

Part 2.

Key findings

Assessment of Ohio's oral health strengths and challenges

The following key themes emerged from the **Assessment of Ohio's oral health strengths and challenges**, including findings from quantitative data and the healthcare provider and consumer focus groups:

Oral health strengths

1. Most Ohioans are served by a fluoridated water source.

In 2018, 92.5% of Ohioans were served by a fluoridated water source, which is much higher than the overall U.S. rate (displayed in figure 6).¹ Water fluoridation can prevent tooth loss and decay and reduce cavities.

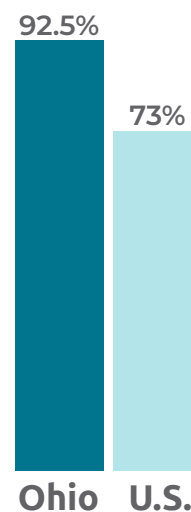
2. Ohio has dental care access strengths to build upon.

School-based health care and Ohio's safety net infrastructure were among the top oral health strengths noted by both consumer and healthcare provider focus group participants, as they increase access to care for underserved populations. Providers also noted comprehensive dental benefits for adults within Medicaid as a strength for Ohio, and many consumer participants mentioned positive patient-provider interactions.

3. Ohioans are recognizing the link between oral health and the health of the rest of the body.

Participants in both the provider and consumer focus groups talked about the connections between oral and overall health, indicating progress in knowledge and understanding.

Figure 6. Percent of population served by a community water source receiving fluoridated water, U.S. and Ohio, 2018



Source: CDC, 2018

Oral health challenges

4. Ohioans are more likely to have many permanent teeth removed than people in other states.

In 2020, over 9% of Ohio adults reported having six or more permanent teeth removed, which is slightly more than the U.S. overall. This was twice as likely among older adults, ages 65 and older.²

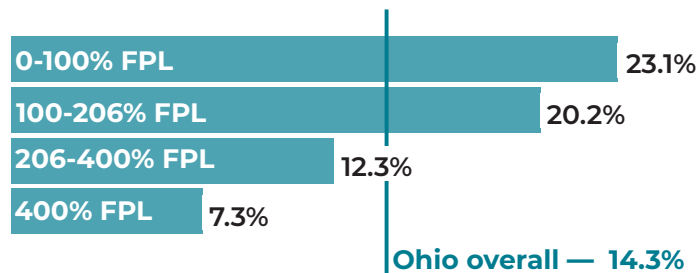
5. Less than half of Ohio women receive preventive dental cleanings during pregnancy.

Despite increased risk for gum disease and cavities during pregnancy, only 40.7% of pregnant women reported having their teeth cleaned in 2020, with considerably lower rates among women of color, especially Hispanic mothers (27.5%), and those with incomes of \$32,000 or less (27%).³

6. Communities of color and people with low incomes experience barriers to oral health.

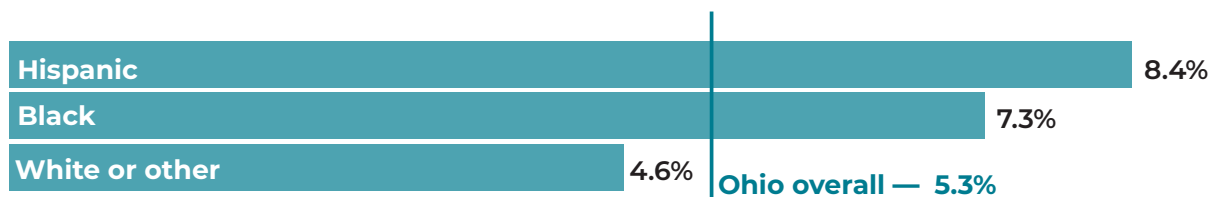
Ohioans of color and Ohioans with low incomes experience worse dental care and oral health outcomes on all Assessment metrics when compared to Ohioans overall. Figures 7 and 8 provide examples of these disparities. Poverty, limited access to healthy food, and barriers to accessing regular dental care are only a few reasons for these disparities.

Figure 7. Percent of Ohio adults, ages 19 and older, with unmet dental care needs, by income, 2019



Source: Ohio Medicaid Assessment Survey, 2019

Figure 8. Percent of Ohio children, ages 0-17, with unmet dental care needs, by race, 2019



Source: Ohio Medicaid Assessment Survey, 2019

7. Ohioans with special healthcare needs, especially those with intellectual and developmental disabilities, have limited opportunities for good oral health. This population was one of the most commonly underserved groups identified by providers. Because of complex medical issues, additional care-taking demands, and the fact that dental students receive little training to care for patients with special healthcare needs, few providers are comfortable caring for this population.

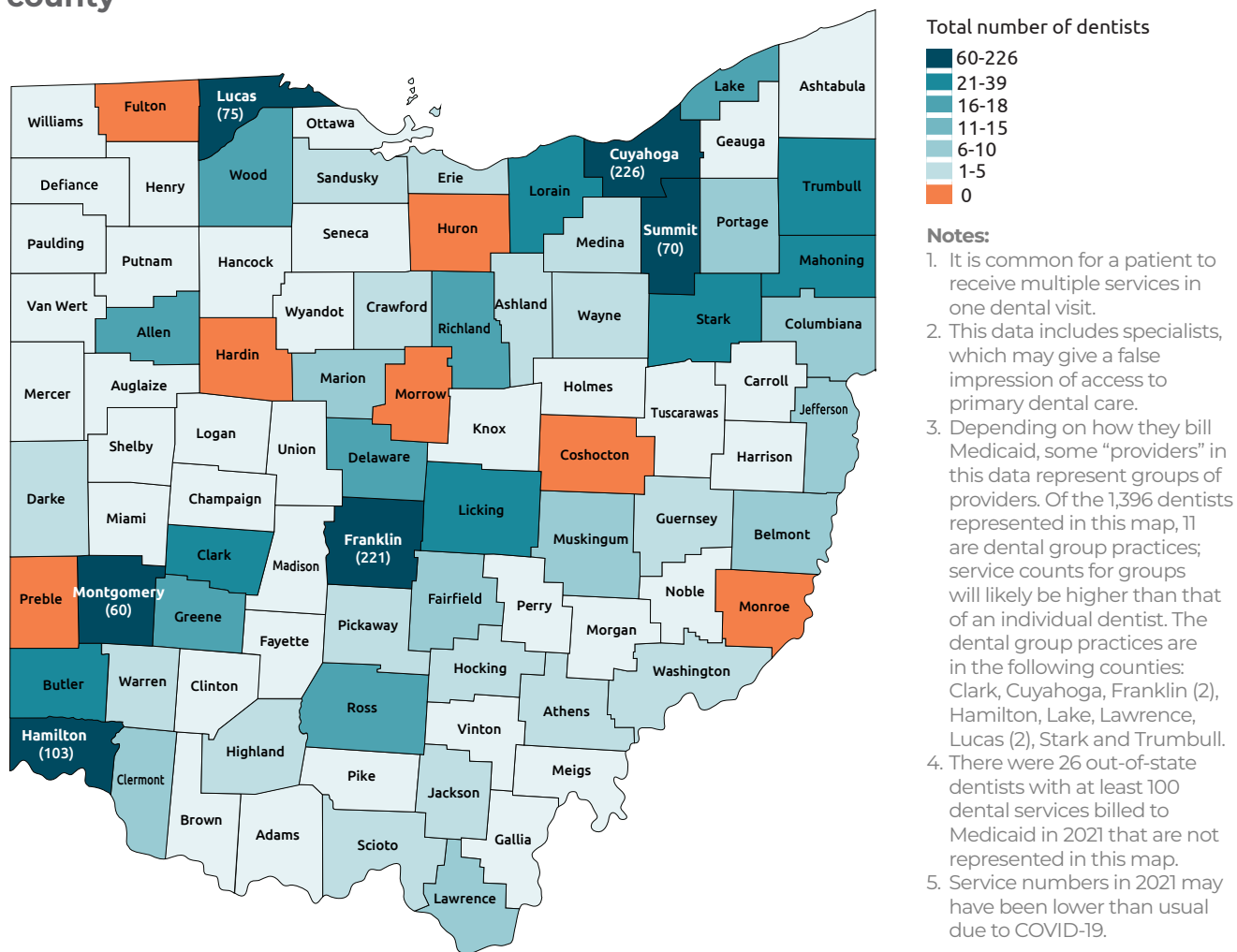
8. Ohio has higher rates of child and adult poverty than the overall U.S. Nearly one in five Ohio children (18.4%) and 12.4% of Ohio adults live in poverty.⁴ Ohioans of color, especially Black Ohioans, are particularly likely to live in poverty. People living in poverty face many barriers to good oral health, such as transportation challenges that keep people from receiving regular dental care and limited access to healthy foods and oral hygiene products.

9. Ohio continues to have one of the highest smoking rates in the nation. Nearly one in five Ohio adults (19.3%) smokes cigarettes.⁵ Smoking is more prevalent among people with low incomes and those who were exposed to adversity in childhood. Smoking is associated with a higher risk of oral cancer, gum disease, and tooth loss.

10. There are considerable geographic gaps in dental care access across Ohio. Rural and Appalachian counties are particularly underserved by dental professionals, especially in the southern and southeastern regions of Ohio.

11. Low Medicaid reimbursement rates are a barrier to dental care access. Ohio Medicaid reimbursement rates for child and adult dental services were 44% and 50.1%, respectively, of private insurance rates in 2020, both below the national averages.⁶ Generally, Ohio Medicaid dental reimbursement rates have not changed in 20 years. Providers explained that even though many dentists would like to accept more Medicaid-covered patients, these reimbursement rates are not financially sustainable.

Figure 9. Dentists who billed at least 100 services to Medicaid in 2021, by county



Source: Ohio Department of Medicaid

12. There are too few Ohio dentists accepting Medicaid to meet the need. In 2021, 22.2% of Ohio adults, ages 18-64, and 47.7% of Ohio children ages 0-17, had Medicaid coverage.⁷ Yet, a 2017 analysis found that only 14% of Ohio dentists saw more than 100 Medicaid patients over a year.⁸ This was a common barrier mentioned by consumer and provider focus group participants. Figure 9 shows the number of dentists practicing in each county who billed Ohio Medicaid for at least 100 oral health services in 2021.

13. Traditional Medicare does not include dental benefits, leaving many older Ohioans without dental insurance. In 2020, 20.4% of Ohioans had Medicare. Of these enrollees, 53.7% had traditional Medicare⁹ (i.e., did not have a Medicare Advantage plan), meaning they had no dental coverage. Additionally, some older Ohioans’ Medicare Advantage plans may not include dental benefits. Older adults in Ohio were the most common group identified in healthcare provider focus groups as having limited opportunities for good oral health.

14. Ohio's current teledentistry laws and Oral Health Access Supervision Program (OHASP) can be better designed to improve access to care. Providers noted that synchronous teledentistry is underutilized, is not an efficient use of a dentist's time, and is difficult to schedule. Additionally, only 38 out of 7,156 licensed Ohio dentists and 97 out of 8,401 licensed Ohio dental hygienists had OHASP permits in 2022¹⁰, despite the program being created over a decade earlier.

15. In addition to affordability challenges, prior traumatic events and experiences of discrimination in healthcare settings keep many consumers from accessing dental care. Consumer focus group participants mentioned experiencing discrimination in their dental office based on their race, age, and/or insurance plan. Participants recommended additional cultural competency training among providers to improve interactions with patients from different backgrounds.