



ORAL  
HEALTH  
OHIO

*Managed by HealthPath Foundation*

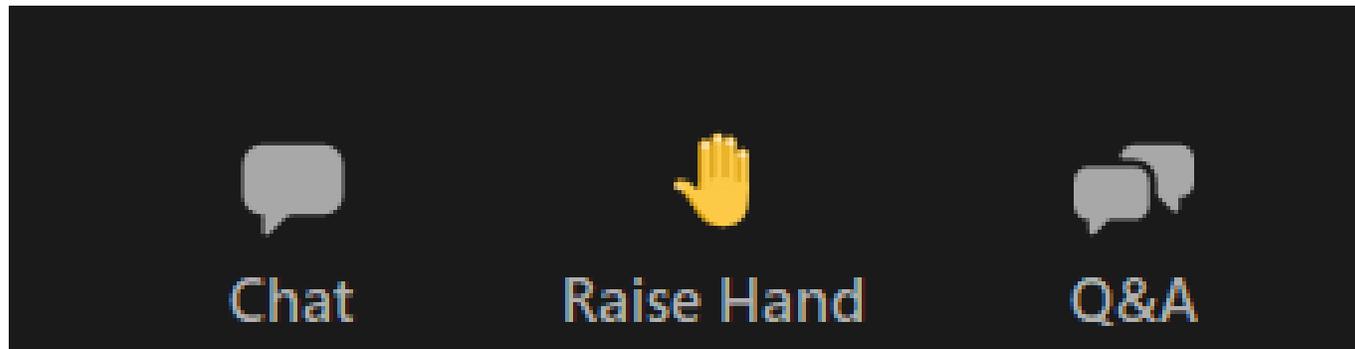


# State Oral Health Plan Advisory Committee

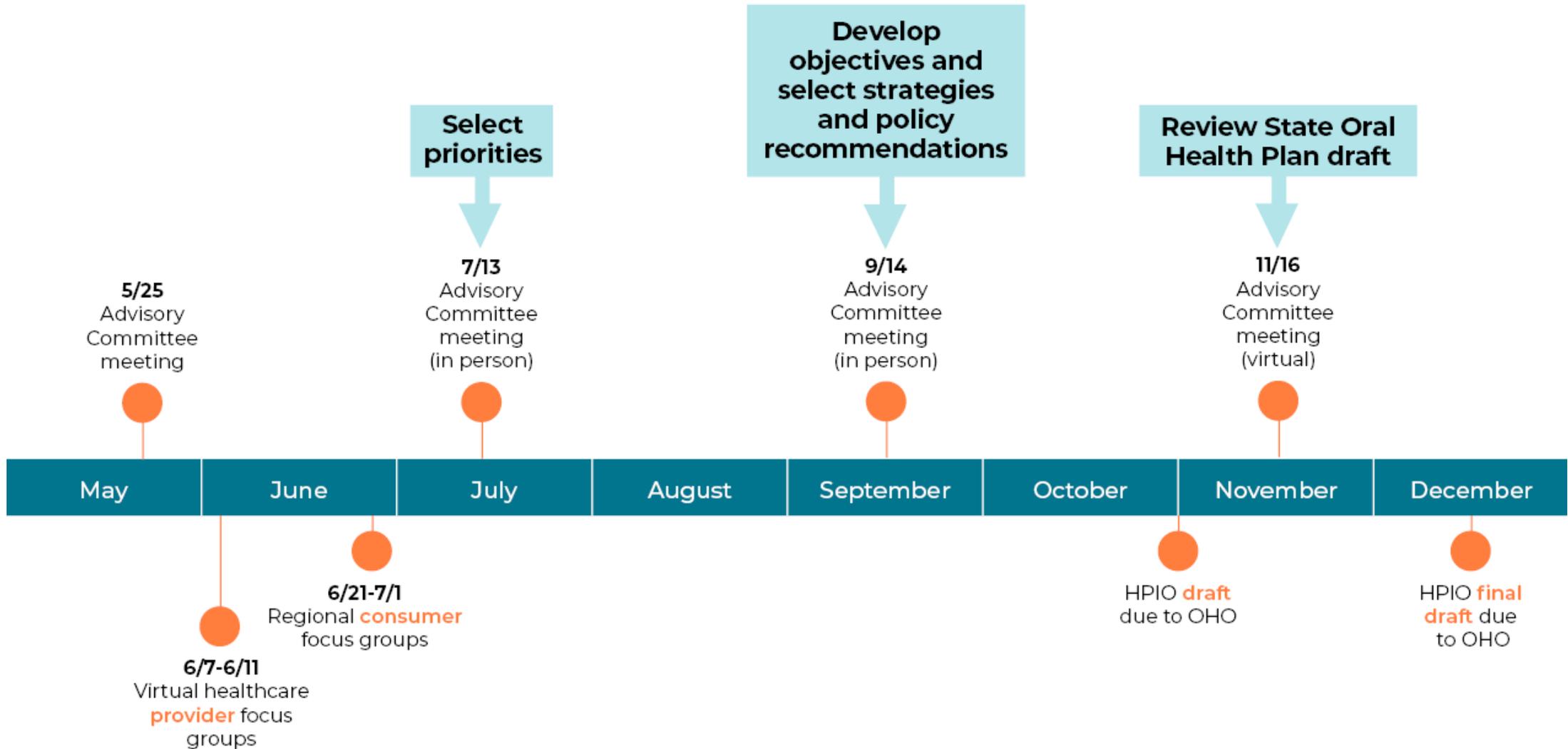
**Meeting 4**

November 16, 2022

# Participating in Zoom



# Project timeline



# Meeting agenda

1. Welcome
2. State Oral Health Plan content
3. Oral health data limitations and recommendations
4. Dissemination and communication strategies

# State Oral Health Plan **content**

1. Introduction
2. Key findings: Assessment of Ohio's oral health strengths and challenges
3. Taking action
4. Tracking progress

# Introduction

1. Acknowledgements
2. Why is oral health important?
3. What shapes our oral health?
4. How will we know if oral health is improving?
5. What is the State Oral Health Plan?
6. How will the State Plan be implemented?
7. Components of the State Plan

# Acknowledgements

The State Oral Health Plan advisory committee collectively selected the priorities and goals of the State Plan. While Oral Health Ohio commissioned this State Plan and HPIO drafted it, the State Oral Health Plan does not necessarily reflect positions taken by Oral Health Ohio or HPIO, which are governed by their own bylaws. Oral Health Ohio will honor its bylaws, including those pertaining to scope of practice issues, when prioritizing action. **The State Plan also does not necessarily reflect positions taken by individual members of the advisory committee.**

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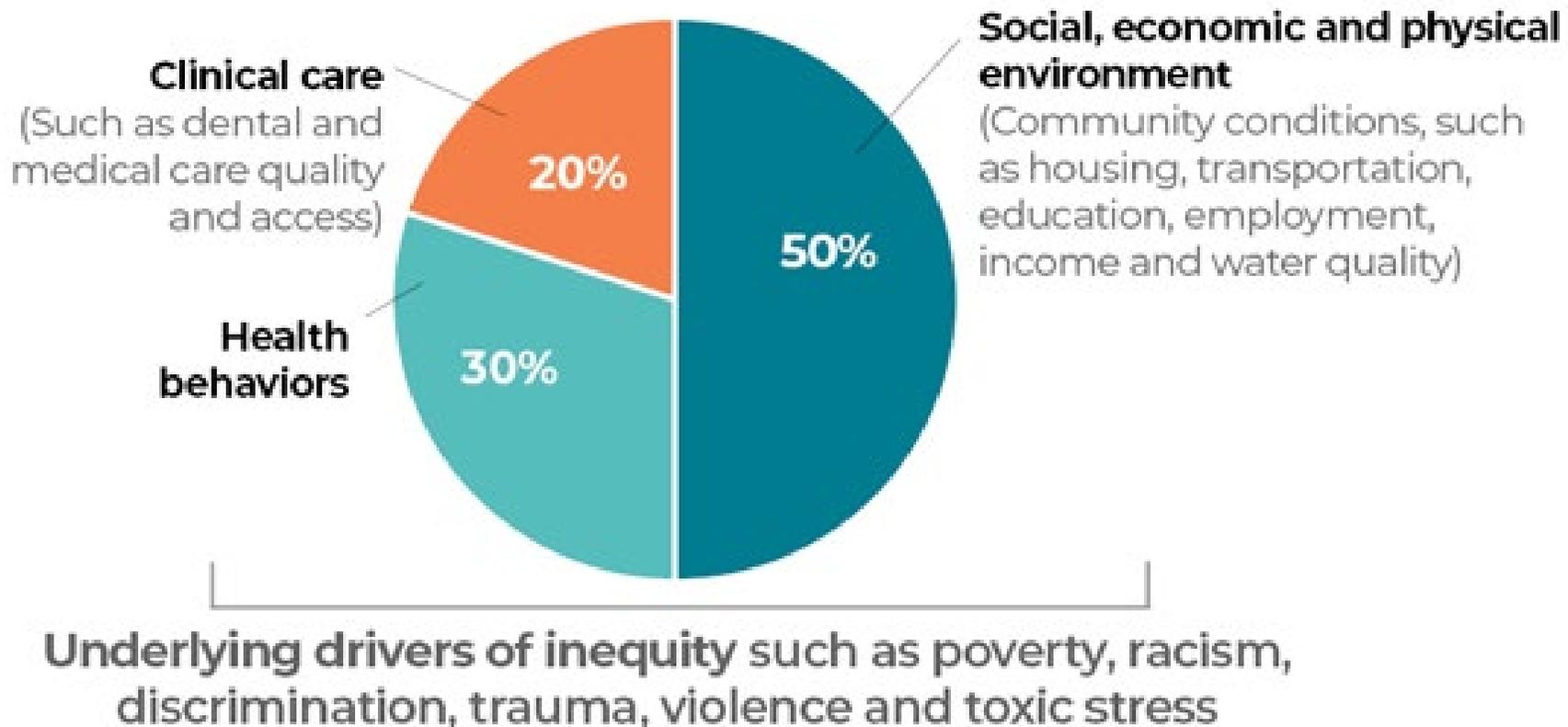
Poverty, toxic stress, discrimination, food security, and care access and affordability are factors that influence oral and overall health

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# Factors

that influence oral and overall health



# 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
- Poverty

*Community conditions can bolster or hinder healthy behaviors and access to quality care*

#### Health behaviors

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

#### Access to quality care

- Insurance and affordability
- Workforce capacity and availability

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

#### 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

#### 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

Goals and action steps were 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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# What is the State Plan?

The State Plan:

- Elevates 12 priorities within 5 focus areas
- Tracks progress on 8 outcomes
- Highlights opportunities to advance equity
- Presents 14 goals and a menu of action steps so that state and local partners can take action on the State Plan

State Oral Health Plan

# implementation partners



# Partners can advance State Plan implementation by:

- **Embracing one or more State Plan priorities** and/or priority populations as a focus of their organization's work
- **Promoting the State Plan as a tool** for assessing which policies, programs, and services should be advanced at the federal, state, and local levels
- **Allocating resources toward the evidence-informed action steps** in the State Plan and tailoring those resources to the Ohioans most at risk for poor outcomes
- **Collaborating with cross-sector partners** to advance State Plan priorities, including coordinating on the action steps described in the State Plan
- **Evaluating implementation of State Plan** action steps and tracking whether the intended outcomes, including improved oral health and eliminated disparities, have been achieved

# Introduction

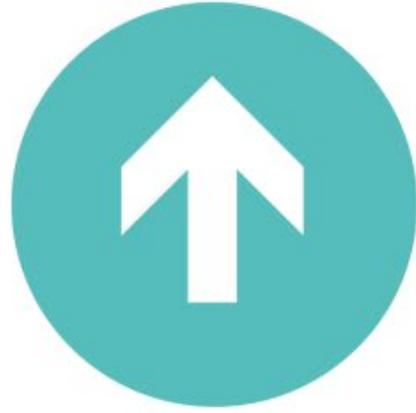
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State Oral Health Plan

# Components



Equity



Priorities

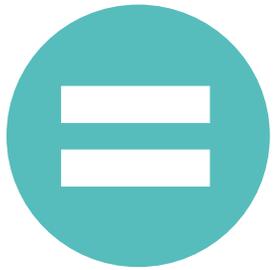


Taking  
action

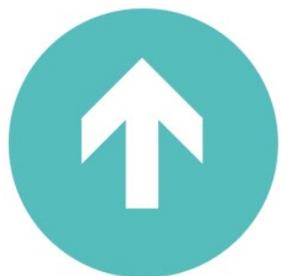


Tracking  
progress

# How is **equity** incorporated?



- Definition at top of conceptual framework
- Priority populations
- Considerations for prioritizing equity in each Taking Action section (i.e., for each priority)
- Universal targets



# 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

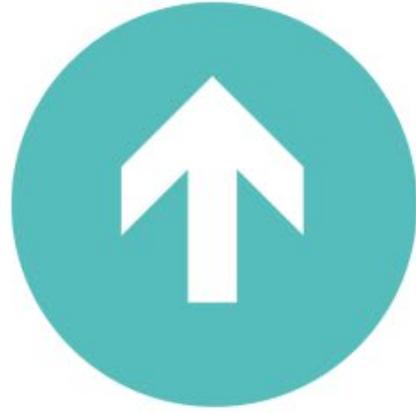
- Reduced tooth decay
- Reduced periodontal disease
- Increased early detection of oral and pharyngeal cancers

State Oral Health Plan

# Components



Equity



Priorities



Taking  
action



Tracking  
progress

# ASSESSMENT

key findings

# Assessment key findings

## Oral health strengths

1. Most Ohioans are served by a fluoridated water source.
2. Ohio has dental care access strengths to build upon.
3. Ohioans are recognizing the link between oral health and overall health.

Percent of population served by a community water source, receiving fluoridated water



Source: CDC, 2018

# Assessment key findings

## Challenges related to dental and oral health outcomes

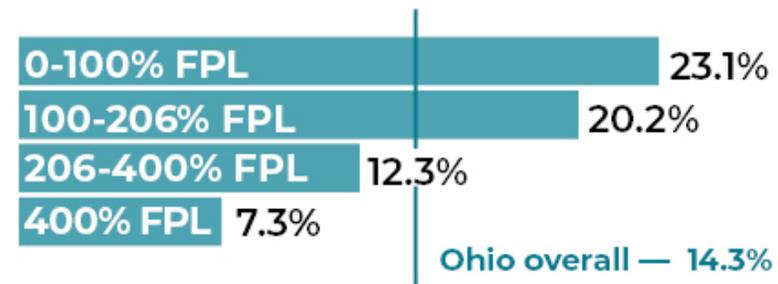
4. Ohioans are more likely to have six or more permanent teeth removed than people in other states.
5. Less than half of Ohio women receive preventive dental cleanings during pregnancy.
6. Ohioans with special healthcare needs, especially intellectual and developmental disabilities, have limited opportunities for good oral health.

# Assessment key findings

## Challenges related to dental and oral health outcomes

7. Ohioans of color and with low incomes experience barriers to oral health in all areas.

Figure 9. **Percent of Ohio adults, ages 19 and older, with unmet dental care needs, by income, 2019**



Source: Ohio Medicaid Assessment Survey, 2019

# Assessment key findings

## Challenges related to factors that shape oral health

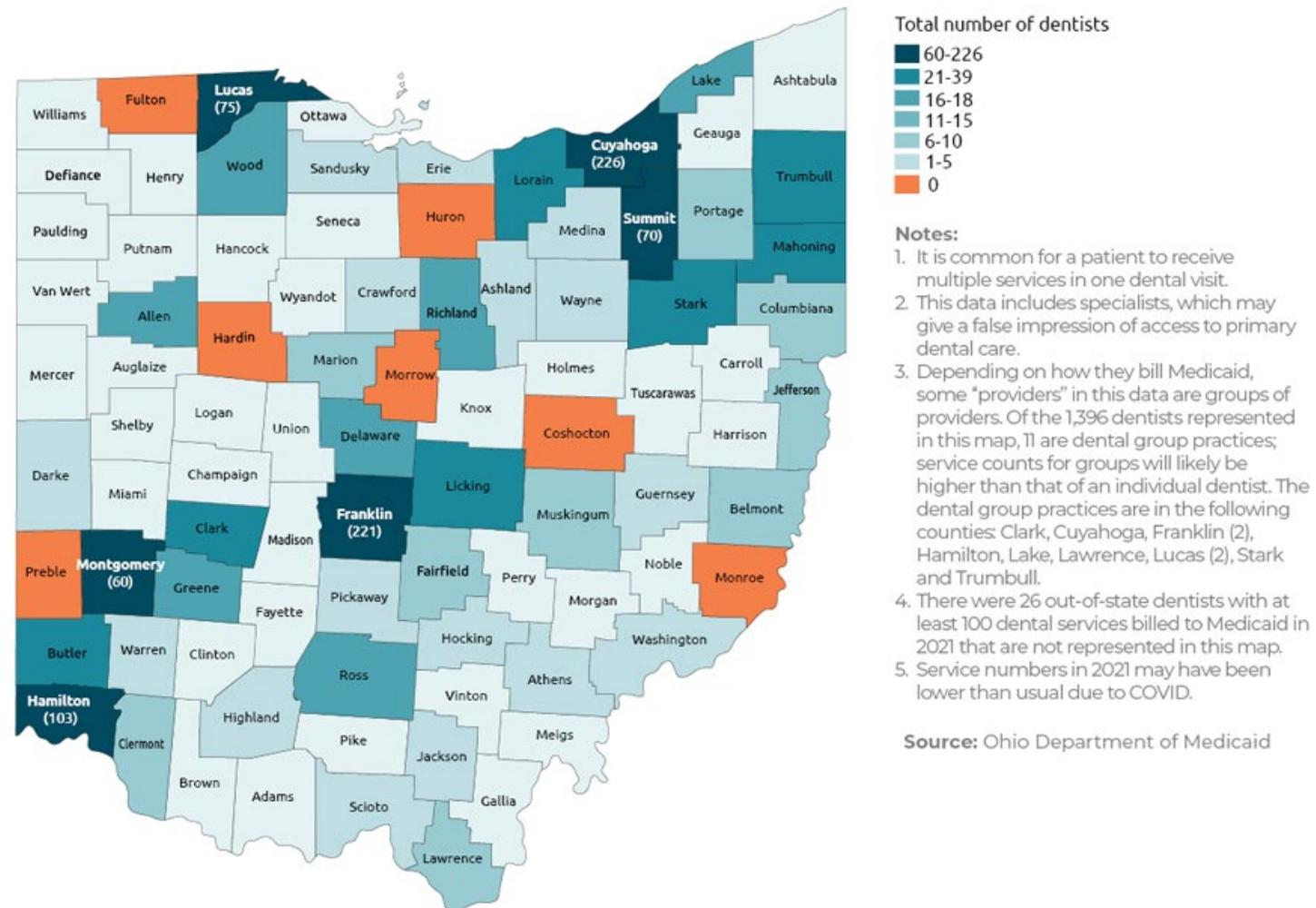
8. Ohio has higher rates of child and adult poverty than the overall U.S.
9. Ohio continues to have one of the highest smoking rates in the nation.
10. There are considerable geographic gaps in dental care access in Ohio.

# Assessment key findings

## Challenges related to factors that shape oral health

11. Too few Ohio dentists accept Medicaid.

Dentists who billed at least 100 services to Medicaid in 2021, by county



# Assessment *key findings*

## Challenges related to factors that shape oral health

12. Low Medicaid reimbursement rates are a barrier to dental care access.
13. Traditional Medicare does not include dental benefits, leaving many older Ohioans without dental insurance.

# Assessment key findings

## Challenges related to factors that shape oral health

14. Ohio's current teledentistry laws and Oral Health Access Supervision Program (OHASP) are not optimally designed to improve access to care.
15. Prior traumatic events and experiences of discrimination keep many consumers from accessing dental care.

“They treat you like you’re less than human because of the plan you are on, what you look like, or where you are from.”

**-- Consumer focus group participant**



# TAKING ACTION

on the State Oral Health Plan

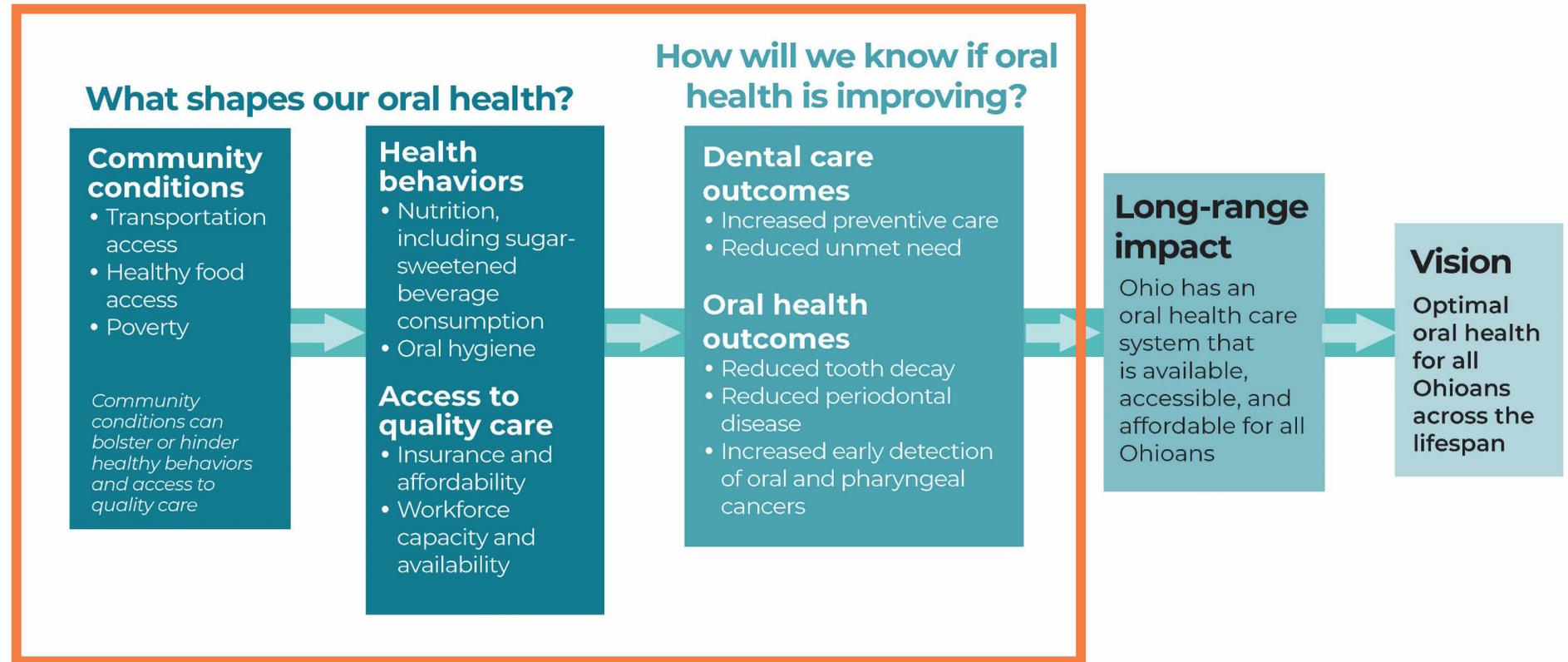
# Conceptual framework

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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.



## Strategies

Goals and action steps were 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.

# Taking action components

- Introduction: How does this priority shape oral health?
- Priority populations
- Prioritizing equity: Considerations for implementing action steps
- Goals and action steps

# Taking action example

Access to care: Workforce capacity and availability

## How does improving workforce capacity and availability shape oral health?

For various reasons, many Ohioans have difficulty accessing dental care. For example, there are shortages of dental providers in many rural areas, and there are too few providers that feel comfortable providing care to very young children or patients with intellectual or developmental disabilities. By enhancing medical and dental education, expanding allied dental professional scope of practice, and instituting recruitment strategies and financial incentives for providers, oral health outcomes can be improved among the communities that experience these challenges.

# Taking action example

Access to care: Workforce capacity and availability

## Priority populations

The following groups of Ohioans were identified as being most at risk for lacking access to oral health providers:

- Children
- Immigrants and refugees
- Medicaid recipients
- Ohioans living in rural or Appalachian regions
- Ohioans with disabilities
- Ohioans with low incomes
- Uninsured Ohioans

# Taking action example

Access to care: Workforce capacity and availability

## Prioritizing equity

When taking action to improve workforce capacity and availability among priority populations, consider the following:

- **Telehealth increases opportunities for access to care**, but internet connectivity and technology may be barriers for some priority populations.
- To improve provider-patient interactions, dentists, dental hygienists, and other oral health professionals, as well as dental and medical students, should have **ongoing, effective, and evidence-based cultural competency and implicit bias training**.

# Taking action example

## Access to care: Workforce capacity and availability

### Prioritizing equity (cont.)

When taking action to improve workforce capacity and availability among priority populations, consider the following:

- Many priority populations currently have difficulty accessing dental care. This should be a **central consideration when developing oral health policy**.
- Members of priority populations often express comfort when their healthcare and dental providers are of a similar background. Action steps should be taken to **increase the diversity of dental providers** to reflect the communities that they serve, including efforts to increase diversity in student populations and hiring and recruitment practices.

# Taking action example

## Access to care: Workforce capacity and availability

### Action steps to improve workforce capacity and availability

**Goal #8: Develop dental pipeline programs and recruitment strategies and offer financial incentives for health professionals serving underserved areas and/or populations (=)**

#### **Action steps for State Plan partners:**

1. State policymakers and/or dental and dental hygiene education programs can implement recruitment efforts to increase diversity in the dental field, including offering financial incentives for students with low incomes or students from underrepresented backgrounds (=)
2. Federal and/or state policymakers can expand loan repayment or forgiveness programs for dental providers serving underserved areas or populations
3. The Ohio Department of Medicaid can increase Medicaid reimbursement rates for dentists, with an additional increase for those practicing in rural communities
4. School districts, colleges and universities can implement more dental pipeline programs
5. Dental and dental hygiene education programs can offer more scholarships for dental students from rural areas [e.g., Ohio State University's Commitment to Access Resources and Education (CARE) program]
6. Dental schools can develop career ladders for dental assistants, dental hygienists, and other staff to become dentists

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## Strategies

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# Taking action example

## Community conditions

### How do community conditions shape oral health?

Community conditions can either bolster or hinder oral health outcomes. For example:

- **Transportation** is essential for connecting Ohioans with employment, medical and dental care, and social supports, yet many Ohioans lack access to affordable and reliable transportation options.
- **Increased economic opportunity** improves access to high-quality education, nutritious food, oral hygiene products, and preventive care, while financial insecurity is a barrier to oral and overall health.
- **Access to healthy food** contributes to good oral and overall health; however, many Ohioans experience barriers to obtaining affordable and nutritious foods in their communities.

# Taking action example

## Community conditions

### Strategies to improve community conditions

- [2023-2026 State Plan on Aging](#), Ohio Department of Aging
- [2020-2022 State Health Improvement Plan](#), Ohio Department of Health
- [Access Ohio 2045](#), Ohio Department of Transportation
- Appalachian Regional Commission [2022-2026 Strategic Plan](#)
- [Strategic Plan for Education 2019-2024](#), Ohio Department of Education
- [Good Food Here guides](#), Ohio Department of Health

# Taking action example

## Community conditions

### Action steps to improve non-emergency medical transportation

#### Goal #1: Improve and increase utilization of non-emergency medical transportation options

##### Action steps for State Plan partners:

1. Medicaid managed care organizations can raise the cap on the number of Non-Emergency Medical Transportation (NEMT) trips allotted to each Medicaid beneficiary and/or allocate some trips to dental care appointments
2. Medicaid managed care plans can ensure family-friendly NEMT options are available, such as including proper safety seats for young children in NEMT vehicles
3. The Ohio Department of Medicaid and Medicaid managed care organizations can take steps to increase awareness of NEMT among Medicaid enrollees
4. State policymakers can increase reimbursement rates for NEMT services
5. State and local policymakers can support veterans' access to health care through the Veterans Transportation Service
6. Dental and healthcare providers, including FQHCs, can provide their own transportation or transportation reimbursement for patients



# TRACKING PROGRESS

on the State Oral Health Plan

# State Plan SMART objectives

## Health behaviors: Improved nutrition, reduced juice consumption

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

## Access to quality care: Increased workforce capacity and availability

**Dentist workforce:** Average rate of dentists per 100,000 population, by county (Area Health Resource File/National Provider Identification File, as compiled by County Health Rankings)

## Dental outcomes: Increased preventive care

**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 (Behavioral Risk Factor Surveillance Survey)

**Preventive 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)

## Dental outcomes: 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)

## Oral health outcomes: Reduced tooth decay and reduced periodontal disease

**Oral health problems, child.** Percent of children, ages 1-17, 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 (Behavioral Risk Factor Surveillance Survey)

## Oral health outcomes: 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 (Ohio Public Health Data Warehouse)

# SMART objectives

**S**pecific  
**M**easurable



**Indicator and source**

**A**chievable\*  
**R**ealistic\*



**Target data value**

**T**ime-bound



**Baseline and target  
years**

# Tracking progress example

Access to care: Workforce capacity and availability

Indicator (source)	Baseline (2020)	Short-term target (2024)	Intermediate target (2027)	Long-term target (2030)
<b>Dentist workforce:</b> Average Rate of Dentists per 100,000 population (Area Health Resource File/National Provider Identification File, as compiled by County Health Rankings)	44	46.3	48	49.7
<b>Priority populations</b>				
Appalachian type counties	37.6	42.4	46.1	49.7
Southeast Ohio	35.7	41.3	45.5	49.7

# DATA LIMITATIONS

and recommendations

# Data limitations

- Lack of publicly available data
- Data lag
- Lack of disaggregated data
- Statistical power

# Discussion questions

Are there any limitations we should consider **adding or modifying**?

# Data recommendations

1. Hire a **Dental Director** at the Ohio Department of Health and oral health coordinators
2. Add **Behavioral Risk Factor Surveillance Survey** optional state module for oral health
3. Analyze **National Nutrition Examination Survey** data to compare Ohio nationally
4. Incentivize **data sharing** and collaboration
5. Consistently **collecting and disaggregating** information about race, ethnicity, language, disability status, zip code, and other characteristics
6. Establishing **community partnerships** to determine data-related needs
7. Hosting **key informant interviews**, focus groups, or community surveys to ensure that community voices, particularly those of priority populations, are heard and incorporated into decisions about data collection and transparency
8. Dedicating **resources** to data infrastructure

# Discussion questions

1. Are there any **recommendations** we should consider:
  - a) Removing from consideration? Why?
  - b) Rewording or combining? Why?
  - c) Adding? Why?
  - d) Which do you think are most important?

**PLAN DISSEMINATION**

and communication strategy

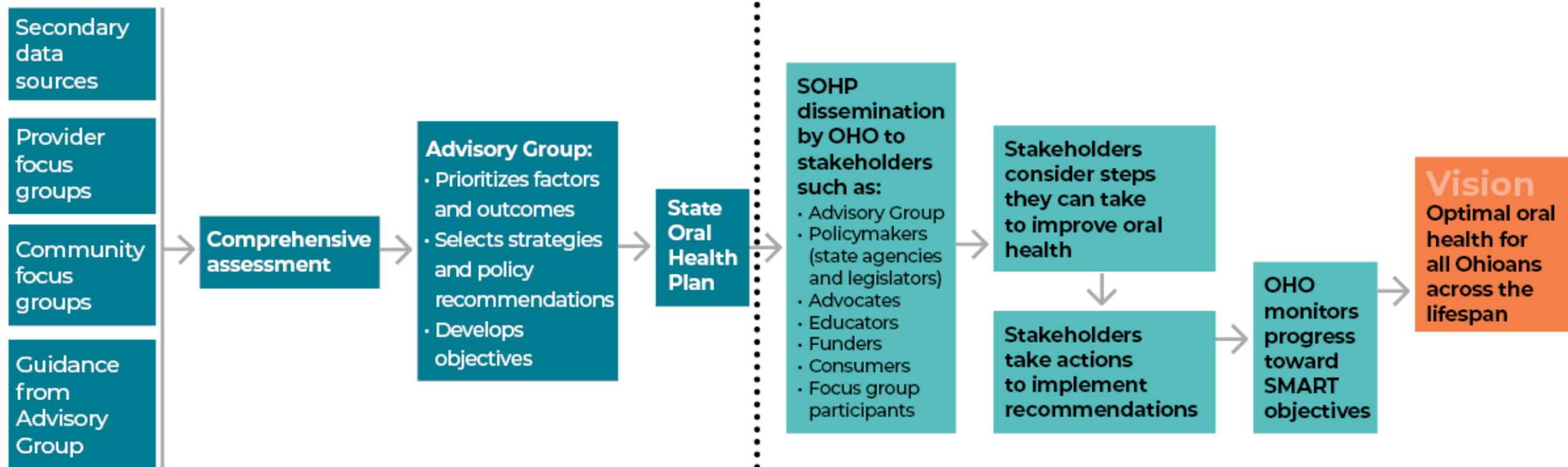
# State Oral Health Plan pathway to impact

## Purpose

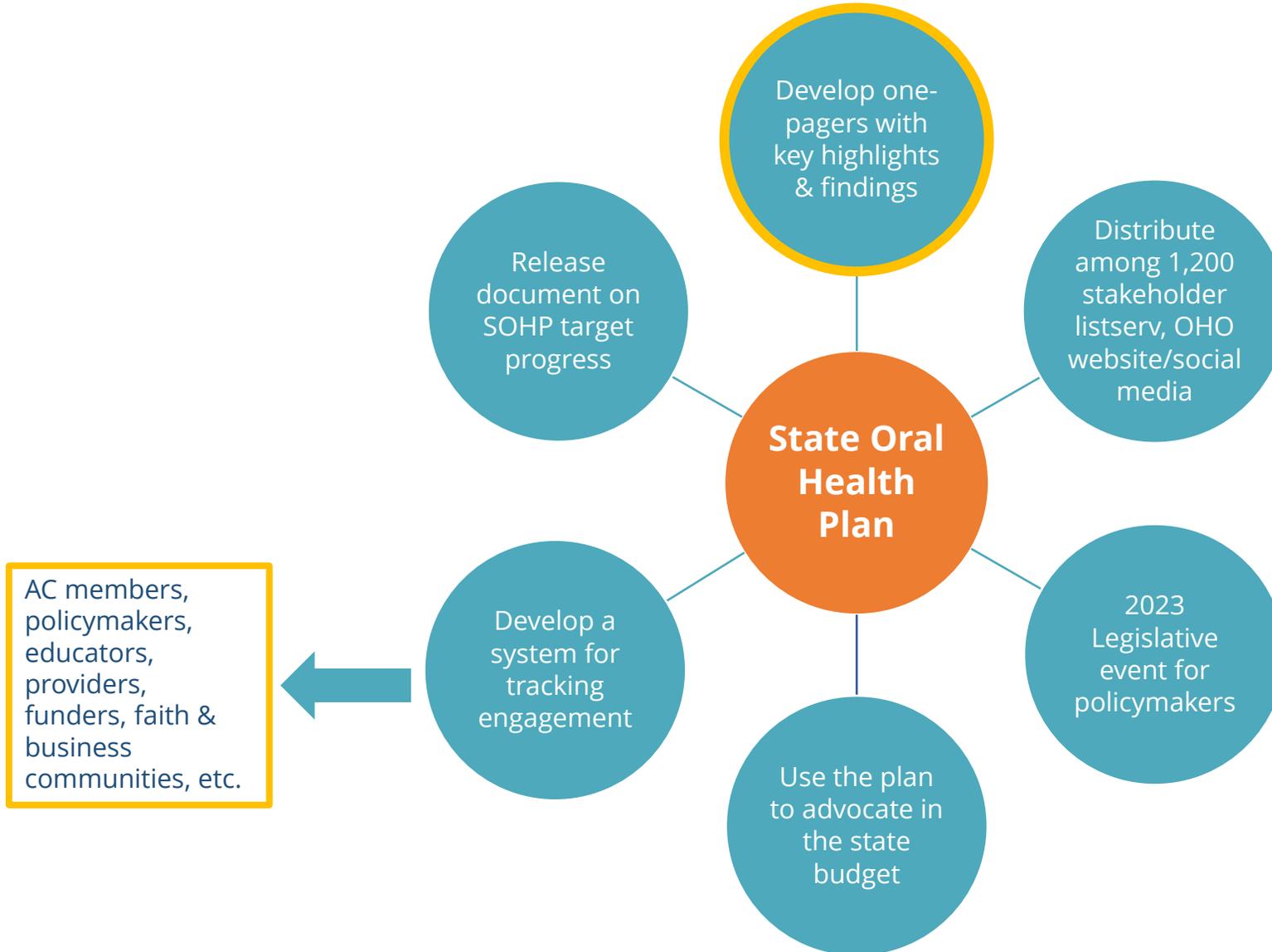
The Ohio SOHP is an actionable roadmap to ensure oral health is integrated with, and elevated to, the same importance as overall health. The SOHP is designed to guide actions taken by policymakers, advocates, educators, providers and funders.

### Assessment phase

### Planning phase



# Communication Strategies



State Oral Health Plan

# implementation partners



# Discussion questions

1. Which partners are already implementing or advocating for State Plan action steps?
2. Which partners are newer to oral health improvement? How can new partners be engaged in the Plan?
3. How can you and your organization take action on the State Plan?

# Partners can advance State Plan implementation by:

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- **Promoting the State Plan as a tool** for assessing which policies, programs, and services should be advanced at the federal, state, and local levels
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- **Evaluating implementation of State Plan** action steps and tracking whether the intended outcomes, including improved oral health and eliminated disparities, have been achieved

**NEXT STEPS**

# Next steps

- Volunteers to review the full State Oral Health Plan? (Dec. 6-Dec. 13)
- Executive Summary will be provided to all AC members on Dec. 6, for review by Dec. 13
- State Oral Health Plan release: Early 2023

**THANK YOU!**