Participating in Zoom
1. Welcome
2. State Oral Health Plan content
3. Oral health data limitations and recommendations
4. Dissemination and communication strategies
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
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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Mental health conditions such as addiction, anxiety and depression can negatively impact oral health.

Poor oral health can exacerbate physical health conditions such as diabetes, and is connected with heart disease, stroke and birth complications.

Painful oral health conditions can exacerbate management of substance use disorders.

Physical health conditions such as HIV/AIDS, osteoporosis and multiple sclerosis can have detrimental effects on oral health.

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

- **Clinical care** (Such as dental and medical care quality and access) - 20%
- **Health behaviors** - 30%
- **Social, economic and physical environment** (Community conditions, such as housing, transportation, education, employment, income and water quality) - 50%

**Underlying drivers of inequity** such as poverty, racism, discrimination, trauma, violence and toxic stress
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 ensuring 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
- **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 across the lifespan.

Vision
Optimal oral health for all Ohioans

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

Vision
Optimal oral health for all Ohioans across the lifespan.
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
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7. **Components of the State Plan**
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
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.

Source: CDC, 2018
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.
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

- 0-100% FPL: 23.1%
- 100-206% FPL: 20.2%
- 206-400% FPL: 12.3%
- 400% FPL: 7.3%

Ohio overall — 14.3%

*Source: Ohio Medicaid Assessment Survey, 2019*
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.
Challenges related to factors that shape oral health

11. Too few Ohio dentists accept Medicaid.
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.
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
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.

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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- **Health behaviors**
  - Nutrition, including sugar-sweetened beverage consumption
  - Oral hygiene

- **Access to quality care**
  - Insurance and affordability
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How will we know if oral health is improving?

- **Dental care outcomes**
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- **Oral health outcomes**
  - Reduced tooth decay
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Long-range impact

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Vision

Optimal oral health for all Ohioans.

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
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.
**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
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**.
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.
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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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.
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
### 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
### 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

- **Specific** → Indicator and source
- **Measurable**
- **Achievable***
- **Realistic***
- **Time-bound** → Baseline and target years
<table>
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<th>Indicator (source)</th>
<th>Baseline (2020)</th>
<th>Short-term target (2024)</th>
<th>Intermediate target (2027)</th>
<th>Long-term target (2030)</th>
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<td>46.1</td>
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<td>35.7</td>
<td>41.3</td>
<td>45.5</td>
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</tr>
</tbody>
</table>
DATA LIMITATIONS
and recommendations
Data limitations

• Lack of publicly available data
• Data lag
• Lack of disaggregated data
• Statistical power
Are there any limitations we should consider adding or modifying?
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
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.
State Oral Health Plan

- Develop one-pagers with key highlights & findings
- Distribute among 1,200 stakeholder listserv, OHO website/social media
- Use the plan to advocate in the state budget
- 2023 Legislative event for policymakers
- Develop a system for tracking engagement
- Release document on SOHP target progress

AC members, policymakers, educators, providers, funders, faith & business communities, etc.
State Oral Health Plan
implementation
partners

Vision
Optimal oral health for all Ohioans across the lifespan.

- Transportation organizations, including regional planning commissions
- Other local agencies and organizations
- Area Agencies on Aging and age-friendly communities
- Boards of developmental disabilities
- Community action agencies and other advocates
- Dental and medical schools and other healthcare professional education programs
- Dental healthcare providers
- Employers and workforce development organizations
- Researchers and academic institutions
- Local government agencies, including health departments and alcohol, drug, and mental health boards
- State agencies
- Professional associations
- Hospitals and other healthcare providers
- Health insurers, including Medicaid managed care organizations and Medicare Advantage plans
- Home visitors, daycares, preschools, and K-12 schools
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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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!