

SMART Objectives

Priority: Improved nutrition, reduced juice consumption

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

Priority: Increased workforce capacity and availability

Dentist workforce. Average Rate of Dentists per 100,000 population, by county.
County Health Rankings

Priority: Increased preventative care

Preventative dental care, child. Percent of children, ages 1-17, who have seen a dentist or other oral health care provider for preventative dental care, such as check-ups, dental cleanings, dental sealants or fluoride treatments in the past year.
Behavioral Risk Factor Surveillance Survey

Preventative dental care, new mothers. Percent of Ohio women with a live birth during the past year who had their teeth cleaned during pregnancy.
Ohio Pregnancy Assessment Survey

Priority: Reduced unmet need for dental care

Unmet dental care need, adult. Percent of Ohio adults, ages 19 and older, with unmet dental care needs.
Ohio Medicaid Assessment Survey

Priority: Reduced tooth decay; reduced periodontal disease

Oral health problem, child. 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.
National Survey of Children's Health

Permanent teeth removed, adult. Percent of adults, ages 18 and older, who had 6 or more permanent teeth removed

Priority: Increased early detection of oral and pharyngeal cancers

Oral cavity and pharynx cancer stage diagnosis. Percent of oral cavity and pharynx cancers with an early-stage diagnosis
Public Health Data Warehouse, 2015-2019

Priority Populations

Factors: What shapes our oral health?

Priority	Priority populations	
	Identified via data ¹	Identified via focus groups ²
Community conditions		
Transportation	<i>N/A (no SMART objective)</i>	<ul style="list-style-type: none"> • Older adults • Low-income Ohioans
Poverty	<i>N/A (no SMART objective)</i>	<ul style="list-style-type: none"> • Children
Healthy food access	<i>N/A (no SMART objective)</i>	<ul style="list-style-type: none"> • Low-income Ohioans
Health behaviors		
Nutrition, including sugar-sweetened beverages	Children, ages 2-5 <ul style="list-style-type: none"> • Black • 100-206% FPL • On Medicaid • Rural, non-Appalachian 	<ul style="list-style-type: none"> • Children
Oral hygiene	<i>N/A (no SMART objective)</i>	<ul style="list-style-type: none"> • Children • Low-income Ohioans
Access to quality care		
Workforce availability and capacity	<ul style="list-style-type: none"> • Appalachia • Southeast Ohio 	<ul style="list-style-type: none"> • People on Medicaid • People with low incomes and no dental insurance • People with disabilities or special healthcare needs • Non-English speakers and people for whom English is a second language • Young children (infants and toddlers)
Insurance and affordability	<i>N/A (no SMART objective)</i>	<ul style="list-style-type: none"> • Older adults • People with low incomes and no dental insurance • Veterans • Immigrants

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

Priority	Priority populations	
	Identified via data ¹	Identified via focus groups ²
Dental care outcomes		
Increased preventive care	<p>Children, ages 1-17</p> <ul style="list-style-type: none"> • Hispanic • Other, Non-Hispanic • 0-99% FPL • 100-199% FPL • Uninsured • 1-5 years old <p>Pregnant women</p> <ul style="list-style-type: none"> • Hispanic • Black, non-Hispanic • Other, Non-Hispanic • Income: \$32,000 or less • Income: \$32,001 - \$57,000 	<ul style="list-style-type: none"> • People on Medicaid • Adults with low incomes and no dental insurance • People with disabilities or special healthcare needs • Older adults • People living in dental health professional shortage areas • Pregnant women
Reduced unmet need for dental care	<p>Adults, ages 19 and older</p> <ul style="list-style-type: none"> • Black • Hispanic • 0-100% FPL • 100-206% FPL • With a disability • With a cognitive or developmental disability • On Medicaid • Uninsured • Metropolitan • 19-24 years old • 25-44 years old 	<ul style="list-style-type: none"> • Older adults • People with existing health issues that exasperate oral health issues • People living in institutions (i.e., long-term care facilities, prisons, youth homes) • Children in families with low incomes and no dental insurance • People living in dental health professional shortage areas • Non-English speakers and people for whom English is a second language

Oral health outcomes		
<p>Reduced tooth decay</p> <p>AND</p> <p>Reduced periodontal disease</p>	<p>Children, ages 1-17</p> <ul style="list-style-type: none"> • Black, non-Hispanic • 0-99% FPL • 100-199% FPL • 200-399% FPL • Uninsured • 6-11 years old <p>Adults, ages 18 and older</p> <ul style="list-style-type: none"> • Black, non-Hispanic • Income: <\$15K • Income: \$15K-\$25K • Income: \$25K-\$35K • 45-64 years old • 65+ years old 	<p><i>N/A (Priority populations not discussed)</i></p>
<p>Increased early detection of oral and pharyngeal cancers</p>	<ul style="list-style-type: none"> • Black, non-Hispanic • Hispanic 	<ul style="list-style-type: none"> • Older adults

Notes:

¹ Priority population identified via SMART Objective indicator data (at least 10% worse than Ohio overall)

² Priority population identified via focus groups (mentioned by providers and/or consumers in focus group meetings)