

Testimony
Health Services Committee
Wednesday, October 30, 2013 – 10:30 a.m.
North Dakota Department of Health

Good morning, Madam Chair and members of the Health Services Committee. My name is Kim Mertz and I am the Director of the Division of Family Health for the North Dakota Department of Health. I am here today to provide a presentation regarding dental programs available through the department; oral health needs assessment documents prepared as part of the federal grant process; and the status of Centers for Disease Control and Prevention (CDC) grant funding.

Dental programs available through the department include:

Donated Dental Services Program

Supported through state general funding (\$50,000 per biennium), the Donated Dental Services Program provides dental care through a network of 141 North Dakota volunteer dentists and 29 dental laboratories to the state's most vulnerable people- the disabled, elderly or medically-compromised individuals who cannot afford necessary treatment. The program is a partnership between the North Dakota Dental Association and the North Dakota Department of Health in cooperation with Dental Lifeline Network. Since the program's inception in 2000, 671 North Dakota residents have received more than 2 million in donated dental therapies.

Smiles For Life Fluoride Varnish Program

During the 2007 legislative session, HB 1293 was passed allowing physicians, physician assistants, registered nurses, licensed practical nurses and advanced practice registered nurses the ability to apply fluoride varnish upon the completion of a fluoride varnish curriculum approved by the North Dakota Board of Dental Examiners. Smiles for Life (module 6) is the current, on-line oral health training curriculum approved for this program. Since 2008, many local public health units, clinics and Head Start entities are applying fluoride varnish to children's teeth.

School-based Fluoride Varnish and Seal!ND (Sealant) Program

In 2009, HB 1176 was passed authorizing general supervision of licensed dental hygienists for procedures authorized in advance by a dentist. As a result of this legislation, the Oral Health Program implemented a school-based fluoride varnish and sealant program (Seal!ND). In fall 2011, four public health hygienists employed by the Department of Health and supported through a Health Resources and Services Administration (HRSA) Workforce grant, began applying fluoride varnish and dental sealants to children pre-kindergarten through sixth grade in approximately 50 schools throughout the state. In some schools, small numbers of students in grades 7 through 12 were served as well. Since 2011, approximately 1,700 students per school year have

received services through this program. Despite program success, the Oral Health Program did not receive continued funding from the HRSA Workforce grant. HRSA funding over the last three years was about \$260,000 per year. Consequently, three public health hygienist positions and a data entry position have been eliminated (all temporary positions), resulting in a significant reduction of school-based services. Only one public health hygienist will be able to provide services to about 180 students in three schools this year. In addition, collaborative projects through contracts with the Ronal McDonald Care Mobile to assist with program costs and Bridging the Dental Gap to support dental services in long-term care facilities have not been continued.

The Oral Health Program did receive another five-year (2013-2018) CDC State Oral Disease Prevention Program grant. However, funding for year one of the grant is only \$150,000. Previous CDC funding levels for the last five year grant cycle averaged \$310,000 per year. CDC has indicated that funding will increase to \$250,000 for years 2-5 of the grant cycle. This CDC grant supports state level program staff essential for developing and enhancing the infrastructure and capacity of the oral health program in eight required component areas. These eight components include oral health program leadership; a surveillance system to monitor oral diseases and a report on the state's burden of oral disease; a state oral health plan; a statewide oral health coalition and strong partnerships to increase program resources; evidence-based prevention programs including community water fluoridation and school-based sealant programs; policy and health system strategies; collaboration with other state chronic disease programs; and program evaluation. Due to the decrease in this funding, state staff have had changes in their roles and responsibilities. Most noticeable is the reduction in prevention efforts, oral health epidemiology and administrative assistant support.

An oral health needs assessment was required for both the HRSA and CDC grants that were submitted this year (see Attachments 1 and 2). For your information, I have also distributed the document *Oral Health in North Dakota – Burden of Disease and Plan for the Future (2012-2017)*.

This concludes my presentation. I am happy to answer any questions you may have.