North Dakota has no dental school and no reciprocity agreements with neighboring universities to encourage student enrollment. Recognizing the need to address oral health workforce shortages and barriers to recruiting new dental professionals, the North Dakota Department of Health Oral Health Program (OHP) and the North Dakota Area Health Education Center financially support five-week dental rotations at one Federally Qualified Health Center (FQHC) in North Dakota, Spectra Health.

Spectra Health

Spectra Health is an FQHC in Grand Forks, North Dakota, that has been in operation since 2004 and strives to ensure high-quality and affordable services are available to everyone in the community. It recognizes the importance of integrated care where behavioral health, oral health, and primary care team members work together with the patient.

Dental Services Provided at Spectra Health

- Cleanings
- Restorative crowns
- Partial dentures
- Fillings
- Extractions
- Composites
- Sealants
- Urgent dental care
- Selective root canals
- Child-safe nitrous gas
- Bite guards and night guards

Care Provided by Dental Students

Students have traditionally reported a greater number of restorative services than preventive. Following the shutdown in response to the COVID-19 pandemic, however, dental students now contribute to reducing the backlog of pediatric patients in need of preventive services. A majority of patients who receive care from the dental students are those who are covered by medical assistance (MA), Medicaid.

In the past three years, six students from the University of Minnesota and three students from the University of Iowa provided direct clinical care for hundreds of patients at Spectra Health (2019-2021).

- 739 Restorative procedures
- 367 Preventive visits
- 884 Patients who were covered by Medicaid
- $120,093 Worth of care billed to Medicaid
Students completing rotations in 2019-2021 participated in one-on-one interviews with the evaluation team. Every student selected this rotation because they wanted to be closer to home; “home” was North Dakota. Several of the students were from small and rural communities in the state. Two pursued this opportunity because an upperclassman “highly recommended it!” Although salary was a leading factor in future practice location and type, following their experiences, all students expressed a level of interest in practicing in an FQHC in the future. Unfortunately, a majority intended to eventually begin a private practice because of income inequities. Every student spoke highly of the rotation experience, the staff with which they worked, and the patients. Students consistently identified the benefits of the high daily caseload, the amazing experience working with these specific providers, the excellent mentorship, and the positive working environment and team-based model of care.

### Conclusions and Recommendations

- The OHP should identify additional dental student rotation sites in underserved, rural, and FQHC settings. One opportunity may be connecting with previous recipients of dental loan repayments who now have a private practice.
- The OHP should connect with the primary care office and others to discuss the possibility of increasing the rate of the student loan repayment program.
- It is recommended that relevant state entities and programs work with neighboring dental schools to develop reciprocity agreements.

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