

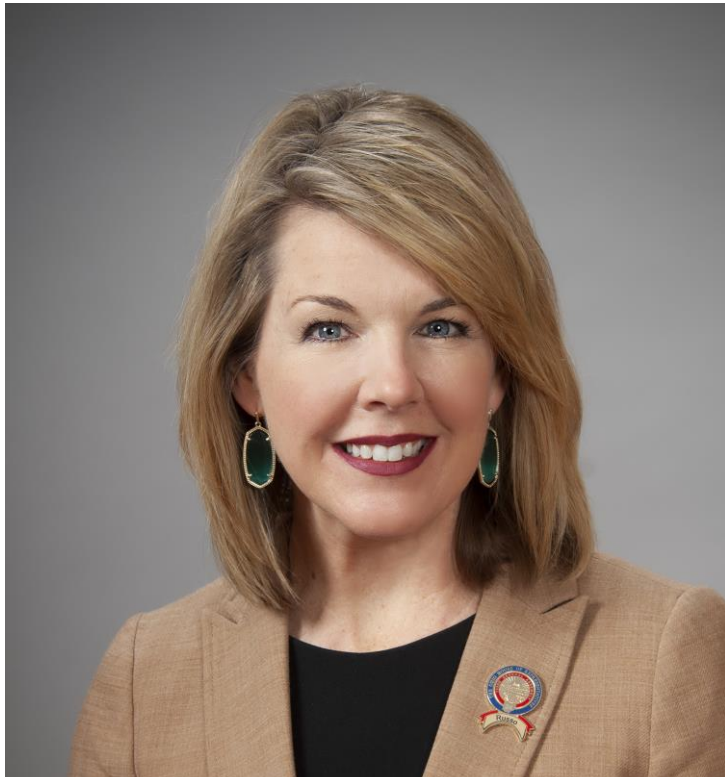


Ohio Legislative Children's Caucus

*Learning, connecting, and problem-solving
together. Our children are counting on us.*

*Improving Oral Health Care Access for Children & Families
February 28, 2022*

Thank you, Minority Leader Allison Russo!



We are grateful for your outstanding leadership on behalf of Ohio's children and families as co-chair for Ohio's Children's Caucus since 2019.

Welcome, Representative Monique Smith!



*Opening comments from
our caucus co-chairs,
Senator Stephanie Kunze
& Representative Monique
Smith*



ORAL
HEALTH
OHIO

Ohio Legislative Children's Caucus
February 28, 2022



- Why oral health is important: the relationship between oral health and overall health
- The oral health status of Ohio's children
- Factors that contribute to oral health disparities in children

Why Is A
Lifespan
Perspective
Important to
Children's Oral
Health?

- Because we know that the **community conditions** and **systemic barriers** that delay and prevent oral health in childhood, persist into adulthood.
- We also know that the bacteria that cause **tooth decay in children is a chronic condition that typically lasts into adulthood** – with new costs and consequences

This is also why an adult dental benefit in Medicaid matters!



Impacts Beyond the Mouth

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

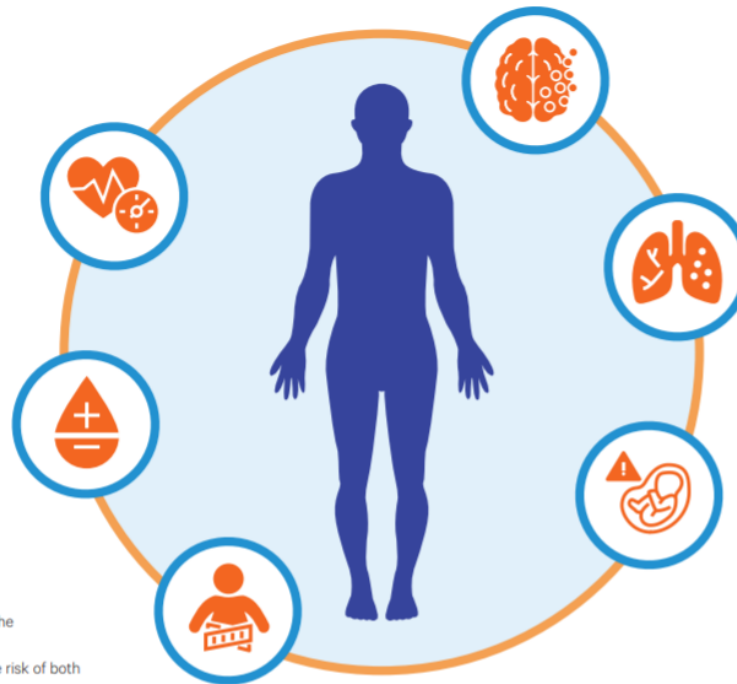
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴



Oral Health Impact on Behavioral & Cognitive Health

- **Cognitive Functioning:**
Inflammation from periodontitis may be a risk factor in exacerbating cognitive issues, including cognitive decline.
- **Dental Phobia/Anxiety:**
Oral health problems can trigger memories of traumatic events.
- **Quality of Life:**
Poor oral health can negatively impact an individual's employment, school, and relationships.
- **Self Esteem:**
Tooth loss, decay, and broken teeth can lead to poor self-esteem.
- **Vital Functioning:**
Poor oral health can impair functional abilities such as eating and chewing, which can impact social functioning and well-being.

Behavioral & Cognitive Health Impact on Oral Health

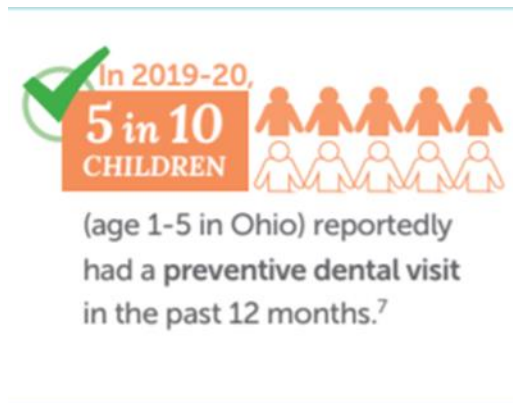
- **Anxiety:**
Teeth grinding and clenching.
- **Bipolar & Obsessive-compulsive Disorder:**
Overzealous with brushing and flossing.
- **Depression:**
Poor oral hygiene resulting from self-neglect.
- **Eating Disorders:**
Tooth erosion from self-induced vomiting.
- **Trauma:**
Rejection of oral health services, habitual teeth grinding and clenching.
- **Medications:**
Xerostomia or dry mouth.

One way to prevent tooth decay in children to improve the oral health of pregnant women and women of childbearing age


According to the 2019 Ohio Pregnancy Assessment Survey fewer than **45%** of pregnant women had their teeth cleaned **during** pregnancy or one year **prior** to pregnancy

These numbers fall even further for women of color, those younger than age 30 and those earning less than \$57,000 a year

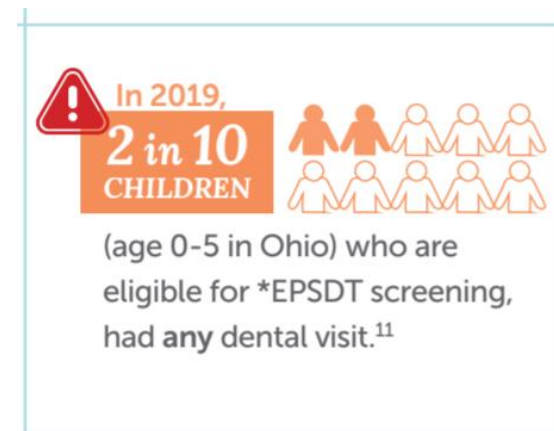
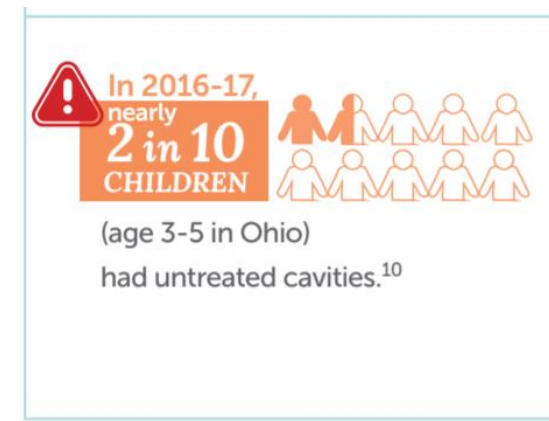
The oral health status of Ohio children when compared to the nation's performance on key oral health indicators



The oral health status of Ohio children when compared to the nation's performance on key oral health indicators

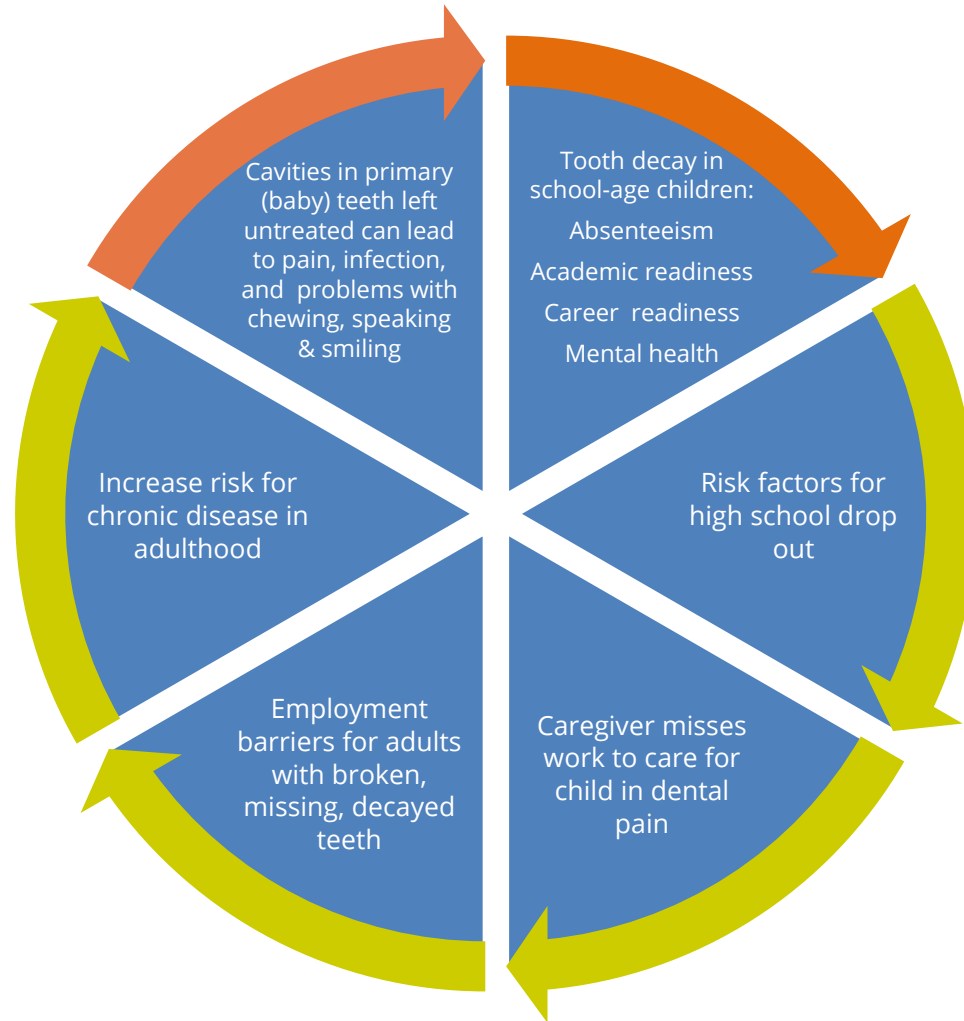
 **In Ohio, children from lower income families are more than twice as likely to have untreated cavities than children from higher income families.**

Pre-School Age Children & Children with Special Healthcare Needs





Many costs (financial & well-being) of poor oral health across the lifespan



Over **\$45 billion** is lost in productivity in the United States each year because of untreated oral disease.

Nearly 18% of all working-age adults, and 29% of those with lower incomes, report that the appearance of their mouth and teeth affects their ability to interview for a job.

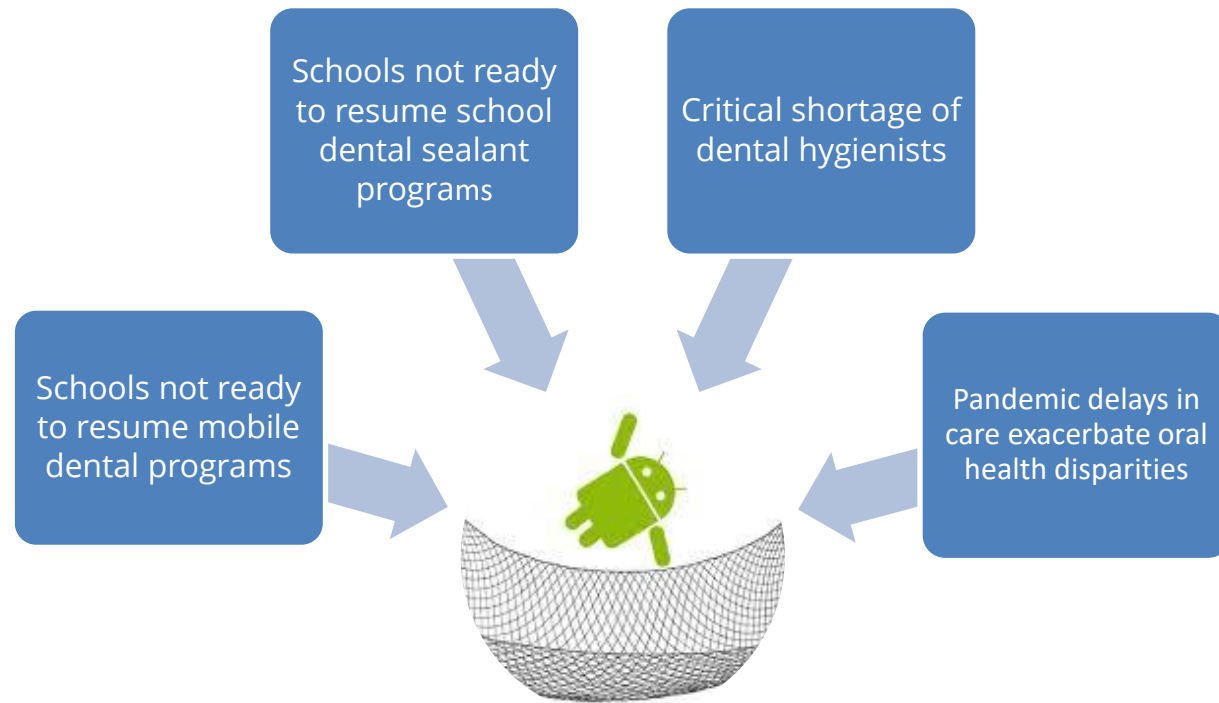
Centers for Disease Control & Prevention



Factors that contribute to oral health disparities in children

Current payment approaches and traditional clinical practice favor volume over prevention	<ul style="list-style-type: none">• Develop payment models that prioritize prevention and health outcomes over volume of services• Include oral health in alternative payment models
Oral health and health information are siloed from overall health	<ul style="list-style-type: none">• Increase dental integration with medical and behavioral health• Integrate dental electronic health records with medical/behavioral electronic health records
We need to bring care to people rather than people come to the care	<ul style="list-style-type: none">• School-Based Health Centers• Integrated hygienists in medical and behavioral health settings

Pandemic: Ohio's oral health safety net system is impacted by increased demand for care while experiencing workforce shortages





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Thank You.

Healthy Mouths > Healthy People > Strong Communities

Visit
OralHealthOhio.org



PEDIATRIC ORAL HEALTH IN OHIO

**Ohio Has Gaps in Oral Health That
Mirror Other States**

EXECUTIVE SUMMARY

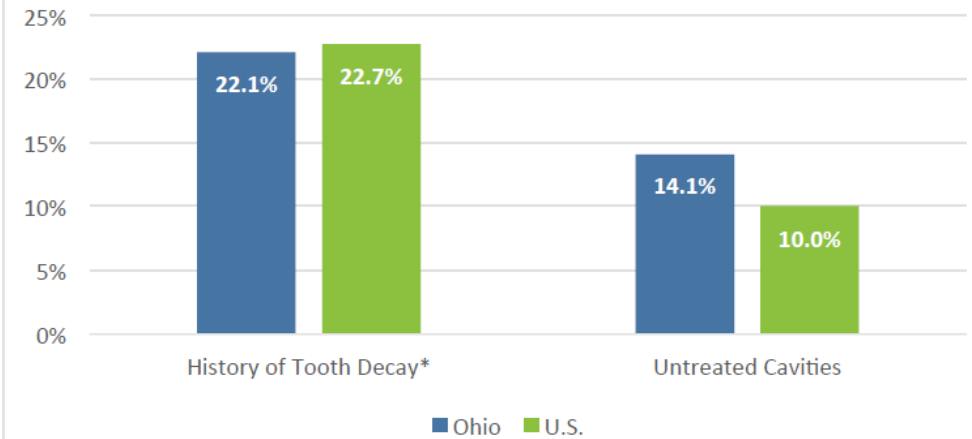
- **Ohio has strengths – good sealant record, good surveillance, meets or exceeds national 2020 goals in some areas**
- **Ohio has work to do in combating early childhood caries, both in prevention and treatment**
- **Ohio has not adequately addressed oral health equity for minority and rural populations**
- **Ohio falls behind other states in dentist Medicaid participation, funding, and definition of health outcomes**

Table 1: Comparison of 2017-18 Ohio Survey Results
to National Targets for 2020²

	National Target	2017-18 Survey	Target Met?
Percentage of children with history of tooth decay	49%	48%	Yes
Percentage of children with untreated cavities	26%	20%	Yes
Percentage of children with one or more dental sealants	28%	48%	Yes
Percentage of children who had visited the dentist within the past year	49%	84%	Yes

Ohio's Preschool Children Are At Greatest Risk

Figure 1: Comparison of History of Tooth Decay and Untreated Cavities between Pre-School-Age Children in Ohio and the U.S.



This data brief reports results of the oral health screening survey of preschool-age children in Ohio conducted during the 2016-17 school year.



Overall Findings of Ohio's children age 3-5 years

Even though tooth decay can be prevented, these children had a "history of tooth decay" because they had one or more teeth with cavities that have not yet been treated; they had fillings or crowns to restore (repair) teeth that were decayed; or they had teeth that had been extracted (pulled) due to a cavity.

23% Already had one or more cavities in their primary (baby) teeth

14% Had cavities that had not yet been treated

10% Reportedly had a toothache in the past six months

Dec 2021

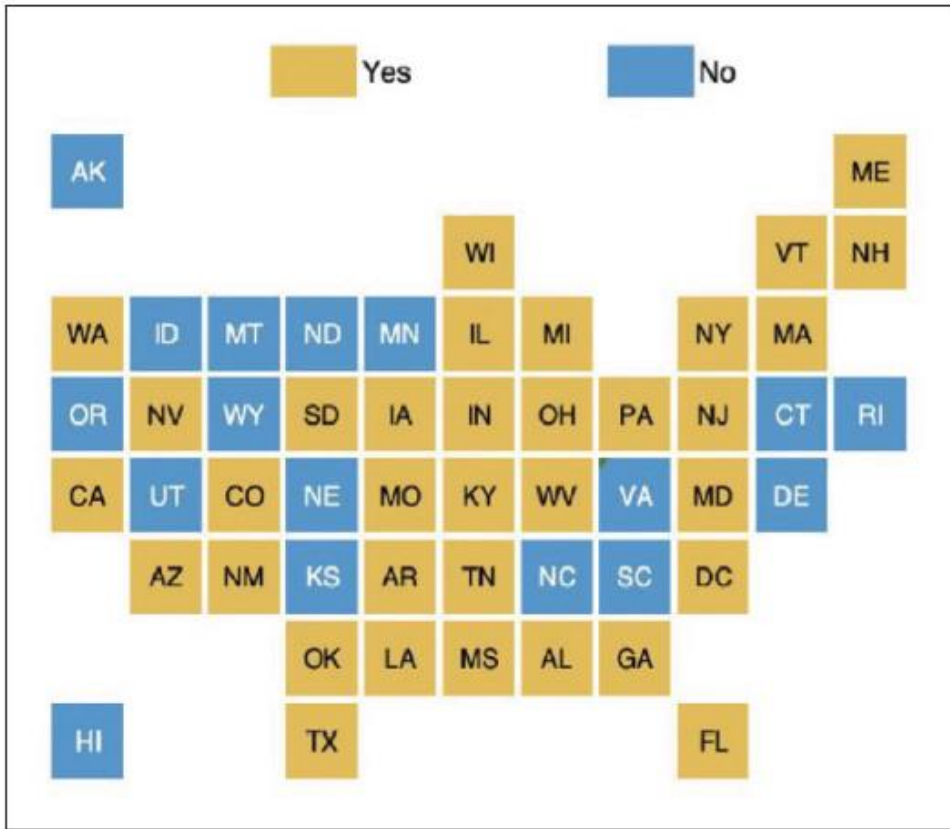
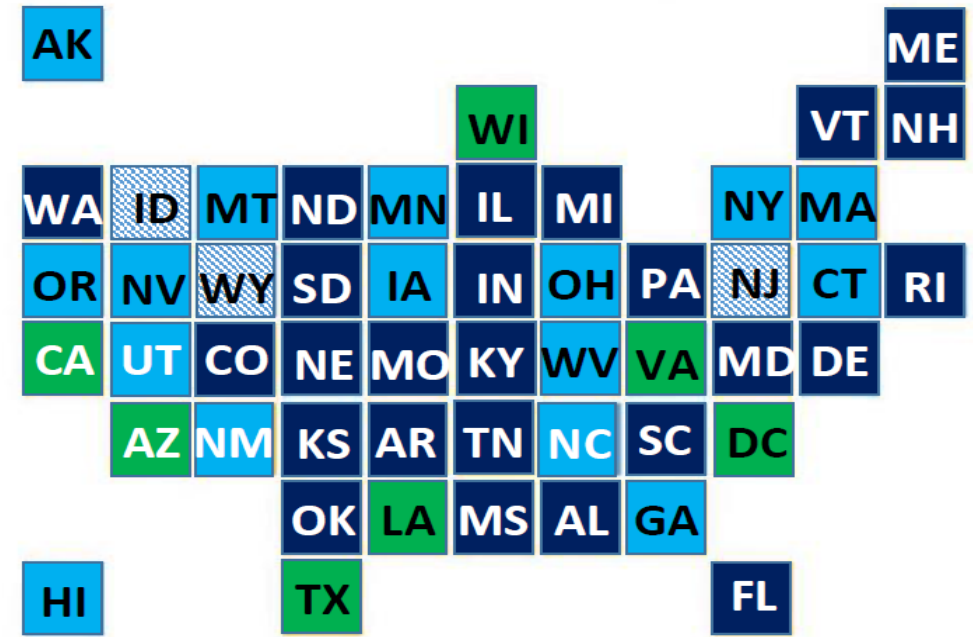


Figure 1. Distribution of responses for respondent knowledge regarding the existence of or denial awareness in states and the District of Columbia.*

Mar 2020

Since March 2020, access to hospital operating rooms in my state has:



DECEMBER 2021

Figure 2: Percentage of Third Grade Schoolchildren with a History of Tooth Decay and Untreated Cavities, By Income* and Geography, 2017-18

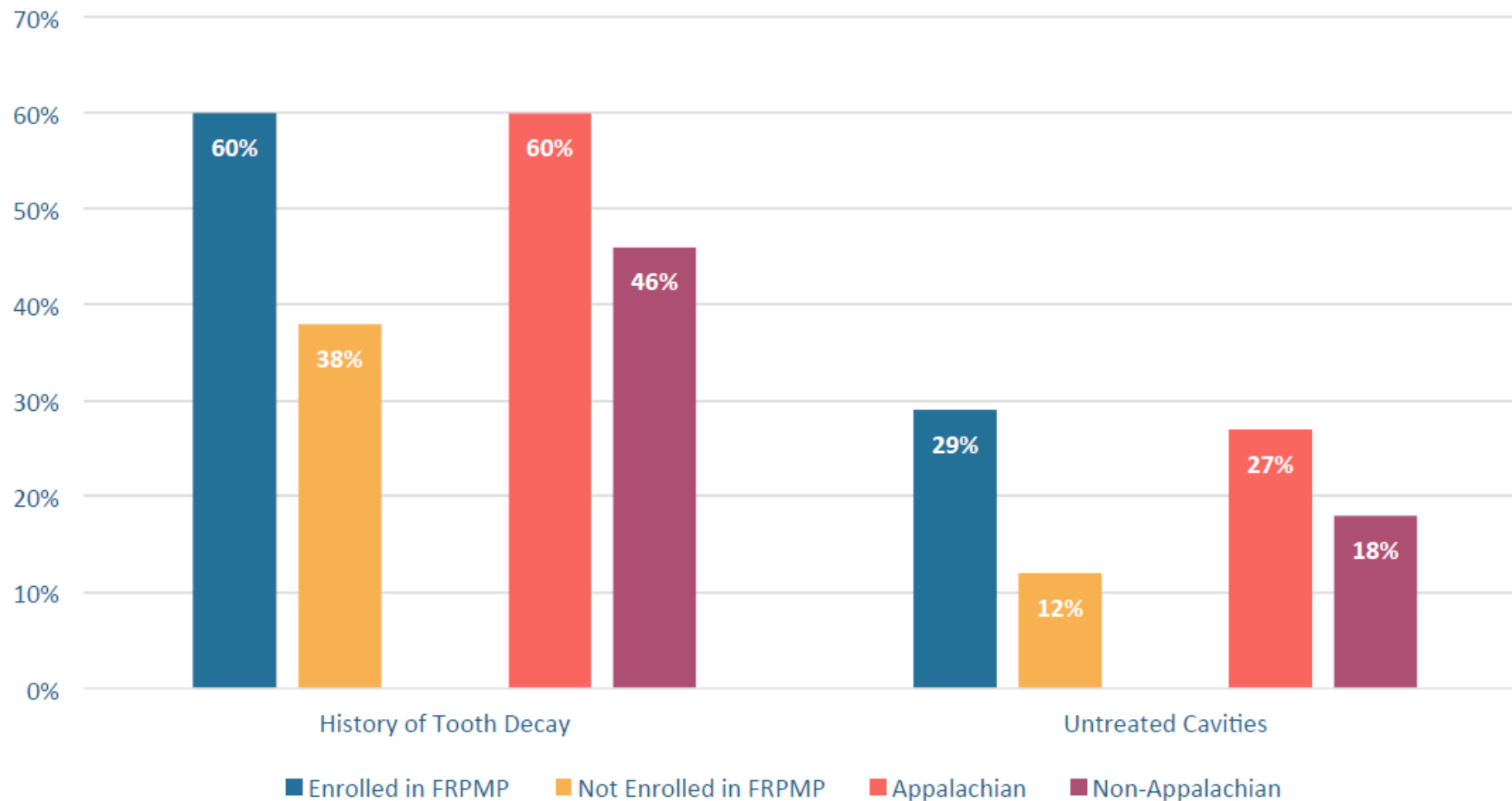
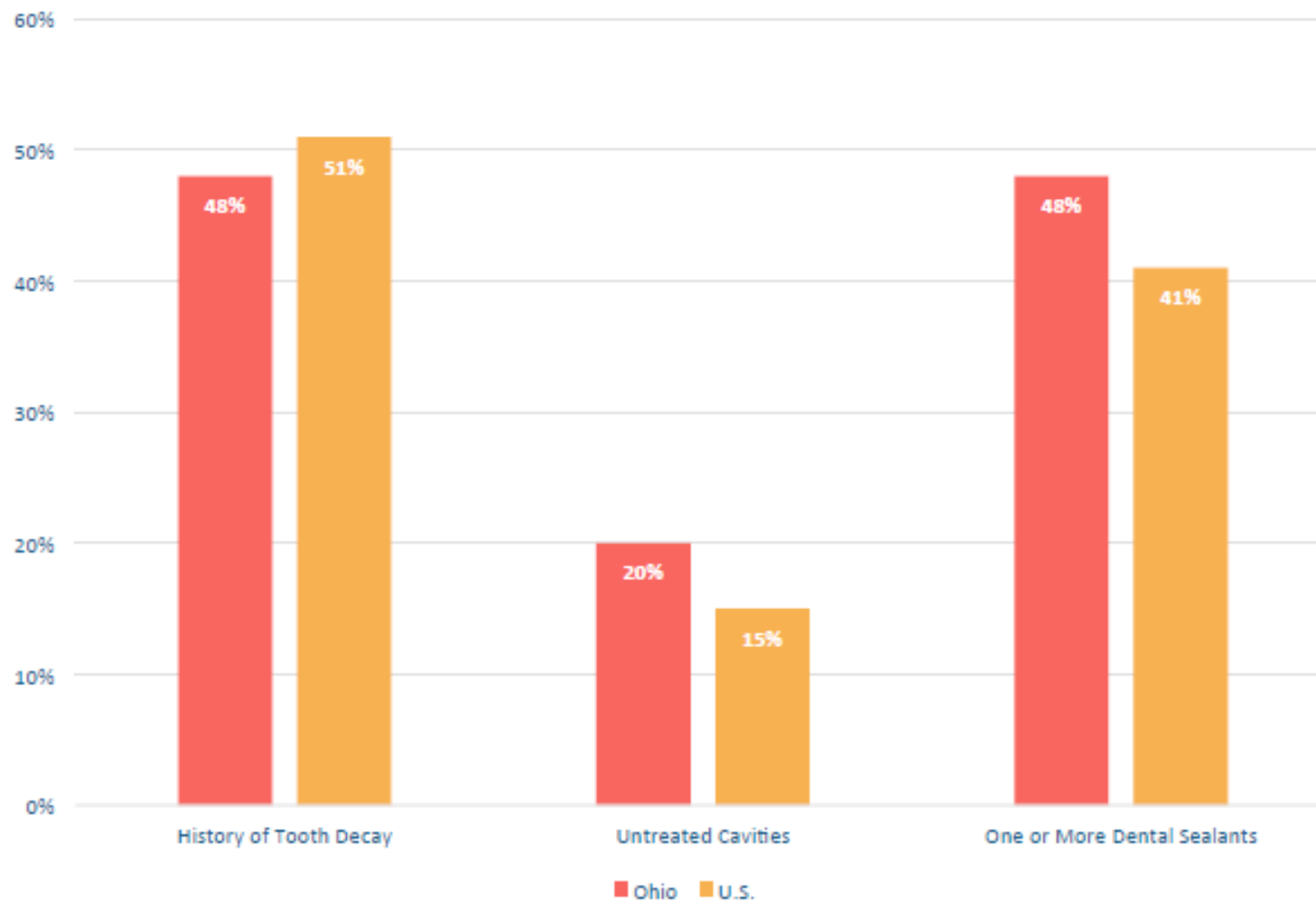


Figure 6: Comparison of the Oral Health of Third Grade Schoolchildren, Ohio and U.S.*



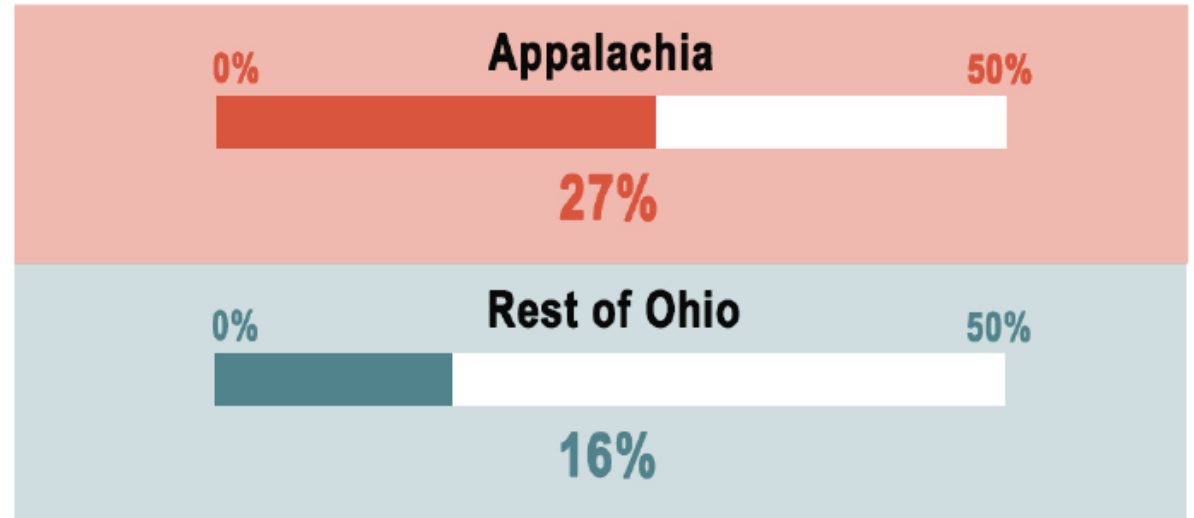
*Ohio data from Oral Health Screening Survey of Third Grade Schoolchildren, 2017-18. U.S. data on history of tooth decay and untreated cavities based on children ages 6-11, National Health and Nutrition Examination Survey (NHANES), 2015-16. <https://stacks.cdc.gov/view/cdc/53470>. U.S. data on dental sealants based on 2011-2012 NHANES. <https://www.ncbi.nlm.nih.gov/pubmed/25932891>. National data accessed 7.18.19.

APPALACHIAN OHIO CHILDREN REMAIN AT RISK DUE TO TOO FEW PROVIDERS, POVERTY, AND DENTAL FATALISM

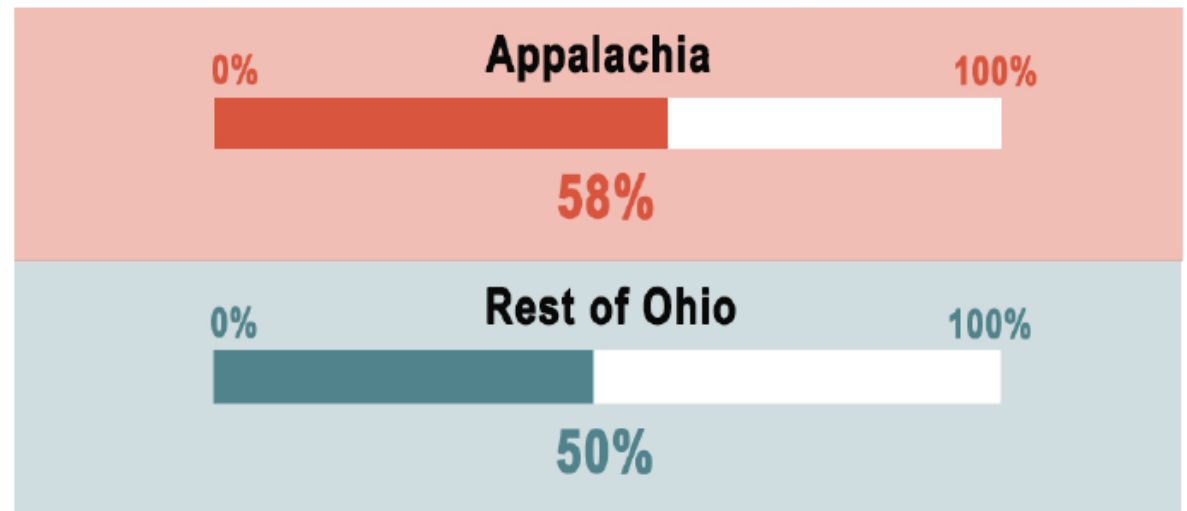
More children in Appalachia drink 3 or 4 sugar-sweetened beverages a day than children who live elsewhere in Ohio.



Percentage of Children with Untreated Cavities



Percentage of Children with a History of Tooth Decay*



*A history of tooth decay is untreated cavities, fillings and crowns, or teeth extracted (pulled) due to cavities.

WHAT CAN BE DONE ?

- **Insure access to care for low-income patients**
- **Insure access to advanced care facilities for young children**
- **Incentivize medical-dental collaboration for infants and preschoolers**
- **Improve incentives for dentists to practice where need is greatest**
- **Encourage water fluoridation**
- **Reward safety net providers**



David Maywhoor, Consultant
Ohio Public Health Association

Welcome!



MISSION: *To be the inclusive voice for Public Health, to proactively advocate for policies that reduce health disparities and empower all people to achieve their optimal health, and to advance the practice of public health in Ohio.*

VISION: A healthy Ohio, where all communities are thriving, and all people have access to the care, information, and resources they need to be healthy.

Advocate for policies that promote health and equity in urban centers and rural areas.

Strengthen the capacity of Ohio's public health professionals to address Ohio's unmet public health needs

Promote the value of Investing in public health Infrastructure.

Strengthen OPHA, building an effective and vibrant internal structure which effectively supports our external work

Why is dental access important to OPHA?

Racial Justice & Health Equity Lens

Health & Equity in All Policies

Multi-disciplinary

Evidence Based

Consumer Focused

Workforce Inclusivity

Evaluation & Outcome Oriented



Improving Medicaid reimbursement rates

Ohio dental fees have not changed in the past 20 years with the exception of a modest increase in 2016 (OHO 2021-2022)

Only 35.6% of dentists see at least 1 patient covered by Medicaid, only 15.8% of dentists see a substantial* number of patients covered by Medicaid (ODH 2012)

—
Addressing dental
shortages by
incorporating dental
therapists to the oral
health team



What is a Dental Therapist?

Dental therapists are **highly-trained** oral health care providers who work **under the supervision** and management of licensed dentists to provide **preventive and routine restorative dental care**. The care services they are able to provide, often in areas **where access is limited** for patients, includes disease prevention, filling cavities, routine extractions, performing cancer screenings and emergency crowns.

Dental therapists work in **settings that are often understaffed or unable to maintain the services** of full-time dentists, such as schools, nursing homes, veterans homes and geographically isolated areas. **However, dental therapists are only authorized to practice at locations and to perform procedures that are authorized by their supervising dentist.** This adds value to the dental practices by **enabling more patients to be seen, create more flexible scheduling and expand dental practices into underserved markets.**



Establishing recruitment strategies and benchmarks for improved representation of minorities in the dental workforce.



Thank You

David Maywhoor

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Questions & Answers

*Moderated by our caucus co-chair,
Rep. Monique Smith*

*For legislators and legislative staff,
please feel free to unmute
yourselves to ask questions or
share feedback.*

*For all other participants, please
use the chat or Q&A feature, and
we will do our best to answer in
the time allotted.*



*Thank you for joining
today's webinar!*

For more information on upcoming
Ohio Legislative Children's Caucus
webinars and meetings, please
contact:

Alison Paxson,
apaxson@childrensdefense.org

