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
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!
Oral Health is health!

Impacts Beyond the Mouth

Oral health is health! 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.
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.

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

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

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

**Respiratory Health**
- Research shows that improving oral hygiene among medically fragile sensors can reduce the death rate from aspiration pneumonia.
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.
- Improving veterans’ oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 62%, preventing about 135 HAP cases and saving 24 lives.

**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.
Oral health is well-being!

**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 is 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:

- In 2017-18, 5 in 10 third graders in Ohio have one or more dental sealants on a permanent molar.\(^6\)

- In 2019-20, 5 in 10 children (age 1-5 in Ohio) reportedly had a preventive dental visit in the past 12 months.\(^7\)

- In 2019-20, 8 in 10 children (age 6-17 in Ohio) had one or more preventive dental visits in the past 12 months.\(^8\)
The oral health status of Ohio children when compared to the nation’s performance on key oral health indicators.

Pre-School Age Children & Children with Special Healthcare Needs

- In 2016-17, nearly 3 in 10 children (age 3-5 in Ohio) had a history of tooth decay in primary or baby teeth (e.g., filling, crown, extraction or cavity).

- In 2016-17, nearly 2 in 10 children (age 3-5 in Ohio) had untreated cavities.

- In 2019, 2 in 10 children (age 0-5 in Ohio) who are eligible for EPSDT screening, had any dental visit.

In Ohio, children from lower income families are more than twice as likely to have untreated cavities than children from higher income families.
Tooth decay in school-age children:
- Absenteeism
- Academic readiness
- Career readiness
- Mental health

Risk factors for high school drop out

Caregiver misses work to care for child in dental pain

Employment barriers for adults with broken, missing, decayed teeth

Increase risk for chronic disease in adulthood

Cavities in primary (baby) teeth left untreated can lead to pain, infection, and problems with chewing, speaking & smiling

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

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<th>Current payment approaches and traditional clinical practice favor volume over prevention</th>
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<tr>
<td>• Develop payment models that prioritize prevention and health outcomes over volume of services</td>
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<td>• Include oral health in alternative payment models</td>
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<th>Oral health and health information are siloed from overall health</th>
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<tr>
<td>• Increase dental integration with medical and behavioral health</td>
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<tr>
<td>• Integrate dental electronic health records with medical/behavioral electronic health records</td>
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<th>We need to bring care to people rather than people come to the care</th>
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<td>• School-Based Health Centers</td>
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<td>• Integrated hygienists in medical and behavioral health settings</td>
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Pandemic: Ohio’s oral health safety net system is impacted by increased demand for care while experiencing workforce shortages.

- Schools not ready to resume mobile dental programs
- Critical shortage of dental hygienists
- Pandemic delays in care exacerbate oral health disparities
Contact Information:

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Thank You.

Healthy Mouths ➔ Healthy People ➔ Strong Communities

Visit OralHealthOhio.org
Ohio Has Gaps in Oral Health That Mirror Other States
• 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
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<th></th>
<th>National Target</th>
<th>2017-18 Survey</th>
<th>Target Met?</th>
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<tr>
<td>Percentage of children with history of tooth decay</td>
<td>49%</td>
<td>48%</td>
<td>Yes</td>
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<tr>
<td>Percentage of children with untreated cavities</td>
<td>26%</td>
<td>20%</td>
<td>Yes</td>
</tr>
<tr>
<td>Percentage of children with one or more dental sealants</td>
<td>28%</td>
<td>48%</td>
<td>Yes</td>
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<tr>
<td>Percentage of children who had visited the dentist within the past year</td>
<td>49%</td>
<td>84%</td>
<td>Yes</td>
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Ohio’s Preschool Children Are At Greatest Risk

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

- History of Tooth Decay: 48% (Ohio) vs. 51% (U.S.)
- Untreated Cavities: 20% (Ohio) vs. 15% (U.S.)
- One or More Dental Sealants: 48% (Ohio) vs. 41% (U.S.)

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.

* 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
Ohioans for Dental Equity

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
dmaywhoor@ohiopha.org
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