



ORAL  
HEALTH  
OHIO

*Managed by HealthPath Foundation*



# State Oral Health Plan Advisory Committee

**Meeting 2**

July 13, 2022

Advisory Committee  
**Introductions**

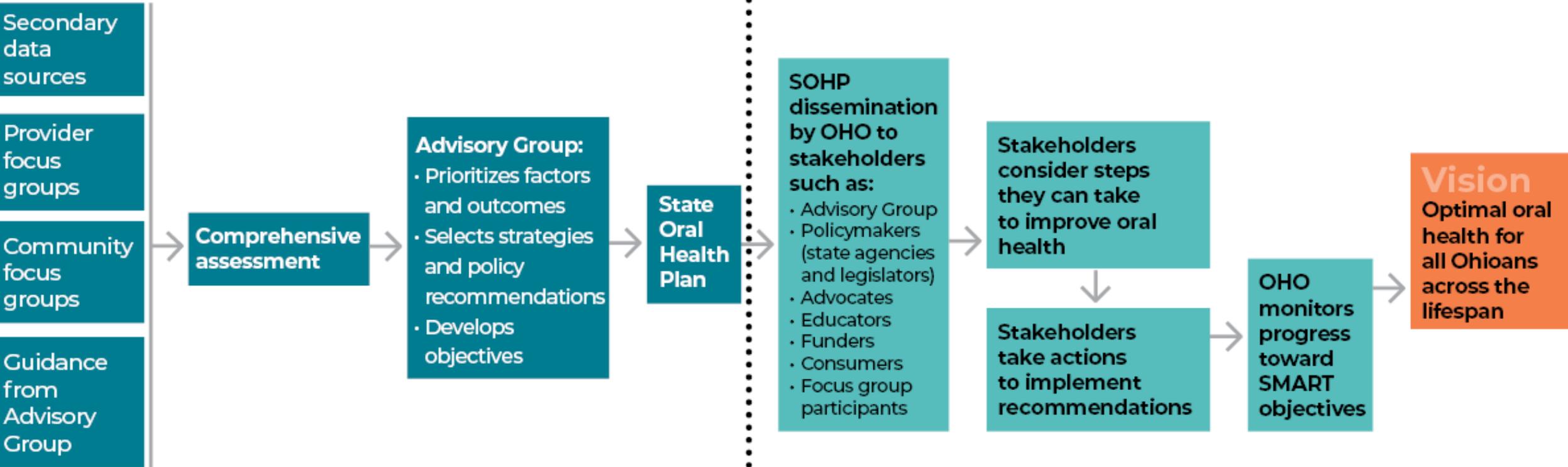
# State Oral Health Plan pathway to impact

## Purpose

The Ohio SOHP is an actionable roadmap to ensure oral health is integrated with, and elevated to, the same importance as overall health. The SOHP is designed to guide actions taken by policymakers, advocates, educators, providers and funders.

### Assessment phase

### Planning phase



# Meeting agenda

1. Welcome, introductions and project review
2. Healthcare provider focus group findings
3. Consumer focus group findings
4. Secondary data
5. Priorities discussion
6. Individual worksheet review and break
7. Small group discussions: State Oral Health Plan priorities
8. Small group report-out
9. Next steps

# Meeting objectives

As a result of feedback provided by Advisory Committee members at this meeting, HPIO and OHO will have the guidance on:

**What factors and outcomes should be prioritized in the State Oral Health Plan**

What will be included in the

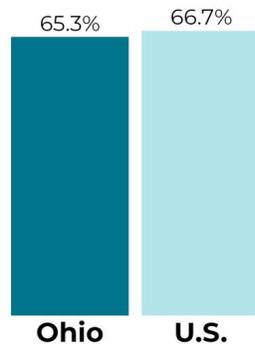
# State Oral Health Plan

- Assessment of Ohio's oral health strengths and challenges
- Priority outcomes and factors selected with help of the Advisory Committee
- SMART objectives and targets for tracking progress
- Strategies and policy recommendations

# Data sources

## Secondary data

Visited the dentist or dental clinic within the past year for any reason, 2020



Source: U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, via America's Health Rankings

## Healthcare provider focus groups

**PLEASE JOIN US FOR**  
Virtual  
**Healthcare provider focus groups**  
to inform development of Ohio's  
**2023-2027 State Oral Health Plan**

Overall health is closely connected to a healthy mouth, tongue, gums and teeth. We're seeking input from all types of healthcare providers, including physicians and nurses, mental health professionals and dental professionals.

Ohio's 2023 -2027 State Oral Health Plan will be a roadmap to guide actions taken by policymakers, advocates, educators, and providers. The plan will include objectives and strategies to improve oral health and overall health in Ohio.

Please choose one virtual focus group:  
• **Tuesday, June 7:** Noon -1 PM  
• **Tuesday, June 7:** 5:30-6:30 PM  
• **Wednesday, June 8:** 7:30-8:50 AM  
• **Wednesday, June 8:** 4:00-5:00 PM  
• **Saturday, June 11:** 10:00-11:00 AM

[Click here to register](#)  
or scan the code on your phone's camera

Focus group registration will be capped at 30 participants.

**Discussion topics will include:**

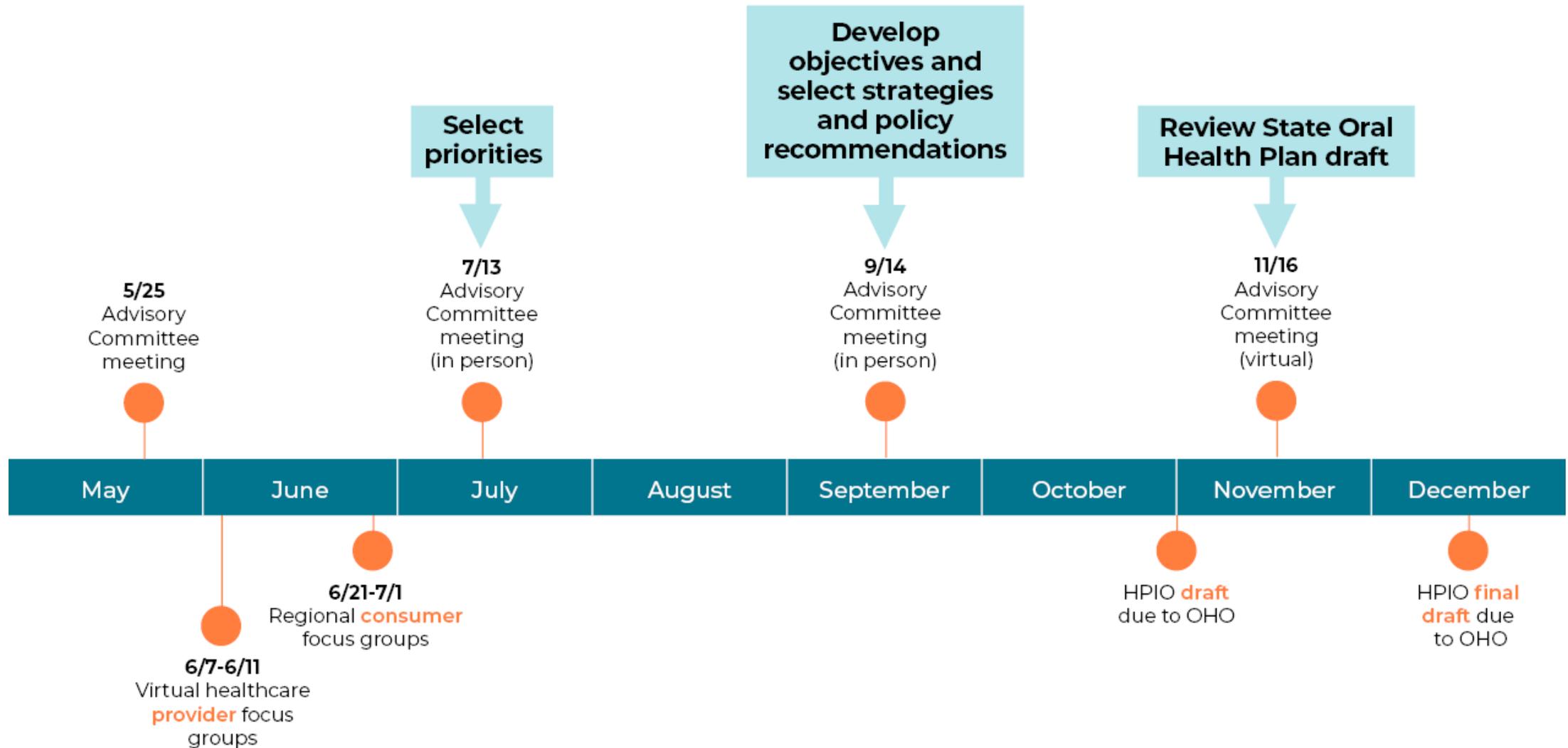
- What is working well in Ohio related to oral health? What is not?
- Which groups of Ohioans have limited opportunities for good oral health, and what are the biggest barriers they face?
- What are the most important challenges that should be prioritized in the State Oral Health Plan?
- What policy recommendations should be included to address these challenges?
- What do you see as your role in promoting oral health?

Oral Health Ohio (OHO) is a coalition of statewide partners who educate and advocate to improve Ohio's oral and overall health. OHO has contracted with the Health Policy Institute of Ohio (HPIO) to facilitate and create the 2023-2027 State Oral Health Plan. HPIO is an independent and nonpartisan organization with a mission to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

## Regional consumer focus groups



# Project timeline



# Provider Focus Group **Findings**

“There is a lot apathy and inertia in the state. Let’s not look the other way and forget about oral health.”

# Participant **information**

Provider types (identified by participants):

<b>Dentist</b>	20 (13 general, 4 pediatrics, 1 public health, 2 no response)
<b>Dental hygienist</b>	15 (including 6 from Ohio Department of Health)
<b>Physician</b>	5 (4 pediatricians, 1 family medicine)
<b>Nurse (BSN, RN, LPN)</b>	4
<b>Advanced Practice Registered Nurse</b>	1
<b>Other</b>	7
<b>Total</b>	<b>52</b>

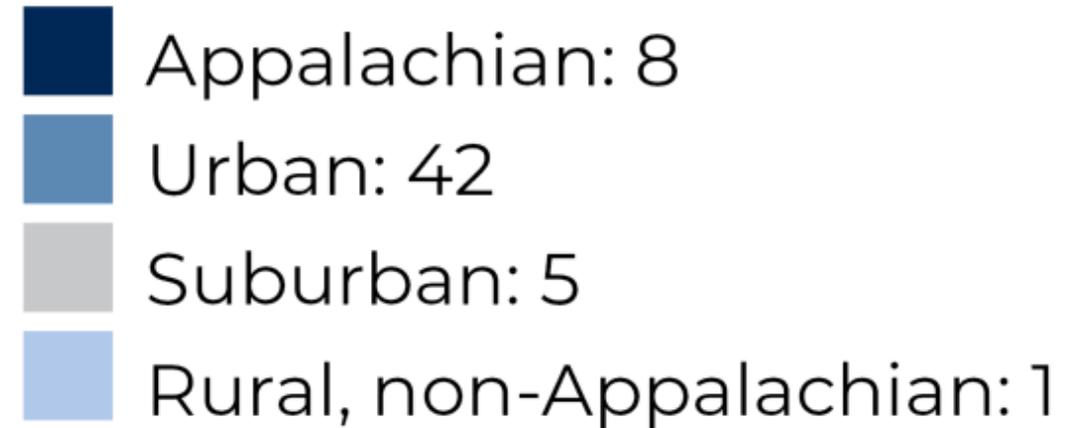
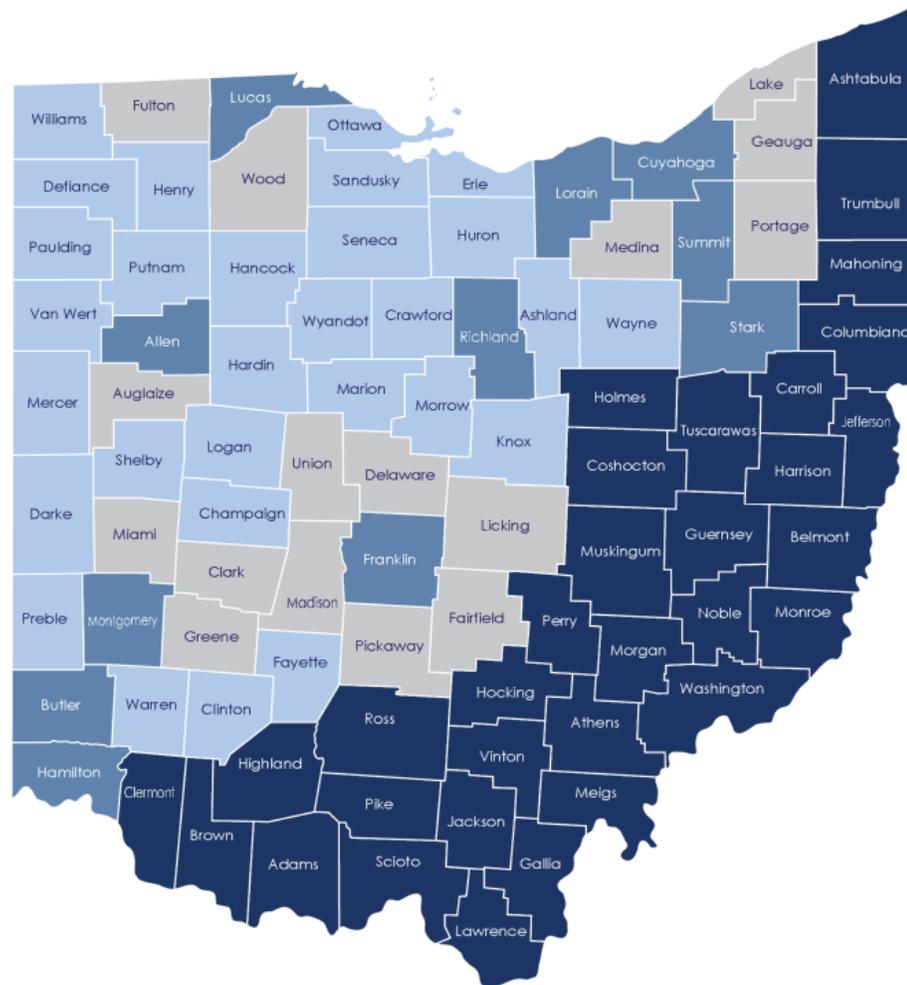
# Participant information



**Note:** One participant selected "Multiple counties" and is not included in these counts.

Region boundaries are from the Association of Ohio Health Commissioners

# Participant information



**Note:** One participant selected “Multiple counties” and is not included in these counts.

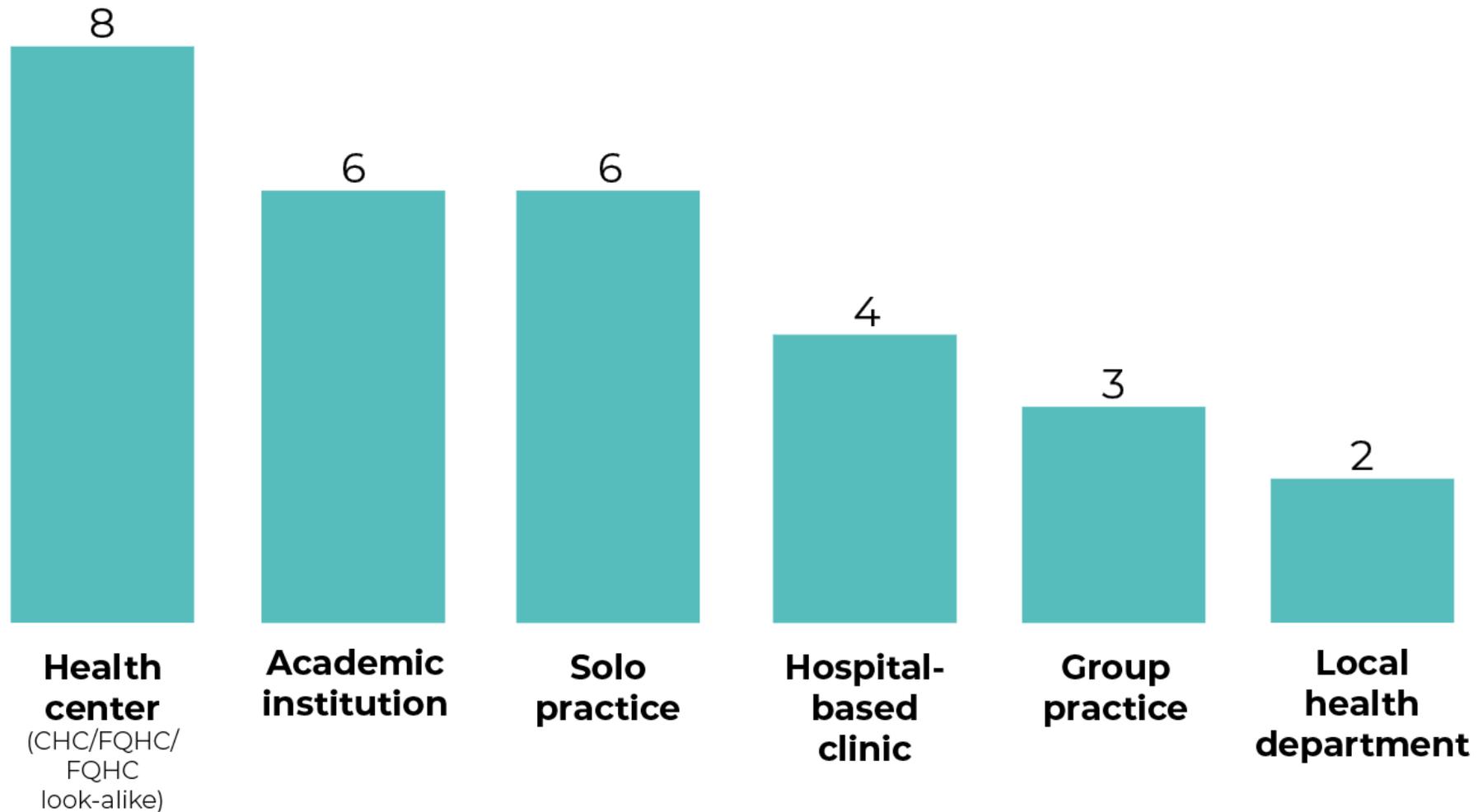
County types defined by the Ohio Medicaid Assessment Survey

# Participant information

Of the 29 dentist and dental hygienists:

- 27 said they see patients with special healthcare needs
- 
- 20 said they accept both Medicaid and non-Medicaid
  - 5 said they only accept non-Medicaid insurance
  - 4 said they accept Medicaid only

# Participant information



# What are Ohio's greatest **strengths** related to oral health?

Rank	Response category	Times mentioned
1	Ohio Medicaid	12
2 (tie)	School-based health centers and mobile units in Ohio	5
2 (tie)	School-based sealant programs	5
4 (tie)	Water flouridation	4
4 (tie)	Ohio's safety-net infrastructure (including federally qualified health centers and safety-net dental clinics)	4

# What are Ohio's greatest **strengths** related to oral health?

“It is super exciting to see the school-based dental movement in Ohio...There were recent state funds [allocated] to expand school dental care in other regions of Ohio...It's really impactful for certain regions where getting to young children is critical...Getting sealants and fluoride are important but having school sites provide comprehensive dental care in Ohio is exciting.”

# What are Ohio's greatest **challenges** related to oral health?

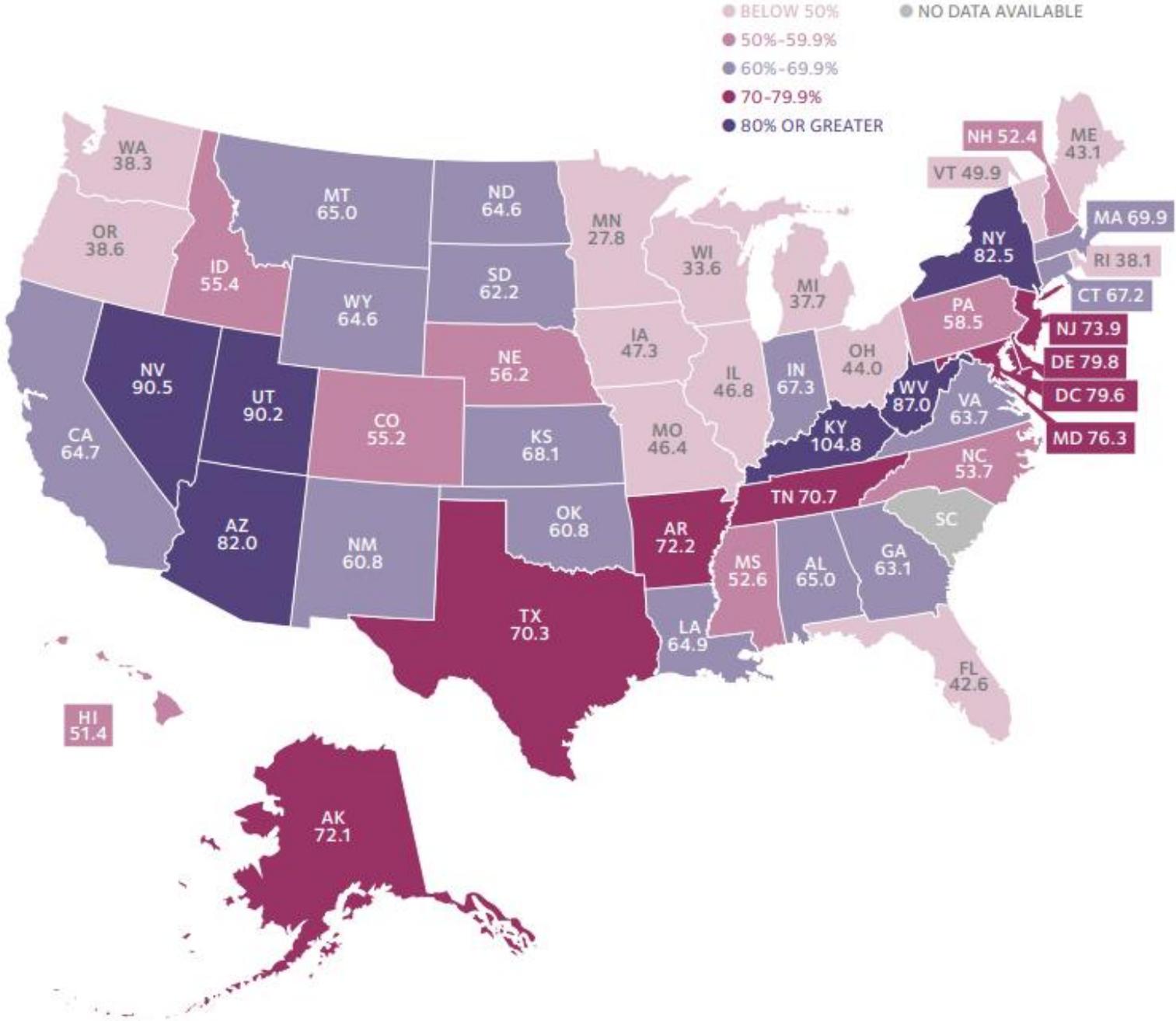
Rank	Response category	Times mentioned
1	Ohio Medicaid provider reimbursement rates and administrative burden	17
2	Access challenges for the Medicaid population and people with low-incomes and no dental insurance	12
3	Policy barriers (including changes needed to Ohio laws and regulations, such as tele-dentistry and the Oral Health Access Supervision Program)	10
4	Challenges surrounding access to care for kids	6
5	Access challenges for older adults	5

# What are Ohio's greatest **challenges** related to oral health?

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# Medicaid reimbursement for children

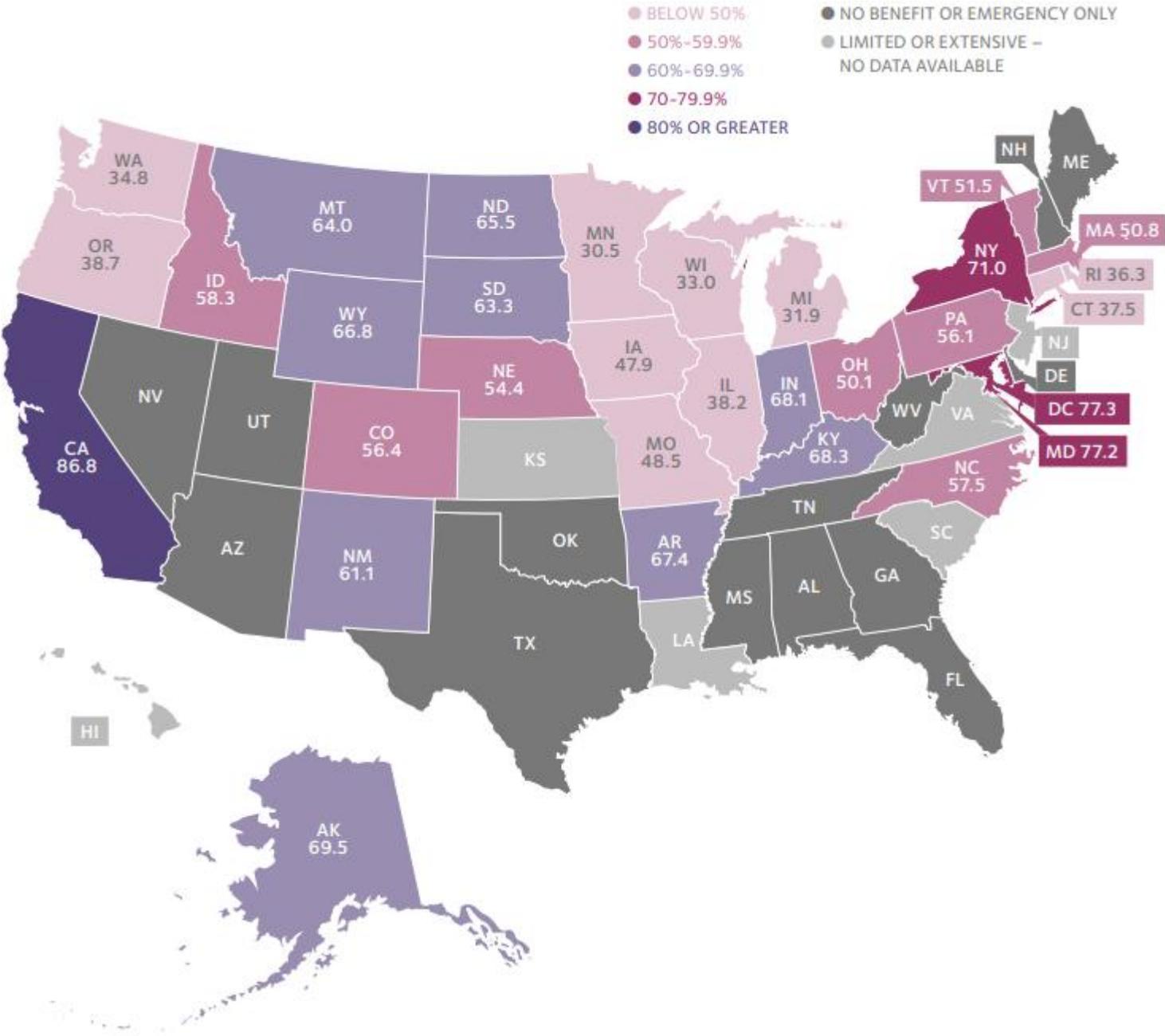
Medicaid reimbursement as a percentage of private insurance reimbursement for child dental services, 2020



Source: American Dental Association Health Policy Institute

# Medicaid reimbursement for adults

Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services, 2020



Source: American Dental Association Health Policy Institute

# Medicaid reimbursement rates and administrative burden

“Willing providers are a strength...Heart wants to treat, but the administrative web and Medicaid reimbursement rates make it difficult. It’s not a business model that is sustainable...We have people who want to do the right thing but run into challenges that disincentivize.”

# What are Ohio's greatest **challenges** related to oral health?

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# **Access** challenges for the Medicaid and low-income, uninsured populations

“Some live in areas without a safety net dental clinic in their county and can’t drive to get oral health care. We don’t know where to send these people – people in pain and desperate for care.”

# What are Ohio's greatest **challenges** related to oral health?

Rank	Response category	Times mentioned
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# Policy **barriers**

“If I were a solo practitioner trying to stay afloat, the OHASP model and tele-dentistry model are not efficient processes. I would be losing money every day due to protocols.”

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# Challenges with **access to care for children**

“When we speak of dental needs of children. Not every dentists feels comfortable treating young children, which is complicated by lack of dental providers. Some kids need complex care, multiple extractions.”

# What are Ohio's greatest **challenges** related to oral health?

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# Access challenges for **older adults**

“Patients who have not had regular access as they age are more likely to need services that are not covered. [In this instance], there was no coverage for removable devices, which is a very common need for the older population who need devices for proper chewing/nutrition.”

# Which groups of Ohioans have **limited opportunities** for good oral health?

Rank	Response category	Times mentioned
1	Older adults without a Medicare Advantage plan with dental benefits (not including seniors living in nursing homes or assisted living facilities)	8
2 (tie)	Medicaid population	7
2 (tie)	People with special healthcare needs/intellectual and developmental disabilities	7
4	People with low incomes and no dental insurance (without Medicaid)	6
5 (tie)	Children in families with low incomes (including children with Medicaid)	5
5 (tie)	People living in rural or Appalachian counties or any of the dental professional shortage areas	5

# People with **special healthcare needs**/intellectual and developmental disabilities

“Certainly, special needs patients. [Currently, students are only required to take] a one-hour course on care for these individuals. The rules are being changed, but many students are uncomfortable serving this population because they literally have no education or experience with it.”

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2 (tie)	Medicaid population	7
2 (tie)	People with special healthcare needs/intellectual and developmental disabilities	7
4	People with low incomes and no dental insurance (without Medicaid)	6
5 (tie)	Children in families with low incomes (including children with Medicaid)	5
5 (tie)	People living in rural or Appalachian counties or any of the dental professional shortage areas	5

# People living in **rural or Appalachian** counties

“In rural Ohio, some people need to drive an hour to see a dentist. Some ERs are even seeing patients with nowhere to refer them. Counties that I work with don’t have fluoridated water. Add lack of prevention with lack of access and it’s a disaster. Rural counties tend to not have access to residency programs; they don’t have FQHCs, don’t have large systems in place. It just looks different, and they have different resources.”

# What are the **biggest barriers** that these groups face?

Rank	Response category	Times mentioned
1	Barriers related to the social drivers of health (including transportation, childcare, operating hours of clinics, difficulty finding employment)	17
2	Financial barriers and lack of insurance that covers dental (including Medicare)	9
3	Challenges facing providers that impact patient care (No experience or education serving patients with disabilities, scope of practice limitations, workforce challenges, Medicaid reimbursement)	8
4 (tie)	Finding a provider (access challenges)	7
4 (tie)	Barriers related to communication and/or lack of education/knowledge surrounding oral health	7

# What are the most important challenges that should be prioritized in the State Oral Health Plan?

Rank	Response category	Times mentioned
1	Need to prioritize prevention/education	9
2 (tie)	Workforce shortages, including law/regulation changes that can address these challenges (including scope of practice restrictions)	8
2 (tie)	Access challenges	8
4	Medicaid reimbursement rates	7
5	Need for more medical/dental integration	4

# **Workforce shortages**, including law/regulation changes that address these challenges

“There is an interest and push for dental therapists in Ohio. I would like to mirror other surrounding states and include dental therapists in what Ohio is doing with access to care.”

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“Dental therapists are great, but the reality is that there’s not an education infrastructure that has been built for this profession. This won’t be impactful for 20 years, but dental hygienists are here now.”

# What are the most important challenges that should be prioritized in the State Oral Health Plan?

Rank	Response category	Times mentioned
1	Need to prioritize prevention/education	9
2 (tie)	Workforce shortages, including law/regulation changes that can address these challenges (including scope of practice restrictions)	8
2 (tie)	Access challenges	8
4	Medicaid reimbursement rates	7
5	Need for more medical/dental integration	4

# Need for more **medical/dental integration**

“[We need to] keep working on integration and keep educating the public on the importance of oral health and connection between oral health and overall health. [We need to] build systems that include that integration, to infuse oral health into those discussions.”

# What **strategies or policy recommendations** should be included to address these challenges?

Rank	Response category	Times mentioned
1	Increase Medicaid reimbursement rates	12
2 (tie)	Expand fluoride use (including allowing more practitioners to apply it, additional populations for whom it is reimbursable)	11
3	Scope of practice changes or new provider types (including dental therapists, less restrictions and more autonomy for dental hygienists, EFTAs)	10
4	Medical/dental integration	8
5 (tie)	Expansion or continued funding of programs that increase access for underserved populations (including the Ohio Project, Give Kids a Smile, post-doctoral residency programs, Dental OPTIONS program)	7
5 (tie)	School-based health centers with dental services (including removing existing policy barriers and having an identifier for SBHC in billing)	7

# Expand **fluoride use**

“I would like to see application of fluoride varnish for older adults due to medication side effects that cause dry mouth. It would help with heart disease and diabetes”

# What **strategies or policy recommendations** should be included to address these challenges?

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Discussion question

**What are your  
reactions to these  
findings?**

Discussion question

**What surprised you? What else did you expect to see?**

Consumer Focus Group

# Findings

# Participant information

- 5 focus groups (each broke into three groups for discussion)
- Community members and interested consumers able and willing to give up their time to tell us about their experiences

Cleveland	30
Cincinnati	21
Toledo	25
Athens	14
Columbus	24
<b>Total</b>	<b>114</b>

# Tell us about a time when you were **treated with dignity and respect**

Rank	Response category	Times mentioned
1	Being treated with care and compassion	23
2	Lack of cultural competency and discrimination	22
3	Unnecessary treatment and medical errors	18
4	Open and respectful communication between provider and patient	14
5 (tie)	Building a trusting relationship between patient and provider	12
5 (tie)	Providing comprehensive, patient-centered, quality care	12
5 (tie)	Provider indifference and lack of empathy	12
5 (tie)	Poor Communication	12

# What is **going well in your community** related to oral health?

Rank	Response category	Times mentioned
1	Increased access to dental care (insurance, dentists, resources, etc.)	15
2	Positive interpersonal relationships with providers	14
3	School-based clinics	13
4 (tie)	Free dental clinics	9
4 (tie)	High-quality and affordable oral health	9

# What are the **barriers**, or what keeps you, your family and others in your community from having good oral health?

Rank	Response category	Times mentioned
1	Care is not affordable (including services not covered by insurance, challenges surrounding payment plans, surprise billing, going without care because of cost)	38
2	Lack of education surrounding oral health	24
3	Challenges related to trauma, ACEs or past traumatic dental experiences, including comments about dental fear	21
4	Patients not being treated respectfully in dental clinics (Including NOT being presented with treatment options)	18
5	Lack of providers who see patients with Medicaid or that provide discounted care (including comments about Medicaid reimbursement rates being too low; comments about finding a dentist that takes "my insurance")	15

Of the barriers identified in the last question, which are the **most important**?

Rank	Response category	Times mentioned
1	Insurance, access and affordability	19
2	Education and health literacy	14
3	Quality of care	7
4	Need for resources, services and supports for underserved community members	6
5	Transportation	3

If you could be president for a day (or if you could wave a magic wand), what would you do to **improve oral health**?

Rank	Response category	Times mentioned
1	Accept all insurances/free oral health care for all	19
2	Increase access	16
3	Programs in schools (educate and treat at a young age)	9
4	Require dentists to take Medicaid, better reimbursement	8
5	General education about oral health care	7

Discussion question

**What are your  
reactions to these  
findings?**

Discussion question

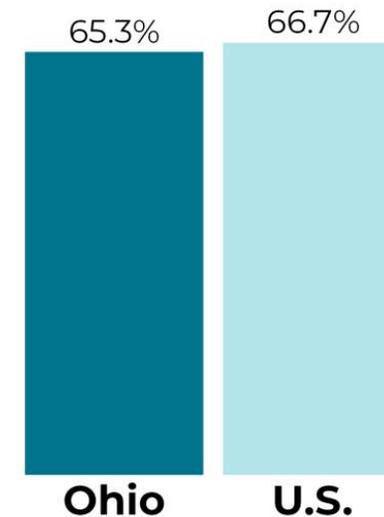
**What surprised you? What else did you expect to see?**

# Secondary **Data**

# Secondary data

- Data for Ohio and the overall U.S. when possible
- Some metrics broken out by:
  - Race/ethnicity,
  - Income,
  - Education level,
  - Disability status,
  - Geography and/or
  - Insurance status

**Visited the dentist or dental clinic within the past year**  
for any reason, 2020



Source: U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System, via America's Health Rankings

# Secondary data

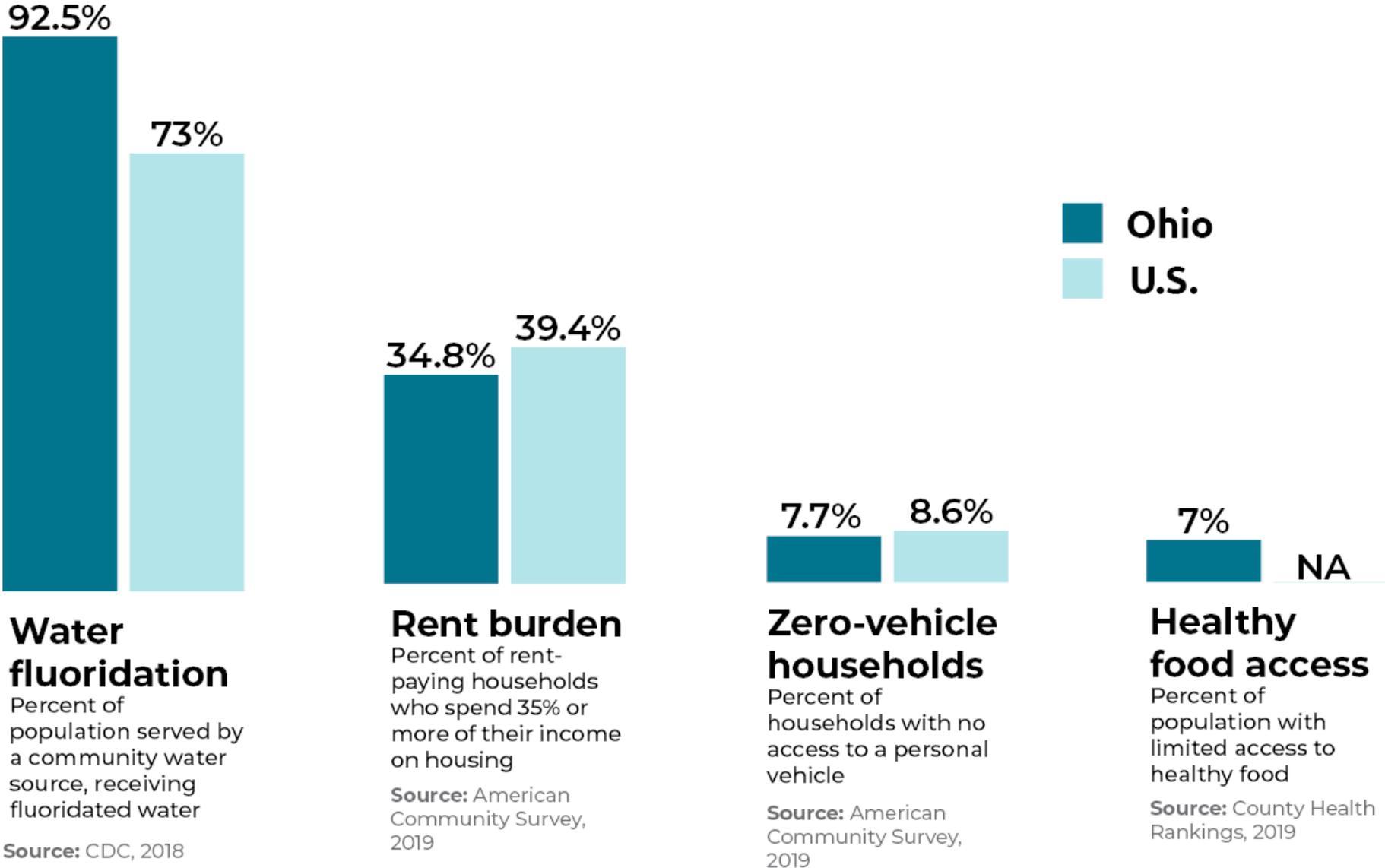
Broken up into following categories:

- Factor metrics
  - Community conditions (poverty, transportation and access to healthy foods)
  - Health behaviors (substance use, nutrition and oral hygiene)
  - Access to care (Insurance/affordability/proximity)
- Outcome metrics
  - Dental care outcomes (having dental visits and getting preventative care)
  - Oral health outcomes (gum disease and tooth decay)

# Community conditions

# Community conditions

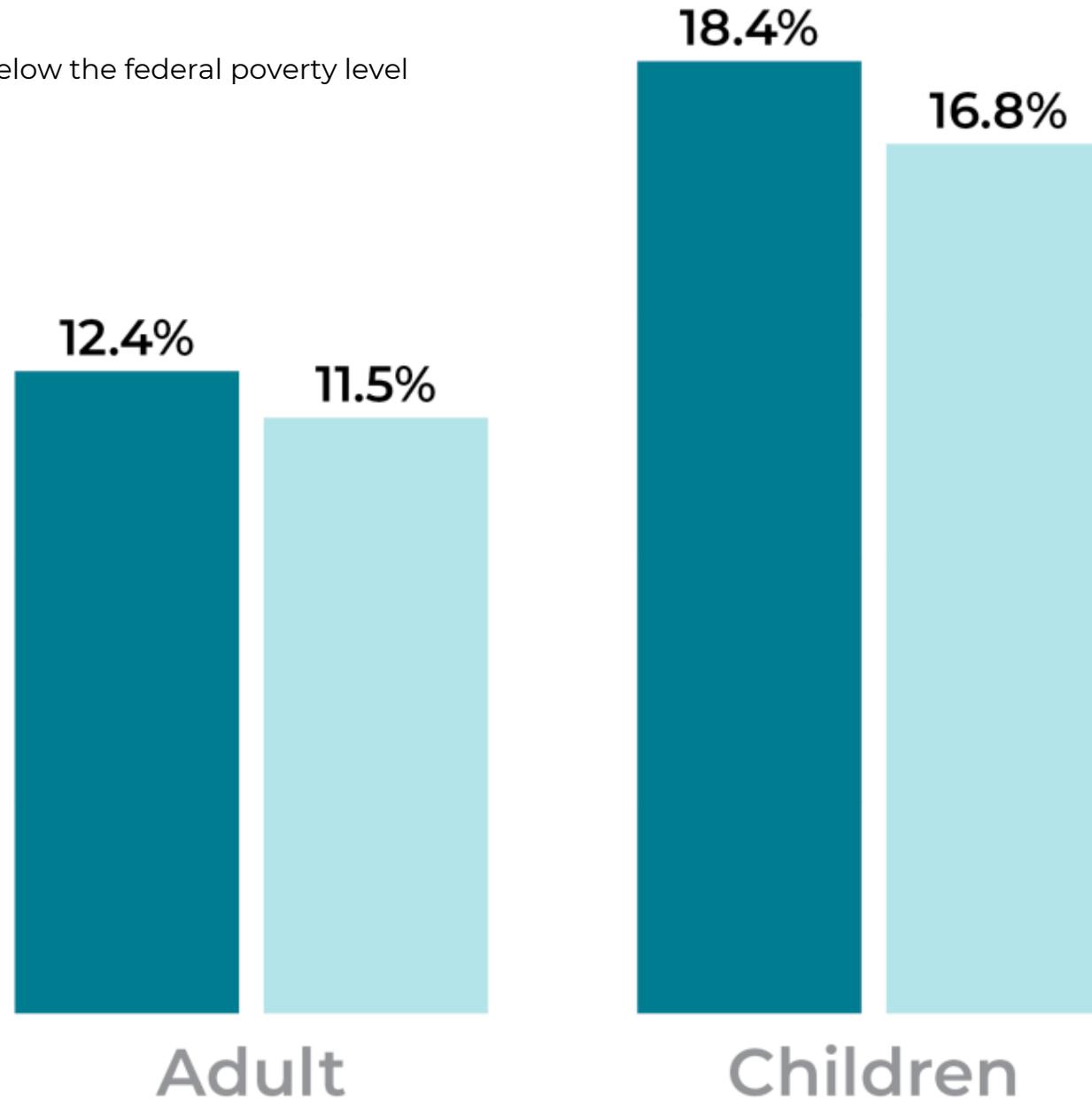
\*Healthy People 2030 Category Alignment: Health Policy



# Poverty

Percent of people in households with incomes below the federal poverty level

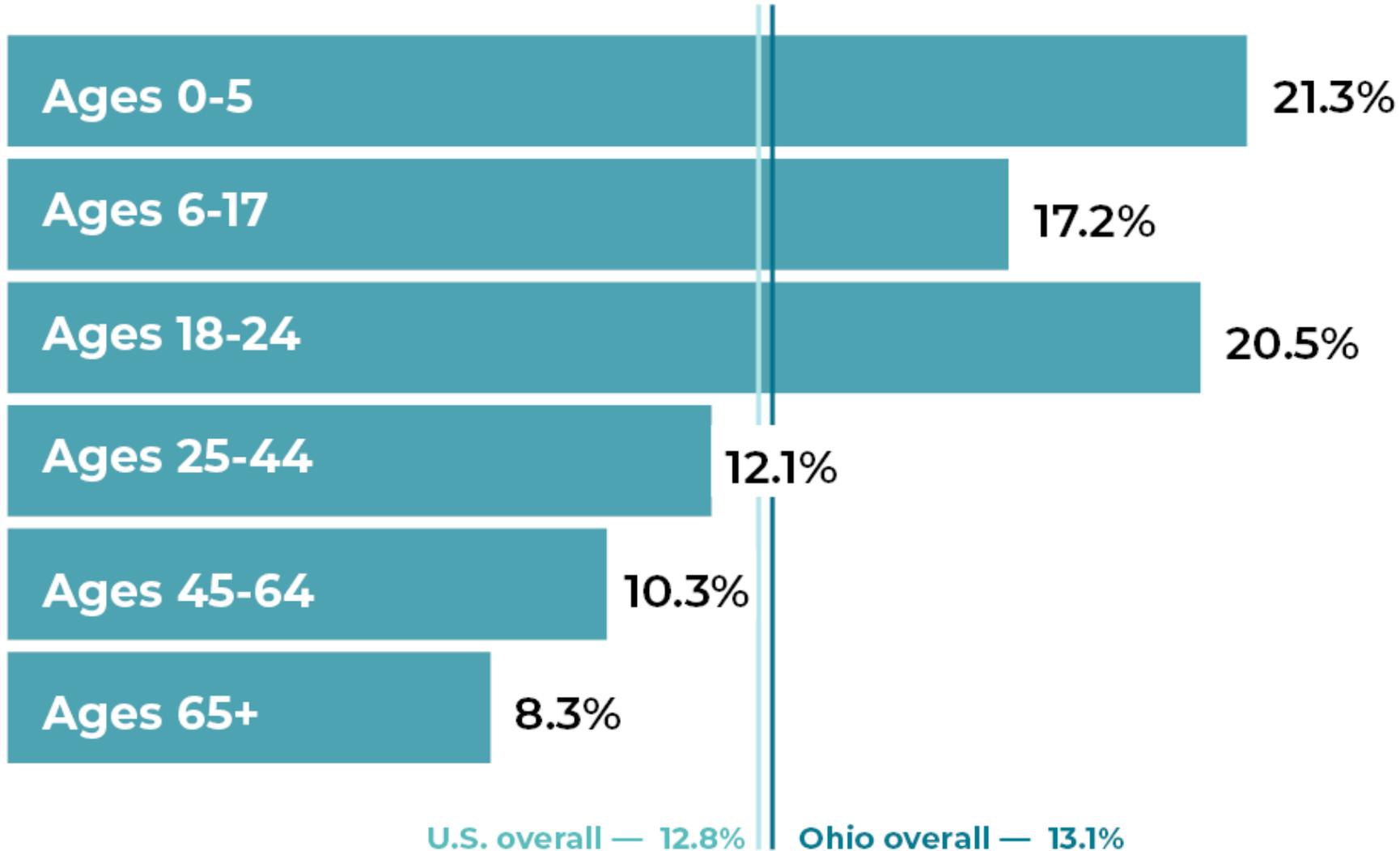
■ Ohio  
■ U.S.



Source:  
American  
Community  
Survey, 2019

# Poverty by age

Percent of people in households with incomes below the federal poverty level

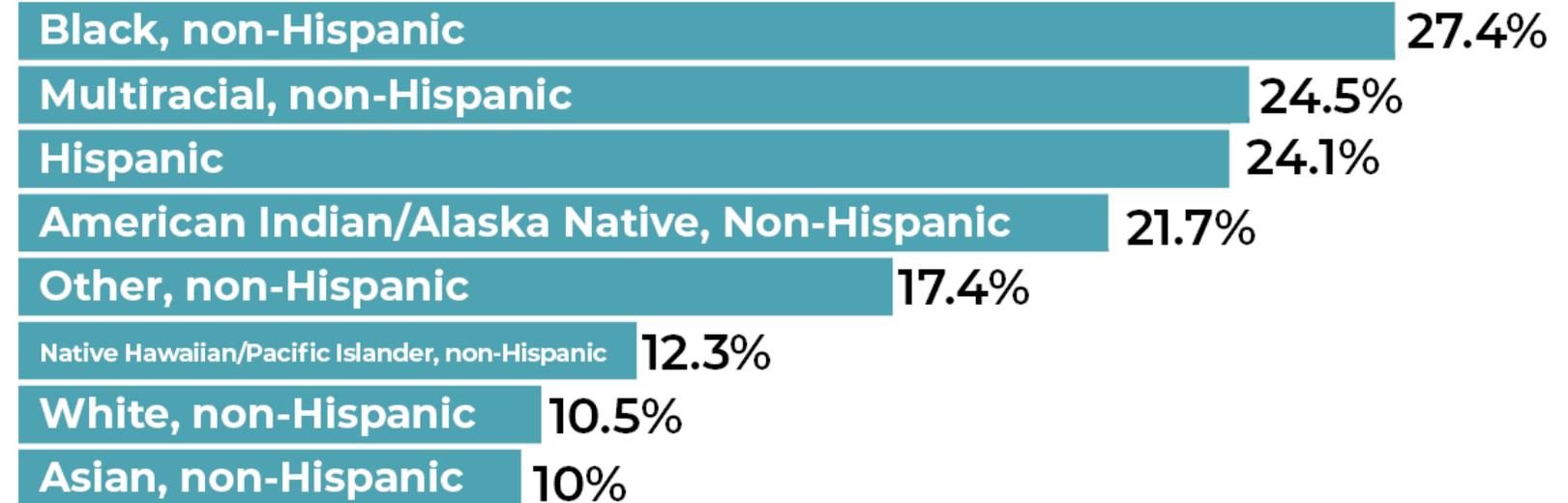


Source: American Community Survey, 2019

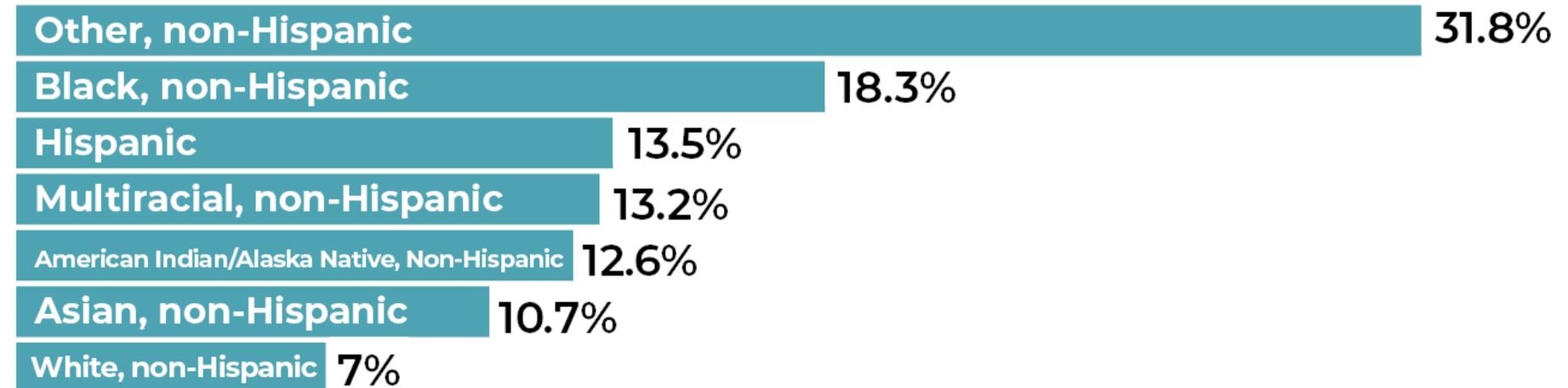
# Poverty by race and age

Percent of people in households with incomes below the federal poverty level

## Ages 0-64



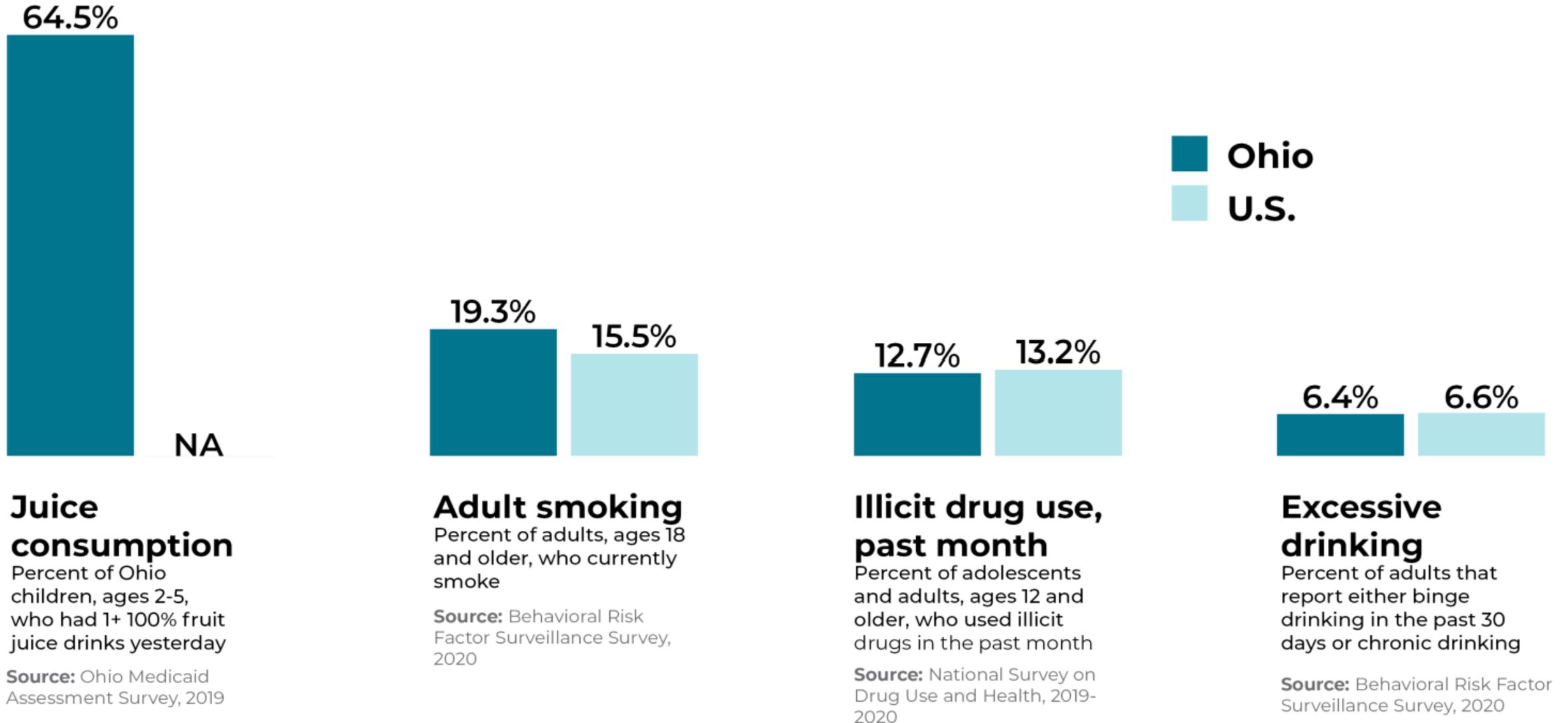
## Ages 65+



# Health behaviors

# Health behaviors

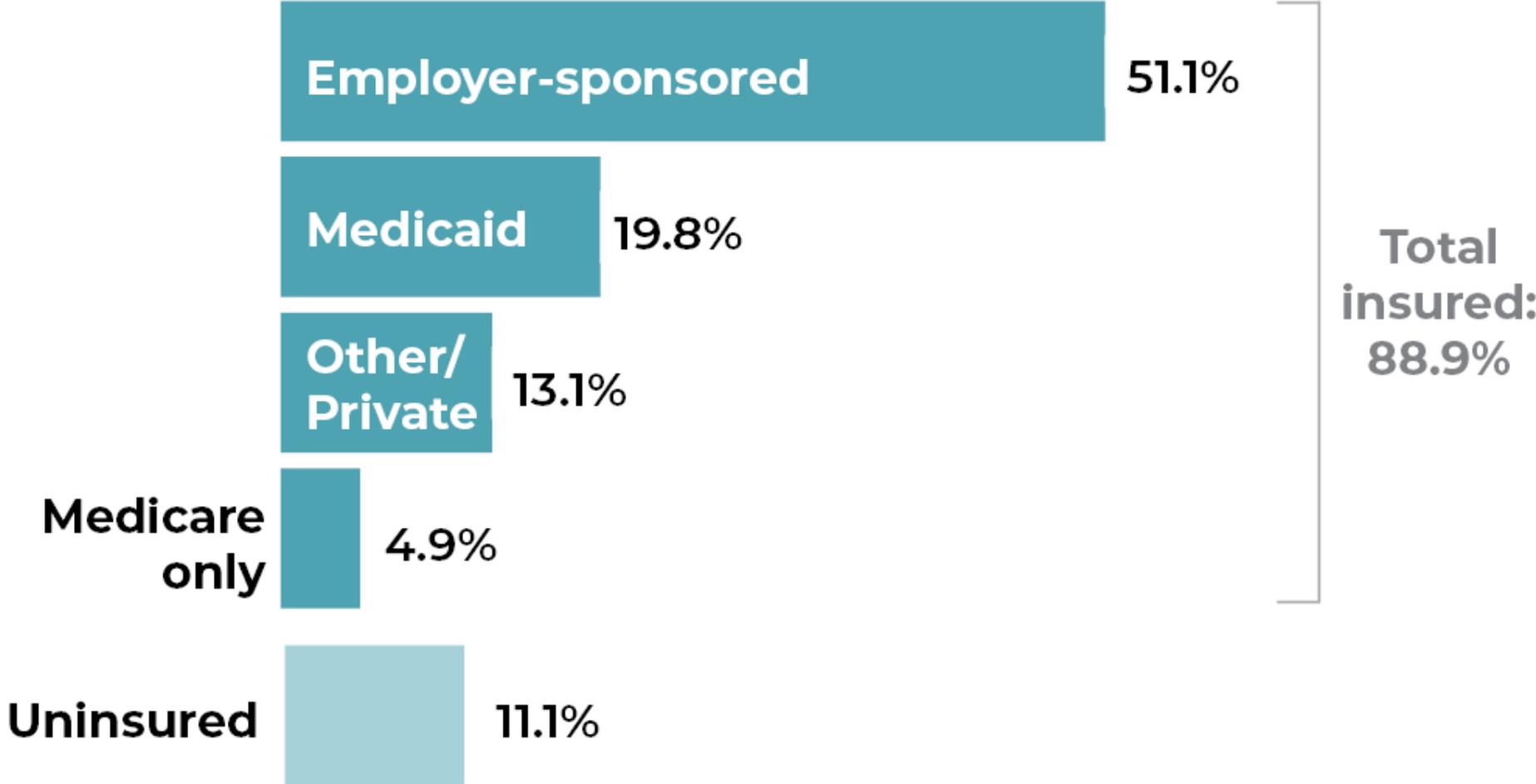
\*Healthy People 2030 Category Alignment: Nutrition and Healthy Eating



**Access to care**

# Insured

Percent of population, ages 19- 64,  
with health insurance (by payor)



Source: Ohio Medicaid Assessment Survey, 2019



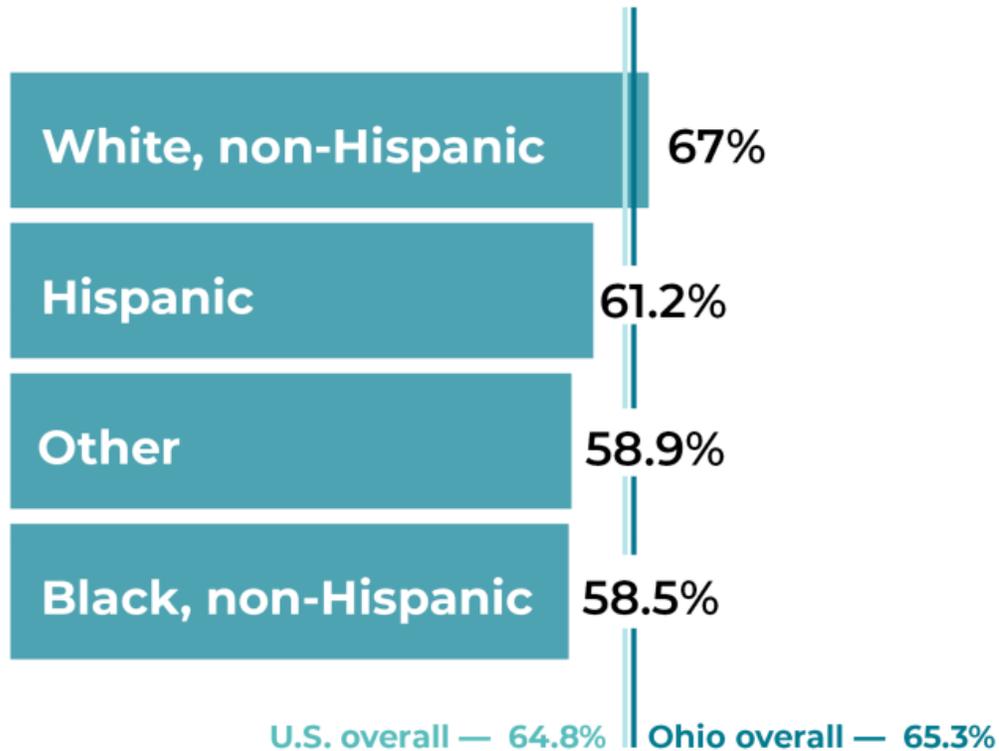
# Dental care outcomes

# Adults receiving dental care

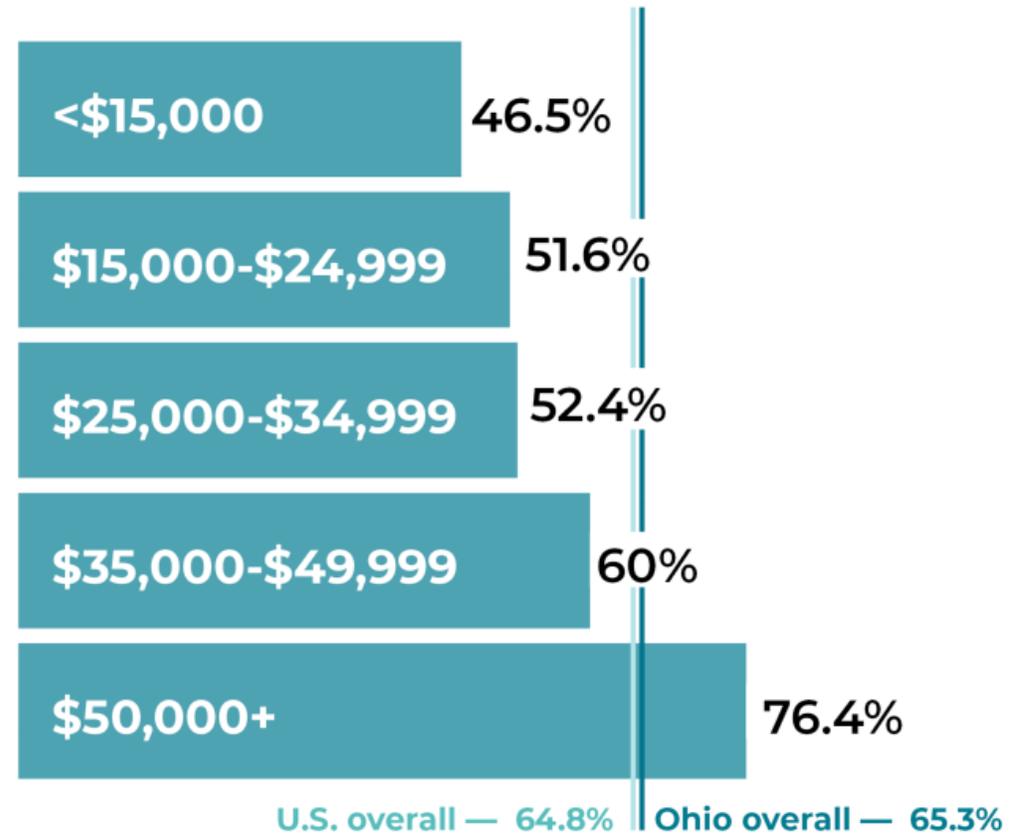
Percent of adults in Ohio, ages 18 and older, who have visited a dentist, dental clinic or dental specialist within the past year

\*Healthy People 2030 Category Alignment: Oral Conditions - General

## By race



## By income

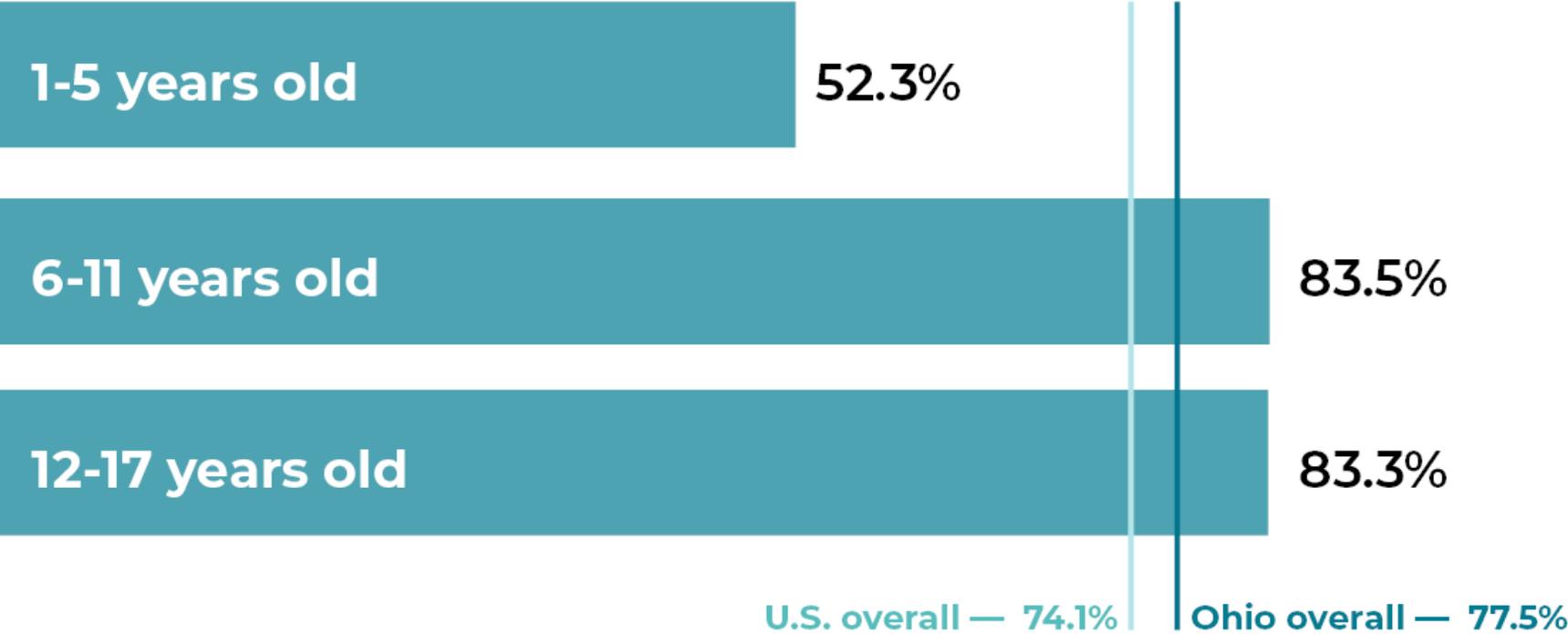


# Children preventive dental care

Percent of children in Ohio, ages 1-17, who have seen a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants or fluoride treatments in the past year

\*Healthy People 2030 Category Alignment: Preventative Care

## By age

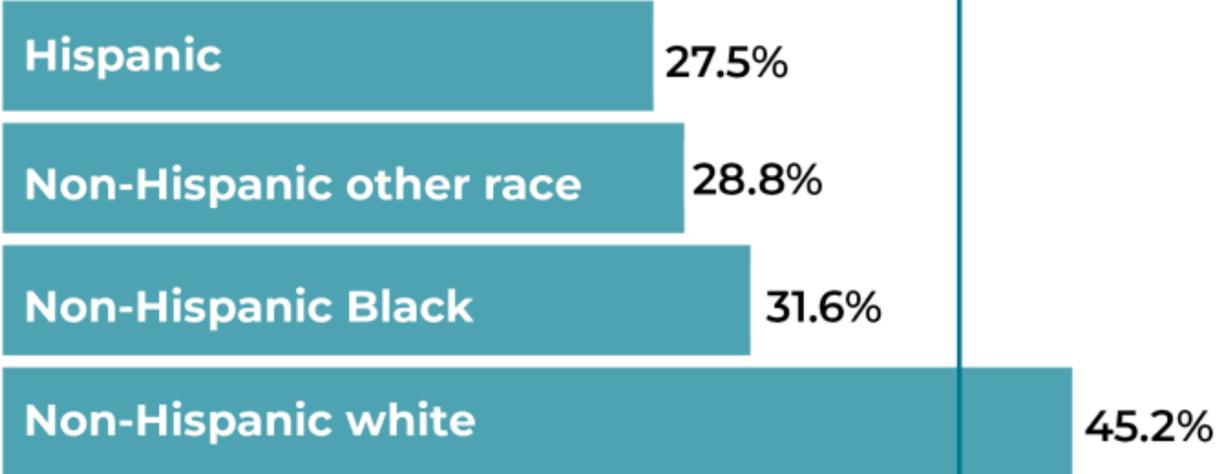


Source: National Survey of Children's Health, 2019-2020

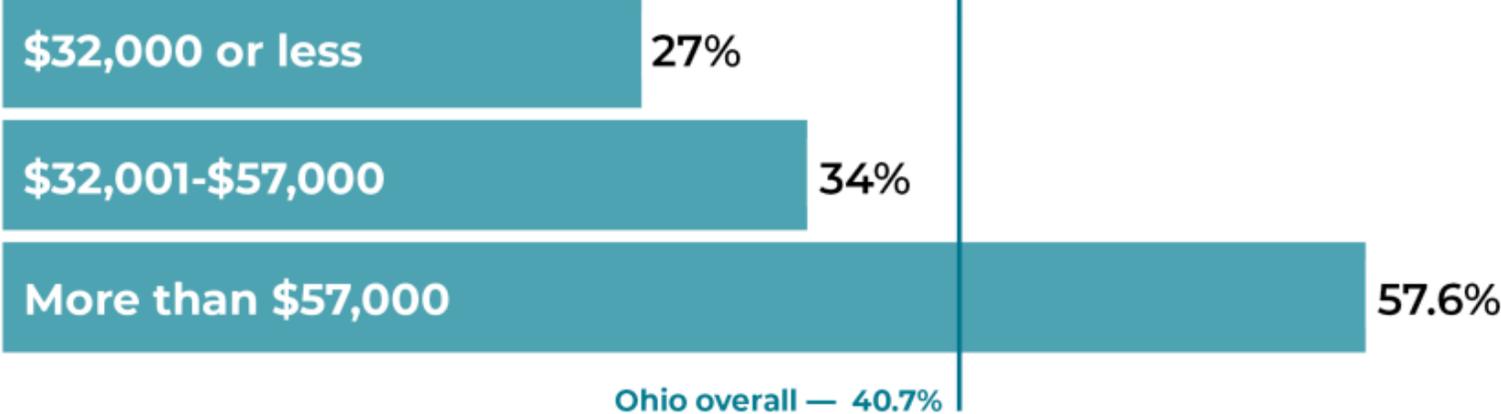
# Preventive dental care during pregnancy

Percent of Ohio women with a live birth during the past year who had their teeth cleaned during pregnancy

## By race



## By income



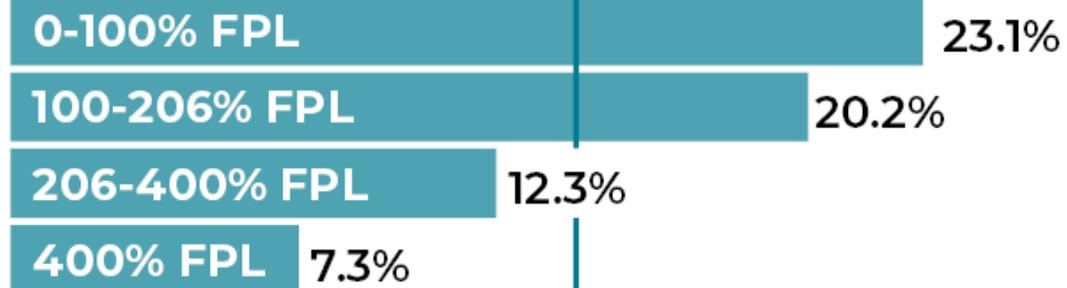
Source: Ohio Pregnancy Assessment Survey, 2020

# Adults unmet dental care needs

Percent of Ohio adults, ages 19 and older, with unmet dental care needs

\*Healthy People 2030 Category Alignment:  
Health Care Access and Quality

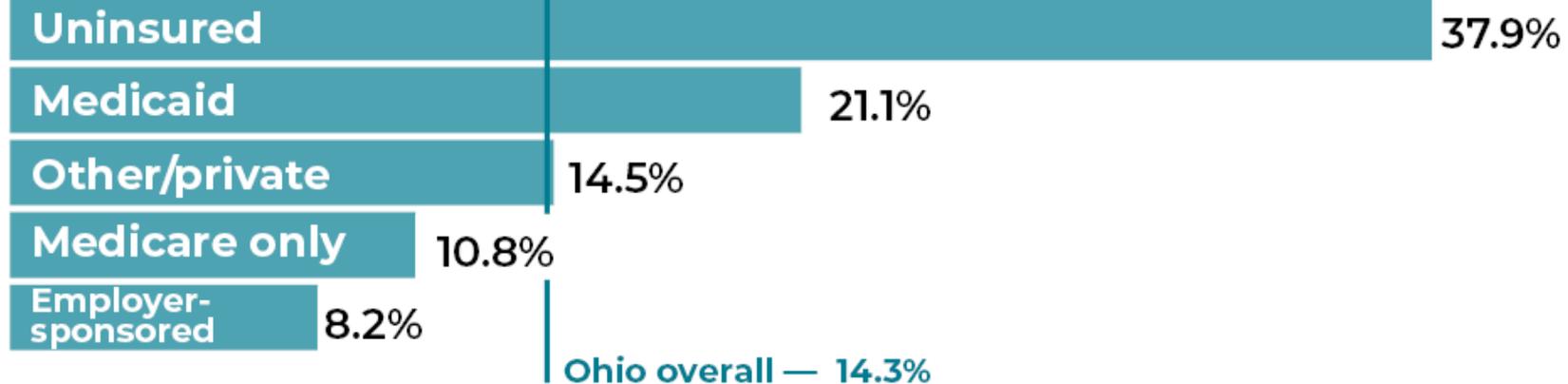
## By income



## By disability status



## By insurance type



# Children unmet dental care needs

Percent of Ohio children, ages 0-17, with unmet dental care needs

## By race



## By income



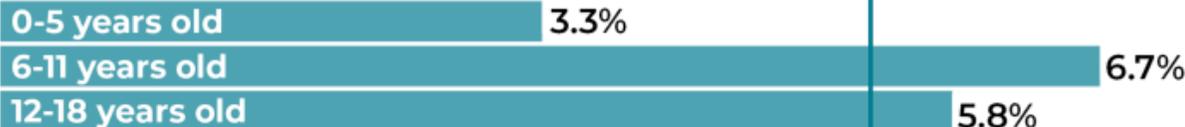
## By disability status



## By county type



## By age



Ohio overall — 5.3%

Source: Ohio Medicaid Assessment Survey, 2019

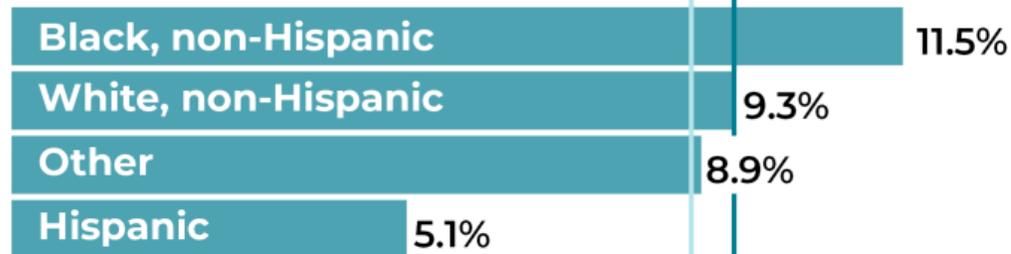
# Oral health outcomes

# Adults permanent teeth removed

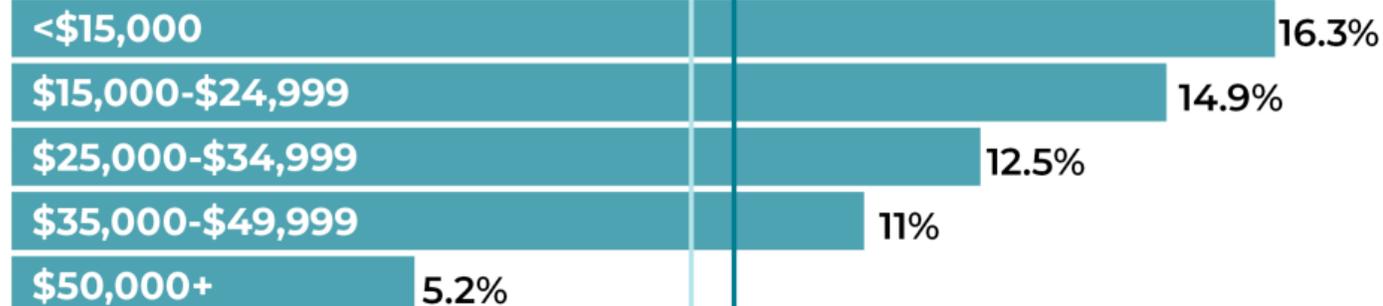
Percent of adults in Ohio, ages 18 and older, who had 6 or more but not all permanent teeth removed

\*Healthy People 2030 Category Alignment:  
Older Adults & Oral Conditions: General

## By race/ethnicity



## By income



## By age



U.S. overall — 8.8%

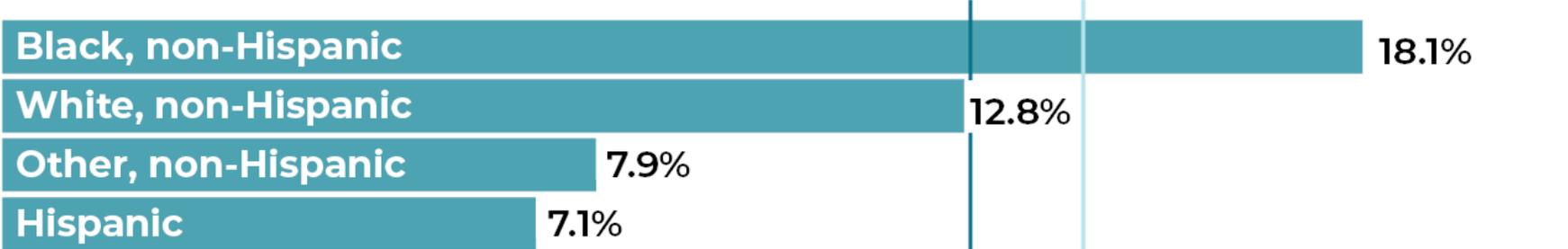
Ohio overall — 9.3%

# Children with oral health problems

Percent of children, ages 1-17 years old, who experienced oral health problems such as toothaches, bleeding gums or decayed teeth or cavities within the past year

\*Healthy People 2030 Category Alignment: Adolescents

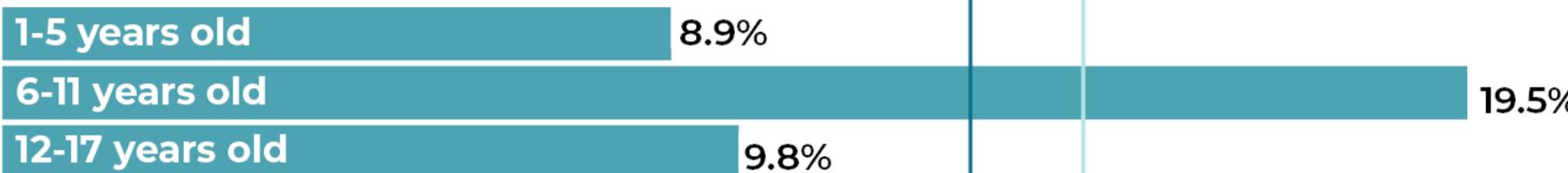
## By race



## By income



## By age



Ohio overall — 12.8% | U.S. overall — 14.3%

Source:  
National Survey  
of Children's  
Health, 2019-  
2020

## Discussion question

**Keeping in mind that we need to keep a concise set of data metrics, what elements seem to be missing?**

# Discussion question

**If you are suggesting an addition, which metric would you recommend removing?**

# Priority **Selection**

# Conceptual framework

## Equity

Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, focusing on societal efforts to address avoidable inequalities, recognizing and rectifying historical injustices, addressing contemporary injustices, eliminating health and healthcare disparities, and assuring structural and personal conditions are in place to support optimal health.

## Health impacts

Connections exist between oral health and overall health. For example, mental health conditions, such as addiction, anxiety and depression, can negatively impact oral health, and poor oral health can exacerbate physical health conditions, such as diabetes, heart disease, stroke and birth complications.

### What shapes our oral health?

#### Community conditions

- Transportation access
- Healthy food access
- Community water fluoridation
- High-quality affordable housing
- Poverty
- Trauma and toxic stress

#### Health behaviors

- Tobacco use
- Excessive alcohol consumption
- Illicit drug use
- Nutrition, including sugar-sweetened beverage consumption
- Oral hygiene

#### Access to quality care

- Insurance and affordability
- Workforce capacity
- Timely and efficient care
- Effective and high-quality care
- Education and health literacy

### How will we know if oral health is improving in Ohio?

#### Dental care outcomes

- Increased dental visits
- Increased preventive care
- Reduced unmet need

#### Oral health outcomes

- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers

### Long-range impact

Ohio has an oral health care system that is available, accessible, and affordable for all Ohioans

### Vision

Optimal oral health for all Ohioans across the lifespan

## Strategies

Strategies will be developed through collaborative planning of the State Oral Health Advisory Committee and informed by consumer and provider experience, data, and evidence-based practice and policymaking.

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### How will it improve if oral health is improving?

#### Dental care utilization

- Increased dental visits
- Increased preventive care
- Reduced unmet dental needs

#### Oral health outcomes

- Reduced tooth decay
- Reduced periodontal disease
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Strategies will be developed through collaborative planning of the State Oral Health Advisory Committee and informed by consumer and provider experience, data, and evidence-based practice and policymaking.

# Priority factors

## 1a Community conditions

Priorities to be identified

## 1b Health behaviors

Priorities to be identified

## 2 Access to quality care

Priorities to be identified

# Priority outcomes

## 3

## Dental care outcomes

- Increased dental visits
- Increased preventive care
- Reduced unmet need

## Oral health outcomes

- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers

# Criteria for prioritizing

- **Nature of the problem:** Magnitude, severity, disparities/inequities, U.S. comparison, trends
- **Ability to track progress:** Measurable indicators are available to assess and report progress in a meaningful way at the state level
- **Alignment:** With Healthy People 2030, local priorities, state agency plans and other initiatives
- **Potential for impact:** Availability of evidence-informed strategies, co-benefits, feasibility to address at state and/or local level
- **Connection to dental care and oral health outcomes:** Extent to which the factor contributes to increased dental visits, reduced unmet need, reduced tooth decay, reduced periodontal disease, and other dental care and oral health outcomes

# SMART objectives



**Source:** 2020-2022 State Health Improvement Plan, Ohio Department of Health

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# Core values

1. The health and well-being of all people and communities is essential to a thriving, equitable society.
2. Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.
3. Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.
4. Promoting and achieving health and well-being across Ohio is a shared responsibility that is distributed across the national, state, and community levels, including the public, private, and not-for-profit sectors.

# Priority factors

**1a**

## Community conditions

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- Poverty
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**1b**

## Health behaviors

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**2**

## Access to quality care

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# Priority outcomes

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## Dental care outcomes

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# Prioritization survey



Individual and  
small group  
**Discussion**

Next  
**Advisory Committee meeting**

**Wednesday, September 14**

1-4:30 p.m.

**Columbus Main Library**

96 S. Grant Ave. Columbus, OH 43215



# Connect with us

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- HPIO mailing list (link on our homepage)
- Ohio Health Policy News ([healthpolicynews.org](http://healthpolicynews.org))

# [www.hprio.net](http://www.hprio.net)