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
- Secondary data sources
- Provider focus groups
- Community focus groups
- Guidance from Advisory Group

Planning phase
- Comprehensive assessment
- Advisory Group:
  - Prioritizes factors and outcomes
  - Selects strategies and policy recommendations
  - Develops objectives
- State Oral Health Plan
- SOHP dissemination by OHO to stakeholders such as:
  - Advisory Group
  - Policymakers (state agencies and legislators)
  - Advocates
  - Educators
  - Funders
  - Consumers
  - Focus group participants
- Stakeholders consider steps they can take to improve oral health
- Stakeholders take actions to implement recommendations
- OHO monitors progress toward SMART objectives

Vision: Optimal oral health for all Ohioans across the lifespan
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
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

65.3% Ohio
66.7% U.S.

Source: CDC, National Health Interview Survey

Healthcare provider focus groups

Regional consumer focus groups
Project timeline

- **May**
  - 5/25 Advisory Committee meeting
  - 6/7-6/11 Virtual healthcare provider focus groups
  - 6/21-7/1 Regional consumer focus groups

- **June**
  - 7/13 Advisory Committee meeting (in person)

- **July**
  - Select priorities

- **August**
  - 9/14 Advisory Committee meeting (in person)

- **September**
  - Develop objectives and select strategies and policy recommendations

- **October**
  - 11/16 Advisory Committee meeting (virtual)
  - HPIO draft due to OHO

- **November**
  - HPIO final draft due to OHO
“There is a lot apathy and inertia in the state. Let’s not look the other way and forget about oral health.”
Provider types (identified by participants):

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Count Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>20 (13 general, 4 pediatrics, 1 public health, 2 no response)</td>
</tr>
<tr>
<td>Dental hygienist</td>
<td>15 (including 6 from Ohio Department of Health)</td>
</tr>
<tr>
<td>Physician</td>
<td>5 (4 pediatricians, 1 family medicine)</td>
</tr>
<tr>
<td>Nurse (BSN, RN, LPN)</td>
<td>4</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>
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

Appalachian: 8
Urban: 42
Suburban: 5
Rural, non-Appalachian: 1

Note: One participant selected “Multiple counties” and is not included in these counts.
County types defined by the Ohio Medicaid Assessment Survey
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

- Health center (CHC/FQHC/FQHC look-alike): 8
- Academic institution: 6
- Solo practice: 6
- Hospital-based clinic: 4
- Group practice: 3
- Local health department: 2
What are Ohio’s greatest **strengths** related to oral health?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Response category</th>
<th>Times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ohio Medicaid</td>
<td>12</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>School-based health centers and mobile units in Ohio</td>
<td>5</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>School-based sealant programs</td>
<td>5</td>
</tr>
<tr>
<td>4 (tie)</td>
<td>Water fluoridation</td>
<td>4</td>
</tr>
<tr>
<td>4 (tie)</td>
<td>Ohio’s safety-net infrastructure (including federally qualified health centers and safety-net dental clinics)</td>
<td>4</td>
</tr>
</tbody>
</table>
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?

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

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“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.”
What are Ohio’s greatest challenges related to oral health?

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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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“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?

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<td>Older adults without a Medicare Advantage plan with dental benefits (not including seniors living in nursing homes or assisted living facilities)</td>
<td>8</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>Medicaid population</td>
<td>7</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>People with special healthcare needs/intellectual and developmental disabilities</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>People with low incomes and no dental insurance (without Medicaid)</td>
<td>6</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Children in families with low incomes (including children with Medicaid)</td>
<td>5</td>
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<tr>
<td>5 (tie)</td>
<td>People living in rural or Appalachian counties or any of the dental professional shortage areas</td>
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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.”
Which groups of Ohioans have limited opportunities for good oral health?

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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?

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<tbody>
<tr>
<td>1</td>
<td>Barriers related to the social drivers of health (including transportation, childcare, operating hours of clinics, difficulty finding employment)</td>
<td>17</td>
</tr>
<tr>
<td>2</td>
<td>Financial barriers and lack of insurance that covers dental (including Medicare)</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Challenges facing providers that impact patient care (No experience or education serving patients with disabilities, scope of practice limitations, workforce challenges, Medicaid reimbursement)</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>Finding a provider (access challenges)</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Barriers related to communication and/or lack of education/knowledge surrounding oral health</td>
<td>7</td>
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</table>
What are the most important challenges that should be **prioritized in** the State Oral Health Plan?

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<tr>
<td>1</td>
<td>Need to prioritize prevention/education</td>
<td>9</td>
</tr>
<tr>
<td>2 (tie)</td>
<td>Workforce shortages, including law/regulation changes that can address these challenges (including scope of practice restrictions)</td>
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</tr>
<tr>
<td>2 (tie)</td>
<td>Access challenges</td>
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<td>5</td>
<td>Need for more medical/dental integration</td>
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</table>
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.

“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?

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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?

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<td>1</td>
<td>Increase Medicaid reimbursement rates</td>
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<td>Expand fluoride use (including allowing more practitioners to apply it, additional populations for whom it is reimbursable)</td>
<td>11</td>
</tr>
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<td>3</td>
<td>Scope of practice changes or new provider types (including dental therapists, less restrictions and more autonomy for dental hygienists, EFTAs)</td>
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<td>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)</td>
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<td>5 (tie)</td>
<td>School-based health centers with dental services (including removing existing policy barriers and having an identifier for SBHC in billing)</td>
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</table>
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
• 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

<table>
<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Cleveland</td>
<td>30</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>21</td>
</tr>
<tr>
<td>Toledo</td>
<td>25</td>
</tr>
<tr>
<td>Athens</td>
<td>14</td>
</tr>
<tr>
<td>Columbus</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>114</strong></td>
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Tell us about a time when you were treated with dignity and respect

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<tr>
<td>1</td>
<td>Being treated with care and compassion</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>Lack of cultural competency and discrimination</td>
<td>22</td>
</tr>
<tr>
<td>3</td>
<td>Unnecessary treatment and medical errors</td>
<td>18</td>
</tr>
<tr>
<td>4</td>
<td>Open and respectful communication between provider and patient</td>
<td>14</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Building a trusting relationship between patient and provider</td>
<td>12</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Providing comprehensive, patient-centered, quality care</td>
<td>12</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Provider indifference and lack of empathy</td>
<td>12</td>
</tr>
<tr>
<td>5 (tie)</td>
<td>Poor Communication</td>
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## What is going well in your community related to oral health?

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<td>Increased access to dental care (insurance, dentists, resources, etc.)</td>
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<td>2</td>
<td>Positive interpersonal relationships with providers</td>
<td>14</td>
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<td>3</td>
<td>School-based clinics</td>
<td>13</td>
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<td>Free dental clinics</td>
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<td>4 (tie)</td>
<td>High-quality and affordable oral health</td>
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What are the **barriers**, or what keeps you, your family and others in your community from having good oral health?

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<td>1</td>
<td>Care is not affordable (including services not covered by insurance, challenges surrounding payment plans, surprise billing, going without care because of cost)</td>
<td>38</td>
</tr>
<tr>
<td>2</td>
<td>Lack of education surrounding oral health</td>
<td>24</td>
</tr>
<tr>
<td>3</td>
<td>Challenges related to trauma, ACEs or past traumatic dental experiences, including comments about dental fear</td>
<td>21</td>
</tr>
<tr>
<td>4</td>
<td>Patients not being treated respectfully in dental clinics (Including NOT being presented with treatment options)</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>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”)</td>
<td>15</td>
</tr>
</tbody>
</table>
Of the barriers identified in the last question, which are the **most important**?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Response category</th>
<th>Times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insurance, access and affordability</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>Education and health literacy</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Quality of care</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Need for resources, services and supports for underserved community members</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Transportation</td>
<td>3</td>
</tr>
</tbody>
</table>
If you could be president for a day (or if you could wave a magic wand), what would you do to **improve oral health**?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Response category</th>
<th>Times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accept all insurances/free oral health care for all</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>Increase access</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>Programs in schools (educate and treat at a young age)</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Require dentists to take Medicaid, better reimbursement</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>General education about oral health care</td>
<td>7</td>
</tr>
</tbody>
</table>
What are your reactions to these findings?
Discussion question

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

![Bar chart showing the percentage of Ohio and U.S. adults who visited the dentist within the past year.](chart.png)

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

- Ohio: 65.3%
- U.S.: 66.7%

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

Water fluoridation
- Percent of population served by a community water source, receiving fluoridated water
- Ohio: 92.5%
- U.S.: 73%

Rent burden
- Percent of rent-paying households who spend 35% or more of their income on housing
- Ohio: 34.8%
- U.S.: 39.4%

Zero-vehicle households
- Percent of households with no access to a personal vehicle
- Ohio: 7.7%
- U.S.: 8.6%

Healthy food access
- Percent of population with limited access to healthy food
- Ohio: 7%
- U.S.: NA

Sources:
- American Community Survey, 2019
- County Health Rankings, 2019
Poverty
Percent of people in households with incomes below the federal poverty level

- **Ohio**
  - Adult: 12.4%
  - Children: 18.4%

- **U.S.**
  - Adult: 11.5%
  - Children: 16.8%

Source: American Community Survey, 2019
Poverty by age

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

- Ages 0-5: 21.3%
- Ages 6-17: 17.2%
- Ages 18-24: 20.5%
- Ages 25-44: 12.1%
- Ages 45-64: 10.3%
- Ages 65+: 8.3%

U.S. overall — 12.8%  Ohio overall — 13.1%

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**
- Black, non-Hispanic: 27.4%
- Multiracial, non-Hispanic: 24.5%
- Hispanic: 24.1%
- American Indian/Alaska Native, Non-Hispanic: 21.7%
- Other, non-Hispanic: 17.4%
- Native Hawaiian/Pacific Islander, non-Hispanic: 12.3%
- White, non-Hispanic: 10.5%
- Asian, non-Hispanic: 10%

**Ages 65+**
- Other, non-Hispanic: 31.8%
- Black, non-Hispanic: 18.3%
- Hispanic: 13.5%
- Multiracial, non-Hispanic: 13.2%
- American Indian/Alaska Native, Non-Hispanic: 12.6%
- Asian, non-Hispanic: 10.7%
- White, non-Hispanic: 7%

Source: American Community Survey, 2019
Health behaviors

*Healthy People 2030 Category Alignment: Nutrition and Healthy Eating

Juice consumption
Percent of Ohio children, ages 2-5, who had 1+ 100% fruit juice drinks yesterday

Source: Ohio Medicaid Assessment Survey, 2019

Adult smoking
Percent of adults, ages 18 and older, who currently smoke

Source: Behavioral Risk Factor Surveillance Survey, 2020

Illicit drug use, past month
Percent of adolescents and adults, ages 12 and older, who used illicit drugs in the past month

Source: National Survey on Drug Use and Health, 2019-2020

Excessive drinking
Percent of adults that report either binge drinking in the past 30 days or chronic drinking

Source: Behavioral Risk Factor Surveillance Survey, 2020
Access to care
Insured
Percent of population, ages 19-64, with health insurance (by payor)

- Employer-sponsored: 51.1%
- Medicaid: 19.8%
- Other/Private: 13.1%
- Medicare only: 4.9%
- Uninsured: 11.1%

Total insured: 88.9%

Source: Ohio Medicaid Assessment Survey, 2019
Safety net dental clinics and Dental HPSAs* in Ohio

*A dental HPSA (health professional shortage area) is a federally designated geographic area, population or facility with a shortage of primary dental health care providers.

Source: Ohio Department of Health (current as of April 2022)
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

- White, non-Hispanic: 67%
- Hispanic: 61.2%
- Other: 58.9%
- Black, non-Hispanic: 58.5%

By income

- <$15,000: 46.5%
- $15,000-$24,999: 51.6%
- $25,000-$34,999: 52.4%
- $35,000-$49,999: 60%
- $50,000+: 76.4%

U.S. overall — 64.8% | Ohio overall — 65.3%
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

- 1-5 years old: 52.3%
- 6-11 years old: 83.5%
- 12-17 years old: 83.3%

U.S. overall — 74.1%  Ohio overall — 77.5%

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**
- Hispanic: 27.5%
- Non-Hispanic other race: 28.8%
- Non-Hispanic Black: 31.6%
- Non-Hispanic white: 45.2%

**By income**
- $32,000 or less: 27%
- $32,001-$57,000: 34%
- More than $57,000: 57.6%

Ohio overall — 40.7%

*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

Source: Ohio Medicaid Assessment Survey, 2019
# Children unmet dental care needs

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

<table>
<thead>
<tr>
<th>By race</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>8.4%</td>
</tr>
<tr>
<td>Black</td>
<td>7.3%</td>
</tr>
<tr>
<td>White or other</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-100% FPL</td>
<td>9%</td>
</tr>
<tr>
<td>100-206% FPL</td>
<td>6.5%</td>
</tr>
<tr>
<td>206-400% FPL</td>
<td>3.8%</td>
</tr>
<tr>
<td>400% FPL</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By disability status</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>With a disability</td>
<td>8.1%</td>
</tr>
<tr>
<td>Without a disability</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By county type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appalachian</td>
<td>7%</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>5.4%</td>
</tr>
<tr>
<td>Rural, non-Appalachian</td>
<td>5.4%</td>
</tr>
<tr>
<td>Suburban</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years old</td>
<td>3.3%</td>
</tr>
<tr>
<td>6-11 years old</td>
<td>6.7%</td>
</tr>
<tr>
<td>12-18 years old</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

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

Source: Behavioral Risk Factor Surveillance Survey, 2020
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

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black, non-Hispanic</td>
<td>18.1%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>12.8%</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

By income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-99% FPL</td>
<td>19.3%</td>
</tr>
<tr>
<td>100-199% FPL</td>
<td>14.8%</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>14.2%</td>
</tr>
<tr>
<td>400% FPL</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

By age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years old</td>
<td>8.9%</td>
</tr>
<tr>
<td>6-11 years old</td>
<td>19.5%</td>
</tr>
<tr>
<td>12-17 years old</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

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.
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.

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- Healthy food access
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- 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
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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
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How will we know if oral health is improving?
- Dental care outcomes
  - Increased dental visits
  - Increased preventive services
  - Reduced untreated dental decay
- Oral health outcomes
  - Reduced tooth loss
  - Reduced periodontal disease
  - Increased early detection and pharyngeal cancer

Long-range impact
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**Conceptual Framework**

**Health impacts**

**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
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**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.

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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.
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Equity

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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?

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

Dental care outcomes
- Increased dental visits
- Increased preventive care
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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.
### Priority factors

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<thead>
<tr>
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<tbody>
<tr>
<td>1a</td>
<td>Community conditions</td>
<td>Priorities to be identified</td>
</tr>
<tr>
<td>1b</td>
<td>Health behaviors</td>
<td>Priorities to be identified</td>
</tr>
<tr>
<td>2</td>
<td>Access to quality care</td>
<td>Priorities to be identified</td>
</tr>
</tbody>
</table>

### Priority outcomes

#### 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
• **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

- **Specific:** Indicator and source
- **Measurable:**
- **Achievable:** Target data value
- **Realistic:**
- **Time-bound:** Baseline and target years

*Source: 2020-2022 State Health Improvement Plan, Ohio Department of Health*
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
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
- Transportation access
- Healthy food access
- Community water fluoridation
- High-quality affordable housing
- Poverty
- Trauma and toxic stress

1b Health behaviors
- Tobacco use
- Excessive alcohol consumption
- Illicit drug use
- Nutrition, including sugar-sweetened beverage consumption
- Oral hygiene

2 Access to quality care
- Insurance and affordability
- Workforce capacity
- Timely and efficient care
- Effective and high-quality care
- Education and health literacy
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
Prioritization survey
Individual and small group Discussion
Next Advisory Committee meeting

Wednesday, September 14

1-4:30 p.m.

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