

Ohio's State Oral Health Plan

2021-2022

Goal: Ohio policymakers make informed oral health policy decisions.



POLICY OPPORTUNITY 1

During the 2019 school year, nearly 19,000 children received sealants through the 14 SBSPs that receive all or part of their funding from ODH.

Dental Sealants:

Increase State Budget for Expanding School-Based Sealant Programs (SBSP).

Dental sealants are an effective tool in both preventing tooth decay and stopping the progression of the disease. The average cost of applying a dental sealant to a child's permanent teeth is roughly one-third the cost of filling a cavity.

Sealants mitigate the need for more costly treatment in the future.

The oral health status of Ohio children has been steadily improving. Recent studies show that about 50 percent of third grade schoolchildren in Ohio have one or more sealants on their permanent (adult) teeth. Access to school sealant programs is a key factor for this improvement. Although the overall number of children with sealants has increased over time, children from lower income families are more than twice as likely to have untreated cavities than children from higher income families.

POLICY OPPORTUNITY 2

Ohio has 173 dental safety-net clinics.

Safety-Net System:

Strengthen Ohio's Safety-Net Dental System in the State Budget.

Safety-net dental clinics provide critical access to dental services to Ohioans who might not otherwise receive care and are often located in communities where there is a shortage of dental providers.

Threats to the Safety-Net System:

- Low reimbursement for dentists
- 22 Safety net clinics have closed since 2013
- Low medical-dental integration in Medicaid and Medicaid Managed Care Programs
- COVID-19
- Dental safety net budget has decreased, while need has increased
- Medical and dental electronic medical records do not communicate with each other

POLICY OPPORTUNITY 3

Patients with a telehealth visit cost 10% less to treat in 2018 than dental patients who don't use telehealth.

Telehealth:

Preserve Dentistry in Telehealth Rules.

Medicaid authorized certain telehealth services to promote access to oral health care during the pandemic.

Telehealth has the potential to reduce health care inequalities by creating a virtual dental home for Ohioans who otherwise do not have access to dental care.

Telehealth can benefit a broad range of populations, including Medicare and Medicaid beneficiaries, the uninsured, underserved, and rural populations, people with urgent dental care needs, and people who fear going to the dentist.

Ohio's State Oral Health Plan

2021-2022

Goal: Ohioans know the relationship between oral and systemic health



Oral Disease is Linked to Broader Health Problems.

The oral cavity is the window to general health. There is no health without oral health.

Periodontal disease (gum disease) is associated with systemic conditions including:

- Heart Disease & Stroke
- Pulmonary Disease
- Diabetes
- Osteoporosis
- Pregnancy Complications
- Inflammatory Disease
- Gastrointestinal Disease
- Kidney Disease

Chronic health conditions create a massive burden on the health of individuals as well as the entire healthcare system.

It is well understood that patients with good oral health require fewer healthcare dollar expenditures than those with poor oral health.

Treating gum disease means lower annual medical costs:



Treating gum disease reduces hospital admissions:



Data Source: <https://doi.org/10.1016/j.amepre.2014.04.001>

Skilled nursing facility residents face health challenges related to oral health.

Aspiration Pneumonia is a common consequence of poor oral hygiene in nursing home residents is a risk of aspiration pneumonia —when food, saliva, liquids, or vomit enters the lungs or airways leading to the lungs, instead of being swallowed into the esophagus and stomach. This risk is greatest when gum disease, tooth decay and poor oral hygiene are compounded by a swallowing disorder, feeding problems and poor functional status.

Periodontal (gum) Disease is the most common dental disease affecting those living with diabetes. The relationship between periodontal disease and diabetes is important because approximately 25 percent of all nursing home residents have diabetes. People with diabetes are at a higher risk for gum disease because of poor blood sugar control. As with all infections, serious gum disease may cause

blood sugar to rise which makes diabetes harder to control. People with diabetes are more susceptible to infections and are less able to fight the bacteria invading the gums.

Oral disease can lead to malnutrition in older adults. At least one-third of all 1.6 million nursing home residents in the U.S may suffer from malnutrition or dehydration. Nutrition is compromised when eating becomes problematic due to pain, broken teeth, and difficulty chewing.

Xerostomia (dry mouth) is a side effect of hundreds of medications. Dry mouth significantly increases the risk of tooth decay and loosening dentures. This can lead to painful ulcerations, difficulty chewing or swallowing and altered taste, which can negatively impact nutrition. Incidence of dry mouth increases with the number of medications used. 54 percent of adults age 65 and older take at least four prescription drugs.

Ohio's State Oral Health Plan

2021-2022

Goal: Integration of oral and overall health across systems



School-Based Health Centers (SBHCs) are ideal settings to reach children and adolescents about oral health education. They are also a powerful tool for achieving health equity because they provide access to health care in a safe, convenient, and accessible location.

Dental Pain Matters! Child and adolescent tooth decay can impact the success of:

- Academic Readiness
- Absenteeism
- Career Readiness
- Mental Health & Well Being

POLICY OPPORTUNITY 1

Adopt K-12 Health Education Standards.

Including oral health in K-12 health education standards has the potential to:

- **Create** 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 including family and peer influences and access to oral health care.
- **Ensure** systemic delivery of age-targeted prevention services such as fluoride varnish and sealants.
- **Develop** care-management systems to help families successfully navigate community services and connect children to a dental home.

POLICY OPPORTUNITY 2

Include oral health in school-based drug prevention education & mental health promotion curriculum.

Include oral health problems associated with tobacco use, illicit drug use, and sugar-sweetened beverages. These include:

- stained teeth and tongue • bad breath • dulled taste and sense of smell
- gum disease • oral cancer • eating difficulties • burning mouth • tooth loss

Include psychosocial factors of drug abuse and addiction and their impact on oral health, such as:

- Neglected self-care, including oral hygiene.
- People facing addiction often seek healthcare of advanced stages of disease, including oral disease.
- Low priority is often given to oral health during periods of drug abuse causing people to seek only emergency treatment.
- Drug withdrawal may result in dental pain which interferes with drug treatment, abstinence, and relapse.
- Self-medication of dental pain by injecting drugs directly into gums and teeth thereby delaying treatment to a dentist.
- Illicit drugs may lead to an increase in risky sexual behavior resulting in the spread of infectious diseases such as HIV/AIDS and oral cancer.

Ohio's State Oral Health Plan

2021-2022

Goal: Equitable systems and access to care



POLICY OPPORTUNITY 1

Preserve the Adult Dental Benefit under the Medicaid Program

An adult dental benefit is critical to maintaining the oral and overall health of Ohio Medicaid beneficiaries.

POLICY OPPORTUNITY 2

Preserve Medicaid Expansion

Medicaid expansion has dramatically reduced the uninsured rate among Ohioans with the lowest incomes.

526,100 people were covered under Medicaid expansion in 2018. Medicaid expansion has been especially important for those who have lost their jobs during the pandemic with 250,000 enrolled since the start of the pandemic.

A recent study has found that the combination of Medicaid expansion coverage with dental coverage in Medicaid can reduce the number of low-income adults who visit the emergency department (ED) for dental care.

States with Expanded Medicaid with Dental Coverage:



Decrease
in ED utilization for dental care.

States that Did Not Expand Medicaid:



Increase
in ED utilization for dental care.

POLICY OPPORTUNITY 3

Increase Medicaid Providers

Medicaid dental reimbursement levels make it extremely difficult for a dentist to participate in the program. And Ohio dental fees have not changed for 20 years—with the exception of a modest increase in 2016 for extractions and denture repairs, and a 5% fee increase for all dental procedures in 52 rural counties.

Research has shown that adjusting Medicaid payment rates closer to “market” levels in conjunction with other reforms has a significantly positive effect on access to dental care.

Other reforms include incorporating dental hygiene in nontraditional practice settings, including primary care, nursing homes and schools can help expand access to underserved populations.

Ohio Medicaid Reimbursement Fees are far below “market” levels charged by dentists:



Child dental services



Adult dental services

Medicaid Fee-For-Service Reimbursement as a Percentage of Private Dental Insurance Reimbursement, Adult Dental Services, 2016

POLICY OPPORTUNITY 4

Ohio Needs a State Dental Director at the Ohio Department of Health

This role provides leadership in developing and implementing innovative strategies and policies to reduce oral health disparities. This includes working across systems and agencies to elevate the value of oral health in overall health and well-being.