



Taking action on the State Oral Health Plan

Community conditions

Community conditions, sometimes referred to as the social determinants of health or the social drivers of health, are foundational to improve oral health outcomes. The communities we live in affect our ability to make healthy choices, access quality healthcare and dental services, and experience optimal oral health. The State Oral Health Plan advisory committee selected healthy food access, poverty, and transportation as priority community conditions that are critical for improving oral health in Ohio.

How do community conditions shape oral health?

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

- **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.
- **Reduced poverty** increases economic opportunity, which 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.
- **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.

Priority populations

The following groups of Ohioans were identified as being most at risk for having inadequate access to healthy food, experiencing poverty, and/or having inadequate access to transportation:

- Children
- Immigrants and refugees
- Ohioans living in rural or Appalachian regions
- Ohioans of color
- Ohioans with disabilities
- Ohioans with low educational attainment
- Ohioans with low incomes
- Older adults

Prioritizing equity

When engaging in collective action to improve community conditions among priority populations, consider the following:

- Policies, programs, and resources must be tailored and adapted to close gaps in outcomes for priority populations.
- Priority populations should be authentically engaged in planning, advocacy, and program and service delivery decisions.
- Collecting and reporting data on a timely and consistent basis, broken out by demographic characteristics, such as race/ethnicity, income, and disability status, is necessary for tailoring strategies and evaluating the impact of policies and programs.



Strategies to improve community conditions

Food access, economic stability, and transportation are complex issues. State Plan partners may be less familiar with these systems, and no one organization or sector can tackle them alone. Yet, State Plan partners can participate in initiatives and amplify efforts led by others that address these critical needs. Intentional partnerships to improve community conditions, particularly for priority populations, are essential to improving oral health outcomes.

The following state planning documents outline priorities and action steps to improve healthy food access, poverty, and transportation in Ohio.



2023-2026 State Plan on Aging
Ohio Department of Aging



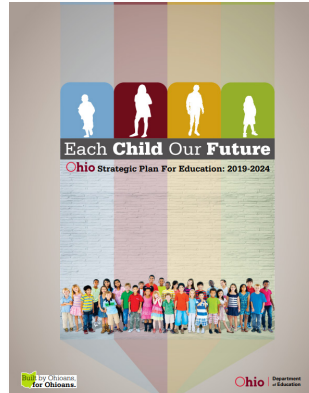
2020-2022 State Health Improvement Plan
Ohio Department of Health



Access Ohio 2045
Ohio Department of Transportation



2022-2026 Strategic Plan
Appalachian Regional Commission



Strategic Plan for Education 2019-2024
Ohio Department of Education



Good Food Here guides
Ohio Department of Health

Action steps to improve non-emergency medical transportation

This State Plan will track progress on the following action steps to improve non-emergency medical transportation:

Goal 1

Improve and increase utilization of non-emergency medical transportation options

Action steps for State Oral Health 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 and/or community organizations can coordinate community transportation services for older adults, persons with disabilities, and veterans by utilizing **mobility managers** or regional transportation coordinators. (Additional transportation action steps for older adults can be found on p. 102 of the **State Plan on Aging.**)
3. Providers and/or Medicaid managed care plans can partner with faith communities to explore using church vans to get residents to dental appointments.
4. State policymakers can increase reimbursement rates for NEMT services.
5. The Ohio Department of Medicaid, Medicaid managed care organizations, and healthcare providers can take steps to increase awareness of NEMT among Medicaid enrollees.

Note: Links offer additional information on an evidence-based strategy

The State Oral Health Plan does not include action steps for the healthy food access and poverty priorities, or other transportation goals.. Instead, State Plan partners should reference the documents on the previous page for steps that can be taken to address these priorities.

Health behaviors

Nutrition, including sugar-sweetened beverage consumption

How does improving nutrition shape oral health?

Healthy teeth, that can chew crunchy fresh fruits and vegetables, are key to sustained health across the lifespan. Sugar consumption, especially sugar-sweetened beverages like juice and soda, can erode enamel and cause tooth decay. By encouraging healthy food choices, reducing consumption of sugar-sweetened beverages, and enhancing nutrition knowledge, oral health outcomes can be improved in the communities that experience the greatest challenges.

Priority populations

The following groups of Ohioans were identified as being most at risk for experiencing poor nutrition:

- Children
- Medicaid recipients
- Ohioans living in rural or Appalachian regions
- Ohioans of color
- Ohioans with low incomes

Prioritizing equity

- Less nutritious food options tend to be less expensive/more affordable to Ohioans with low incomes, and priority populations are more likely to live in food deserts and experience decreased access to healthy foods.
- Written nutrition education materials can be offered in multiple languages and written in non-technical language that is understandable for most Ohioans. Educational materials should be community sensitive and culturally and linguistically adapted.
- Priority populations may experience oral health concerns or other physical limitations that impact their ability to chew. These populations may need access to soft, nutritious foods.
- Priority populations are at an increased risk for experiencing trauma, toxic stress, and discrimination. These experiences can result in unhealthy eating behaviors as a coping strategy and serve as barriers to maintaining a healthy diet.



Action steps to improve nutrition

Policymakers and State Plan partners at the state and local levels can take the following actions to improve nutrition across Ohio:

Goal 2

Encourage healthy eating by increasing access to healthy foods and restricting access to unhealthy foods

Action steps for State Oral Health Plan partners:

1. Nursing homes and other residential care facilities can serve fresh and healthy foods and foods that do not include high-fructose corn syrup.
2. The Ohio Department of Education can regulate the quality of food that can be sold to students in schools participating in the National School Lunch Program (NSLP) during the school day with **school nutrition standards** and competitive foods not provided through the NSLP and School Breakfast Program through **school food & beverage restrictions**.
3. Schools can encourage healthy eating through **healthy school lunch initiatives**, **healthy vending machine options**, **point-of-purchase prompts for healthy foods**, and **competitive pricing for healthy foods**.
4. State and local partners can expand access to **healthy food in convenience stores** (i.e., **Good Food Here**)
5. State and local policymakers can incentivize and expand **mobile produce markets** and **farmers markets**, including increasing investments in the **WIC and Senior Farmers' Market Nutrition Programs** and **Electronic Benefit Transfer (EBT) payment at farmers markets**

Goal 2 (cont.)


6. State legislators can levy **sugar-sweetened beverage taxes** to discourage consumption, while continually monitoring effectiveness. Tax revenues can be used to subsidize healthy foods programs.
7. State policymakers can apply advertising restrictions, including **child-focused advertising restrictions**, to minimize corporate appeals to consume unhealthy foods and beverages.
8. State policymakers can expand access to publicly-funded nutrition services programs, such as the **Commodity Supplemental Food Program**, the **Emergency Food Assistance Program**, the **Child and Adult Care Food Program**, **C.O.R.E.** and **HEAL**.

Goal 3

Enhance nutrition education

Action steps for State Oral Health Plan partners:

1. Healthcare providers, community organizations, and local agencies can expand licensed dietician counseling and nutrition education (including sugar-sweetened beverages' impact on oral and overall health), through:
 - Local community centers
 - School-based health centers (SBHCs)
 - Older adult and other residential care settings
 - Local area agency on aging (AAA)-facilitated events
 - Local hospital-coordinated initiatives.

(Eat Smart Live Strong, Stepping Up Your Nutrition, and Eat Smart, Move More, Weigh Less are evidence-based nutrition programs that can be utilized in older adult programming.)
2. Long-term care facilities can provide nutrition education for staff to:
 - Use ice chips or sugar-free candies to stimulate saliva flow for residents experiencing xerostomia (dry mouth)
 - Use nutritional supplement drinks with low sugar and no high fructose corn syrup content
 - Encourage residents to drink water throughout the day.
3. State and local agencies can provide nutrition education programs as part of public assistance, such as **Supplemental Nutrition Education Program – Education (SNAP-Ed)**.
4. The Ohio Department of Education and local school districts can partner to implement **school-based nutrition education programs** where students, parents, and caregivers can learn together about healthy eating through nutrition education curricula and peer training, as well as environmental components such as healthy school menu offerings, classroom snacks and food rewards, and **fruit and vegetable taste tests**. School districts can also incorporate education on healthy food choices into **school breakfast programs**. 

Note: Links offer additional information on an evidence-based strategy and  indicates that an action step has evidence of decreasing disparities based on a review by **What Works for Health**

Oral hygiene

How does improving oral hygiene shape oral health?

Preventive oral hygiene practices like regular teeth brushing, flossing, and professional dental cleanings remove plaque, which accumulates on teeth and leads to dental decay over time. By ensuring that Ohioans can find, understand, and use information about preventive oral hygiene, and that they have access to the products required for good oral health, partners across Ohio can improve outcomes in the communities that experience the greatest challenges.

Priority populations

The following groups of Ohioans were identified as being most at risk for barriers to good oral hygiene:

- Children
- Ohioans of color
- Ohioans with disabilities
- Older Ohioans (especially those living in residential facilities)

Prioritizing equity

When taking action to improve oral hygiene among priority populations, consider the following:

- Community conditions, like access to healthy foods, financial security, and reliable transportation, can either bolster or hinder healthy behaviors. Priority populations who lack consistent access to these essential resources experience significant barriers to good oral hygiene.
- Written instructions that accompany oral hygiene kits should be available in the language(s) spoken by priority populations. Cultural competency training and/or translation services may be needed to ensure effective communication and oral hygiene education.
- Oral health educational programs can be held free of charge at convenient locations and times and led by a trusted messenger of the priority population community.
- Priority populations should be authentically engaged in planning and program delivery efforts related to oral hygiene, including asking community members what efforts are needed to improve oral health.



Action steps to improve oral hygiene

Policymakers and State Plan partners at the state and local levels can take the following actions to improve oral hygiene across Ohio:

Goal 4

Improve Ohioans' access to oral hygiene preventive products

Action steps for State Oral Health Plan partners:

1. Community action agencies and other advocates can support including oral hygiene products (e.g., manual and powered toothbrushes, toothpaste, floss) in Ohio's SNAP program.
2. Healthcare providers can offer oral hygiene kits and education in SBHCs and primary care and specialist offices.
3. Oral health and other healthcare providers can increase access to and encourage use of fluoridated toothpaste (**fluoride toothpaste concentration**), **fluoride mouthrinses**, **oral fluoride supplements** and **Xylitol products** to improve overall oral hygiene and prevent decay.

Improve Ohioans' knowledge of oral health and hygiene

Action steps for State Oral Health Plan partners:

1. Oral health and other healthcare providers can implement **text message-based health interventions** to improve patient knowledge and adherence to preventive oral hygiene and home care.
2. State and local agencies, providers, insurers, managed care organizations, and community-based organizations can partner and increase education and awareness of oral-systemic health connections and knowledge that most oral diseases can be prevented with simple and consistent oral hygiene care.
3. State policymakers can enact health education standards that include oral health. (Currently, Ohio has not adopted health education standards for grades K-12.)

Note: Links offer additional information on an evidence-based strategy

Access to quality care

Workforce capacity and availability

How does improving workforce capacity and availability shape oral health?

For various reasons, many Ohioans have difficulty accessing quality 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 dental hygienist 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 (especially intellectual and developmental)
- 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.
- 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 healthcare profession student populations and hiring and recruitment practices.



Action steps to improve workforce capacity and availability

Policymakers and State Plan partners at the state and local levels can take action to improve workforce capacity and availability across Ohio.

An additional goal deemed important by the advisory committee was to enhance oral health leadership at the state level. This includes hiring a dental director at the Ohio Department of Health and Ohio Department of Medicaid.

Goal 6

Develop dental pipeline programs and recruitment strategies and offer financial incentives for health professionals serving underserved areas and/or populations =

Action steps for State Oral Health Plan partners:

1. 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].
2. Federal and/or state policymakers can expand loan repayment or forgiveness programs for dental providers serving underserved areas or populations.
3. 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. =
4. State policymakers, colleges, and/or universities can evaluate the need for additional dental providers, and if evaluation shows a need for more providers, school districts, colleges, and universities can implement more dental pipeline programs.

Goal 7

Enhance dental and medical education

Action steps for State Oral Health Plan partners:

1. **Community health worker** = training programs can train enrollees to provide basic oral hygiene instruction and perform simple oral health screenings, especially among older adults, people with chronic conditions, and pregnant individuals, such as through the Pathways Community HUB model. (This could include using the Smiles for Life for Front Line Workers curriculum.)
2. Dental and medical education, including programs for physician assistants and nurses, can expand oral-systemic health training.
3. Dental education programs can enhance training in preventive screenings, including social determinants of health, behavioral health, tobacco, and common chronic conditions, such as diabetes and high blood pressure.
4. Dental education programs can expand training of caring for infants and young children and individuals with a disability, including increasing and strengthening continuing education on caring for patients with special needs through annual meeting courses and video-based and on-demand courses. Funders can provide grants for this training.
5. Dental education programs can implement and fund **rural training** or rural programs. =
6. Dental education programs can increase evidence-based **cultural-competence training** =, and oral health providers can complete continuing education on cultural competence.
7. Professional education programs for community health workers, social workers, and pharmacists can include training on oral health and oral-systemic health connections.

Goal 8

Expand scope of practice for dental hygienists¹¹

Action steps for State Oral Health Plan partners:

1. Dental education programs, the Ohio State Dental Board, oral health provider professional associations, and advocates can increase awareness of the Oral Health Access Supervision Program (OHASP) among dentists and dental hygienists and encourage more professionals to participate.
2. Due to poor utilization and barriers, state policymakers can modify the OHASP program or explore phasing it out and replacing it with a new license with fewer barriers to increase direct access to dental hygienists. Either way, evaluation can be conducted to determine effectiveness.
3. State policymakers can increase scope of practice for dental hygienists, especially to provide care for underserved populations.

Note: Links offer additional information on an evidence-based strategy and  indicates that an action step has evidence of decreasing disparities based on a review by [What Works for Health](#)

Insurance and affordability

How does insurance coverage and affordability of care shape oral health?

Many Ohioans lack the financial means and/or sufficient dental insurance to help cover the costs of dental care. Some who cannot afford it choose to go without care, which can exacerbate existing oral health problems and result in considerable pain and harm to overall health. By ensuring reimbursement for oral health services by private and public insurers, including Medicare, and increasing the number of oral health providers who treat Medicaid enrollees, oral health outcomes can be improved among the communities that experience the greatest challenges.

Priority populations

The following groups of Ohioans were identified as being most at risk for lacking access to affordable oral healthcare coverage:

- Immigrants and refugees
- Ohioans with disabilities
- Ohioans with low incomes
- Older adults
- Uninsured Ohioans
- Veterans

Prioritizing equity

When taking action to increase access to affordable oral healthcare coverage among priority populations, consider the following:

- Medicaid enrollees and older adults enrolled in Medicare experience unique challenges and may need additional assistance finding a dental provider or accessing affordable care.
- Priority populations should be authentically engaged by insurers and other partners to learn what types of dental coverage are needed most.
- To receive quality care, some priority populations, including Ohioans with intellectual and developmental disabilities, may require additional time and support from providers.
- Priority populations with limited English proficiency and/or who are new to the U.S. may need additional assistance in navigating healthcare coverage options.



Action steps to improve insurance and affordability

Policymakers and State Plan partners at the state and local levels can take the following steps to improve insurance and affordability across Ohio:

Goal 9

Ensure reimbursement for oral health services by private and public insurers, including Medicare

Action steps for State Oral Health Plan partners:

1. Public and private dental insurers can provide reimbursement for a behavior management code for providers caring for individuals with special healthcare needs or increase reimbursement rates for services provided to these individuals.
2. Public and private insurers can provide reimbursement for case management to facilitate medical-dental integration and care coordination.
3. State and local policymakers and advocates can support advocacy efforts to include comprehensive dental benefits in the Medicare program and/or for Medicare to cover dental care needed for medically necessary procedures.
4. State and local policymakers and advocates can support efforts to offer comprehensive dental benefits for veterans.
5. State policymakers can require all insurance plans to reimburse oral health providers for preventive education.
6. The Ohio Department of Medicaid, managed care plans, Ohio's private insurers, and oral health provider professional associations can provide education and training to increase providers' understanding of community health worker roles, benefits, return on investment, and reimbursement methods and take steps to increase provider utilization of these professionals.

Goal 10

Increase the number of oral health providers who provide services to Medicaid enrollees

Action steps for State Oral Health Plan partners:

1. The Ohio Department of Medicaid and Medicaid managed care plans can establish advisory committees of providers and enrollees.
2. State policymakers and Medicaid managed care plans can explore ways to allow enrollees to seek care outside of the network using the Medicaid benefit in areas where there is an inadequate network (i.e., no Medicaid dental providers), or where an out-of-network dentist has the necessary expertise (e.g., children with special needs, adults with comorbidities) to treat the patient or condition.
3. State policymakers can continue identifying ways to reduce Medicaid provider administrative burden.
4. State policymakers can increase Ohio's Medicaid dental reimbursement rates, including for oral surgeons and other dental specialists.
5. State policymakers can preserve adult dental benefits under the Ohio Medicaid program.

Note: Links offer additional information on an evidence-based strategy and  indicates that an action step has evidence of decreasing disparities based on a review by [What Works for Health](#)

Dental care outcomes

Increase preventive care and reduce unmet need for dental care

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

The long-term goal of the State Oral Health Plan is that Ohio has an oral healthcare system that is available, accessible, and affordable for all Ohioans. We will know that oral health is improving when Ohioans from every community can access preventive dental care and treatment when issues arise. This can be accomplished by expanding medical-dental integration, increasing locations where people can access care, increasing preventive clinical interventions, and implementing patient navigation services and culturally-adapted care.

Priority populations

The following groups of Ohioans were identified as being most at risk for poor outcomes resulting from inadequate preventive care and unmet need for dental care:

- Children
- Immigrants and refugees
- Medicaid enrollees
- Ohioans living in rural or Appalachian regions
- Ohioans of color
- Ohioans with disabilities (especially intellectual and developmental)
- Ohioans with low incomes
- Older adults
- Pregnant women
- Uninsured Ohioans

Prioritizing equity

When taking action to improve dental care outcomes among priority populations, consider the following:

- Some Ohioans in priority populations may experience dental fear or be unwilling to seek dental care due to previous negative or traumatic experiences. Providers can create a more welcoming environment by implementing cultural competence and implicit bias training and a trauma-informed care approach.
- Accommodations should be made to help priority populations access dental care, such as making offices more accessible for patients with physical disabilities, developing language access plans, and providing translation services for patients with limited English proficiency.
- To remove transportation barriers and reduce fear of stigma or discrimination, services should be provided in locations that are close, convenient, and considered safe by the community, such as local parks, libraries, senior centers, places of worship, and schools.
- Dental offices can have toys, books, and other child-friendly features to assist young patients and parents who must bring their children to dental visits with them.



Action steps to improve dental care outcomes

Policymakers and State Plan partners at the state and local levels can take the following steps to improve preventive care access and reduce unmet need for dental care across Ohio:

Goal 11

Acknowledge and expand medical-dental integration

Medical-dental integration is an approach to care that integrates dental medicine into primary care and behavioral health. This model of care encourages providers to develop comprehensive care plans for the whole person.¹²

Action steps for State Oral Health Plan partners:

1. Advocates and providers can educate policymakers and philanthropy about the value and cost-savings of integrated care and engage them around medical-dental integration pilot projects, such as for chronic disease or behavioral health.
2. Healthcare and interdisciplinary education programs can promote medical-dental integration.
3. Healthcare providers can co-locate dental services with primary, prenatal, and/or chronic disease management care.
4. Healthcare providers can improve chronic disease management through **chronic disease management** and **self-management** programs that include oral health, to improve health outcomes and quality of life for those with chronic diseases, including behavioral health and people with insulin dependent (i.e., Type 1) diabetes
5. The Ohio Department of Medicaid and other insurers can include oral health indicators as part of value-based programs (payment models that prioritize prevention and healthy outcomes over volume of services), such as the Comprehensive Primary Care and Comprehensive Maternal Care programs, as part of quality strategies to improve health outcomes and lower cost of care.

Goal 12


Implement patient navigation services = and culturally adapted care =

Action steps for State Oral Health Plan partners:

1. Cultural competency training programs can engage Ohioans of color, Ohioans living in Appalachian counties, as well as migrant and immigrant populations, when developing content impacting these communities.
2. Dental insurers can pay for **patient navigation services**. =
3. Dental providers can implement **culturally adapted care**. =
4. Healthcare and dental providers can embed community health workers in medical and dental offices and SBHCs to ensure closed-loop referrals.
5. State policymakers and insurers can establish systems and programs that increase patient access to a dental home, especially among priority populations.
6. State policymakers and training programs can increase the number of **community health workers** trained in oral health. =
7. State policymakers and/or dental providers can increase the number of community dental health coordinators (CDHCs).


Increase locations where people can access dental care

Action steps for State Oral Health Plan partners:

1. Advocates can support providers treating patients with disabilities by:
 - Educating grantmaking organizations that funding is needed to help dental offices and SBHCs purchase equipment or to build, renovate, and expand in order to see patients with disabilities (e.g., sensory rooms, quiet dimmable lights, wider doorways, and wheelchair and Hoyer lifts).
 - Encouraging the expansion of Section 741 of the Public Health Service Act to include more funding for dentists to make accommodations for patients with a disability and to increase the Disabled Access Credit that dental offices and other small businesses can use to make accommodations for people with disabilities. (The current maximum credit is \$10,250.)
2. Healthcare and dental providers can expand hub-and-spoke models of care to reach communities with limited access to oral health care.
3. Policymakers and advocates can engage OB-GYNs to encourage oral hygiene visits during pregnancy and educate their pregnant patients with Medicaid that two oral hygiene visits are covered during pregnancy.
4. School districts and healthcare and dental providers can partner to increase the number of **SBHCs** with dental services  and expand these SBHCs to serve school staff, students' families, and/or other children and adults in the community.
5. State and local policymakers and dental providers can increase the number of portable dental programs or mobile units that provide comprehensive care (especially in areas with no safety net dental clinic or too few Medicaid providers). Locations can include schools, nursing homes, adult day centers, older adult living centers, and other group homes.
6. State policymakers and funders can increase funding for safety net dental clinics and SBHCs that offer dental services.
7. State policymakers can modify the teledentistry law to expand access to teledentistry in Ohio, such as through allowing asynchronous teledentistry in addition to synchronous teledentistry. Policies can be evaluated to determine effectiveness.
8. WIC programs can include an oral health screening in initial appointments.

Increase preventive clinical interventions

Action steps for State Oral Health Plan partners:

1. Dental insurers and the Ohio Department of Medicaid can reimburse dental providers for caries risk assessments.
2. Dental providers can increase use of Silver Diamine Fluoride (SDF) and interim restorative treatment (when appropriate) in patients of all ages in populations with limited access to oral health services or that cannot tolerate traditional dental care.
3. Primary care providers, including family practice physicians and pediatricians, can increase use of **fluoride varnish**.
4. State policymakers and funders can increase funding to expand preventive dental services, including **school-based dental sealant programs**  in schools, preschools and childcare settings, especially in underserved areas. School districts, dental providers, and community-based programs serving children and families can make efforts to increase parent and caregiver engagement and education related to these services.

Note: Links offer additional information on an evidence-based strategy and  indicates that an action step has evidence of decreasing disparities based on a review by [What Works for Health](#)

Oral health outcomes

Reduced tooth decay, reduced periodontal disease, and increased early detection of oral and pharyngeal cancers

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

The State Oral Health Plan measures oral health improvement through reduced tooth decay, reduced periodontal disease, and increased early detection of oral and pharyngeal cancers. These outcomes are influenced by the other priorities in this Plan. By taking action to improve community conditions, health behaviors, access to quality care, and dental care outcomes, state and local partners can work together to achieve optimal oral health for every Ohioan across the lifespan.

Priority populations

The following groups of Ohioans were identified as being most at risk for poor oral health outcomes:

- Children
- Ohioans of color
- Ohioans with low incomes
- Older adults
- Uninsured Ohioans



Action steps to improve oral health outcomes

Policymakers and State Plan partners at the state and local levels can take action to reduce tooth decay and periodontal disease and increase early detection of oral and pharyngeal cancers. The action steps on pages 13-27 address these priority outcomes. Action steps should be tailored and adapted to address the needs of priority populations.

For additional action steps related to oral and pharyngeal cancers, see the [Ohio Comprehensive Cancer Control Plan 2021-2023](#).