

## North Dakota Legislature-Health Services Committee

### Dental Access in North Dakota

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1. According to a Kaiser Family Foundation study in July 29, 2013, North Dakota needs only 7 dentists to remove HPSA designation.
2. Dental HPSA data is only distantly related to the % of children receiving Medicaid visits and has been found to be flawed as a measure of workforce according to a HRSA-commissioned study by the UNC Shep Center in 2005.
3. North Dakota leads the nation in the number of dental school applicants from the state as a percentage of the number of dentists in the state. ("Dental School Applicants by State compared to Population and Dentist Workforce Distribution", Mentasti and Thibodeau, Journal of Dental Education, Nov 2008)
4. The rate of increase in the number of new dentists licensed in the state is among the highest in the nation.
5. A Pew study in 2009 reported that 43% of the dentists in North Dakota were over the age of 55. A study done by the North Dakota Dental Association in 1998 reported that 40% of the dentists in the state were going to retire in the next 10 years. A shortage did not occur at that time for a variety of reasons. What do these numbers really mean in our state?
6. Government data (NCHS Data Brief, August 2012) reported that 14.2% of children nationally had untreated caries, but only 3.1% of parents reported an inability to get care for their children. (See attached table) Is this a lack of access or underutilization? Doesn't this recommend caution when trying to draw conclusions about dental needs data? Might there be other reasons why patients do not access care?
7. Although studies demonstrate comparable levels of technical quality when comparing certain types of mid-level providers and dentists, those studies merely show that those providers know how to provide certain services, not that those providers know how to provide the correct service at the right time on the right patient with consideration of that patient's overall health status.
8. Use of Expanded Function Dental Assistants (EFDA's) has been thoroughly evaluated and is accepted practice in over 20 states and federal programs. Why not develop practice models similar to the EFDA model that address workforce needs in a more efficient and cost-effective way using the resources unique to North Dakota?
9. Why does North Dakota need to be only the third state to adopt a new mid-level provider when information is lacking that it would improve access issues that are unique to our state? Isn't it the North Dakota way to solve our problems through government/community/private partnerships that are closer to the problems and own them as compared to outside, national "one size fits all" solutions that are advocated by Pew Charitable Trusts?

## Lack of Access or Underutilization?

Question: If the 14.2% of children with untreated caries is indicative of lack of access, why did only 3.1% of parents report an inability to access care when they attempted to get care for their children?

Age group	Percentage of untreated caries (all children)*	Percentage of Parents reporting inability to get care**
Age 3-5 years	14.4%	
Age 0-4 years		2.3%
Age 6-9 years	17.0%	
Age 5-11 years		3.6%
Ages 13-15 years	11.4%	
Ages 12-17 years		3.5%
Average	14.2%	3.1%

\*Source: NCHS Data Brief Number 104, August 2012. Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009-2010

\*\*Source: [www.healthindicators.gov](http://www.healthindicators.gov), accessed 6/11/13