

## Special points of interest:

RUPRI Releases Frontier Extended Stay Clinic Evaluation  
 (See article on page 3)

NCFC to release updated Frontier maps at www.frontierus.org (Page 1)

## Mark Your Calendar!

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[28th Annual National Rural Institute on Alcohol and Drug Abuse](#)  
 June 10-14  
 Menomonie, Wisconsin

[Rural Quality and Clinical Conference](#)  
 July 18-20  
 Seattle, Washington

[Rural Health Clinic and Critical Access Hospital Conferences](#)  
 September 25-28  
 Kansas City, Missouri

[NOSORH Annual Conference](#)  
 October 16-18  
 Madison, Wisconsin

[National Association of Rural Health Clinics Fall Institute](#)  
 October 24-26  
 Reno, Nevada

[National Rural Education Association Convention and Research Symposium](#)  
 October 12-14  
 Cincinnati, Ohio

[2nd National Rural Health Day](#)  
 November 15

## How Dental Therapists Support Frontier America

Lack of oral care is a problem which affects millions of Americans. According to the Pew Center on the States, over 31 million Americans “have no reasonable expectation of finding a dentist in or near their community”. The problem is most severe among racial/ethnic minority groups and low-income people.

One reason for this lack of access is a dental workforce shortage. About 4000 areas in the US are federally designated as dental professional shortage areas with many of these areas in the Frontier. In fact, according to a recent [report](#), “nearly all rural counties are dental professional shortage areas.” It can be very challenging for frontier communities to recruit dentists because of extremely low patient volumes. There are also relatively few dentists from minority groups, which can form a barrier to care access, especially if patients’ primary language is not English or where cultural differences make effective communication between

the dentist and the patient difficult. Even in areas where there are an adequate number of culturally competent dentists, residents are not guaranteed access to oral care. Many dentists are unwilling to accept Medicaid payments, which are much lower than private insurance reimbursement rates, and for the uninsured care can be prohibitively expensive.

Several states are developing new workforce models to address some of the factors contributing to the current dental care shortage. One of these is the Dental Therapist (DT) model. DTs are midlevel dental practitioners who are authorized to perform a limited set of dental procedures, such as cleaning teeth, placing seal-



“Aurora Johnson, left, a dental therapist, filled cavities for Paul Towarak, 10, in the village of Unalakleet, Alaska. For more involved procedures, Ms. Johnson refers patients to a dentist.” Source: [Alex Berenson/The New York](#)

ants, filling cavities, and simple extractions. Because DTs are recruited from the communities where they will serve, they are more likely to work in these underserved communities upon graduation and to be literate in their patients’ cultures. They are also less expensive, earning roughly half as much as a dentist.

Alaska and Minnesota currently have DTs working in

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## New Frontier Maps Available on NCFC Website!

Since November 2011, NCFC has been working with the State Offices of Rural Health (SORHs) and the National Organization of SORHs to create a list of frontier counties and other frontier areas. Based on the recently released 2010 census data, each SORH designated which areas of their state are currently designated Frontier.

Using the information provided by the SORHs, NCFC has

created a series of maps showing:

- Areas each SORH designated as Frontier;
- How each SORH defines frontier;
- Change in land area designated Frontier from 1990-2010 (time-lapse);
- Frontier areas that fall above and below the average US poverty rate;

→ Tribally owned land in Frontier areas.

The maps will be available for free on the NCFC website: [www.frontierus.org](http://www.frontierus.org) no later than May 30th.

NCFC thanks the SORHs for the time and careful consideration they put into the frontier designation process. We would also like to thank the NOSORH staff for their help and support on this project.



**“Dental therapist Christy Jo Fogarty gets ready to examine Valentino Cotten in Minneapolis, Minnesota”**

Source: [Sasha Aslanian, Minnesota Public Radio](#)

**“4000 areas in the US are federally designated as dental professional shortage areas, many of them in the Frontier. In fact, nearly all rural counties are dental professional shortage areas.”**

- Clinical quality improvement
- Clinic services augmented
- Patient and family savings, convenience, and “relief”
- Frontier community support
- Variable impact on provider recruitment and retention



**RUPRI evaluation shows positive qualitative findings for Frontier Extended Stay Clinics.**

## Dental Health Therapists (Continued from Page 1)

underserved communities. In Alaska, which has been training and deploying DTs since 2004, DTs serve exclusively in rural and frontier Alaska Native communities. Minnesota DTs, the first of whom started practicing in 2011, are allowed to practice in all of the state’s underserved communities, both urban and rural. Several other states have also shown interest in the model. In the past year, New Mexico, Vermont, Washington and Kansas have all introduced bills to the state legislature which would authorize DTs to practice there. However, none of these bills made it to the floor for a vote. Additionally, in a [poll](#) conducted last year, two thirds of Ohio voters said they supported allowing DTs to practice in their state.

Although there is much interest in the DT model in

states with dental professional shortage areas, the model has also faced much criticism from the American Dental Association (ADA). The ADA argues that the size of the dental workforce is only one barrier to access to dental care. They argue that the distribution of dentists is the real problem, not an absolute shortage of dental professionals.

The ADA has also questioned the safety and appropriateness of allowing DTs, who have much less training than dentists, to do fillings and extractions. Rather than investing in DTs, the ADA supports increasing Medicaid reimbursement for dentists, increasing preventative measures, improving cooperation between dentists and primary care physicians, and creating more incentives for dentists to work in

underserved areas.

Clearly, something needs to be done to eliminate the enduring inequalities in access to oral health care. However, the debate on how best to achieve this is still far from resolved. Solutions to the country’s dental health crisis will need to tackle multiple barriers to access. The DT model shows much promise for expanding access to oral care in frontier areas, and can be one part of these solutions. NCFC is currently researching the DT model’s potential to improve oral health in frontier communities. This research will help NCFC take a policy position on the model. We will keep you informed about future developments in the model, and progress towards implementing it in other states.

## RUPRI Releases Frontier Extended Stay Clinic Evaluation

The Rural Policy Research Institute (RUPRI) recently released an evaluation of the Frontier Extended Stay Clinic (FESC) demonstration. The FESC is a new type of clinic “designed to provide primary, emergency, and extended-stay care 24 hours per day when hospital services are not readily available.” The RUPRI report assessed the performance of all five FESC demonstration clinics, the effectiveness of grant investments used to establish those clinics, and the Medicare payment model used for the clinics.

The evaluation confirms what reports from the field had suggested: FESCs have improved patient care substantially by purchasing new medical equipment and stepping up quality improvement activities. According to the evaluation, the demonstration clinics provided vital, life-saving services in their communities. The availability of these services 24/7 gave communities a greater sense of

security. FESCs have also “supported the cultural role of family togetherness during illness by reducing the number of patients transferred out of the community,” the report says.

In looking at cost effectiveness, the report found that the five FESC demonstration clinics saved payers nearly \$14 million by avoiding unnecessary patient transfers, or \$500 thousand per clinic each year. However, the costs to clinics to provide after-hours and extended-stay services is estimated at \$1 million per clinic each year. Medicare and Medicaid payments did not cover the cost to clinics of providing after-hours care, and as of yet private insurers do not pay for extended patient stays at FESCs.

RUPRI’s report concluded that FESCs are “a valuable service to remote and/or isolated communities of sufficient size to support a minimum of three health care providers.”

The report gives recom-

mendations to optimize the FESCs model. These include seeking alternative sources of revenue, such as freestanding emergency department (FED) designation, payments from private health insurers, and improving the current Medicaid and Medicare payment design. Other recommendations are similar to those put forward in a recent National Rural Health Association policy brief co-authored by NCFC. These include reconsidering the demonstration’s criteria for FESC designation, which would prevent the participation of many frontier clinics in the FESC program.

Perhaps most importantly, the evaluation noted that the FESC demonstrations have laid a foundation which makes quick replication of the model possible, both in Alaska and beyond. The report contributes to a growing evidence base which supports the expansion of the FESC program to other states.

## Lloyd Asato Joins the Frontier and Rural Expert Panel!

The Frontier and Rural Expert Panel (FREP) is proud to introduce its newest member, Lloyd Asato, who joined the FREP in April 2012. As part of the FREP, a group of national experts representing various disciplines, service areas and geography, Mr. Asato will provide expertise and guidance on a variety of issues facing rural and frontier areas.

Mr. Asato brings a diverse portfolio of research and work experience to the FREP. He is the owner and founder of Build Community, a national consultancy providing capacity-building for community-based organizations working to advance

equity. Mr. Asato has a degree in Political Science, and has worked as both a teacher and research associate at the University of Hawai'i. A native Hawaiian, Mr. Asato has extensive experience in the field of Asian American, Native Hawaiian, and Pacific Islander health and community organizing. He served on the Asian Pacific Islander National Cancer Survivors Network Advisory Committee and as Interim Chief of the Hawai'i State Office of Rural Health. As Program Director for Asian Pacific Community in Action, Mr. Asato organized a variety of health campaigns and capacity-building and leadership initiatives. Most recently, Mr.

Asato worked as a Senior Policy Analyst and later as Community Capacity Program Director for the Asian & Pacific Islander American Health Forum.

We are very glad to welcome Mr. Asato, with his wealth of experience in community empowerment, policy, and health in rural, frontier and minority communities to, the FREP!



Lloyd Asato

### Are You a Member of NRHA's Frontier Constituency Group?

The National Rural Health Association (NRHA) is dedicated to ensuring frontier and rural Americans have access to quality care.

"I hope you will join NRHA to make frontier's voice louder in the fight for rural Americans," says Charlie Alfero, NCFC director.

NRHA advocacy efforts and benefits include:

- ◇ Participation in the frontier networking group;
- ◇ Access to NRHA Connect, an exclusive social networking site that allows members to post discussions, upload resources or ask questions of other members with an interest in frontier communities like ours;
- ◇ Timely updates on how health reform, proposed cuts and national legislation impact you;

- ◇ Critical documents that detail the fight for rural health access;
- ◇ NRHA's rural health blog, Journal of Rural Health and Rural Roads magazine;
- ◇ Monthly and urgent webinars detailing important rural health legislation;
- ◇ A comprehensive Congressional Action Kit to help you meet with and influence your elected officials;
- ◇ Significant discounts on NRHA conferences and continuing education programs;
- ◇ Complete NRHA lobbying efforts of Congress and the administration.

Not yet a member of NRHA? Contact Sharon Hutinett ([shutinett@nrharural.org](mailto:shutinett@nrharural.org)) today and mention NCFC to receive a special discount.

### NCFC Partners with National Organization of State Offices of Rural Health

NCFC is proud to announce its new partnership with the National Organization of State Offices of Rural Health (NOSORH)! For over a decade, NCFC and NOSORH have been working together to improve health in rural and frontier communities. This spring, the two organizations decided to make their partnership official through a signed affiliate agreement to support one another on several projects and initiatives.

Most recently, the two organizations collaborated with the 50 State Offices of Rural Health to map America's frontier areas (see article on p. 1). By making their partnership official, NCFC and NOSORH hope to further strengthen each other's efforts to improve rural and frontier health.

NCFC thanks NOSORH for its continued support and looks forward to a long and fruitful partnership!



#### New From Independent Lens Facing the Storm: Story of the American Bison

This film introduces viewers to a rich history of human sustenance, exploitation, conservation, and spiritual relations with the ultimate icon of wild America. To learn more about the film and how to view, please visit [www.pbs.org/independentlens/facing-the-storm](http://www.pbs.org/independentlens/facing-the-storm),

### Cancer Care

Did you know that you can attend free informational or support sessions by telephone or computer every month? Cancer Care is a national non-profit organization that offers free professional support services--including counseling, support groups, education, financial assistance and practical help--to anyone affected by cancer. Visit [www.cancercares.org](http://www.cancercares.org) to learn more.



### National Organization of the State Offices of Rural Health

NOSORH supports the development of state and community rural health leaders; creates and facilitates state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhances access to quality healthcare services in rural communities.