



ORAL
HEALTH
OHIO

Managed by HealthPath Foundation



State Oral Health Plan Advisory Committee

Meeting 3

September 14, 2022

Next

Advisory Committee meeting

Wednesday, Nov. 16

2-4:00 p.m.

Via Zoom

Meeting agenda

Plan updates

1. Project reminders
2. State Oral Health Plan priorities
3. Indicators for SMART objectives and priority populations
4. Review of focus group findings

Working session

1. Introduction to strategies (i.e., goals and action steps)
2. Individual work
3. Small group discussions: Goals and action 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 goals and action steps to elevate in the State Oral Health Plan

Core values

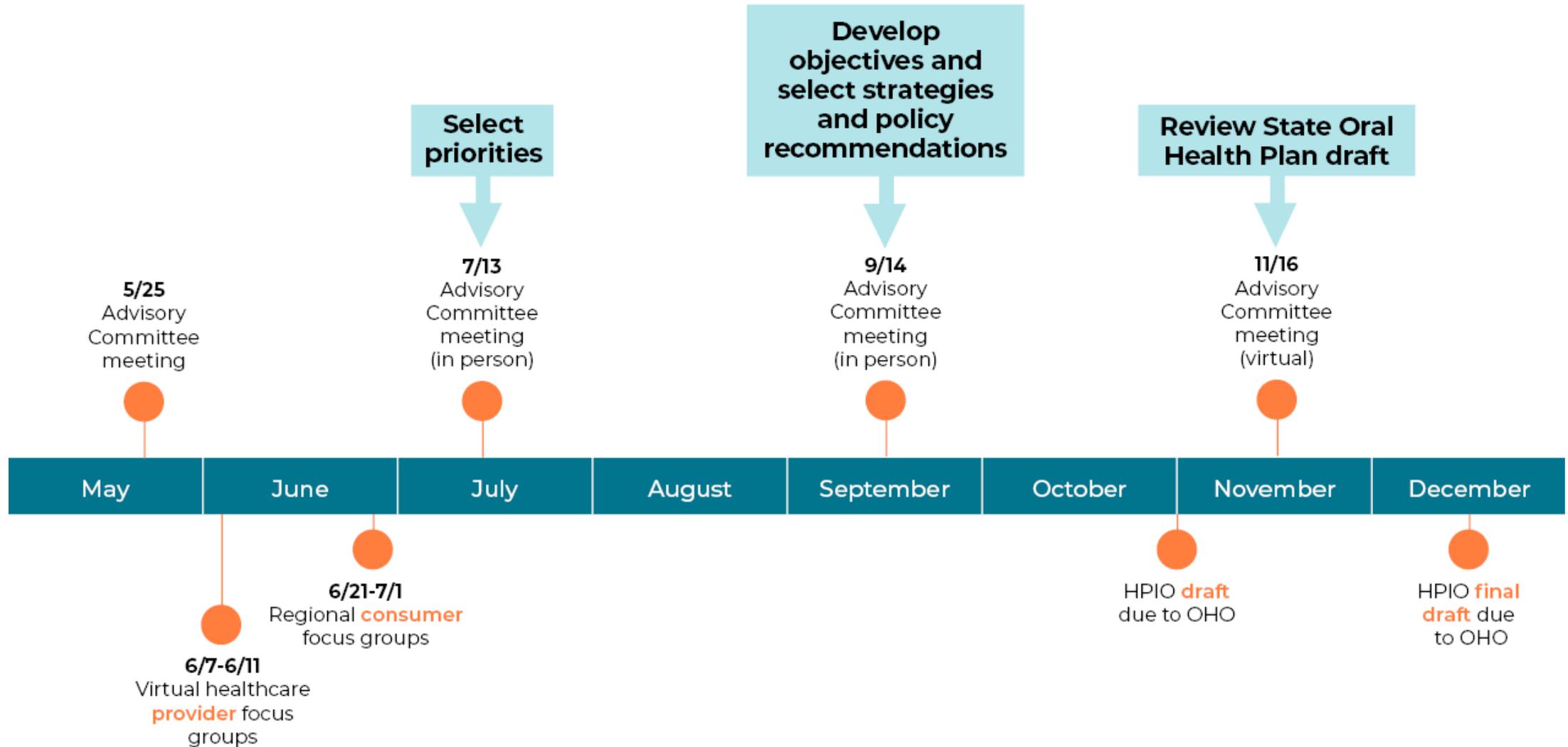
1. The health and well-being of all people and communities is essential to a thriving, equitable society.
2. Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.
3. Achieving health and well-being requires eliminating 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.

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

Project timeline



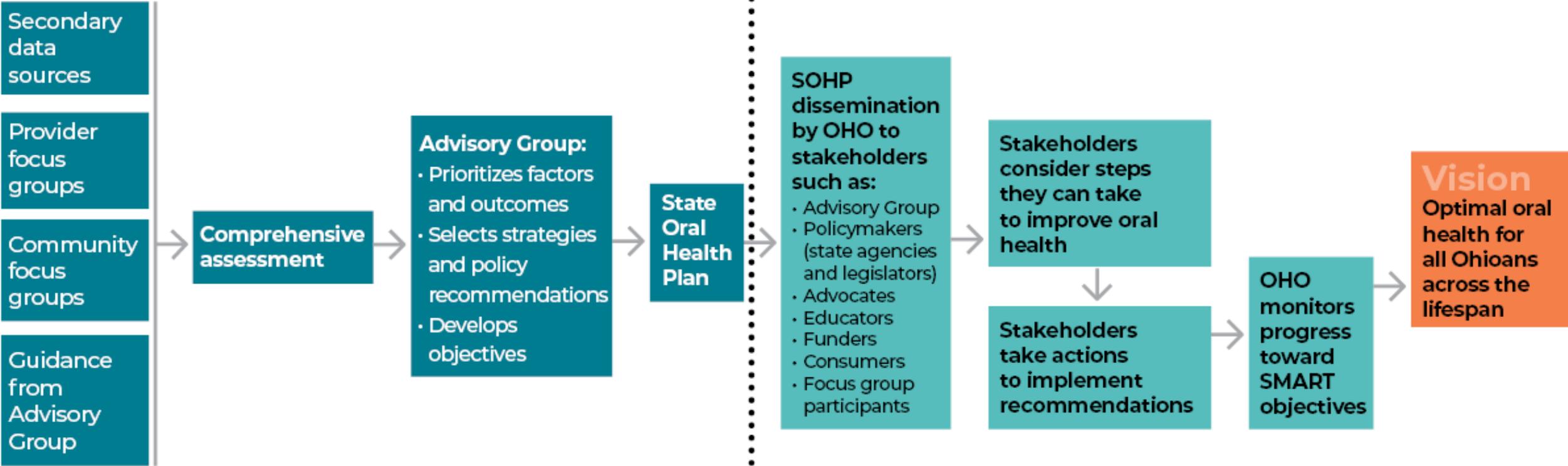
State Oral Health Plan pathway to impact

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.

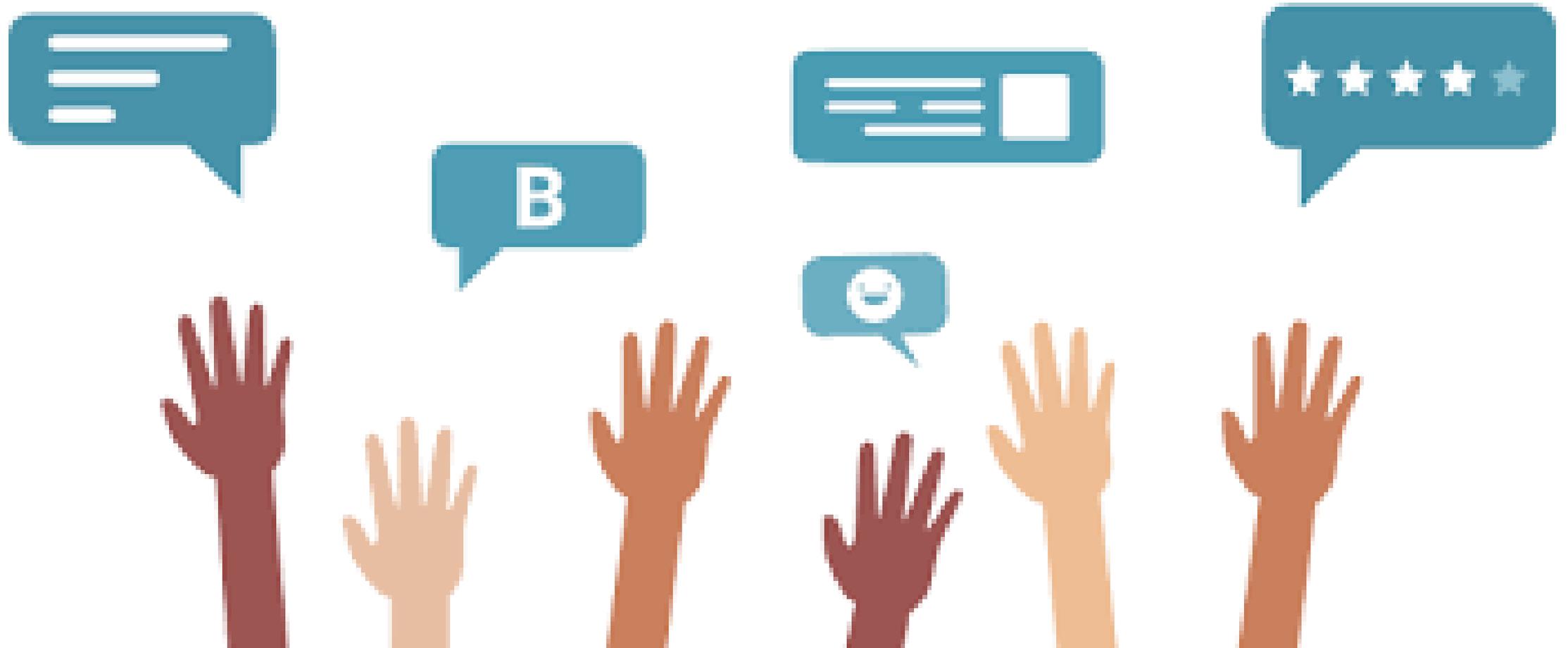
Assessment phase

Planning phase



Priorities
**for the State Oral
Health Plan**

Prioritization survey



Priority factors

What shapes our oral health?

Community conditions

- Transportation access
- Healthy food access
- Poverty

Health behaviors

- Nutrition, including sugar-sweetened beverage consumption
- Oral hygiene

Access to quality care

- Workforce capacity and availability
- Insurance and affordability

Priority outcomes

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

Dental care outcomes

- Increased preventive care
- Reduced unmet need

Oral health outcomes

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

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.

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

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Oral health outcomes

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- 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.

SMART objectives
and priority populations

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SMART objectives



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

SMART objectives

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Oral health outcomes

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 = 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 preventive 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

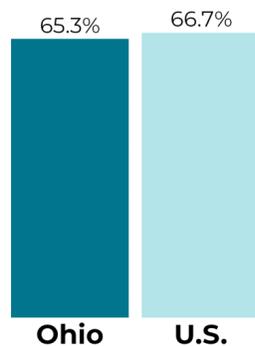
Priority: Increased early detection of oral and pharyngeal cancers

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

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

ORAL HEALTH OHIO
Managed by HealthPartners

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

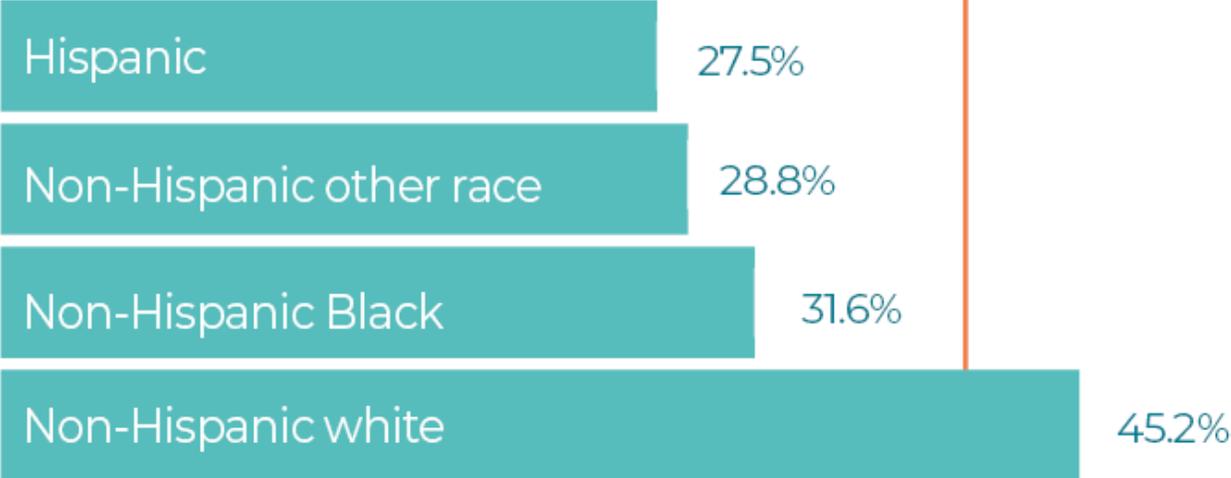


Priority populations

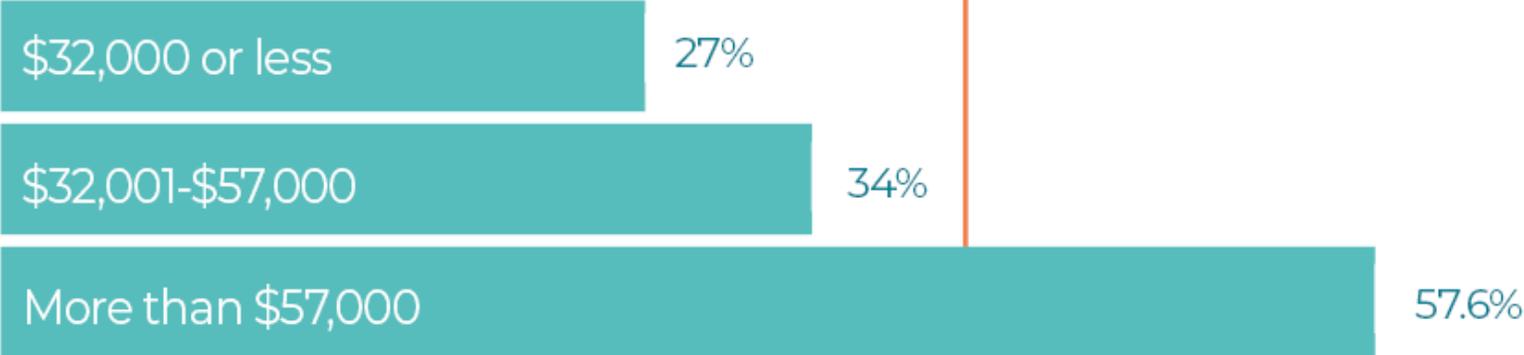
Preventive dental care during pregnancy

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

By race



By income

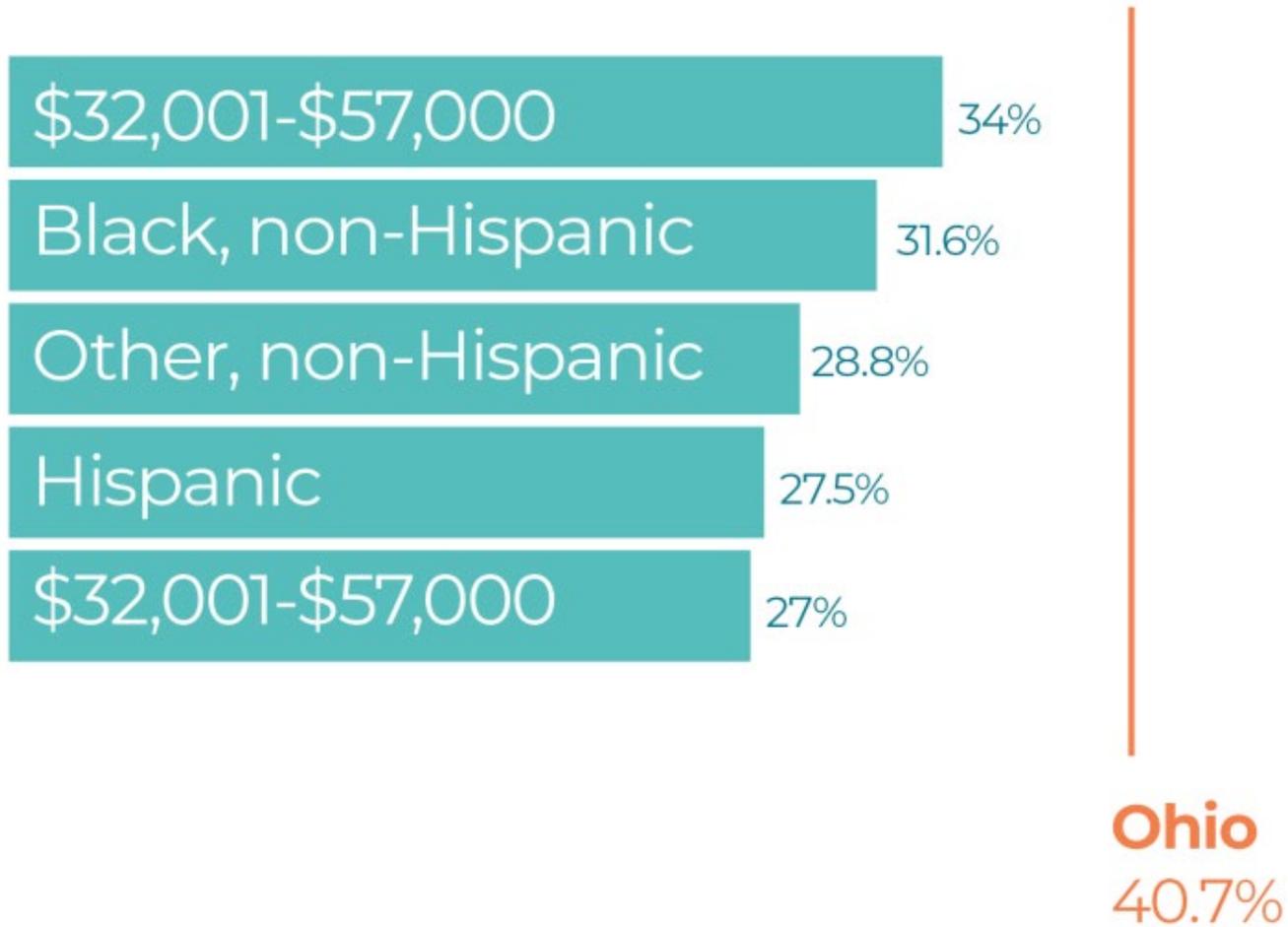


Ohio
40.7%

Source: Ohio Pregnancy Assessment Survey, 2020

Preventive dental care, new mothers

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



Source: Ohio Pregnancy Assessment Survey

Priority factors

Community conditions

- Transportation access
- Healthy food access
- Poverty

Health behaviors

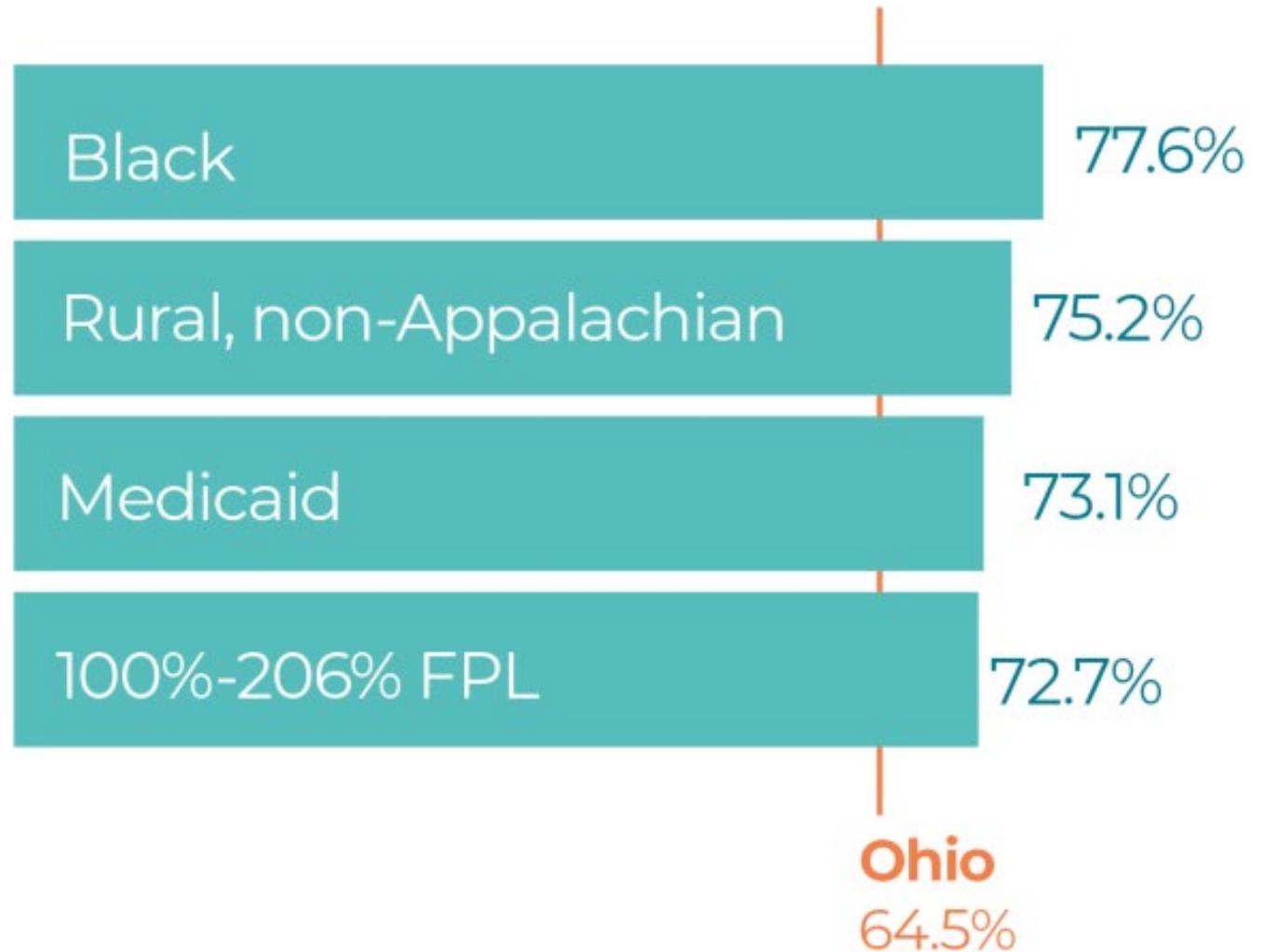
- Nutrition, including sugar-sweetened beverage consumption
- Oral hygiene

Access to quality care

- Workforce capacity and availability
- Insurance and affordability

Juice consumption

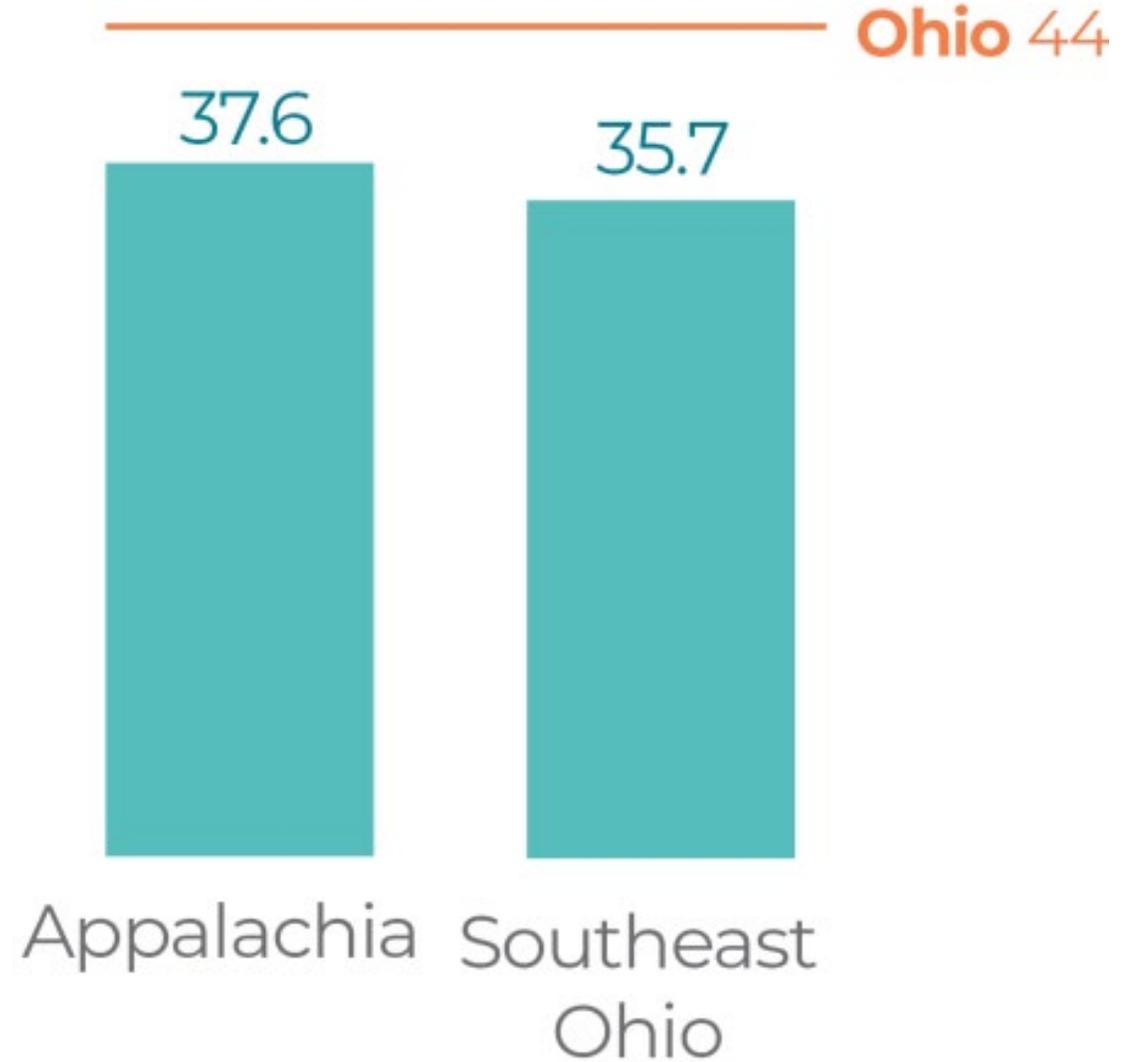
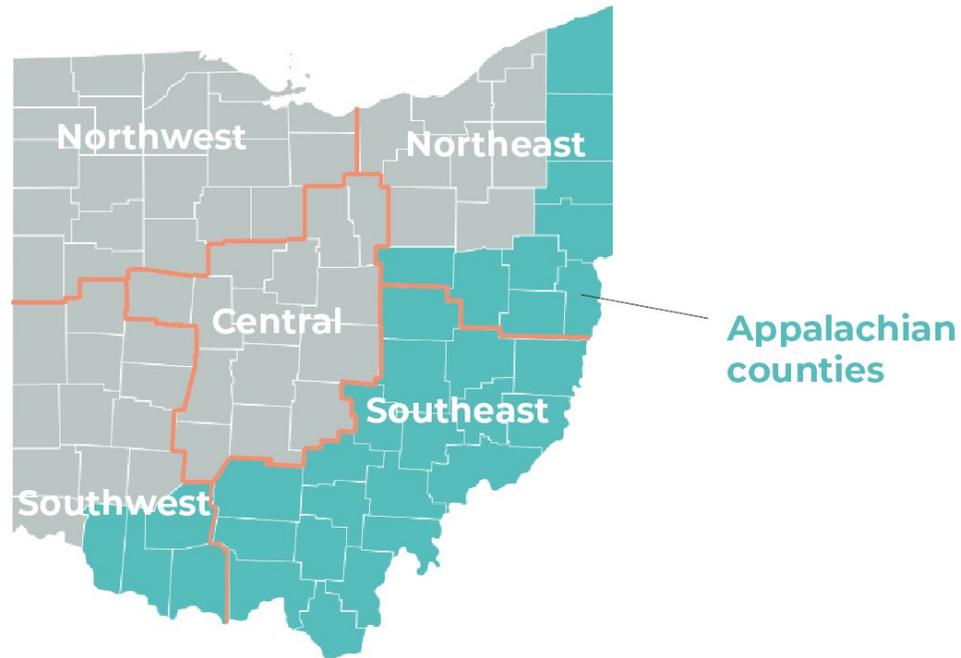
Percent of Ohio children, ages 2-5, who had 1+ 100% fruit juice drinks yesterday



Source: Ohio Medicaid Assessment Survey

Dentist workforce

Average rate of dentists per 100,000 population, by county



Priority outcomes

Dental care outcomes

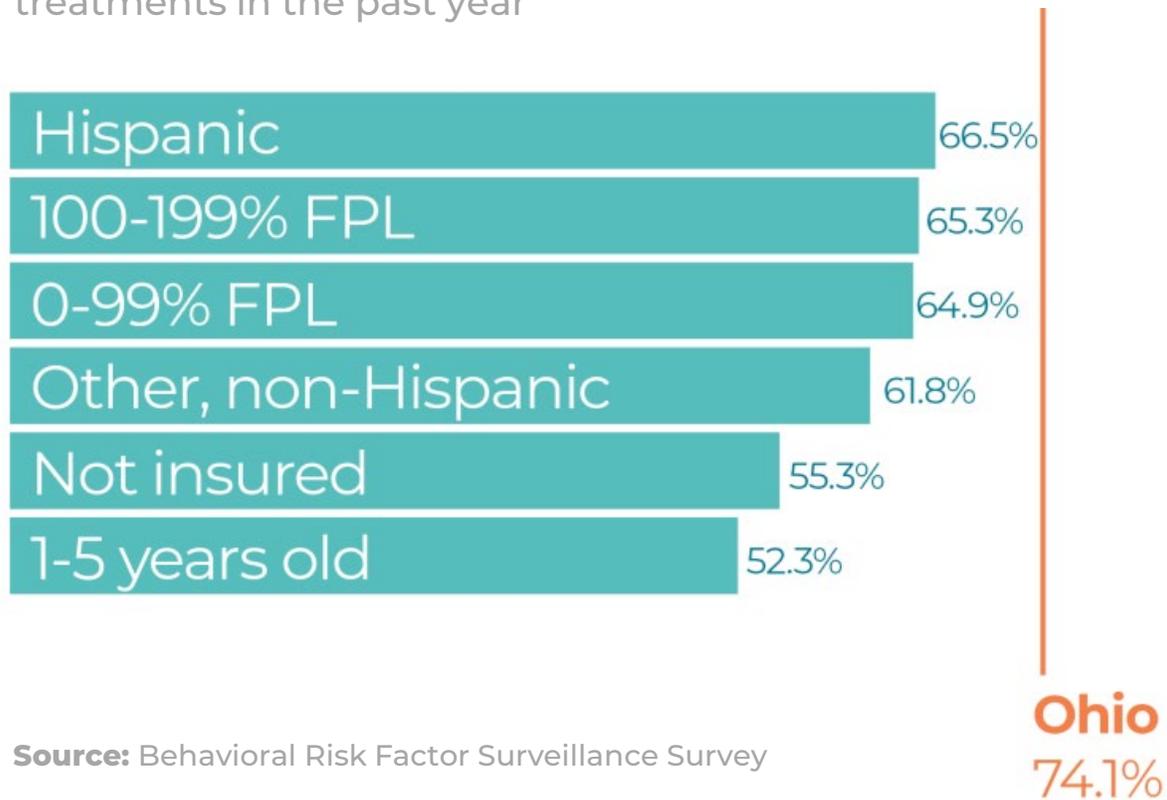
- Increased preventive care
- Reduced unmet need

Oral health outcomes

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

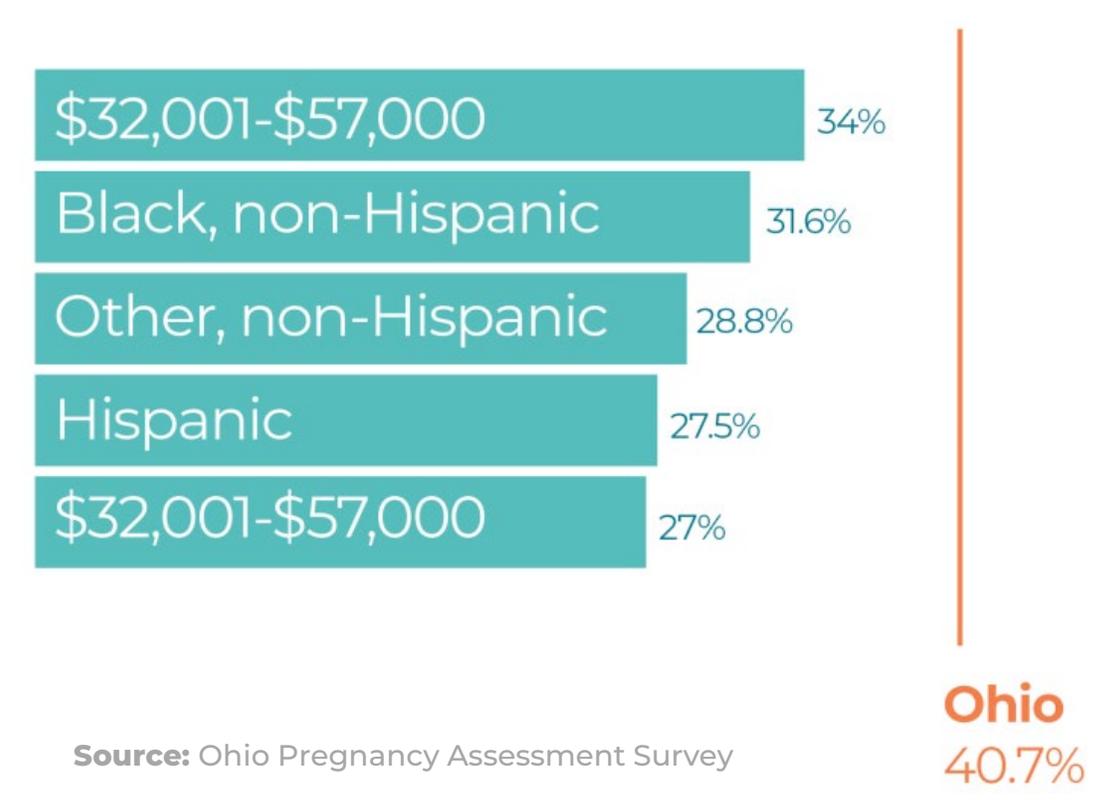
Preventive dental care, child

Percent of children, 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



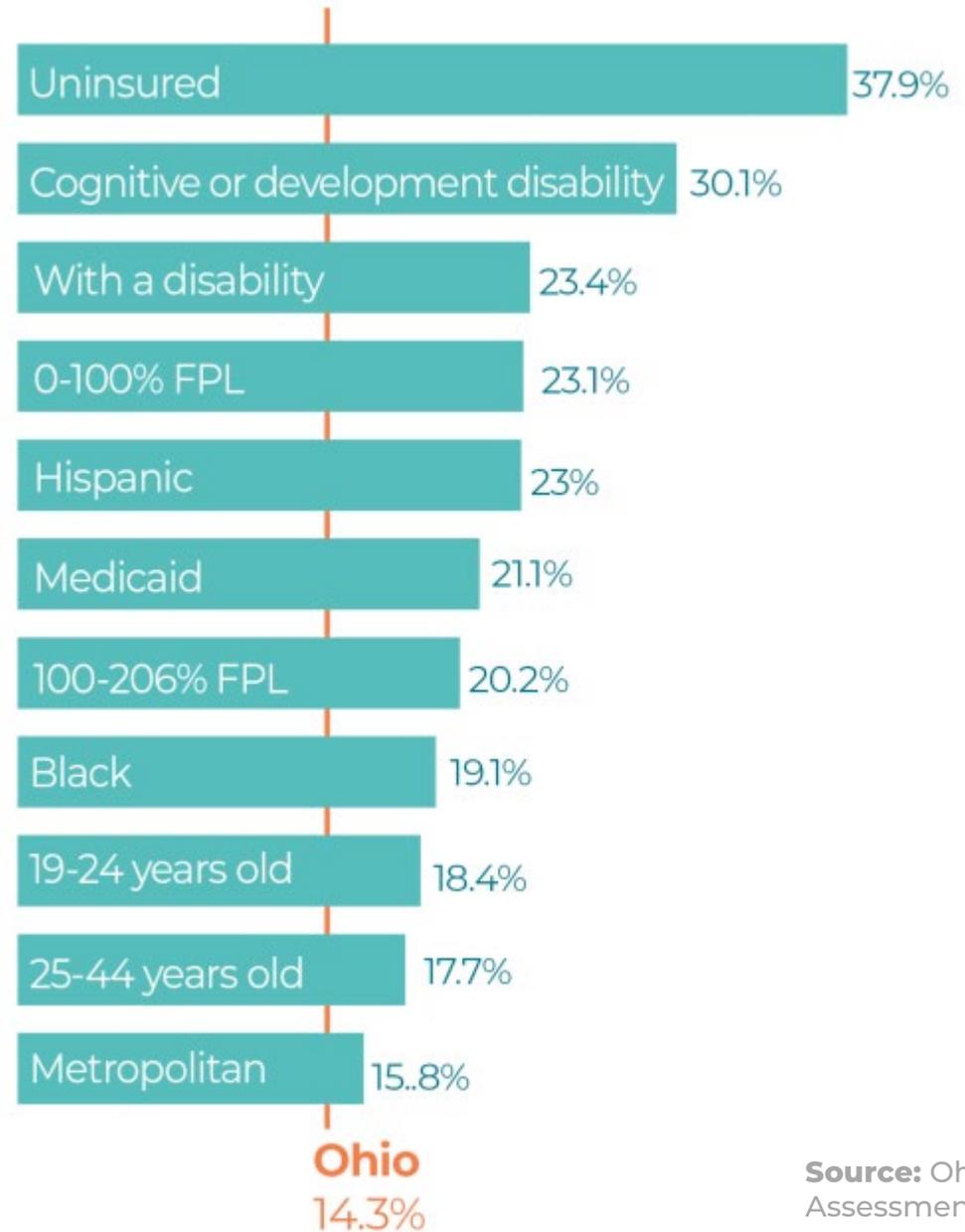
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Unmet dental care need, adult

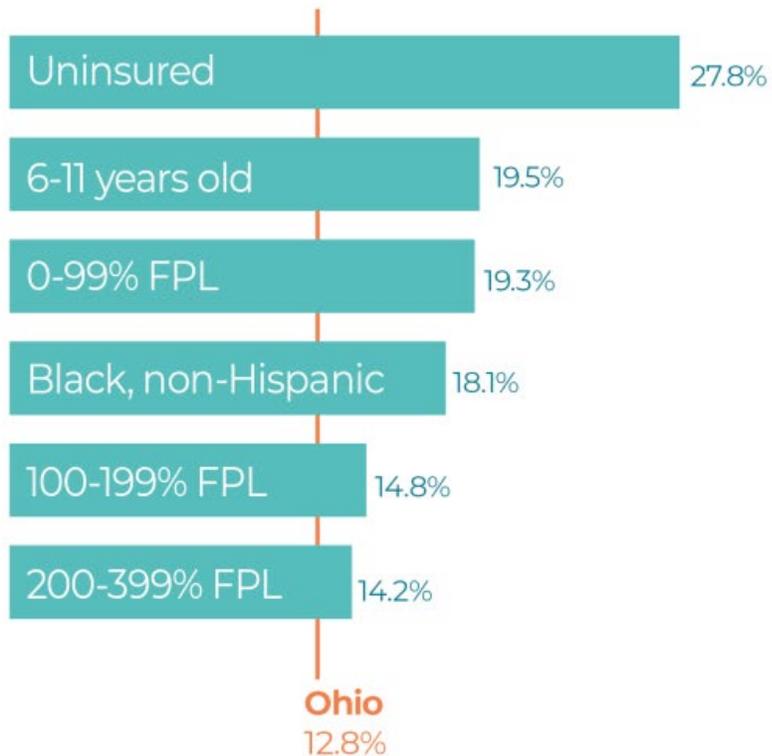
Percent of Ohio adults, ages 19 and older, with unmet dental care needs



Source: Ohio Medicaid Assessment Survey

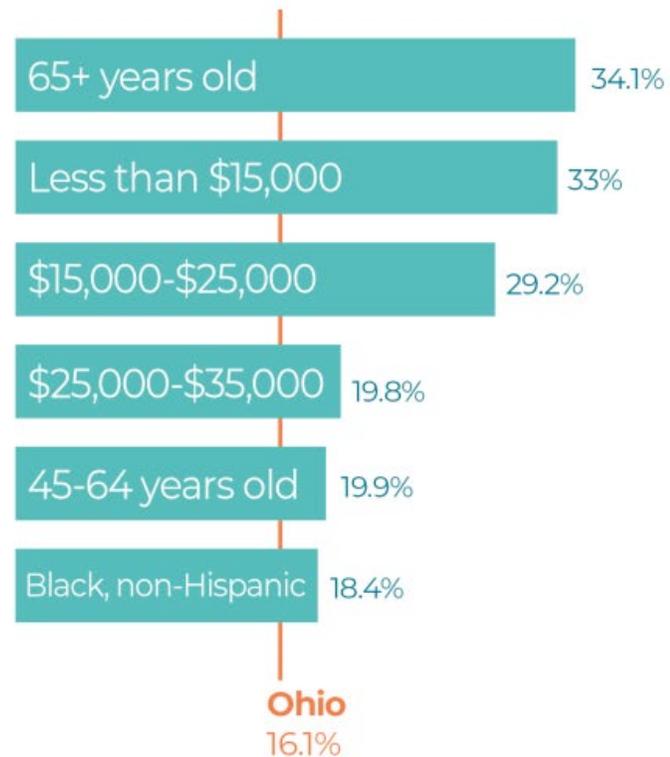
Oral health problem, child

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



Permanent teeth removed, adult

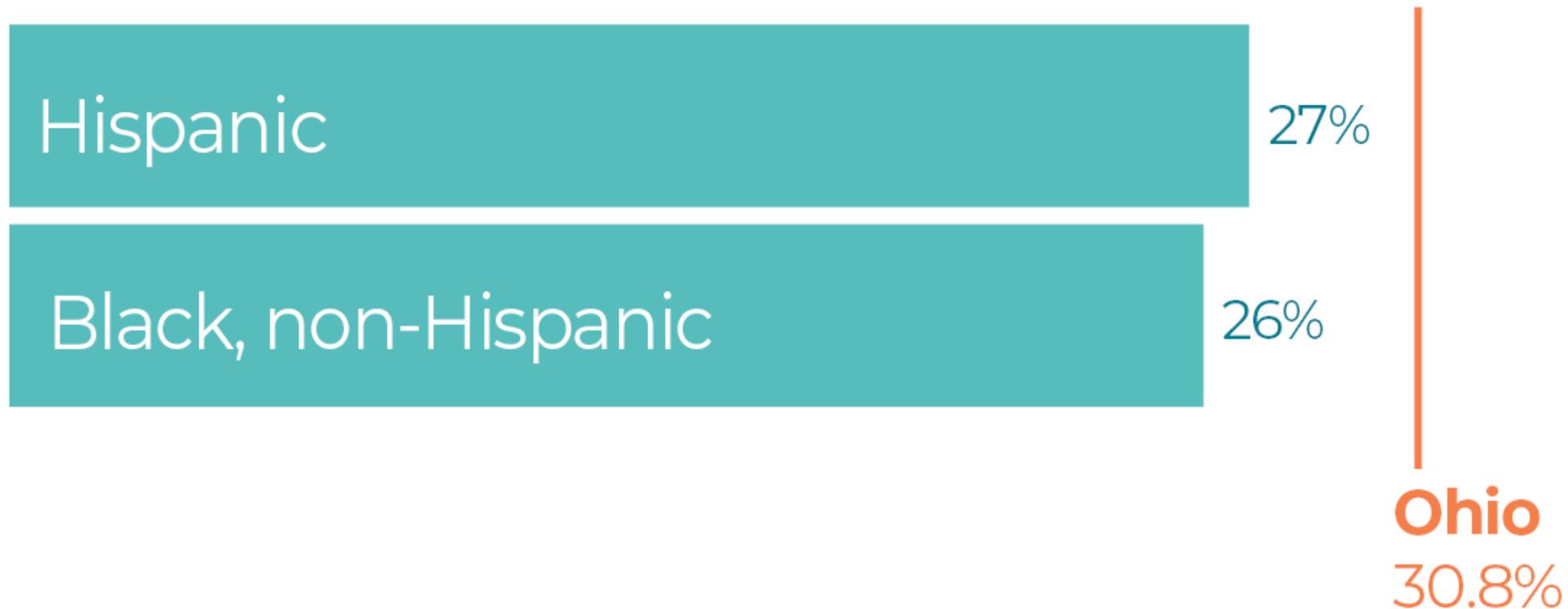
Percent adults, ages 18 and older, who had six or more permanent teeth removed



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



Source: Public Health Data Warehouse, 2015-2019

Provider Focus Group
Findings

Participant **information**

Provider types (identified by participants):

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

Participant information

Of the 29 dentist and dental hygienists:

- 20 said they accept both Medicaid and non-Medicaid
- 5 said they only accept non-Medicaid insurance
- 4 said they accept Medicaid only

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

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	29
Cincinnati	23
Toledo	28
Athens	14
Columbus	26
Total	120

Participant information

	Columbus	Toledo	Athens	Cleveland	Cincinnati
Black	23	18		29	19
Latino	2				4
White	1	10	14		
Total	26	28	14	29	23

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

Before moving on to
Selection of Goals and
Action Steps

Questions?

Selection of

Goals and Action Steps

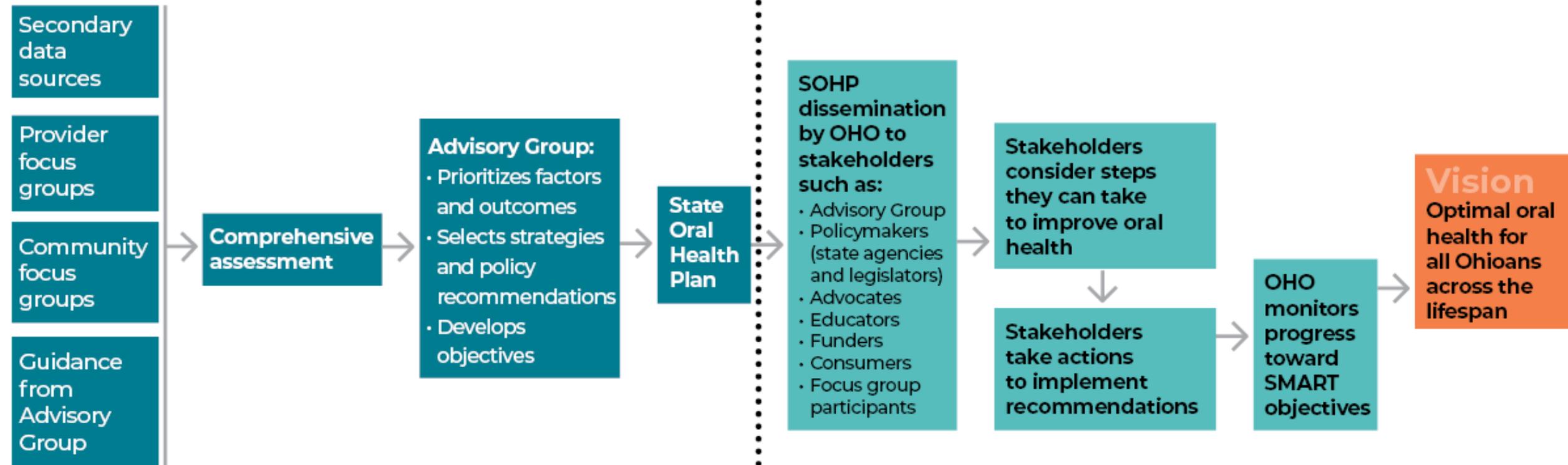
State Oral Health Plan pathway to impact

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



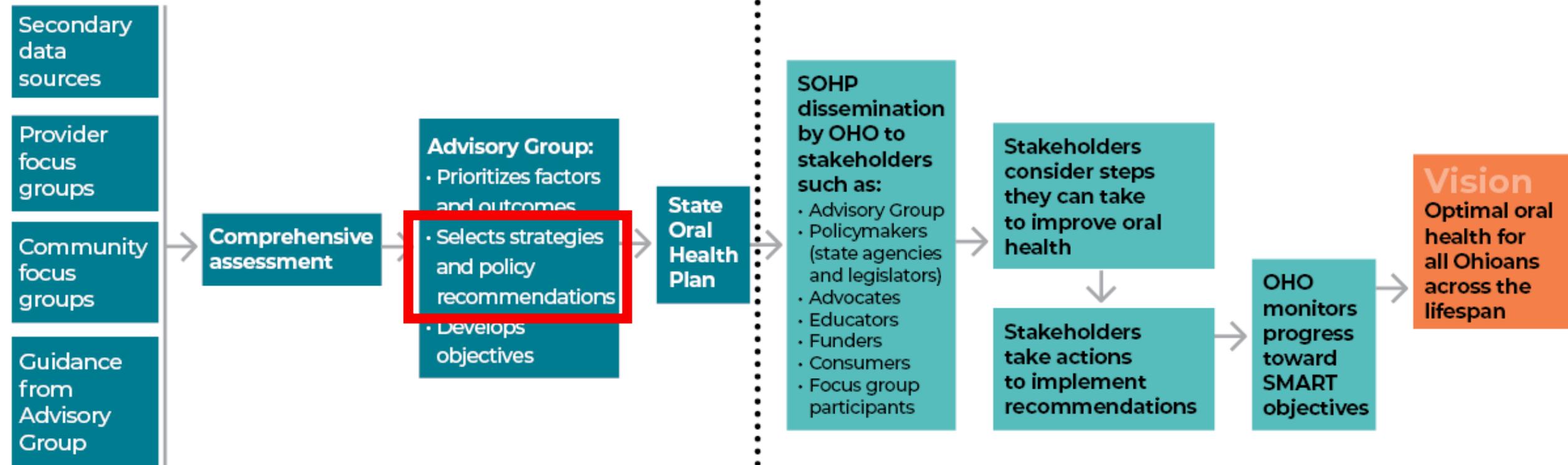
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Assessment phase

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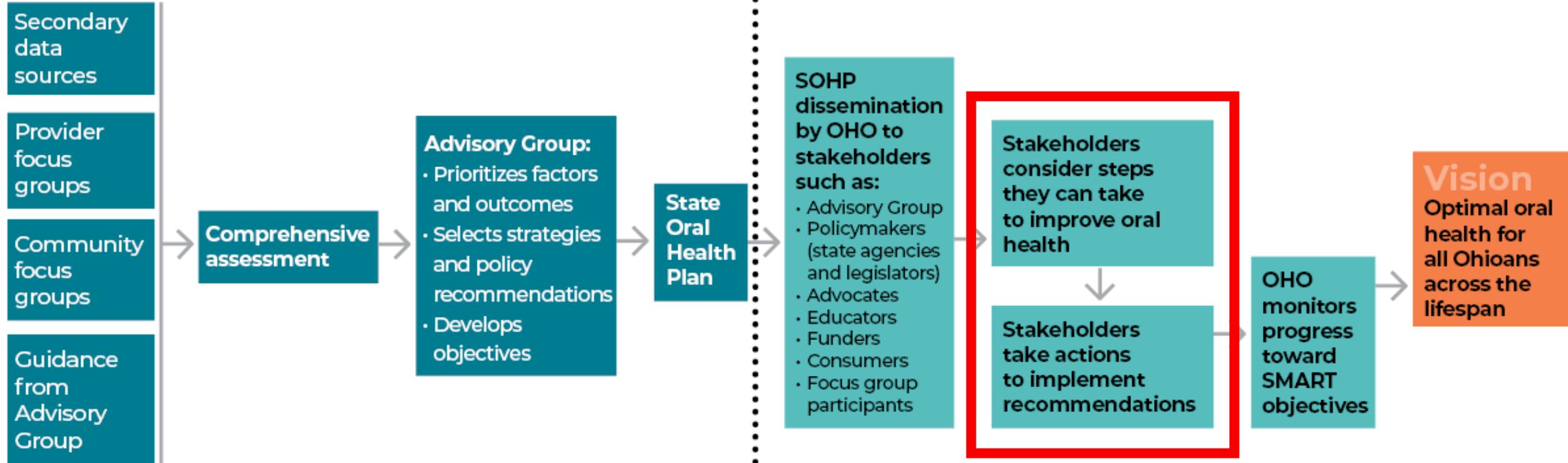
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Assessment phase

Planning phase



Goals and action steps

Goal: Broad, desired outcome – the “What”

Example: Increase locations where people can access dental care

Action step: Specific recommendation – the “How”

Example: Increase the number of school-based health centers with dental services

Sources of goals and action steps

Evidence
registries

Provider
and
consumer
focus
groups

Advisory
committee
feedback

Evidence registries

1. Cochrane Oral Health
2. Healthy People 2030
3. The Guide to Community Preventive Services
4. U.S. Preventive Services Task Force Recommendations
5. What Works for Health (WWFH)

Sources of goals and action steps

Evidence
registries

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Worksheet example: Improve transportation access

Goal	Action step examples
A. Expand access to public transportation	<ol style="list-style-type: none"> 1. Strengthen access to public transportation by improving and expanding local bus systems (=) 2. Implement rural transportation services*, such as publicly-funded buses and vans, dial-a-ride or other demand-response programs, or volunteer ridesharing programs (=) 3. Offer employee incentives for public transportation, such as free or discounted bus passes, reimbursements or pre-tax payroll deductions 4. Assist older adults with public transportation through travel training and mobility managers
B. Improve transportation and land use policies	<ol style="list-style-type: none"> 5. Implement complete streets and streetscape design initiatives 6. Pass local ordinances and zoning regulations for land use policies to improve access to active transportation (walking, biking, etc.) 7. Create bike and pedestrian master plans 8. Support active commuting (walking, biking, etc.) through multi-component workplace supports, such as bicycle parking, walking groups or campaigns, and financial incentives (e.g., free bicycle parking vs. fees for car parking).
C. Increase utilization of medical transportation	<ol style="list-style-type: none"> 9. Expand and improve accessibility of Non-Emergency Medical Transportation (NEMT) services 10. Support Veteran access to health care through Veterans Transportation Service

* Rated by What Works for Health as "Expert opinion"

Worksheet key

Blue links: An evidence-based strategy from an evidence registry

Equity symbol (=): Likely to reduce disparities (based on review by What Works for Health or Community Guide)

Asterisk*: Rated as an expert opinion in What Works for Health or evidence of effectiveness is emerging

Selection considerations

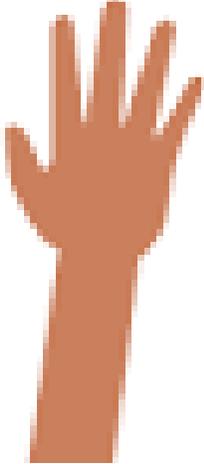
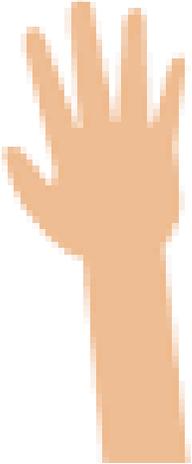
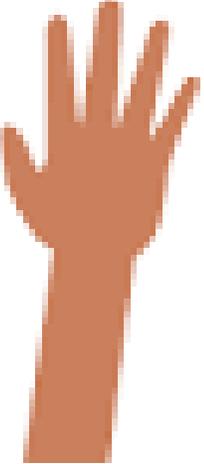
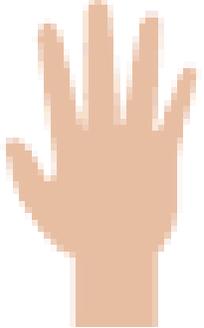
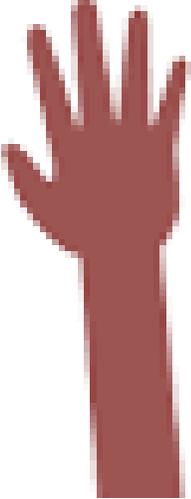
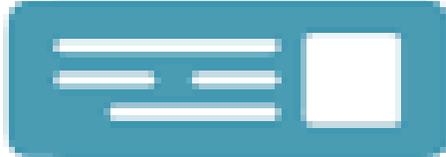
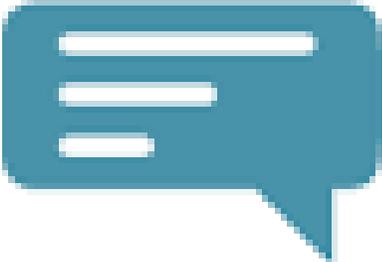
- 1. Evidence of effectiveness:** Research evidence shows the strategy is effective at addressing State Plan priorities
- 2. Impact on outcomes:** Potential size of impact on State Plan outcomes
- 3. Equity:** Research evidence shows that the strategy is likely to reduce disparities, or the strategy can be tailored to meet the needs of Ohioans with the greatest need
- 4. Co-benefits:** The strategy impacts multiple State Plan priorities
- 5. Momentum and feasibility** at state and/or local level

Discussion questions

1. Are there any **goals** (left column) that you would recommend:
 - a) Removing from consideration? Why?
 - b) Renaming, combining (grouping together) or splitting out? Why?
 - c) Adding? Why?
 - d) Which two goals do you think are most important?
2. Within the goals you see as most important, are there **action steps** (right column) that you think must be included?

Prioritization survey No. 2:

State Plan Goals



Individual and
small group
Discussion



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