings: Parent Perspective

Often parents do not take the oral health care of their children seriously until a problem arises. It is usually a parent’s own childhood experiences, mostly negative, that stop routine preventative care from happening. Parents did not want their children to go through what they did, or thought that the loss of baby teeth naturally happens anyways so why should they worry about care in the early childhood years. Parents were unsure of when to begin brushing their children’s teeth, or how to introduce preventative care. The concern of being told by a public health professional that they should take the baby bottle away from their child, or that the parent was not brushing the child’s teeth properly created emotional barriers in preventative oral health, because of the fear that they would be seen as not raising their child correctly. Often the first experience young children had with preventative care, was the required dental exam provided by the local Head Start program. Most parents felt that dentists responded well to emergency or crisis care and believed that dentists did not want children to be in pain, or not have dental work done.

Challenges-

- Shortage of Dentist- Many thought that all North Dakota citizens will have access problems in the future, but saw low income families hit the hardest.
- Fewer dentist taking medical assistance patients. Patient load is already at maximum capacity with some people traveling great distances to access services.
- Missing appointments because of transportation, no telephones, unable to take time off work to make the appointments.

- Fewer employers offering dental health benefits.
- Lack of dental specialists or dentists willing to see children with special needs.
- Limited hours of operation usually Monday – Thursday daytime appointment hours only, making it difficult for parents trying to keep jobs and child care pulled together. Dental care through Indian Health Services is available only a few days during the week or month.
- Parents can not afford the co-payments for services. Even with some type of health insurance, low and middle income families found it difficult to come up with the money for co-payments required for services.
- Dental health training is often delivered in the form of written materials making it difficult for parents who are not literate. Parents need dental health skills demonstrated to them not merely told to them, or given in the form of written material.

Findings: *Dental Health Professional Perspective*

The Dental community struggles with the realization that fewer and fewer dentists are graduating from schools and interested in setting up a practice in rural states. A dental loan repayment program is in affect, but only 3 per year are granted. With shortages already existing and a large number of dentists planning to retire in the next ten years, it creates a future gap in services that must be planned for now. Reimbursement rates for medical assistance payments continue to shrink in the face of growing health care costs. Payments from parents and insurances companies can take up to three months before compensation for dental services reaches the office. Filling out the forms for reimbursement takes time for both parents and dental office staff in order to submit all required forms. It leaves many dentists refusing to deal with the growing pressure of taking on low income families.

“Medicaid won’t pay for best practices! We are not reimbursed for Quality care” Barbara Wickel, Public Health Nurse

Challenges-

- The “No-Show” rate of families not keeping appointments is high. This is very expensive in a dental practice. It makes it difficult to give patients a second chance when you have families waiting months to get in to get an appointment. Many dentists are charging for missed appointments.
- Dentist are already donating lots of “free” care to low-income and disabled families.
- Education is needed on issues such as: kids consuming too much soda pop, lack of fluoride in bottled water, pacifier/bottle usage, and dental carries.



- The idea of dental hygienists doing screenings is currently under debate as North Dakota law may not allow it, and the time away from the office becomes a concern for the dental practice.
- Collecting co-payments from people who struggle to balance everyday expenses is getting difficult. Often farm families have no insurance. People without insurance may have to pay upfront the cost of their dental care. Many working poor families are falling through the cracks.
- Poor Hygiene among low income populations makes dental routines difficult to enforce for good preventative care.
- Parents do not follow through with oral health plans, and do not see prevention as a priority.

Overall, the issues and trends identified by both parents and professionals are not ones of blaming the other party or frustration at the system. Each group believed the other is trying to do what's best for children. The lack of meaningful educational experiences for parents, and financial resources to meet the oral health needs of families with young children in our very rural state is what is creating the gaps in services.

Findings: *Difficulties in funding services*

We wish good dental practices and quality services could transcend the issue of money, but it is often the root of many gaps in access to services that affect both parents and dental health providers. While there are many programs to help low income families pay for services, it is often only for screenings, or requires co-payments that are difficult to collect from families living in poverty. Some of the types of insurances accepted by Dentist include: Medical Assistance, Healthy Steps, Caring Program for Children, and other private insurance programs. Problems related to funding for services were:

- Inability to collect co-payments because families move away and leave no forwarding address, usually bills go unpaid and patients do not complete the treatment.
- Up-front cost prior to the appointment. Many Dentists require money up-front before patients are seen, causing low-income families to postpone needed services.
- Time is money. The no-show rate is high with low income families and very expensive in a dental practice. Some health providers are charging a no-show or missed appointment fee.
- Dentist are not able to offer the best treatment to medical assistance patients because certain procedures are not reimbursed.
- Reimbursements for Medicaid payments is too low and does not cover the actual cost of care, can take 2-3 months to receive payments, and often encourage co-payments from patients to drag out for long periods of time.

Bridging the Gaps

Partnerships and collaboration that works

Throughout the process of soliciting data on the availability of dental services, many wonderful partnerships taking place in local communities were identified. A number of Head Start programs have dentists who are willing to provide in-kind services and do initial exams. Some positive collaborative ventures have surfaced in an effort to maximize dwindling financial resources and the trend of fewer dentist moving into the state.

- The *Give a kid a smile* program in Bismarck was created with local dentist doing free screenings. Some provided free dental care after the screenings. Without publicity the number of children participating in this program was small. But it was a powerful collaboration.
- Spirit Lake Tribe received help from the National Guard to give dental care to the tribe.
- The *Bridging the Gap* dental project-utilizing grant dollars will provide a dental clinic for medical assistance patients. Three dentists have been recruited to work in the clinic.
- The *Red River Dental Access Project* in Fargo www.rrdentalaccess.com is a collaborative project with the two technical colleges who have dental hygiene/dental assisting programs, Dakota Medical Foundation, Education/prevention funding from HRSA and many local dentists to provide low cost dental care and urgent care services to families in the Red River Valley service area.
- In Wahpeton, the dental hygiene program at the technical college has been helpful in providing fluoride treatments to children and other types of general services.
- Project “Will-show” provides support to families trying not missing schedule appointments.

Creative Solutions for action and results

Forum participants identified problems that exist in the oral health care delivery system in North Dakota, and brainstormed issues and trends with creative solutions and action agenda items that can be taken to provide better access to services to children, and education on prevention of oral health disease.

- Support the *Dental Home* concept. Develop pilot projects in rural areas.



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- Assess and link children in child care settings with dental care. Using public oral health nurses and the healthy child care nurses in the Child Care Resource & Referral offices as contacts for initial information and identification of children without adequate dental insurance.
 - Use parent information boards in child care settings to post resources and contact numbers.
 - Develop easy to understand materials on dental health issues affecting child. Materials should be created using a variety of multi-media methods for delivering education information to parents who are not literate. Subjects identified: Dental Carries, Sealants, baby bottle/pacifier usage, fluoride, teeth brushing routines, flossing, age appropriate care and when to start preventative care routines.
 - Increase public awareness through a radio and television advertising campaign focused on informing parents about the importance of early preventive care.
 - Develop stronger partnerships with contracted USDA food programs to deliver information to parents.
 - Increase the public awareness of the existence of state dental associations. Give the “expert” opinion so the public will grasp the importance of preventative care.
 - Publish and update the reimbursement rates for Medicaid payments. Many people felt they did not know what types of services were covered, nor who to talk to about changing reimbursement rates.
 - Issues regarding fees should be brought before the North Dakota Dental Association asking them to advocate for raising reimbursements. Other organizations would support their efforts to seek higher reimbursements.
 - Mobile Units for dental exams could expand the access of care to rural communities.
 - A public awareness campaign to change public perspectives about dental care to combat jokes like “Would you rather or have a root canal?”
 - Increase the number of dentists willing to take medical assistance patients and those with special needs. If more dentists shared the burden of working with Medicaid patients, then the burden of paperwork, and other issues associated with reimbursements would be spread around, and open up access and alleviate long waiting list for care.
 - Support legislation defining a more active role for Dental Hygienists in assisting with routine dental exams, screening, referral and public education.

- Change the reimbursement system to eliminate cumbersome paperwork.
- Encourage dental practices to update their office software to use more modern systems of tracking patient care, appointment reminders and reimbursements.
- Encourage more orthodontists in communities to accept Medicaid patients.
- Continue to build partnerships among: Physician’s assistants, WIC, Dieticians, Hygienists, ND state oral health division, Head Starts, Early Head Starts, Even Start, Child Care Resource & Referral agencies, Community Action Agencies, Department of Public Instruction, Pediatricians, Clinics, Maternity wards of hospitals, Obstetricians, Family Practice Specialist, Public Health units, County Social Service agencies and others who touch the lives of families with young children.
- Fluoride brushing done at Well-baby checks.
- Public Health Departments to implement oral health programs in schools and licensed child care settings.

Where do we go from here?

The original surveys and data from the Oral Health Forum will be filed with the North Dakota Department of Health- Community Health Division, Oral Health Program Director. The Department of Health has included in the states multi-year CDC comprehensive services plan the development of a state oral health coalition to actively pursue many of the above ideas and to improve access and availability of dental care to all citizens in North Dakota. We look forward to RESULTS from this forum, and not continued talk, talk, talk as quoted by one Dentist.

Included:

1. Attachment #1- *Parent Dental Access Survey Form*
2. Attachment #2 – *Health Consultant Dental Access Survey Form*
3. Attachment #3 – North Dakota Oral Health invitation and site locations list
4. Attachment #4 – Reminder notice