Ohio's State Oral Health Plan

2020-2022

ORAL HEALTH OHIO

Oral Health is Necessary for Overall Health

In 2000, the Surgeon General published its first report on oral health. The major message of the report was that oral health is essential to the general health and well-being of all Americans, at every stage of life. That same year, the Ohio Department of Health declared that dental care was Ohio's number one unmet health care need among low-income children and families.

Twenty years later, we have gained a better understanding of the cause of oral disease as well as the relationship of oral health to chronic conditions such as heart disease, stroke and diabetes. In some circumstances, Ohio has shown significant improvement in recent years in access to dental care particularly among children who visited a dentist and who received dental sealants. The percent of Ohio adults who visited a dentist in the previous 12-month period is also above the national average.

Oral Health Disparities

Despite these improvements' huge disparities persist for too many Ohioans. Disparities are felt disproportionately among children from low-income families, older adults, persons with disabilities and racial/ethnic minority groups.

Today, tooth decay remains the single most common chronic childhood disease:

- **5x** more common than asthma.
- **4x** more common than early-childhood obesity.
- **20x** more common than diabetes.

(American Academy of Pediatric Dentistry)

Disparities in tooth loss by income and education pose significant challenges for our older adults with low education.

- **10x** more older adults with a high-school education have lost ALL their teeth, compared to those with a college education.
- **10x** more older adults with an annual income below $15,000 have lost ALL their teeth, compared to those with an income greater than $75,000.

(Ohio Behavioral Risk Factor Surveillance System, 2018)

Purpose of a State Oral Health Plan

Ohio's State Oral Health Plan (SOHP) is a stakeholder-developed guidance to steer the work of the Ohio oral health community and sets direction and priorities for achieving the overall vision of improved oral health for all Ohioans. Stakeholders from diverse organizations from across the state contributed to the development of the SOHP. Oral Health Ohio also anticipates working with additional partners as the work of the SOHP unfolds.

The SOHP serves as a resource for a wide variety of professionals, including oral health, primary care, program administrators and advocates for overall health to:

- ***Support*** the implementation of activities planned and those underway.
- ***Identify*** new policy and program initiatives.
- ***Strengthen*** partnerships and collaboration that address the oral health plan priorities.
- ***Use as a roadmap*** to address the burden of oral disease and increase access to oral health services for vulnerable and high-risk populations.

Ohio's State Oral Health Plan (SOHP)

The SOHP establishes four goals toward prevention and treatment of oral disease as critical components of the overall health of all Ohioans:

> ADVOCACY

Goal: Ohio policymakers make informed oral health policy decisions.

OBJECTIVE 1 > Educate Policymakers about Oral Health Prevention, Access & Relationship to Overall Health.

Overall health is closely connected to healthy gums, teeth, tongue, and mouth. The health of the mouth and the rest of the body are interconnected.

OBJECTIVE 2 > Include Oral Health in All Target Areas of the State Health Improvement Plan (SHIP).

The 2020-2022 State Health Improvement Plan identifies three priority health outcome areas—each having a relationship to oral health:

- *Mental Health & Addiction.*
- *Chronic Disease.*
- *Maternal & Infant Health.*

OBJECTIVE 3 > Adopt K-12 Health Education Standards and/or Curriculum.

Ohio is the only state in the nation that has not adopted health education standards. Oral health integrated into school health education standards has the opportunity to:

- *Create greater oral health literacy among a population of high-risk children.*
- *Build lifelong knowledge, skills, and habits essential to oral health.*
- *Address powerful determinants of oral disease such as family and peer influences.*

OBJECTIVE 4 > Advocate for a Dental Benefit in the Medicare Program.

- Medicare is the primary source of health coverage for older adults and younger individuals with disabilities. Yet, Medicare explicitly excludes coverage for most dental services.
- Among all Medicare beneficiaries living in the community, disabled adults under age 65 have the highest rate (33%) of difficulty chewing and eating solid foods due to their teeth, and forgoing needed dental care in the past year due to costs (26%).

(Kaiser Family Foundation, March 13, 2019)

> HEALTH LITERACY

Goal: Ohioans know the relationship between oral and systemic health.

OBJECTIVE 1 > Increase Oral Health Literacy Of Ohioans & Non-Oral Health Professionals.

- The misconception that oral health is less important than general health continues to exist among Ohio citizens including health care workers, legislators, insurance companies, educators and community leaders.
- Oral health literacy is not only the capacity to process and understand basic oral health information, but also the ability to navigate a complex health care system and make informed decisions about their oral health.

OBJECTIVE 2 > Oral Health Clinicians Provide Culturally Competent & Linguistically Appropriate Care.

Delivery of oral health services that meet the social, cultural, and linguistic needs of patients can help improve health outcomes and quality of care—and contribute to the elimination of racial and ethnic health disparities.

2020-2022

> SYSTEM COLLABORATION

Goal: Integration of oral and overall health across systems.

OBJECTIVE 1 > Engage Non-Dental Professionals In Oral Health.

Many different people play a role in our oral health care system. School nurses, primary care providers, pharmacists and public health officials are important team-players. These professionals, along with oral health providers work together so that all Ohioans have access to good oral health.

OBJECTIVE 2 > Improve Oral Health Education In Schools.

- Schools are ideal settings in which to reach children and adolescents about oral health education and prevention because it is during this time that health behaviors develop.
- Early tooth loss caused by tooth decay can result in failure to thrive, impaired speech development and reduced self-esteem.
- Children cannot learn when they are in pain.

OBJECTIVE 3 > Improve Oral Health Education In Long-Term Care Facilities.

- Individuals living in long-term care facilities are significantly more likely to have poorer oral health status compared to individuals living independently due to varying degrees of physical and cognitive decline and dependency on caregivers for their oral care.
- Most health professionals have little oral health education in medical/nursing school or certificate programs.

> HEALTH EQUITY

Goal: Equitable systems and access to care.

OBJECTIVE 1 > Preserve The Adult Dental Benefit Under The Medicaid Program.

- Ohio is one of nineteen states with a comprehensive dental benefit.

OBJECTIVE 2 > Increase Medicaid Providers.

- Approximately 30% of licensed Ohio dentists are Medicaid providers.
- Only 14% of licensed Ohio dentists treat a significant number of Medicaid consumers *(submitted claims for 250 or more consumers).*

OBJECTIVE 3 > Increase Programs that Provide Prevention Services.

We can reduce the cost of oral health by stopping problems before they start. Prevention programs help people avoid serious problems like gum disease that are expensive to treat. And they help people catch potentially serious problems like cancer before they progress. We need to make sure that all communities have strong prevention programs so we can reduce the cost of health care and avoid unnecessary expenses.

Oral Health in Ohio

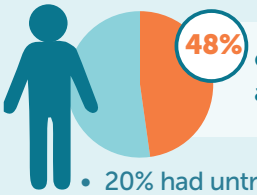
> Pre-School Children

Nearly 1 in 4 Ohio children had a history of tooth decay (cavities, fillings, crowns or teeth extracted due to tooth decay).

- Children in Appalachia were much more likely to have a history of tooth decay.
- 14% had untreated cavities (vs. 9% in U.S.)
- Parents of children on Medicaid were 5 times more likely to have trouble getting dental care than parents of children with private dental insurance.
- Overall, most children (74%) had visited the dentist in the past year; 18% of parents said their child had never been. Children covered by Medicaid or those without dental insurance were far less likely to have seen a dentist in the past year.

(Ohio Department of Health (ODH), 2017)

> School-Age Children



of school age children have had a history of tooth decay.

- 20% had untreated cavities.
- Children from lower income families (on Medicaid) or living in Appalachia were much more likely to have a history of tooth decay and untreated cavities.
- 67% of children without dental insurance and 77% of children on Medicaid had a dental visit in the past year, compared to 91% of children with private dental insurance. *(ODH, 2018)*

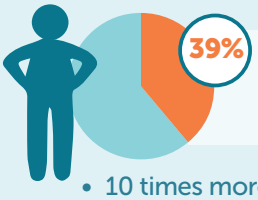
> Adults & Tooth Decay

of adults (ages 19 and older) reported unmet dental needs.

- 21% of adults with special healthcare needs had unmet dental needs.
- 22% of adults with a disability had unmet dental needs.

(Ohio Medicaid Assessment Survey, 2017)

> Older Adults & Tooth Loss



of adults age 65 and older in Ohio have lost 6 or more teeth; 17% have lost *all* their teeth.

- 10 times more older adults with a high school education have lost ALL their teeth, compared to those with a college education (41% vs. 4%).
- Nearly 10 times more older adults with an annual income below $15,000 have lost ALL their teeth, compared to those with an income greater than $75,000 (37% vs. 4%).

(Ohio BRFSS, 2018)

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