

Access to Dental Care in Ohio, 2000



Ohio Department of Health



Ohio Department of Job and
Family Services



Problems in accessing dental care, particularly for low-income families, has drawn much attention in recent years. The United States Public Health Service released a report, *Oral Health in America: A Report of the Surgeon General*, in 2000. Among the findings of that report was: "Access to care makes a difference. A complex set of factors underlies access to care and includes the need to have an informed public and policymakers, integrated and culturally competent programs, and resources to pay and reimburse for the care."

While compelling anecdotes and disturbing photographs may get attention, we recognized the need for a good understanding of the scope of this issue. We believe that the report on access to dental care in Ohio that our agencies have assembled is a comprehensive review of the issue. Much of the data in this report were shared with the Director of Health's Task Force on Access to Dental Care as it developed a set of recommendations in 2000. The recommendations are available at www.odh.state.oh.us/ODHPrograms/oral/OralPubs/dentalaccess.pdf. Please note that in instances of discrepancies, the data in Access to Dental Care for Ohioans is more current than the background information presented with the task force recommendations. In addition, this report offers, for the first time, oral health profiles for each of Ohio's 88 counties.

We hope this document is helpful in understanding the scope of the problem and the issues relating to improving access to dental care.

J. Nick Baird, MD, Director
Ohio Department of Health

Tom Hayes, Director
Ohio Department of Job and Family Services





Access to Dental Care in Ohio

Executive Summary	4
Introduction.	6
A Thumbnail Demographic Sketch of Ohio	9
Oral Health and Dental Care Access Disparities.	10
Family Income.	11
Appalachian Counties	14
Race/Ethnicity.	15
Dental Sealants	15
Factors that Affect Access to Dental Care.	16
Financial Barriers (Insurance Coverage, Medicaid/SCHIP)	17
Delivery System (Private Dentists and Public Safety Net)	20
Other Factors	25
Ohio Strengths.	26
Ohio's Challenges	27
References.	28
Appendix	30
County Profiles.	33

Authors: Dr. Mark Siegal, Carrie Farquhar, Cynthia Afkhami
Research: Dawn Miller, Vicki Twining, Dr. Sunny Kim, Dan Hecht, James Gearheart
Graphic Arts: Joe Speakman, Chris Barr
Reviewers: Kay Johnson, Jenny Kattlove, Lorene Johnsen

Access to Dental Care in Ohio

Executive Summary

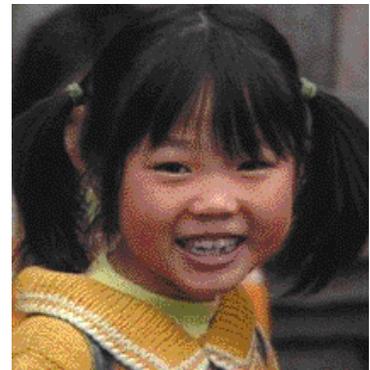
Ohio mirrors the nation in being faced with what the recent Surgeon General's Report on Oral Health in America called "a silent epidemic of oral diseases affecting our most vulnerable citizens." Three of the major themes of the Surgeon General's Report were that:

- Oral health means much more than healthy teeth;
- Oral health is integral to general health; and
- There are profound and consequential oral health disparities within the population.

Ohio's Dental Care Access Problem

Unnecessary dental disease and oral infections are a costly problem for families, employers, and government. Disparities in access to dental care continue and, in turn, so do disparities in the occurrence of oral health problems. Oral health problems are related not only to teeth but have been associated with heart disease, pregnancy complications, and growth delays of young children. In addition, severe dental problems can result in poor performance at work and in school.

- Dental care was the number one unmet health care need identified for both Ohio children and adults in 1998.
- The two major reasons why people do not visit a dentist are: 1) they lack insurance or otherwise cannot afford care, and 2) they do not perceive the need for dental care unless they have pain or an infection.
- While 11 percent of Ohioans are uninsured for health care, 41 percent—or 4.6 million people—do not have coverage for dental care.



While we have made significant progress in improving oral health in the last three to four decades, Ohioans have not shared equally in these gains. The largest disparities in oral health and access to dental care are related to low family income, followed by residence in an Appalachian county, and finally by race.

- Over one-third of 6 through 8 year old Ohio children from low-income families have untreated dental disease, twice the rate of children whose families earn more than 185 percent of the poverty level (\$30,433/year for a family of four in 1998).
- Thirty-one percent of 6 through 8 year old Ohio children from low-income families could not get the dental care their parents felt they needed, about four times the rate for non-poor. Financial issues (lack of money or insurance) accounted for about two-thirds of the reasons given for not getting needed care.
- Over 20 percent of Ohio adults earning under \$20,000 per year have had all of their teeth extracted.

The problems with access to dental care and its consequences are associated with poverty. Approaches for addressing the dental access problem center around Medicaid, a public financing program that has proved unattractive to dentists, and a tattered safety net of dental clinics.

- Dental offices, about 70 percent of which are solo practitioners, are small businesses, that tend to locate near potential patients with the means to pay for care, mostly more affluent areas and suburbs. Consequently, inner cities and rural, particularly Appalachian, areas often lack an adequate number of dentists.

- More than half of Ohio's 80 primary dental care safety net clinics have waiting lists, typically with a one to three month wait for a first appointment. But it can take more than six months to get an appointment at some clinics. By comparison, the average wait for an appointment at a private dental office is 7-8 days. Safety net dental clinics are experiencing considerable difficulty in offering the salaries necessary to attract dentists.
- About one-quarter of Ohio dentists bill Medicaid in a year. Of those submitting bills, 44 percent saw more than 50 Medicaid patients in 2000. This represents only 11 percent of all Ohio dentists.

The oral health/dental care access profiles contained in this report represent the first time such Ohio data have been assembled at the county level.

First Steps

Leaders from the public and private sectors have begun to tackle this problem, particularly for children. However, existing programs need to be improved or are in the early stages of implementation.

- In 2000, Ohio expanded health and dental coverage through Medicaid and SCHIP (State Child Health Insurance Program) to children living in families with incomes at or below 200 percent of the federal poverty level (\$34,100 for a family of four in 2000).
- The Ohio Dental Association and the Ohio Department of Health have partnered on the Dental OPTIONS program to improve access to dental care.
- In State Fiscal Years 2001 and 2002, funding from the Public Health Priorities Trust Fund of the tobacco settlement dollars were directed to improving access to dental care by funding six safety net dental clinics, two school-based dental care programs, and one school-based dental sealant program.

Proposed Solutions

In 1999, the Director of Health convened a broad-based task force to examine the issue of poor access to dental care for vulnerable Ohioans and to make recommendations for state-level policy changes likely to yield significant improvements. The Task Force received input from committees exploring school and community-based approaches. The recommendations of the Task Force were organized under the following four objectives.

- I. Reduce financial barriers to dental access by improving and expanding the Medicaid program.
- II. Improve the oral health delivery system by increasing the number and quality of providers who provide services to Medicaid beneficiaries and the uninsured.
- III. Support community partnerships and actions to improve dental access and enhance the community level oral health infrastructure.
- IV. Increase public awareness of oral health and dental care access issues.

The Recommendations are available from the Ohio Department of Health's website at:
www.odh.state.oh.us/ODHPrograms/oral/OralPubs/dentalaccess.pdf

Summary

The level of unmet need for dental care and the disparities in oral health status, based on income, geography and race, warrants special attention and meaningful, remedial action. Just as the Surgeon General offered a "framework for action" for the nation, the specific recommendations of the Director of Health's Task Force proposed a game plan for addressing the state's access to dental care problems. With assistance from the National Governors' Association, Ohio state government agencies have developed an Action Plan of commitments in response to the Task Force recommendations.

Introduction

The importance of oral health and access to dental care has taken on new dimensions in recent years. Today's concerns are fueled by new information:

- dental care was the number one unmet health care need reported by Ohioans in 1998;
- oral infections are associated with serious health problems; and
- large disparities, both in oral health status and in access to dental care, persist between segments of the population.

This report is one key step in a larger effort to improve access to dental care for vulnerable Ohioans. The Director of Health's Task Force on Access to Dental Care, empanelled in late 1999, used the information in this report as background for developing recommendations for improving access to dental care¹.

This report describes access to dental care in Ohio in terms of:

- oral health and dental care access disparities;
- factors that affect access to dental care;
- Ohio's strengths and challenges for improving access to dental care; and
- county profiles of oral health and dental care access indicators, along with dental care resources.

The oral health/dental care access profiles contained in this report represent the first time such Ohio data have been assembled at the county level.



More than "just teeth"

Ohio mirrors the nation in being faced with what the recent Surgeon General's Report on Oral Health in America² called "a silent epidemic of oral diseases affecting our most vulnerable citizens." Three major themes of the report were that:

- Oral health means much more than healthy teeth;
- Oral health is integral to general health; and
- There are profound and consequential oral health disparities within the population.

Health professionals are learning that oral health problems are more than "just teeth." Across the lifespan, researchers have associated oral diseases with other health problems. People with periodontal (gum) diseases are more likely to have cardiovascular disease (stroke, heart attacks, atherosclerosis)^{3,4} and pregnancy complications (low birth weight associated with pre-term delivery).⁵ People with diabetes are more susceptible to periodontal diseases.⁶ Toddlers with severe tooth decay do not grow as well as other children of their age but catch up after their dental disease has been treated.^{7,8,9} Although the associations between oral disease and other serious health conditions have been documented, at this time, the cause and effect relationships have not.

Overall improvement in oral health

During World War II, almost 9 percent of U.S. military recruits were rejected because they did not meet the standard of six opposing teeth in each jaw. Over the last 30-40 years, the percentages of children with cavities and adults who have had all of their teeth extracted have declined dramatically in this country. Despite claims of enormous overall improvement in children's oral health during this century—due to water fluoridation, dental sealants, advances in dental practice, and growing public awareness—oral infections remain the most common chronic diseases in the world.²

Do we share the gains and the pains equally?

Overall improvement masks the fact that segments of the population still have serious dental problems. Oral health and dental care access disparities generally occur along the lines of income and race/ethnicity. Other special populations, such as nursing home residents, adults with serious developmental disabilities and very young children also may have greater access difficulties.

When access to dental care is a problem, both children and adults suffer. In the worst cases, children are in pain and not ready to learn and adults with unsightly decayed or missing teeth face additional barriers to finding work. Author Jonathan Kozol gave a very human face to the problem for children in an oft-quoted passage from his book, Savage Inequalities: Children in America's Schools:¹⁰

"Although dental problems don't command the instant fears associated with birth weight, fetal death, or cholera, they do have the consequences of wearing down the stamina of children and defeating their ambitions... Children get used to feeling constant pain. They go to sleep with it. They go to school with it... Children live for months with pain that grown-ups would find unendurable. The gradual attrition of accepted pain erodes their energy and aspirations. I have seen children in New York with teeth that look like brownish, broken sticks. I have also seen teenagers who are missing half their teeth. But, to me, most shocking is to see a child with an abscess that has been inflamed for weeks and that he has simply lived with and accepts as part of the routine of life."

—Jonathan Kozol

The situation that shocked Kozol is not unique to the South Bronx of New York City. Principal Linda Strong of Columbus' Hubbard Elementary School tells of a handsome eight year old boy who had to endure significant dental pain for almost six months before he was finally treated. "He first complained in September, when school began. We sent notes home...teachers had to endure months of cranky, aggressive behavior from a normally cooperative child." In January, his face began to swell. The school nurse could see the abscess of his permanent molar. The child finally received the necessary treatment—by February—after which teachers noticed a marked improvement in his behavior. Ms. Strong wonders, "How can a child be ready to learn when he has to contend with major health problems like painful abscessed teeth?"

The impact of untreated dental diseases for adults is often overlooked. Sharon Mundhenk, Director of the Scioto County Department of Job and Family Services said "Lack of proper dental care for adults affects employment in several ways: days missed from pain and infection as well as their ability to get a job in the first place. This is a real issue for low-income Ohioans seeking entry-level jobs as a receptionist or in other types of service delivery that require a neat and presentable appearance. It's harder to get a position that deals with the public when you have missing or decayed teeth."



Untreated dental disease and a lack of accessible services can be the first domino in a chain of events that negatively impact the health care system. According to Dr. S. Scott Polsky, Chair of the Department of Emergency Medicine at Akron's Summa Health System, "Acute dental emergencies are a frequent problem that poses a significant health threat to our community. The majority of these patients that fall through the health care safety net are working poor. They have no dental insurance and rarely have sufficient cash on hand to see a private dentist. We see many of these patients repeatedly in the emergency department for problems with the same tooth. The only treatment we can give is antibiotics and pain medication. The tooth gets worse with each presentation, at times leading to hospitalization for severe

infection. The repeated use of narcotics for pain control puts the patient at risk for addiction, which we feel represents a significant health risk."

What is "access to dental care?"

The Director of Health's Task Force on Access to Dental Care adapted the Institute of Medicine's definition of access to primary care¹¹ by stating that access to dental care is:

"The ability of all Ohioans to acquire timely oral health care services necessary to assure oral function and freedom from pain/infection."

The Task Force joined the Institute of Medicine in acknowledging that equity, assuring the availability of accessible care for all Ohioans, is a critical element.

Finally, the Task Force specified that the public (people of all ages) requires access to the full range of services necessary to assure oral function and freedom from pain/infection. The implication is that dental services limited to children or to emergency care or prevention and/or screening are insufficient to meet the health needs of vulnerable Ohioans.

Measuring access to dental care

To measure access to dental care we use survey data and Medicaid claims and encounter data to measure the two components of our definition of access: use of oral health services and oral health outcomes. Outcome measures, however, are much stronger indicators of access.

One major weakness of using services measures (such as an annual dental visit) to describe access to dental care is that even basic needs for a person with multiple dental problems often cannot be resolved at one time. A single visit may be for emergency care rather than preventive, diagnostic and restorative care. A person with multiple problems may have a single visit before learning that the cost of the needed care is out of his or her reach.

Selecting "use of services" as a proxy measure for access also carries the caveat that some people don't use dental services for reasons other than not having access to them. When questioned, many people say that they don't get dental care because they don't think they need it or because they have other priorities. Dental problems are largely silent because the diseases aren't obvious until they are advanced. Many low-income Ohioans only seek dental care to have a painful or infected tooth pulled, sometimes in a hospital emergency room or a public clinic.

Although there is not a simple measure that describes all aspects of access to dental care, taken as a whole, the multiple measures that will be considered in this report capture the extent to which Ohioans access dental care.

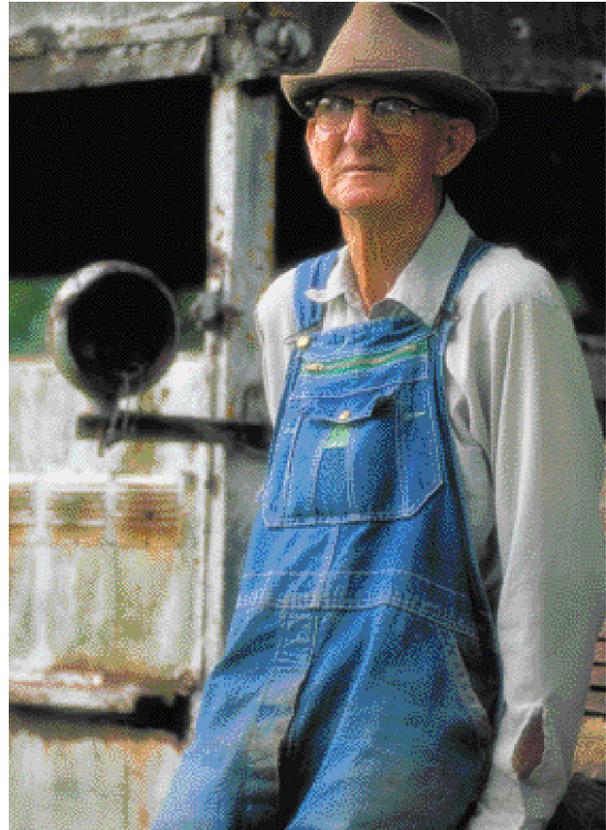
A thumbnail demographic sketch of Ohio:

Ohio's 2000 population estimate of 11.3 million people makes it the seventh most populous state in the country.¹²

About 19 percent of Ohioans live in non-metropolitan areas. Of the 81 percent living in metropolitan areas, 27 percent live in what the U.S. Census designates as central city and the other 54 percent reside outside of central city areas.¹²

Almost nine in ten (85%) Ohioans are white; 12 percent are black; one percent Asian/Pacific Islander; and less than one percent are American Indian/Alaska Native. Among all races, 1.9 percent are Hispanic.¹²

About one in ten Ohioans (11.2%) is living in poverty (below the 1998 federal poverty level of \$16,450 income for a family of four) and an additional 12.7 percent is near-poor (with income between 100 and 184 percent of the poverty level).¹³ Children, however, fare worse than the population as a whole, with 18.0 percent living in poverty and another 14.6 percent being near-poor. Twenty-eight percent of Ohio schoolchildren participated in the free or reduced cost meal program in 2000.¹⁴



On average, approximately 155,000 children per year were born in Ohio between 1992 and 1998.¹⁵

Due to the wide variability in the medical and educational diagnoses that fall under the term "disabilities" or even "developmental disabilities," little more than incomplete estimates have emerged to describe disabled populations. Nationally, it is estimated that 1.8 percent of the population has a developmental disability.¹⁶

Oral health and dental care access disparities

Many people have excellent oral health and access to dental care while others have very poor oral health and limited access to care. Such oral health and dental care disparities tend to occur primarily along the lines of:

- family income,
- race/ethnicity, and
- urban-rural-suburban characteristics (metropolitan/suburban; rural, non-Appalachian; rural, Appalachian).

In addition, people with disabilities and other challenging life circumstances (e.g., homelessness) are believed to have more difficulty in gaining access to dental care.

Recent Ohio studies confirm that access to dental care is linked to demographic factors and that some links are stronger than others. Often it is difficult to distinguish between risk factors. For example, if blacks, as a group, are disproportionately low-income and have more cavities and fewer dental visits than whites, is the link racial or economic? This section uses the data on the items listed in Table 1 to assess the state as a whole and to identify disparities in oral health and access to dental care.

Table 1: Data used to assess access to dental care and oral health status

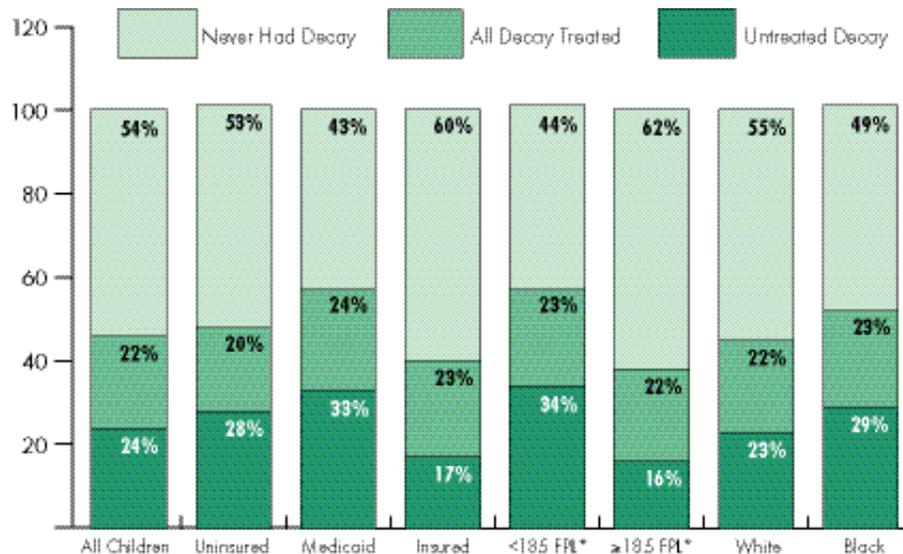
Access to Dental Care (Use of Dental Services)	Oral Health Status
<p>Children and Adults:</p> <ul style="list-style-type: none"> • Extent to which people received the dental care they felt they needed • Reasons for not receiving dental care • Length of time since most recent dental visit • Use of dental services by Medicaid and State Child Insurance Program (SCHIP) populations <p>Sources: "Make Your Smile Count", screening survey of schoolchildren, 98-99 Ohio Family Health Survey, 1998 Behavioral Risk Factor Survey, 2000 Interview survey of low-income consumers, 1999 Medicaid Claims Data, 2000</p>	<p>Children:</p> <ul style="list-style-type: none"> • who have ever had a cavity • with untreated tooth decay • with dental sealants • whose dental condition affects readiness to learn <p>Adults</p> <ul style="list-style-type: none"> • who report teeth lost due to dental disease <p>Sources: "Make Your Smile Count," screening survey of schoolchildren, 1998-99 Behavioral Risk Factor Survey, 2000 Survey of School Nurses, 1999</p>

There are gaps in data, particularly relating to smaller special needs groups such as adults with mental retardation. While the barriers faced by special needs groups are real, they can be difficult to study. In addition, there are no recent Ohio data on groups previously found to have greater oral health care needs¹⁷ such as homeless individuals, children of migrant farm workers and people with AIDS/HIV infection.

Figure 1 uses the state's most extensive oral health status database, the 1998-99 "Make Your Smile Count" oral screening survey, to illustrate an array of disparities among Ohio 6-8 year olds. "Make Your Smile Count" collected data from parental questionnaires and by looking in the mouths of over 21,000 children in grades 1-3, across the state. National data show that the percentage of children who have ever had cavities increases with age but the percentage with untreated cavities decreases.¹⁸

- Children eligible for the free and reduced cost school meal program (<185% of federal poverty level) and those eligible for Medicaid were similar in that they had more dental disease and received less treatment.
- Children with private dental insurance and those not eligible for the meal program had less disease and were least likely to have untreated cavities that required care.

FIGURE 1: Tooth Decay Among 6-8 Year Old Ohio Children According to Race, Family Income, Insurance, 1998



Source: "Make Your Smile Count" oral health screening survey, Ohio Department of Health, 1998-99.

Family income

The most significant factor affecting oral health and the use of dental services is family income. Those who do not have disposable income or dental insurance are more likely to have dental problems — which they are less likely to have treated. Most of the available information on vulnerable Ohioans relates to children, but the limited adult data point to the same conclusions.

The most significant factor affecting oral health and the use of dental services is family income.

Children

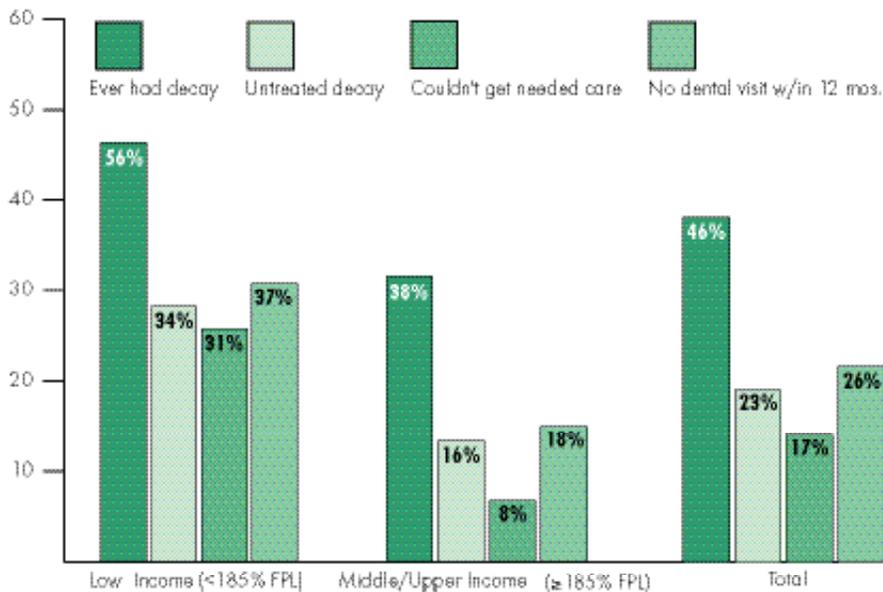
For schoolchildren, we use eligibility for the federally subsidized free and reduced cost meal (F/RM) program as a measure of family income. In order to be eligible for the program in 1998, a family of four had to earn less than \$30,433/year (185 percent of the federal poverty level).

As illustrated in Figure 2, schoolchildren from low-income families are one-and-a-half times as likely to have ever had a cavity (filled teeth + untreated cavities) and more than twice as likely to have untreated cavities when compared with children not on the program. At least 60 percent of Ohio children with untreated cavities (an estimated 70,000) are from low-income families.

At least 60% of 6-8 year old Ohio children with untreated cavities are from low-income families.

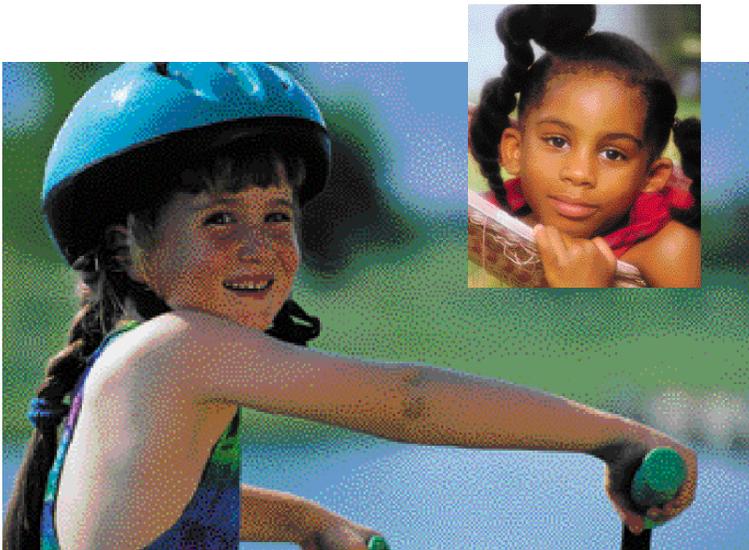
*In 1998, 185 percent of the Federal Poverty Level (FPL), for a family of four was \$30,433.

FIGURE 2: Dental Diseases and Access to Care for Ohio 6-8 Year Olds, According to Family Income, 1998-99



Source: "I Make Your Smile Count" oral health screening survey, Ohio Department of Health, 1998-99.

Figure 2 shows that the disparity in oral health status carries over to access to dental care. Low-income parents were about four times more likely than middle and upper-income parents to say that their child did not get needed dental care in the last twelve months (31% vs. 8%). Over two-thirds of these low-income parents said that they tried to get care. Not surprisingly, financial issues (lack of money or insurance) accounted for approximately two-thirds of the reasons given for not getting needed care.¹⁹

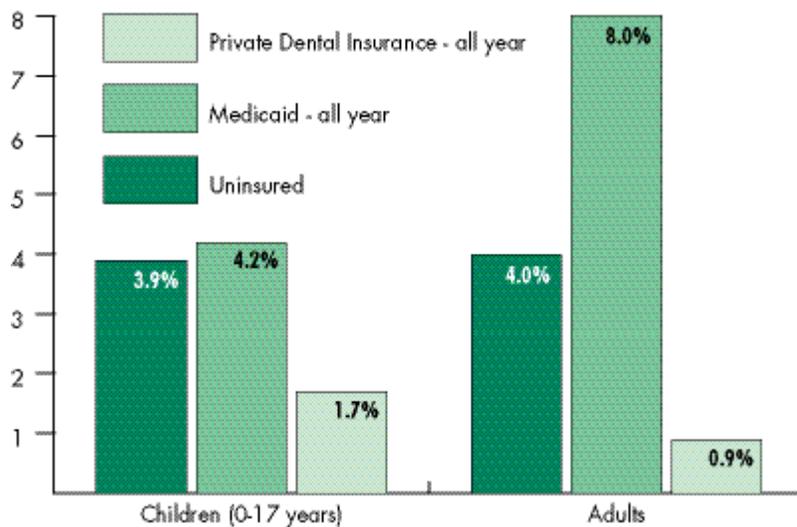


Dental care was the most commonly identified unmet health care need for Ohio children in 1998. Figure 3 shows that the percent of children whose parents felt they had unmet need for dental care was similar for uninsured and those with Medicaid all year. Both of these rates were roughly two-and-a-half times the rate for children who were privately insured all year.

Children (6-8 years of age) from low-income families were over twice as likely as other children to have gone without a dental visit in the last 12 months.¹⁹ The Family Health Survey

confirmed this relationship between family income and dental visits for children ages 0-17 years, finding a smaller, yet still substantial, disparity.²⁰

FIGURE 3: Percentage of Ohio Children and Adults Reporting Unmet Needs for Dental Care in Past Year, According to Dental Insurance Type, 1998



Source: 1998 Ohio Family Health Survey, Ohio Department of Health, Center for Public Health Data and Statistics.

Adults

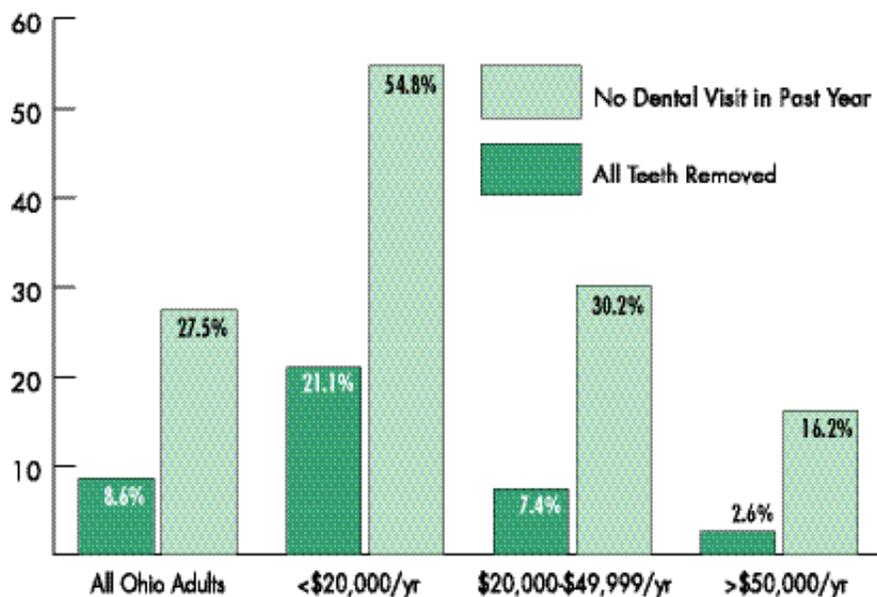
In 1998, dental care was the top unmet health care need of Ohio adults, ahead of physician visits, medications, and exams/tests/procedures. Adults insured by Medicaid all year were nine times as likely as those with private insurance to report an unmet need for dental care (Figure 3). Elderly Ohioans are least likely to have dental insurance (41%) and to visit a dentist (48%).²⁰

In a separate survey of low-income adults (both Medicaid and uninsured), 45 percent said that their family did not get the dental care it needed. The difference between this finding and Figure 3, presumably, being that "family" includes adults as well as children. Over three-fourths (78.4%) cited either a lack of insurance or inability to afford care as the reason.²¹



Because almost all adults have had cavities at one time or another, extraction of teeth due to decay or gum disease is a more telling adult oral health measure. More than half of Ohio adults have had teeth removed, including nine percent who had all of their teeth removed due to tooth decay or gum disease.²² Figure 4 shows that low-income Ohio adults are much more likely than middle and upper-income adults to have all of their teeth removed and to not have a recent dental visit.²² Adult dental visits peak in the 35-44 year age group and increase substantially with income.²⁰

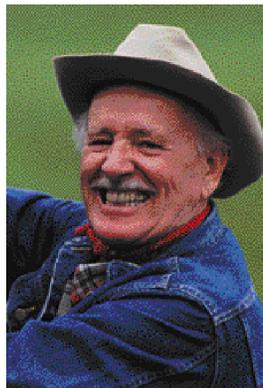
Approximately half of adults who did not visit the dentist offered reasons relating to not believing that they needed care. The only other frequently named barrier was the cost of care (28%).²² Much of the dental care that low-income adults receive is episodic rather than preventive. Four of ten low-income adults visit a dentist only when they have a problem. Consequently, a quarter of those interviewed reported that they last visited the dentist for relief of pain or an extraction.²¹

FIGURE 4: Ohio Adult Oral Health, According to Income, 2000

Source: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2000.

Appalachian Counties

Whether or not a person resided in a rural Appalachian County was the second leading source of disparities in oral health and access to dental care, after family income. Rural residents in Ohio's 29 Appalachian counties stand out as having unique dental care access barriers. Appalachian adults were the least likely geographic group to have dental coverage or to visit a dentist. Residents of these counties often have to travel considerable distances because there is not a dentist nearby. Unlike metropolitan counties, where poverty is found in proximity to wealth, reducing the average disease levels and utilization rates for an area, residents of Appalachian counties are more economically similar to each other.¹⁹



Children

Among 6-8 year old children screened, those in Appalachian counties had poorer oral health (more history of decay and more untreated disease) but the self-reported access indicators (unmet need for dental care and dental visits) were similar to others in the state. In Appalachian counties, 54 percent of 6-8 year olds had cavities at some time and 33 percent had untreated cavities when screened, compared to 46 percent and 23 percent for children from other counties, respectively.¹⁹

Adults

Adult residents of Appalachian counties were less likely to have visited a dentist in the past 12 months and more likely to have teeth removed due to decay or gum disease when compared to metropolitan, suburban and rural (non-Appalachian) county residents. Fourteen percent of Appalachian county adults had all of their teeth removed²² and were 50 percent more likely than adult residents of other counties to report an unmet dental care need in the past 12 months.²⁰

Race/Ethnicity

Ohio's primary racial breakdown is white and black. Only one percent of Ohioans are Asian and a fraction of a percent are Native American. Only 1.9 percent of Ohioans are identified as being of Hispanic ethnicity, regardless of race.¹² Although race, economics and geography often are associated, the oral health disparities along racial lines were the least dramatic found among Ohioans.

Children

Of the 6-8 year old children screened for whom race was identified, 99 percent were white or black. Disparities along racial lines were relatively small for observed oral health status, but blacks reported poorer access and lower utilization rates than whites. Among 6-8 year old whites, 23 percent had untreated cavities, as compared to 29 percent of blacks and 34 percent of others.¹⁹

Adults

Oral health data for Ohio adults are available only for two racial categories: 1) white, and 2) black and others (non-whites). White adults were more likely than non-whites to have had a dental visit within the past 12 months. Non-whites were more likely to have had a tooth removed due to pain or infection (51% vs. 42%).²²

Dental Sealants

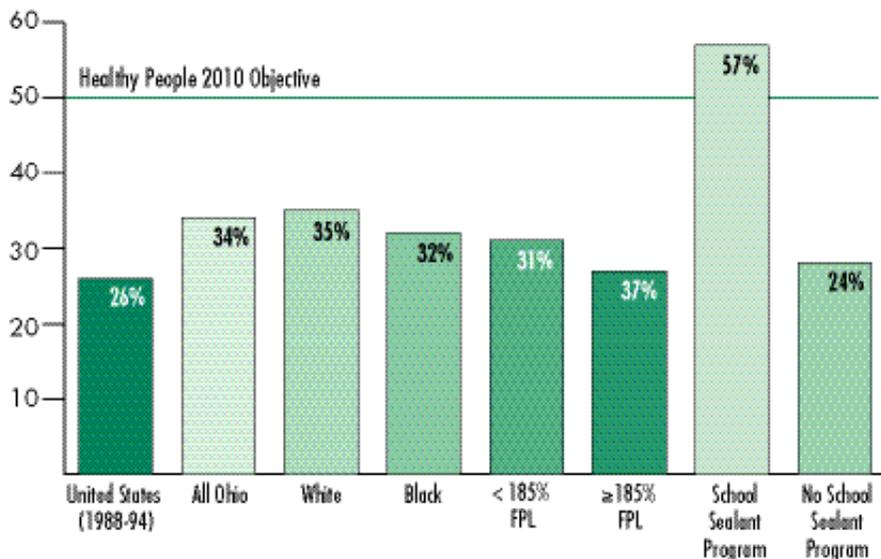
Dental sealants are plastic coatings that are bonded to teeth specifically to protect the surfaces that account for 80-90 percent of childhood tooth decay.²³ Because sealants are so important in decay prevention and because their use has traditionally fallen far short of desired levels, increasing the percentage of children with sealants is a national health objective²⁴ and a Maternal and Child Health Block Grant national core performance measure.²⁵ The "Make Your Smile Count" survey found that unlike national data, Ohio has no racial disparity and a marginal income disparity in sealant prevalence among third graders.²⁶

The "Make Your Smile Count" survey found essentially no disparity in dental sealant prevalence among 8 year old children.

Although most children who have sealants got them at a private dentist's office, Ohio's network of school-based sealant programs, operating in high-risk schools, seems to have had a major impact on eliminating disparity in sealant prevalence. Figure 5 shows that:

- Overall, 34 percent of all third graders had sealants in 1998-99¹⁹, eight percentage points higher than national data from 1988-94²⁴,
- Attendance at a school with a sealant program was the factor most associated with having sealants (57% vs. 28% at schools without programs).²⁶ Sealant programs are discussed in greater detail on pages 25-26.

FIGURE 5: Percentage of Ohio Third Grade Children with at Least One Dental Sealant on a Permanent Molar, 1998.



Source: "Make Your Smile Count" oral health screening survey, Ohio Department of Health, 1998-99.

Factors That Affect Access to Dental Care

Most Ohioans don't have a problem getting dental care. For those who do not visit a dentist, however, 1999 surveys of Ohio dentists²⁷, school nurses²⁸, safety net dental clinics²⁹ and low-income consumers²¹ generally agreed that the three major reasons were:

- cost/lack of insurance;
- lack of perceived need; and
- a small number of dentists who accept Medicaid patients.

Perhaps the largest group that doesn't use dental care does not even try. If they don't have severe dental pain and their faces aren't swollen, they don't perceive a need for dental care. This attitude becomes more common as income goes down.

There are other barriers that affect access to dental care, including lack of transportation, inconvenient office hours, lack of dentist availability and different cultural values. But these barriers are cited much less often than cost/lack of insurance and lack of perceived need for care.

The following description of systems focuses on those that offer access to dental care for vulnerable Ohioans, either through a financing mechanism (Medicaid and the State Children's Health Insurance Program, known as SCHIP) or a delivery system (private practice, safety net dental clinics).

Financial Barriers

Coverage for Dental Care

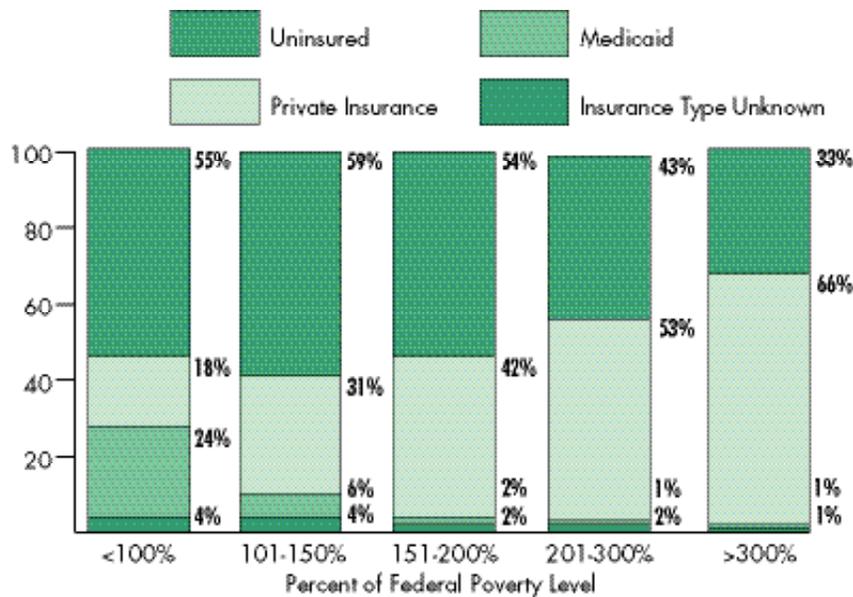
Medical care coverage generally comes through commercial insurance (employer-based), Medicaid and SCHIP (poor and near poor) or Medicare (elderly). Dental coverage, however, is limited to commercial insurance and Medicaid/SCHIP because Medicare does not cover primary dental care.

Nationally, dental benefits are the third most common employer-provided health benefit. A 1996 industry survey found that 52 percent of all employers provide a dental benefit. Of large employers (500 or more employees), it was reported that 87 percent provide dental benefits. People between the ages of 35 and 54 were the most likely group to have dental insurance. Not surprisingly, persons with higher levels of education and income were more likely to have dental insurance, as health insurance is typically provided as an employee benefit, and persons with higher income and education are more likely to be employed in jobs that provide dental coverage.³⁰

41% (4.6 million) of Ohioans are not insured for dental care.

Coverage affects access. Ohioans who are uninsured for dental care are less likely to have had a dental visit in the past year and are more likely to report having an unmet need for dental care than those with dental coverage. While 11 percent (1.25 million) of Ohioans are uninsured for other health care, 41 percent (4.6 million) are uninsured for dental care. Figure 6 shows that the likelihood of having private dental insurance increases with income. Private dental insurance is associated with more recent dental visits and less unmet need for dental care.²⁰

FIGURE 6: Type of Dental Coverage, According to Income, Ohio, 1998



Source: 1998 Ohio Family Health Survey, Ohio Department of Health, Center for Public Health Data and Statistics.

More facts about dental care coverage for Ohioans²⁰:

- Children are more likely than adults to have dental coverage, owing to Medicaid/SCHIP.
- Among adults, those 35-54 years of age are most likely to have dental coverage (63%) and those 65 and older are least likely (41%).
- Disparities in insurance coverage are found by:
 - ❖ county type (rural, particularly Appalachian, counties have higher rates of uninsured than others), and
 - ❖ race [blacks are more likely than whites to have Medicaid (16% vs. 5%) and less likely to have private insurance (47% vs. 53%)].

Approximately two-thirds of the Medicaid eligible population are white and one-third is black. Medicaid consumers can be grouped into three distinct eligibility markets:

- children in families at or below 200 percent of the federal poverty level (Healthy Start);
- parents at or below 100 percent (Healthy Families) and pregnant women at or below 150 percent of the federal poverty level (Healthy Start), and
- low-income elderly and persons (of all ages) who have disabilities (Aged, Blind and Disabled).

In addition, a person who is aged or who has a disabling condition may have medical bills that, once incurred, reduce his or her income to the eligibility level. If so, that person may be eligible for Medicaid coverage for subsequent bills that month under the "spend down" program.

Children under age 21 represent 59 percent of the Medicaid population but account for only 19 percent of all program expenditures, in contrast with the adults who represent 41 percent of the Medicaid eligible population but account for 81 percent of costs.³¹ This is because Medicaid insures many disabled and aged adults who have significant health problems and long-term care costs.

Medicaid and the State Children's Health Insurance Program (SCHIP) are central to public sector attempts to improve access to dental care by paying for care. SCHIP was created to provide publicly subsidized health care coverage to near-poor children who are otherwise uninsured. Ohio implemented SCHIP in two phases. The first phase was a 1998 expansion of Medicaid to children up to age 19 in families with countable income at or below 150 percent of the federal poverty level. The second phase (not reflected in this report's data because of the implementation in the 2001 State Fiscal Year) expanded coverage to children up to age 19 in families with income between 151 and 200 percent of the federal poverty level who have no other health insurance. Healthy Start is the program for Medicaid and SCHIP-eligible children and pregnant women. Healthy Families covers parents earning up to 100 percent of the federal poverty level. Families can apply for the Healthy Families program and for Healthy Start on behalf of their children without a face-to-face interview by completing a two-page mail-in form. Previously, however, many low-income families had considerable difficulty in providing the required financial documentation without assistance. Families now have to reapply for Healthy Start once a year instead of once every six months.

Primary and acute care services (including physician, pharmacy, hospital and dental care) are delivered either on a fee-for-service basis (a traditional indemnity plan administered by the Ohio Department of Job and Family Services) or through licensed managed care plans under contract with the State. Managed care plans must assure the availability of dental services as well as other healthcare. Ohio's Medicaid managed care program is limited to Covered Families and Children (Healthy Start and Healthy Families), which excludes those enrolled in the Aged, Blind or Disabled category. The managed care program, targeted to the larger counties, has three parts: mandatory enrollment, voluntary enrollment and preferred

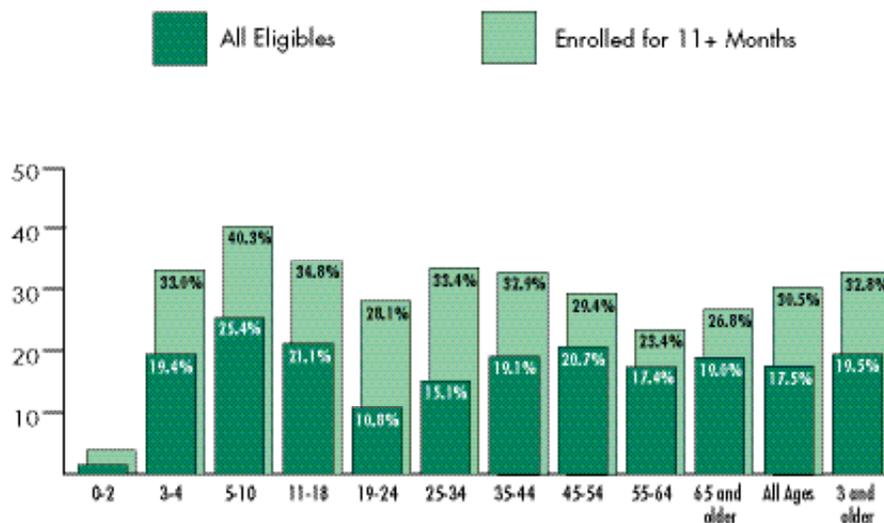
option. Of the 930,732 consumers enrolled under Covered Families and Children in January, 2002, 37 percent were enrolled in managed care plans (available in 15 of Ohio's 88 counties) and the remainder in the fee-for-service program.³¹ At the time of this report, however, the most current utilization data, available were for State Fiscal Year (SFY) 2000 when enrollment was only 646,378.

A 1996 report by the Office of the Inspector General of the United States Department of Health and Human Services identified three basic reasons children do not receive preventive dental services through Medicaid:³²

- few dentists serve Medicaid children;
- Medicaid families give dental services a low priority; and
- the youngest children are the most difficult to serve and frequently are not screened at all.

Figure 7 shows that in State Fiscal Year 2000, dental claims were submitted for only 20 percent of Ohio's Fee-for-service Medicaid eligibles ages three and older. However, when only those who were enrolled in Medicaid for at least 11 months of the year(s) are considered, the percentage of eligibles ages three and older increases to 33 percent.³¹ Furthermore, although professional associations recommend a dental visit by age one, children 0-2 are excluded from this analysis because, in practice, it is often difficult to find a Medicaid dental care provider who treats such young children.

FIGURE 7: Percent of Medicaid Eligibles with a Dental Visit in 2000 (Fee-for-service or Managed Care), According to Age, 2000



Source: Ohio Department of Job and Family Services, Bureau of Health Plan Policy.

Dentist participation in Medicaid will be described on pages 21-23.

Consumer satisfaction surveys of randomly selected Medicaid recipients yielded remarkably similar results for those in the fee-for-service program (1998) and those in managed care (2000):^{31,33}

- 45 percent of respondents tried to get dental care for themselves or their child in the last six months,
- 80-81 percent of those who tried to get dental care indicated that they received all of the dental care they needed,
- When asked to rate their (or their child's) dental care in the last six months, approximately 69 percent of managed care and 82 percent of fee-for-service patients rated their care as 8, 9 or 10 on a scale where 10 was best dental care possible and 0 was worst possible dental care. Two percent of fee-for-service patients and five percent of managed care patients rated their care as 0, 1, or 2.

Subsequent to the Ohio Department of Health's survey of dentists, Medicaid fees for dental services were updated (for procedures performed on and after January 1, 2000). The new rates reflected a considerable increase for dental providers (greater than 50 percent over previous fees). The process for updating the fees (e.g., weighting fees for selected procedure codes) included consultation with an ad hoc committee of dentists, mostly from the Ohio Dental Association's Subcouncil on Access.

At the same time as the January, 2000 dental fee increase, the Ohio Department of Job and Family Services made several other improvements to the Medicaid dental program:

- Policy changes were implemented and new dental procedures were covered.
- In an effort to standardize the billing procedures for providers, some procedure codes were changed to match American Dental Association standards (CDT-3 codes).
- Decreased turn-around time for prior authorizations (within 10 days of receipt of request).
- In addition, the Medicaid program subsequently initiated use of the ADA claim form. The past inability to do so has been a common complaint of dentists because their offices routinely use the form for other third party billing.
- The average time for dentists to receive payment from Medicaid for claims submitted electronically is only 10 to 14 days.

Delivery System

The dental care delivery system consists of mostly solo and two-dentist private practices and a relatively small number of safety net clinics. Safety net dental clinics serve people who can't or won't access the private system, usually for reasons relating to cost of care. Figure 8 illustrates Ohio's resources for dental care, including dentists per county population, and safety net dental clinics. The figure also indicates federally designated dental health professional shortage areas (HPSA).

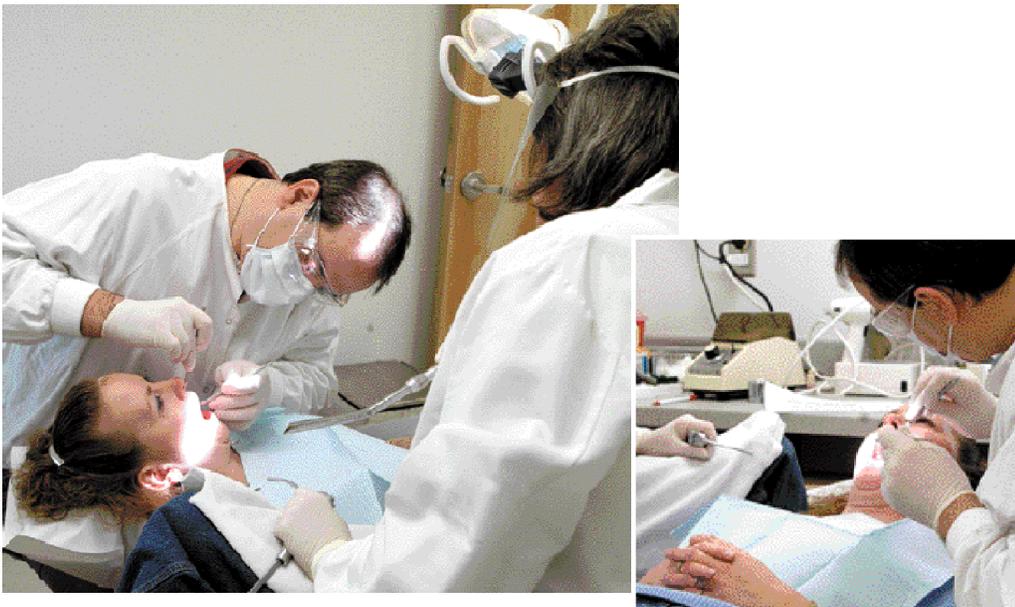
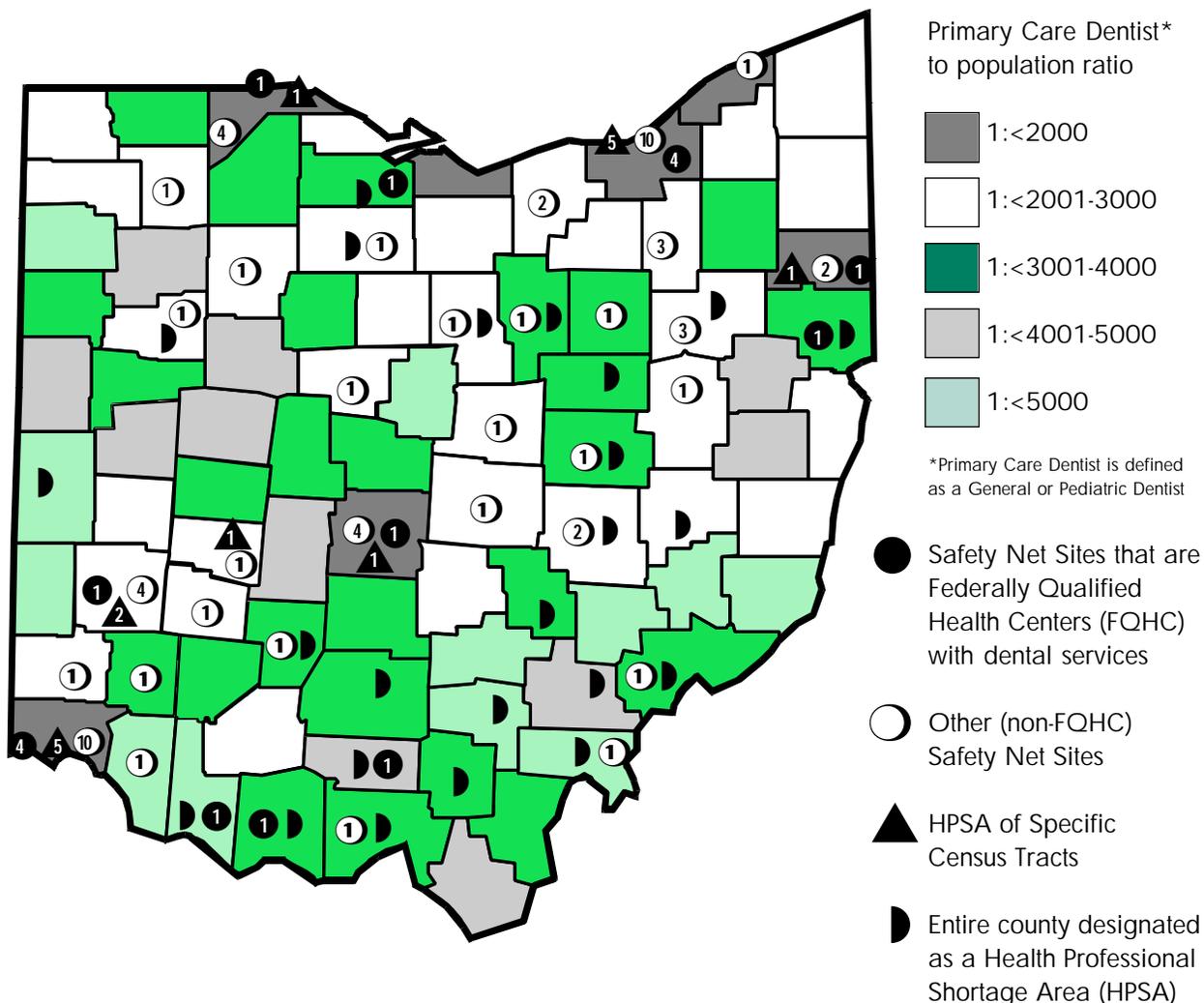


FIGURE 8: Dental Care Resources**Private Dentists**

If all things were equal, Ohio's more than 6,100 dentists (of which 84 percent are primary care dentists)³⁴ would seem to have the capacity to serve all the dental care needs of the state's 11.3 million residents. This would represent approximately one dentist per 1,800 residents if everyone sought care or approximately one per 1,200 for the 66 percent who have a visit over a year's time. The typical U.S. dentist in private practice saw approximately 1,300 patients in 1995.³⁵ But all things are not equal in the private dental care delivery system. Those with the greatest access problems, low-income patients, are not attractive to most dental practices that, in addition to providing health care services, are small businesses.

Figure 8 shows that Ohio dentists are not evenly distributed throughout the state. The availability of dentists, however, does not always equate with access to dental care:

- In urban centers, upper income neighborhoods may have a large number of dentists while adjacent lower income neighborhoods have few or no dentists.
 - ❖ For example, Cuyahoga County has one dentist per less than 1,200 residents, the most favorable in the state, yet neighborhoods in Cleveland that have received or applied for federal designation as Dental Health Professional Shortage Areas had one dentist per over 23,000 population.

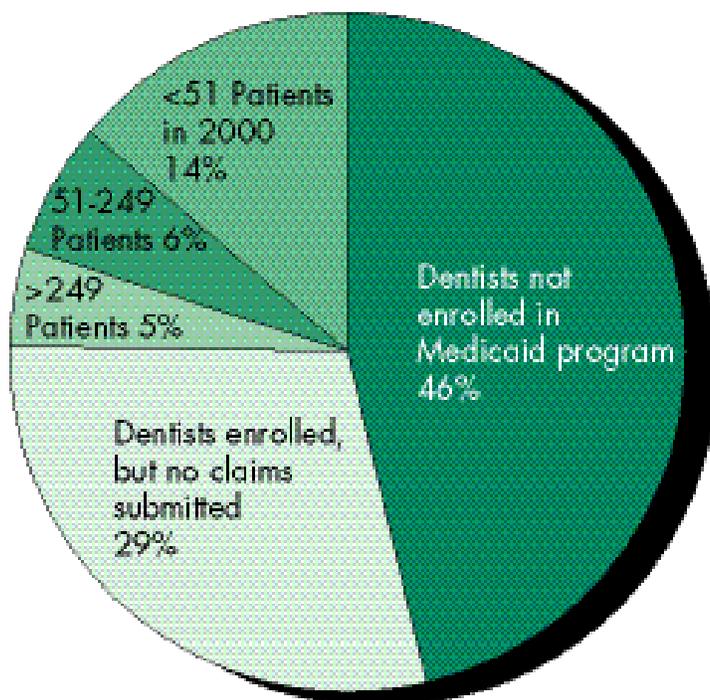
- Sometimes an area will have dentists nearby but they are not accessible to low-income patients because they don't accept Medicaid and customary fees are beyond these patients' means.
 - ❖ For example, Ashland County has one dentist per 3,085 residents but less than one full-time equivalent dentist (an estimated 8 hours/week) treating the county's more than 16,000 low-income residents (earning at or below 200 percent of the federal poverty level).

Because Medicaid relies primarily on private dentists, the extent to which they participate in the program has a direct impact on access to dental care for vulnerable Ohioans. Figure 9 shows that according to Medicaid program data, most dentists (75%) are not active program providers and only a small group (11%) serve at least 50 Medicaid recipients per year.³¹ Over two-thirds of surveyed dentists who report treating Medicaid patients say that they will see some but not all who seek care from them. Of these dentists, almost two-thirds said that they limit appointments to Medicaid patients of record, implying that they do not accept new Medicaid patients.²⁷

One-fourth of Ohio dentists submitted at least one Medicaid claim in 2000³¹

- Two-thirds of dentists who see Medicaid patients do not accept new ones²⁷
- 11% of Ohio dentists see 50 or more Medicaid patients in a year³¹
- 5% of dentists report that they have seen Medicaid patients but do not submit claims²⁷

FIGURE 9: Ohio Dentist Participation in Medicaid (Fee-for-service and Managed Care), 2000.



The most common reasons that dentists surveyed by the Ohio Department of Health, in 1999²⁷, offered for not participating in the Medicaid program were:

- Fees are too low (77%)
- Paperwork (40%)
- Broken appointments (34%)
- Payment not received in a timely manner (18%)

When asked what effect the correction of their top two reasons for not participating would have, one-third said they would be willing to treat Medicaid patients.

The survey of dentists²⁷ found that some dentists give back to the community in other ways: 11 percent participate in the OPTIONS program (described on page 25), 5 percent report treating Medicaid patients but not billing Medicaid and 23 percent reported volunteering their services to see low-income and/or uninsured patients.

The 1990's were relatively good times for dentists. The American Dental Education Association (ADEA) used American Dental Association data to report that the average net income of fulltime dentists in solo private practice increased by 58 percent from 1990 through 1998³⁶, consistently outpacing inflation.³⁷ The ADEA predicts that the number of dentists per population will fall by about ten percent between 1990 and 2020.³⁶ The net effect is that economic conditions in dentistry make it unlikely that Ohio dentists will radically increase the extent to which they see low-income patients. Likely increases in the private sector's willingness to treat low-income Ohioans may be insufficient to meet the need for care without supplemental resources (e.g., safety net clinics).

Public Safety Net

Safety net primary dental care clinics provide diagnostic, preventive, and treatment services primarily for people who can't or won't access the private system, usually for reasons relating to payment for care. While the numbers often fluctuate, at the time of this report, Ohio's 80 safety net primary dental care clinics included²⁹:

- 2 dental schools (plus 2 of their clinics for special populations);
- 20 city and county health department clinics;
- 17 hospital-based/linked programs;
- 17 Federally Qualified Health Center (FQHC) clinics; and
- 22 other programs (e.g., United Way agencies, Community Action Agencies, homeless programs, church-affiliated and other volunteer programs).

In addition, 12 dental hygiene schools provided preventive services only and three programs provided extractions and other oral surgery services only. Sixty percent of programs were in Ohio's eight most populous counties (see Figure 8).

The dental care safety net is a mixture of very different programs, with a variety of objectives, that share the fact that they all provide at least some dental care for low-income people. Safety net clinics serve hard-to-reach populations who sometimes will not seek care from private dental providers in a community, even if they are available. However, the capacity of safety net dental clinics, in terms of the services they provide and the populations they serve, varies widely. Many of these clinics operate on a shoestring, staffed by volunteers, and others are professional training programs for which the care they provide is a secondary objective.

Approximately one-third of the safety net clinics in the state saw an estimated three-fourths of safety net dental patients in 1999.

A 1999 Ohio Department of Health survey of safety net dental care programs²⁹ found that:

- Only six out of every ten programs operate as many as 4-5 days per week.
- Approximately one-third of the safety net clinics in the state saw an estimated three-fourths of safety net dental patients, in 1999.
- The largest programs tend to be dental schools or hospitals, where Medicaid is accepted, but sliding fee schedules are rare. Reduced fees and payment plans, if available at all, tend to be handled on a case-by-case basis at these clinics.
- More than half of safety net clinics have a waiting list, mostly of 1-3 months, for a first appointment. However, it can take more than six months to get a first appointment at some clinics.

Limitations are a fact of life for smaller safety net clinics, whether it is limited hours (one day a week), limited services (preventive or extractions only) or limited patient pools (homeless or MR/DD populations). Consequently, there are more holes than net for Ohioans who can't afford private dental care.

Safety net dental clinics at-a-glance²⁹:

- Clinics see many patients with severe dental health problems;
 - ❖ On average, they care for 10 dental emergencies due to pain or infection each week
 - ❖ Some clinics estimate that they see 100 emergency patients per week
- Clinic revenues do not always cover costs;
 - ❖ 58 percent have sliding fee schedules
 - ❖ 16 percent do not charge any patients for care
- Clinics estimate that three-fourths of their patients are either;
 - ❖ Medicaid (35%),
 - ❖ no charge (22%), or
 - ❖ sliding fee schedule patients (18%)

Given the mission of safety net clinics—serving those who can't afford private care—financial viability is of concern. Their payer mix substitutes low-end sliding scale and free care for higher end self-pay and privately insured patients. Safety net clinics may consider Medicaid to be their best payer, in contrast to the three-fourths of dentists in private practice who don't file Medicaid claims. Because of their payer mix, therefore, safety net clinics often require that their operating revenue be subsidized. Inadequate resources for subsidizing safety net dental clinics have resulted in their current lack of capacity to solve the access problem for low-income Ohio families. Their problem is not one of willingness as much as competition for limited resources.

The average private dental office schedules a new patient in just over one week. It is not uncommon to be on a safety net clinic's waiting list for 1-3 months and sometimes for over 6 months.

Other Oral Health and Dental Care Access Factors

Dental OPTIONS

The OPTIONS Program (Ohio Partnership To Improve Oral health through access to Needed Services) is a unique element of Ohio's dental care system. OPTIONS serves Ohioans with family incomes at or below 200 percent of poverty and without any form of dental insurance or Medicaid. OPTIONS was designed to improve access to dental care for Ohio's poor (including children); low-income seniors; and persons who are medically, mentally or physically challenged by linking patients with volunteer dentists or dental clinics where patients can receive care for reduced fees or free of charge. Regional referral coordinators match qualified patients with an appropriate dental office or clinic and serve as a liaison between the dental office and the patient. While OPTIONS provides exceptional service for the patients who access it, there are a number of counties that do not have any OPTIONS dentists. OPTIONS must be put into perspective regarding its ability to affect access to dental care on a population basis. OPTIONS operates on a budget that is much less than one percent of fee-for-service Medicaid dental expenditures. At its current level, OPTIONS does not have the capacity to change the face of dental care access for the several million Ohioans who do not visit a dentist.



Community Water Fluoridation

While dental disease is preventable, access problems begin when prevention strategies are overwhelmed by the factors that cause disease. Couple this with a lack of accessible dental care resources to deal with dental disease, and you have an access problem. The two primary prevention strategies for tooth decay are fluoride and sealants.

The U. S. Centers for Disease Control and Prevention called community water fluoridation one of the great public health accomplishments of the 20th century. In 1969, the Ohio General Assembly mandated that community water systems serving 5,000 or more adjust the fluoride level of the water to maximize the decay prevention effect. The legislation included a provision that communities could opt out of the requirement by holding a referendum within a specified time period. Figure A-1, in the Appendix, shows that 91 percent of Ohioans on community water systems receive optimally fluoridated water.

School-based Dental Sealant Programs

Dental sealants are plastic coatings that are bonded to teeth specifically to protect the parts of teeth that account for 80-90 percent of childhood tooth decay²³. Most children who have sealants received them at a private dentist's office¹⁹. In Ohio, a network of school-based sealant programs targets high-risk schools, representing a significant resource for children from low-income and minority families. Many of the targeted schools are in metropolitan and Appalachian counties. In 2000-2001, Ohio's programs provided sealants to almost 28,000 children.

Overall, 34 percent of Ohio third graders had sealants. Fifty-seven percent of third grade children at schools with a sealant program had sealants vs. 28 percent at schools without programs (Figure 5). More than one of five public school children in the state who have sealants got them at school. The targeting of sealant programs has had a major impact on dramatically reducing disparities regarding children with sealants.²⁶ Children from low-income families at schools with sealant programs were three times more likely to have sealants than low-income children at schools without sealant programs, regardless of race.²⁶

Sealant programs link many child Medicaid recipients with private dentists. Nevertheless, sealant program reports indicate that 30 percent of all children seen in grades 2 and 6 are found to need restorative dental care. Although notes are sent home with that information, 25 percent of the children seen on follow-up in grades 3 and 7 still need restorative care, indicating that a significant problem remains.

Ohio Strengths

- In 1999, the Director of Health convened a broad-based task force to examine the issue of poor access to dental care for vulnerable Ohioans and to make recommendations for state-level policy changes likely to yield significant improvements. That task force delivered its recommendations in June, 2000.
- The General Assembly budgeted funds for increasing dental fees and the Ohio Department of Job and Family Services raised dental fees substantially on January 1, 2000.
- The State Child Health Insurance Program (SCHIP), extended coverage for dental and other health care to children between 151 percent and 200 percent of the poverty level (\$25,575 - \$34,100/year for a family of four in 2000), effective July 1, 2000.
- The Ohio Department of Job and Family Services instituted policies to facilitate enrollment in the SCHIP program (March 2000).
- The Healthy Families program, effective July 1, 2000, expanded Medicaid eligibility to all family members in families below the federal poverty level and having at least one family member under 19 years of age.
- With advice from a panel of dentists, the Ohio Department of Job and Family Services made improvements to the Medicaid Handbook that describes procedures and requirements of dentists, effective in 2000.
- Through a federal grant, the Ohio Department of Health's Bureau of Oral Health Services has undertaken the OHIO Initiative (Oral Health Isn't Optional) to stimulate community-level action on access to dental care.
- The Ohio Dental Association and the Ohio Department of Health have partnered on the OPTIONS program to improve access to dental care for some Ohioans.
- Although it is inadequate, the safety net of dental clinics provides some infrastructure for targeting care to vulnerable populations.
- Ohio has a cadre of dedicated and hard-working professionals who continue to participate in the Medicaid program and advocate for improving access to dental care.

- Ohio has a water fluoridation statute resulting in 91 percent of the population served by community water systems receiving optimally fluoridated water, a decay preventive strategy that has been identified by the U.S. Centers for Disease Control and Prevention as one of the ten great public health achievements of the 20th century.
- Ohio has a network of school-based dental sealant programs, that through targeting services to high risk schools, has essentially eliminated disparity in sealant prevalence along the lines of race and family income. Most sealant programs are funded by the Ohio Department of Health through the federal Maternal and Child Health Block Grant.

In State Fiscal Years 2001 and 2002, funding from the Public Health Priorities Trust Fund of the tobacco settlement dollars were directed to improving access to dental care by funding six safety net dental clinics, two school-based dental care programs, and one sealant program.

Ohio's Challenges

- 1. Low-income families have much more dental disease than those with financial resources. Dental care is the number one unmet health care need identified for all Ohio adults and children, and is greatest for low-income families.**
 - More than one-third of children from low-income families have untreated dental disease, twice as high as for children whose families earn 185 percent of the poverty level or more (\$30,433 for a family of four in 1998).
 - Among 6-8 year old Ohio schoolchildren alone, it is estimated at least 60 percent of the 70,000 with untreated cavities are from low-income families.
 - Residents of the state's 29 Appalachian counties have a higher percentage of low-income families and worse dental health than the rest of the state.
 - Over 20 percent of adults earning less than \$20,000 per year have had all of their teeth extracted due to pain or infection.
- 2. Low-income populations have more limited access to dental care than others and are less likely to get the dental care they need.**
 - 45 percent of low-income adults surveyed said that their families did not get the dental care they needed.
 - Among 6-8 year old children from low-income families, 31 percent could not get the dental care their parents felt they needed. This is almost four times the rate for non-poor.
 - One-fourth of low-income adults report last visiting a dentist for relief of pain or an extraction.
- 3. Lack of dental coverage, particularly among those with the lowest income, limits access to dental care.**
 - While 11 percent of Ohioans (1.25 million) are uninsured for health care, 41 percent (4.6 million) lack dental coverage.
 - Private dental insurance is associated with fewer unmet dental needs and more visits.
- 4. The potential for increasing private dentist participation in Medicaid is limited because, at this time, non-participating dentists do not perceive strong incentives to become Medicaid providers and receive lower reimbursement than their customary fees.**
 - While 25 percent of Ohio dentists billed Medicaid in 2000, only 11 percent of dentists provide a significant amount of care (>50 patients/year).

5. Ohio's 80 safety net clinics are inadequate to meet the needs of those who can not get dental care in the private sector.

- The majority of areas do not have safety net dental clinics, as 60 percent are located in the state's eight most populous counties.
- More than half of safety net clinics have waiting lists, mostly of 1-3 months, for a first appointment. It can take more than 6 months to get an initial appointment at some clinics.
- Safety net clinics see a high number of walk-in emergency patients. This means less time is available for routine and preventive care.
- Providing care to the community is a secondary objective for the largest safety net clinics that are primarily training programs such as dental schools (2) and hospitals (17).
- Many safety net clinics have eligibility restrictions, limited hours, and limited scope of service.
- Given the mission of safety net clinics—serving those who can't afford private care—financial viability is a concern. Safety net dental clinics are experiencing considerable difficulty in offering the salaries necessary to attract dentists. Safety net dental clinics, therefore, often require subsidies to maintain their operating revenue.

6. There are no current and complete state or national data regarding oral health status and dental care access-for people with disabilities. Previous Ohio surveys identified problems for homeless individuals, children of migrant farm workers and people with HIV/AIDS. Ohio nursing home residents and adults with mental retardation/ developmental disabilities have been the subject of anecdotal commentary on dental care access problems.

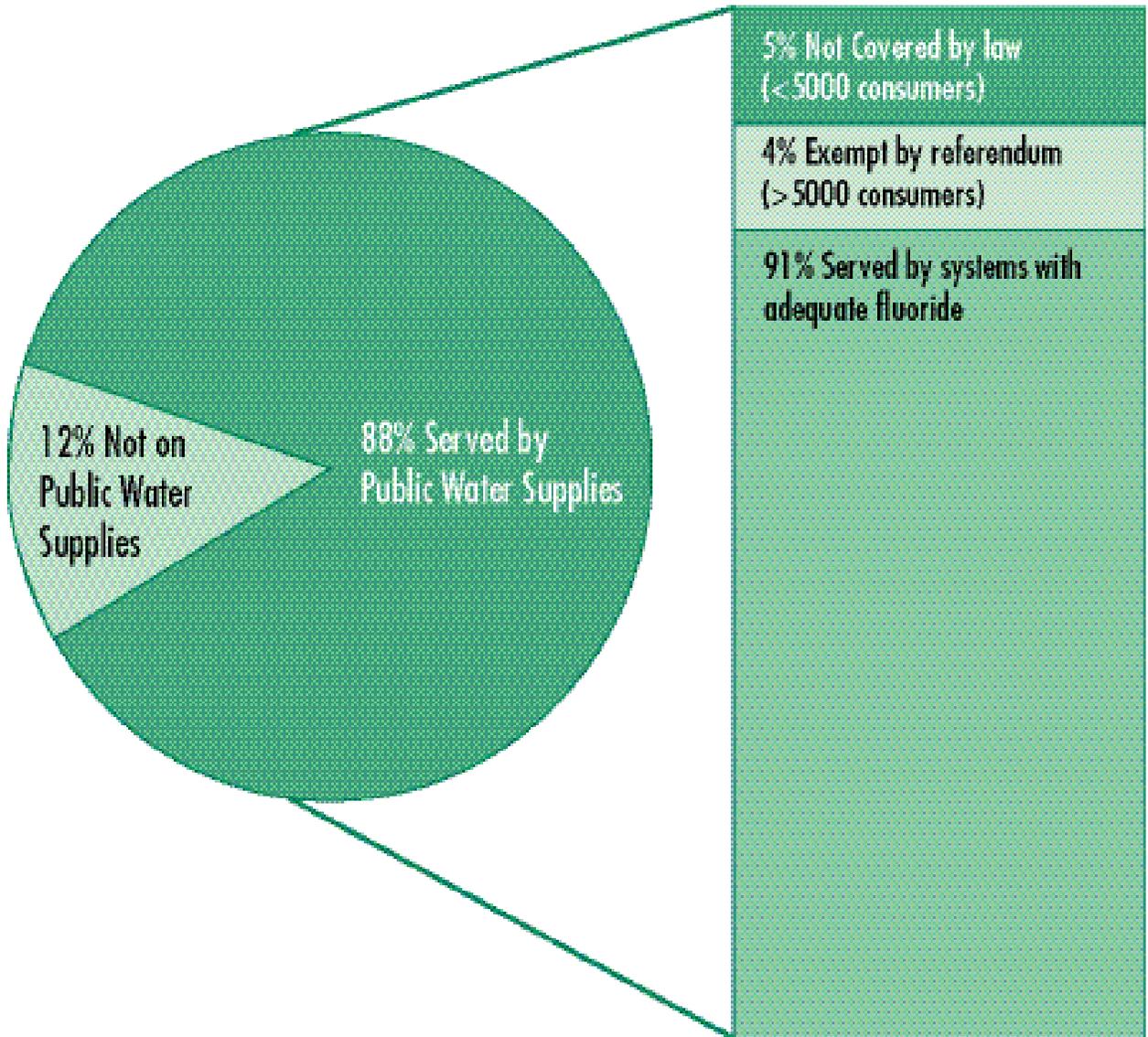
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A-1 Appendix

Water Supplies in Ohio



A-2 Appendix

Non-fluoridated Cities with Populations > 5000

County	Water System Name	People Served
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Under 10,000 Population

Auglaize	St Marys, City Of	9925
Clark	New Carlisle, City Of	6700
Highland	Greenfield, City Of	5172
Miami	Tipp City, City Of	7000
Montgomery	Oakwood, City Of	9000
Ross	Ross Correctional Instit	9800

10,000 - 20,000 Population

Champaign	Urbana, City Of	11353
Clinton	Wilmington, City Of	11376
Crawford	Galion, City Of	11859
Darke	Greenville, City Of	13125
Fayette	Washington Court House	14000
Knox	Mount Vernon, City Of	17976
Mercer	Celina, City Of	10889
Tuscarawas	Dover, City Of	13067
Tuscarawas	New Philadelphia, City Of	18000
Tuscarawas	Twin City Wtr & Swr Dist	11000
Warren	Lebanon Public Water System	10157

Over 20,000 Population

Clark	Springfield, City Of	70487
Fairfield	Lancaster, City Of	39690
Greene	Xenia, City Of	26000
Miami	Troy, City Of	21636
Richland	Mansfield, City Of	51000
Wayne	Wooster, City Of	26000



County Profiles

The following county profiles bring together data from a number of sources, listed below. Two of the data sources require some explanation. The Ohio Department of Health data on the oral health of third graders is useful for broad estimates at the county level. Sampling issues for small areas make it inappropriate to make comparisons between counties.

The utilization of dental care by Medicaid eligibles is handled through two approaches. The state data are compromised because three managed care plans, serving four counties (Cuyahoga, Lorain, Lucas, Summit), did not report. This represents 7 percent of Medicaid eligibles. The analysis of data for people who were enrolled for at least 11 months of the year provides a more fair view in terms of people having a reasonable amount of time in which to seek dental care, but excludes 43 percent of Medicaid eligibles. The analysis of all eligibles, regardless of length of enrollment, is comparable to the methodology used by other states and the Office of the Inspector General of the U.S. Public Health Service. Although the statewide rate of Medicaid eligibles who received dental care increases (17% vs. 33%) using the 11 month eligibility approach, both numbers fall well below the rate for all Ohioans regardless of dental coverage. Furthermore, although professional associations recommend a dental visit by age one, children 0-2 are excluded from this analysis because, in practice, it is often difficult to find a Medicaid dental care provider who treats such young children.

Information Sources for County Profiles:

Demographics

Population data	U.S. Department of Commerce, Bureau of the Census, 1998
Medicaid Data	Ohio Department of Job and Family Services, 2000
Poverty Data	Census of Population and Housing, 1990: STF4b (Ohio) [machine-readable data file] / prepared by the Census Bureau. Washington, D.C.: Prepared by: Office of Strategic Research, Ohio Dept. of Development.

Note: In 1998, the Federal Poverty Level (FPL) for a family of four was \$16,450.

Key Indicators

Of Dental Access	Ohio Department of Health, Bureau of Oral Health, "Make Your Smile Count" Oral Health Screening Survey, 1998-99
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Dental Care Resources

Number of Licensed Dentists	Ohio State Dental Board, 2001
Medicaid Providers	Ohio Department of Job and Family Services, 2000
OPTIONS Providers	Ohio Department of Health, Bureau of Oral Health Services, 2001
Safety Net Programs	Ohio Department of Health, Bureau of Oral Health Services, 2001
Dental Health Professional Shortage Area	Ohio Department of Health, Bureau of Oral Health Services, 2001

Public Water Supplies	Ohio Environmental Protection Agency, 2001
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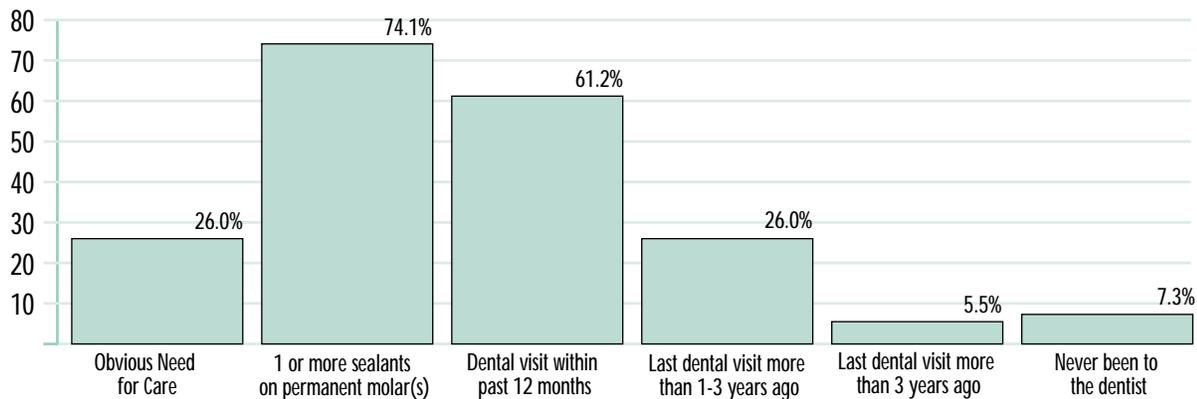


Adams County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,092	7,500	16,353	3,753	28,698	27,606
Medicaid eligible	641	2,684	2,723	855	6,903	6,262
Percent of Population eligible	58.70%	35.79%	16.65%	22.78%	24.05%	22.68%
Percent of eligibles with a dental claim						
All eligibles (n=6903)	1.72%	31.78%	17.04%	15.67%	21.18%	23.17%
Eligible ≥11 months (n=4215)	3.96%	49.76%	28.73%	18.81%	33.78%	35.89%
Percent of Population <100% Federal Poverty Level						
	35.0%		25.5%	27.5%	28.5%	NA
Percent of Population <200% Federal Poverty Level						
	61.7%		48.7%	61.5%	54.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,587:1
Licensed Dentists	8
Primary Care	8
Specialists	0
Medicaid Providers	2
1-50 patients	0
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	1
Health Professional Shortage Areas: The entire county is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 22,615.
- All PWS provide adequately fluoridated water. Manchester (pop. 2200) began fluoridation in 1999.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

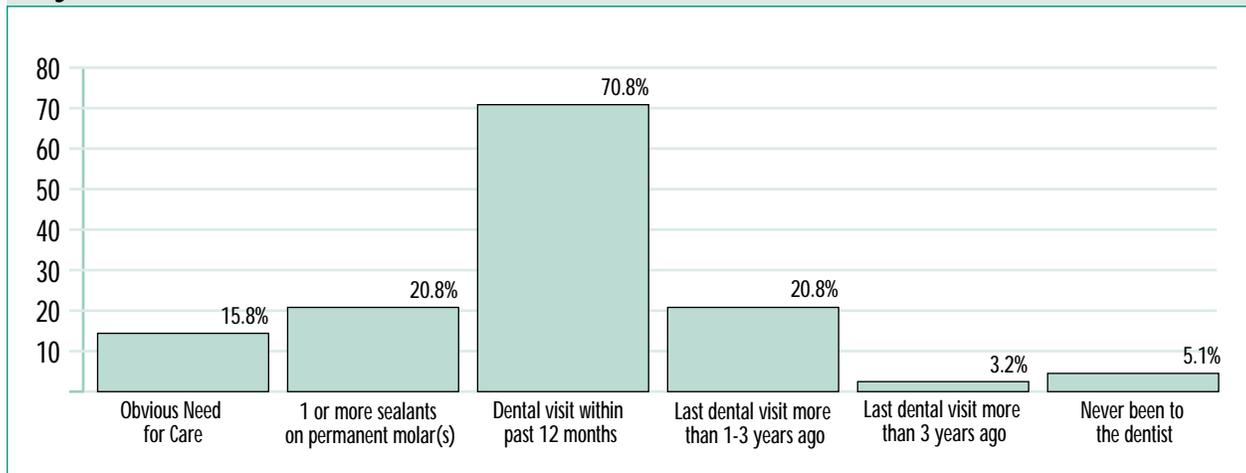


Allen County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,317	25,784	61,966	14,831	106,898	102,581
Medicaid eligible	1,770	5,415	4,787	1,427	13,399	11,629
Percent of Population eligible	41.00%	21.00%	7.73%	9.62%	12.53%	11.34%
Percent of eligibles with a dental claim						
All eligibles (n=13399)	1.36%	23.79%	17.05%	15.56%	17.54%	20.00%
Eligible ≥11 months (n=7048)	3.89%	40.46%	33.22%	22.95%	32.56%	35.19%
Percent of Population <100% Federal Poverty Level	17.9%		10.4%	11.5%	12.7%	NA
Percent of Population <200% Federal Poverty Level	40.5%		26.4%	39.4%	32.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,430:1
Licensed Dentists	54
Primary Care	44
Specialists	10
Medicaid Providers	12
1-50 patients	5
51-249 patients	5
>249 patients	2
Dental OPTIONS providers	3
Safety Net Programs	1

Health Professional Shortage Areas:
The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 92,291
- All PWS provide adequately fluoridated water. Six systems have natural fluoride levels ranging from 1.25 to 1.77ppm.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

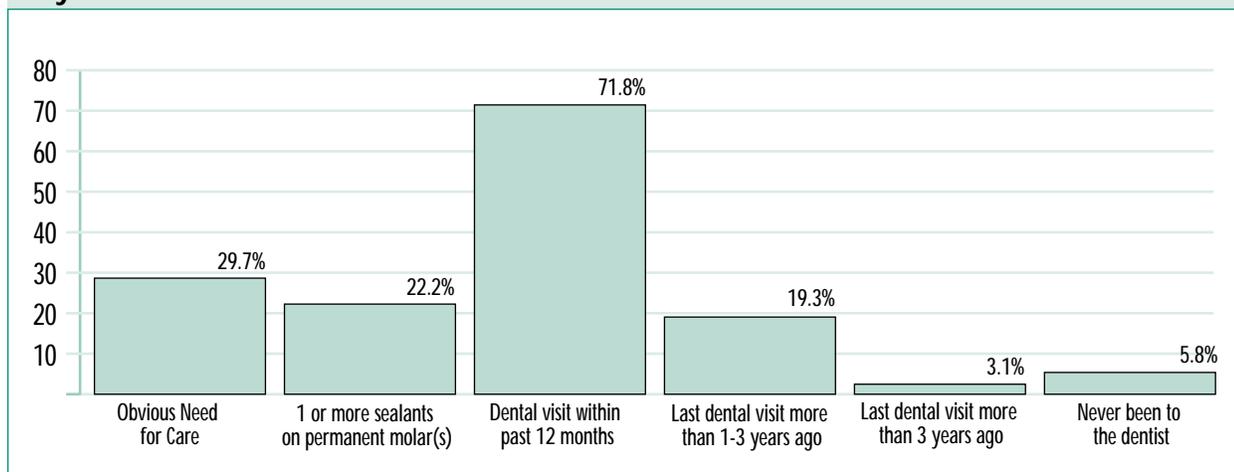


Ashland County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,945	12,696	30,153	7,179	51,973	50,028
Medicaid eligible	630	1,646	1,388	638	4,302	3,672
Percent of Population eligible	32.39%	12.96%	4.60%	8.89%	8.28%	7.34%
Percent of eligibles with a dental claim						
All eligibles (n=4302)	0.63%	25.15%	15.49%	17.40%	17.29%	20.15%
Eligible ≥11 months (n=2138)	2.08%	41.88%	36.93%	25.24%	33.72%	36.84%
Percent of Population <100% Federal Poverty Level	17.2%		9.0%	9.4%	11.3%	NA
Percent of Population <200% Federal Poverty Level	42.0%		25.2%	40.3%	32.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,057:1
Licensed Dentists	19
Primary Care	17
Specialists	2
Medicaid Providers	8
1-50 patients	6
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	1
Health Professional Shortage Areas: The entire county is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 20,079
- Ashland is the only fluoridated community. The Village of Loudonville (pop. 2915) is exempt. All other PWS serve fewer than 1000 consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

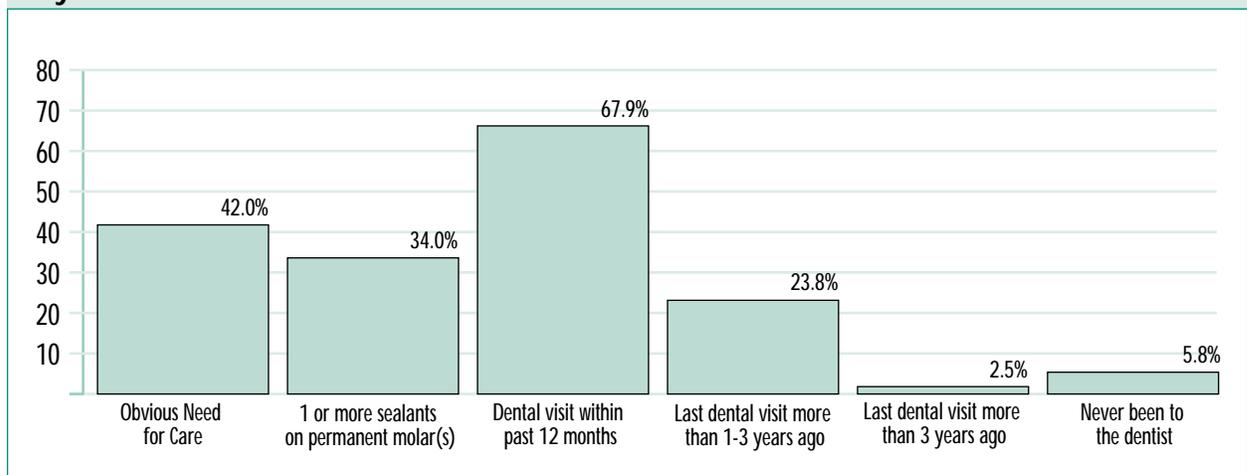


Ashtabula County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,150	24,932	59,229	15,033	103,344	99,194
Medicaid eligible	1,854	6,699	5,899	1,866	16,318	14,464
Percent of Population eligible	44.67%	26.87%	9.96%	12.41%	15.79%	14.58%
Percent of eligibles with a dental claim						
All eligibles (n=16318)	1.83%	20.93%	15.87%	27.01%	17.62%	19.65%
Eligible ≥11 months (n=8847)	4.65%	35.21%	31.02%	37.74%	31.73%	34.09%
Percent of Population <100% Federal Poverty Level*	23.8%		13.4%	12.6%	16.1%	NA
Percent of Population <200% Federal Poverty Level*	47.3%		31.3%	44.4%	37.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,871:1
Licensed Dentists	41
Primary Care	36
Specialists	5
Medicaid Providers	12
1-50 patients	6
51-249 patients	3
>249 patients	3
Dental OPTIONS providers	2
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 65,620
- Orwell (pop. 1100) is the only non-fluoridating system which serves more than 1000 consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

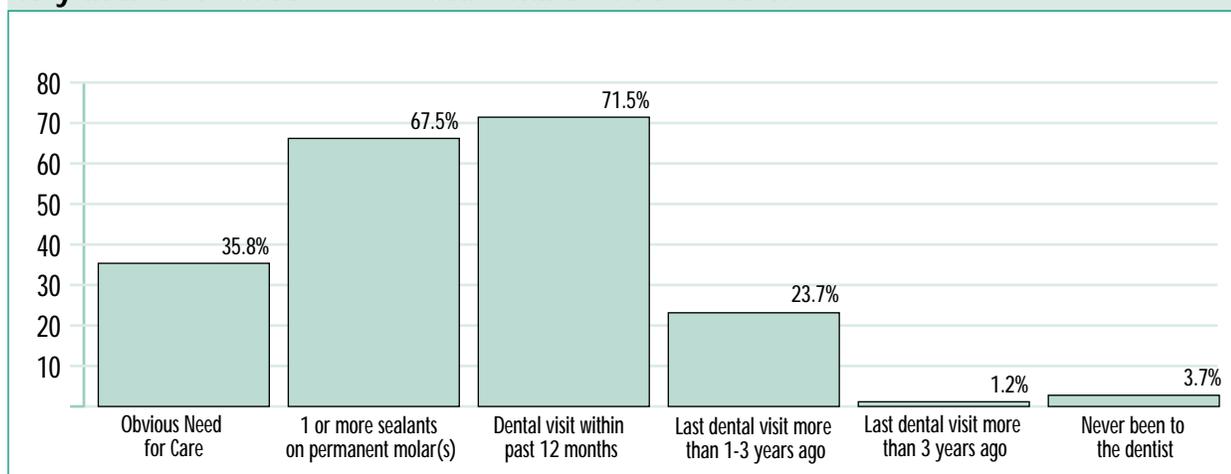


Athens County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,874	13,187	40,913	5,625	61,599	59,725
Medicaid eligible	1,048	4,046	4,296	827	10,217	9,169
Percent of Population eligible	55.92%	30.68%	10.50%	14.70%	16.59%	15.35%
Percent of eligibles with a dental claim						
All eligibles (n=10217)	1.24%	30.15%	16.48%	18.74%	20.51%	22.72%
Eligible ≥11 months (n=6054)	2.73%	46.42%	28.77%	25.59%	33.98%	36.65%
Percent of Population <100% Federal Poverty Level*	29.3%		30.8%	14.5%	28.7%	NA
Percent of Population <200% Federal Poverty Level*	53.9%		49.0%	49.3%	50.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,107:1
Licensed Dentists	17
Primary Care	15
Specialists	2
Medicaid Providers	12
1-50 patients	4
51-249 patients	7
>249 patients	1
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas:

The entire county is designated as a geographic Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 32,147
- The City of Athens (pop 21,500), which also serves The Plains (pop. 3000), plans to begin construction in March, 2001 which will allow fluoridation. Chauncey (pop. 1170) is the only other fluoride-deficient system which serves more than 1000 consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

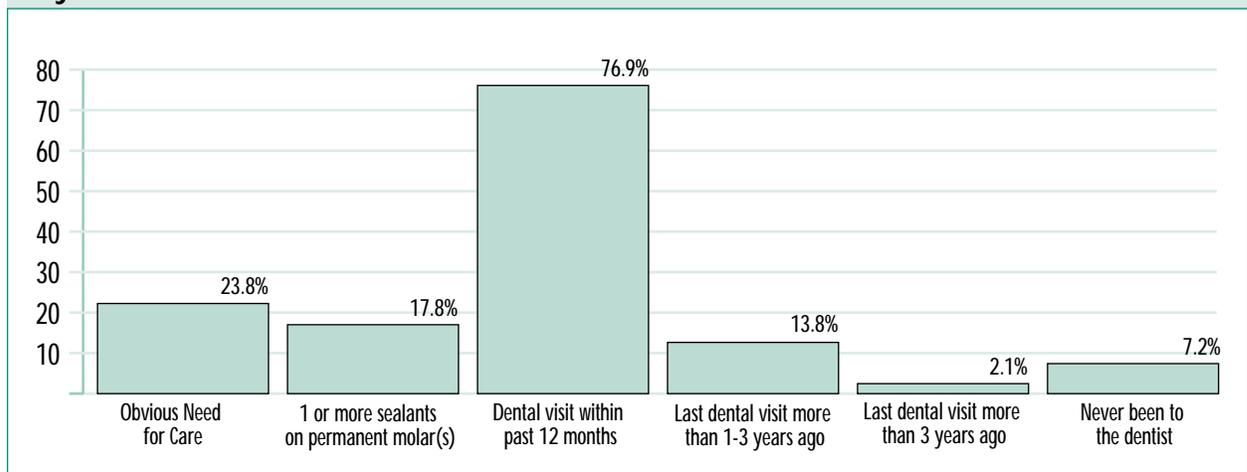


Auglaize County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,001	11,798	26,282	7,086	47,167	45,166
Medicaid eligible	395	1,137	996	519	3,047	2,652
Percent of Population eligible	19.74%	9.64%	3.79%	7.32%	6.46%	5.87%
Percent of eligibles with a dental claim						
All eligibles (n=3047)	1.01%	18.82%	16.37%	18.69%	15.69%	17.87%
Eligible ≥11 months (n=1477)	2.72%	36.96%	36.30%	28.92%	31.55%	34.74%
Percent of Population <100% Federal Poverty Level	8.1%		5.3%	6.5%	6.3%	NA
Percent of Population <200% Federal Poverty Level	27.7%		18.2%	34.4%	23.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,369:1
Licensed Dentists	15
Primary Care	14
Specialists	1
Medicaid Providers	4
1-50 patients	2
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	2
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 18,345
- PWS have natural fluoride levels ranging from 1.23 to 2.31ppm, except St. Mary's (pop. 9,925) is non-fluoridating.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

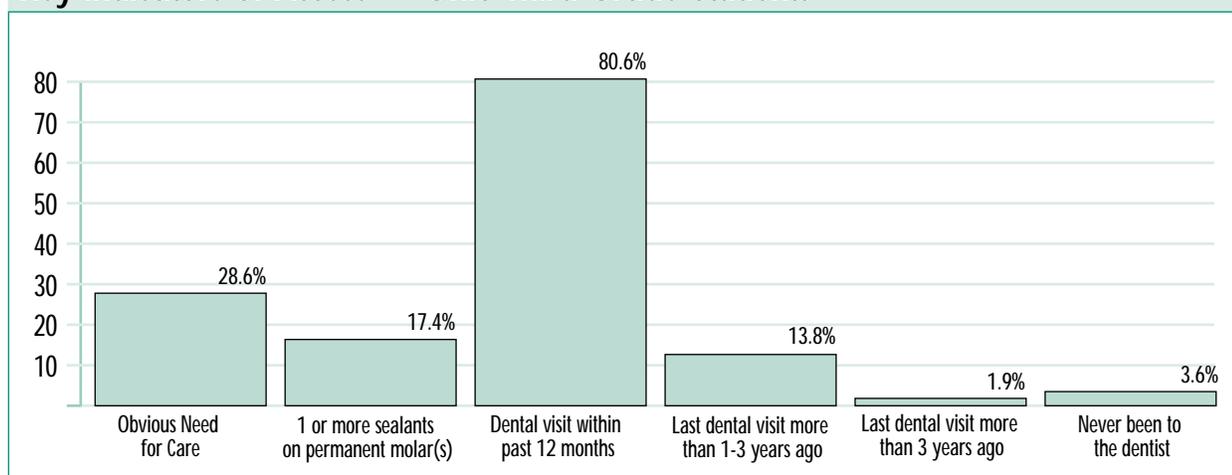


Belmont County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,155	14,609	41,778	12,717	71,259	69,104
Medicaid eligible	1,163	4,829	4,890	1,585	12,467	11,304
Percent of Population eligible	53.97%	33.05%	11.70%	12.46%	17.50%	16.36%
Percent of eligibles with a dental claim						
All eligibles (n=12467)	2.84%	31.46%	17.01%	17.85%	21.39%	23.30%
Eligible ≥11 months (n=7339)	5.81%	47.46%	31.13%	26.34%	35.59%	37.93%
Percent of Population <100% Federal Poverty Level	25.8%		15.4%	12.7%	17.4%	NA
Percent of Population <200% Federal Poverty Level	48.3%		34.6%	42.3%	39.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,545:1
Licensed Dentists	33
Primary Care	28
Specialists	5
Medicaid Providers	10
1-50 patients	2
51-249 patients	3
>249 patients	5
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 66,499
- Flushing (pop. 1926) is the only non-fluoridating system which serves more than 1000 consumers

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

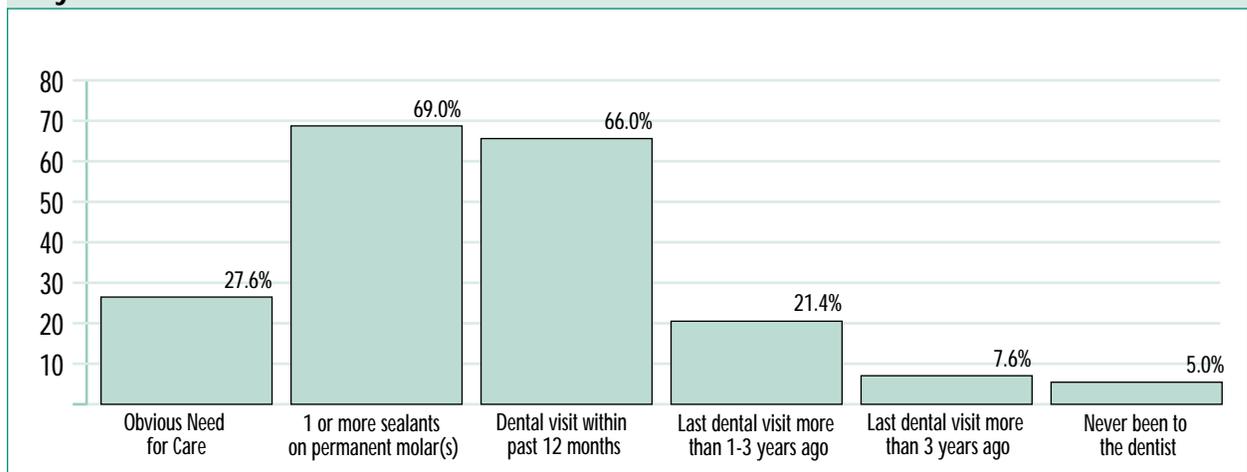


Brown County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,682	10,676	24,357	4,861	41,576	39,894
Medicaid eligible	755	2,511	2,010	789	6,065	5,310
Percent of Population eligible	44.89%	23.52%	8.25%	16.23%	14.59%	13.31%
Percent of eligibles with a dental claim						
All eligibles (n=6065)	1.85%	27.08%	17.36%	8.87%	18.35%	20.70%
Eligible ≥11 months (n=3064)	4.25%	51.65%	35.79%	11.30%	34.99%	37.83%
Percent of Population <100% Federal Poverty Level	18.7%		11.4%	17.1%	14.2%	NA
Percent of Population <200% Federal Poverty Level	45.1%		30.2%	49.0%	36.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	8,315:1
Licensed Dentists	5
Primary Care	5
Specialists	0
Medicaid Providers	5
1-50 patients	3
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	1
Health Professional Shortage Areas:	
The entire county is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 29,466
- Aberdeen (pop. 2000), Lake Lorelei Regional Water (pop. 1240) and the Village of Ripley (pop. 2200) which also supplies Ripley-Union Rural Water (pop. 900) are the largest fluoride-deficient PWSs.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

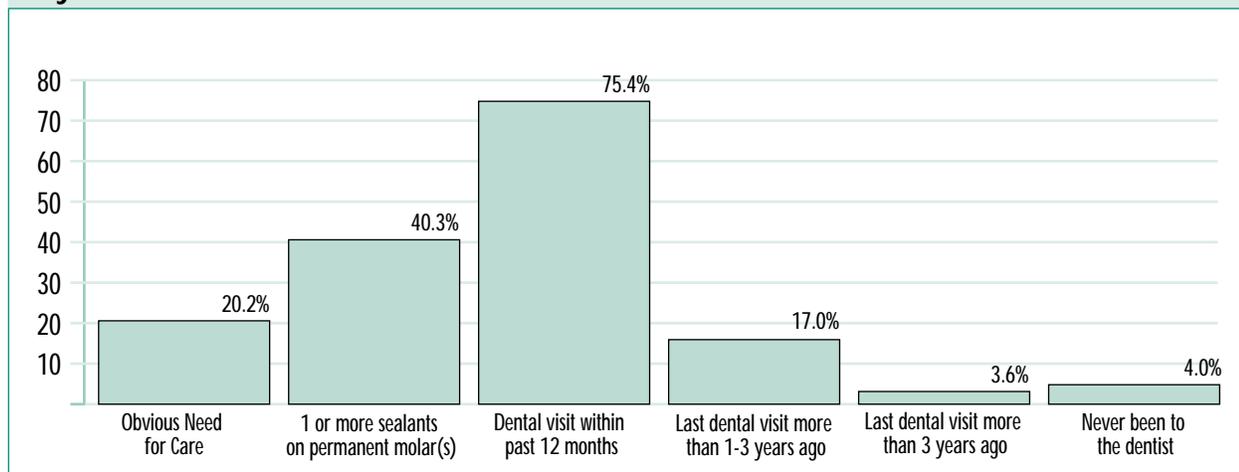


Butler County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	13,278	77,968	206,908	35,332	333,486	320,208
Medicaid eligible	3,845	11,474	10,616	3,142	29,077	25,232
Percent of Population eligible	28.96%	14.72%	5.13%	8.89%	8.72%	7.88%
Percent of eligibles with a dental claim						
All eligibles (n=29077)	2.86%	25.14%	13.72%	14.80%	16.91%	19.05%
Eligible ≥11 months (n=14747)	7.97%	44.84%	28.23%	22.00%	32.61%	35.05%
Percent of Population <100% Federal Poverty Level	13.2%		9.8%	9.1%	10.6%	NA
Percent of Population <200% Federal Poverty Level	29.3%		21.7%	33.7%	24.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,733:1
Licensed Dentists	143
Primary Care	122
Specialists	21
Medicaid Providers	32
1-50 patients	14
51-249 patients	10
>249 patients	8
Dental OPTIONS providers	26
Safety Net Programs	1
Health Professional Shortage Areas:	
A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for Eastern Hamilton City.	

Public Water Supply

- Population served by optimally fluoridated water - 305,055
- Catalina Mobile Home Park (pop. 1199) is the only non-fluoridating system which serves more than 1000 consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.



Carroll County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,064	7,153	17,118	3,951	29,286	28,222
Medicaid eligible	384	1,378	1,337	446	3,545	3,161
Percent of Population eligible	36.09%	19.26%	7.81%	11.29%	12.10%	11.20%
Percent of eligibles with a dental claim						
All eligibles (n=3545)	1.56%	23.08%	19.07%	15.70%	18.31%	20.34%
Eligible ≥11 months (n=1947)	3.80%	38.17%	36.60%	22.48%	32.36%	34.88%
Percent of Population <100% Federal Poverty Level	14.6%		10.9%	9.3%	11.7%	NA
Percent of Population <200% Federal Poverty Level	42.5%		30.4%	43.3%	35.5%	NA

Key Indicators of Access — Ohio Third Grade Students*

Carroll County schools chose not to participate in the “Make Your Smile Count” survey.

Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,881:1
Licensed Dentists	6
Primary Care	6
Specialists	0
Medicaid Providers	5
1-50 patients	1
51-249 patients	4
>249 patients	0
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 6,041
- The largest community, Carrollton (pop. 3260), provides adequately fluoridated water. PWSs which are non-fluoridating and serve more than 1000 consumers are: Mohawk Utilities Inc PL (pop. 2000), Mohawk Utilities Inc PLA (pop. 2000) and the Village of Malvern (pop. 1405).

* Due to the cluster sampling employed in the “Make Your Smile Count” survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

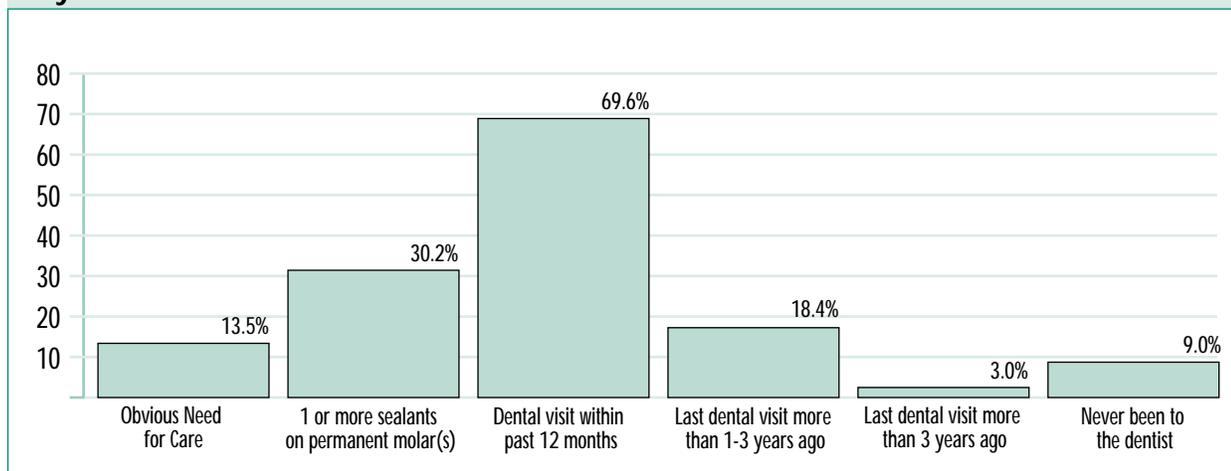


Champaign County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,420	8,991	23,333	4,828	38,572	37,152
Medicaid eligible	510	1,489	1,386	578	3,963	3,453
Percent of Population eligible	35.92%	16.56%	5.94%	11.97%	10.27%	9.29%
Percent of eligibles with a dental claim						
All eligibles (n=3963)	0.78%	18.33%	16.02%	23.70%	16.05%	18.30%
Eligible ≥11 months (n=1927)	2.50%	38.28%	32.22%	33.92%	32.33%	35.03%
Percent of Population <100% Federal Poverty Level	12.4%		7.0%	10.3%	8.8%	NA
Percent of Population <200% Federal Poverty Level	32.5%		20.2%	38.3%	25.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,857:1
Licensed Dentists	10
Primary Care	10
Specialists	0
Medicaid Providers	4
1-50 patients	1
51-249 patients	2
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 3,899
- Urbana (pop. 11,353) and Mechanicsburg (pop. 1800) are the only non-fluoridating systems which serve more than 1000 consumers. Four PWSs have natural fluoride levels ranging from 1.14 to 1.81ppm.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

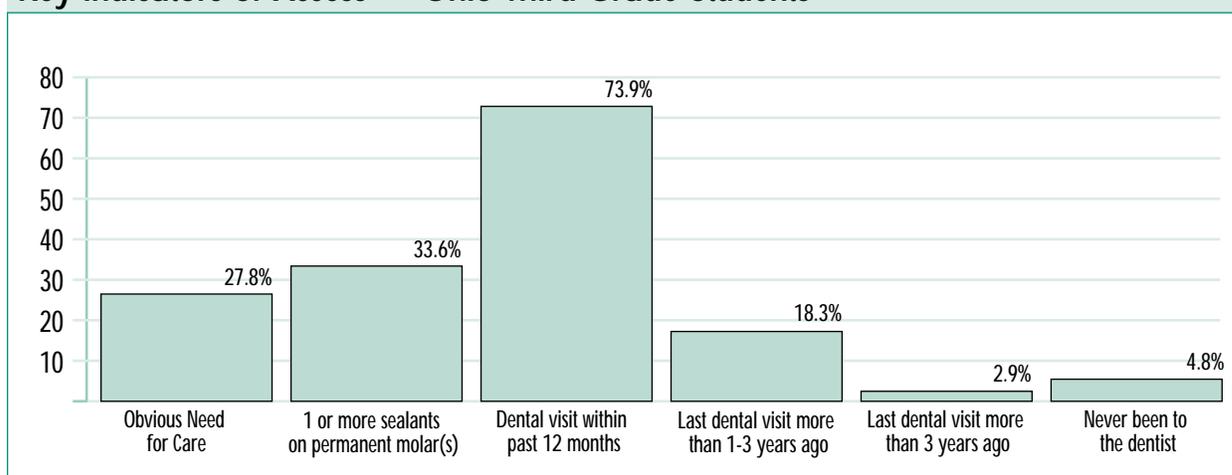


Clark County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	5,356	32,931	85,685	20,990	144,962	139,606
Medicaid eligible	2,697	8,960	8,494	2,411	22,562	19,865
Percent of Population eligible	50.35%	27.21%	9.91%	11.49%	15.56%	14.23%
Percent of eligibles with a dental claim						
All eligibles (n=22562)	1.97%	23.18%	16.53%	11.32%	16.87%	18.90%
Eligible ≥11 months (n=12083)	4.84%	40.26%	31.93%	16.62%	30.92%	33.52%
Percent of Population <100% Federal Poverty Level	20.5%		11.0%	10.7%	13.4%	NA
Percent of Population <200% Federal Poverty Level	40.9%		26.1%	37.2%	31.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,899:1
Licensed Dentists	58
Primary Care	50
Specialists	8
Medicaid Providers	32
1-50 patients	16
51-249 patients	9
>249 patients	7
Dental OPTIONS providers	6
Safety Net Programs	1

Health Professional Shortage Areas:
 Southwest Springfield is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 28,989
- Springfield (pop. 70,487), which also serves Clark County Maplewood, and Rockway (combined pop. 1090), is the largest non-fluoridating system in Ohio. New Carlisle (pop. 6049) is the only other non-fluoridating system which serves more than 1000 consumers. Twelve systems have adequate natural fluoride levels ranging from 0.82 to 1.63ppm.

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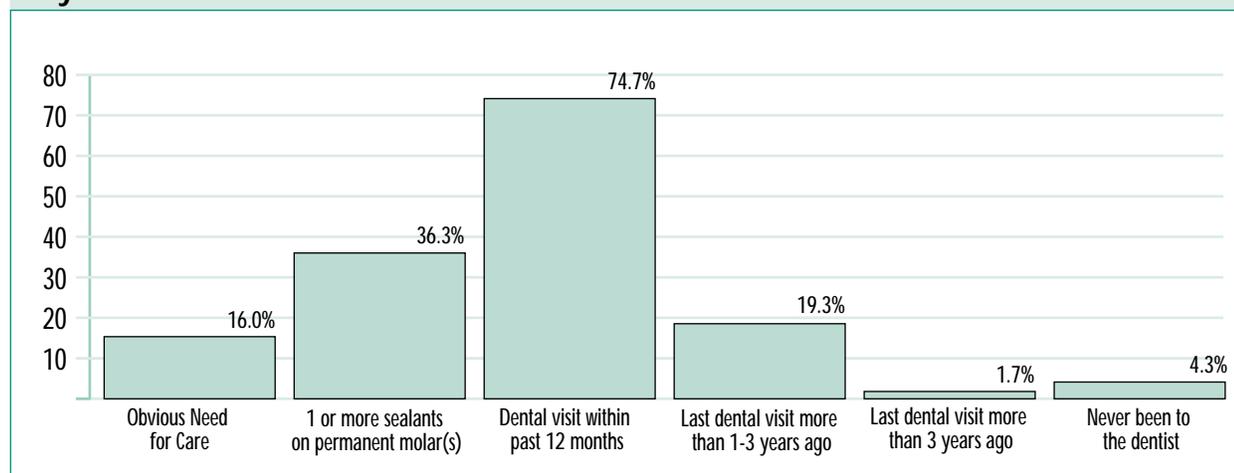


Clermont County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	7,942	45,816	110,065	14,926	178,749	170,807
Medicaid eligible	2,145	6,459	5,484	1,516	15,604	13,459
Percent of Population eligible	27.01%	14.10%	4.98%	10.16%	8.73%	7.88%
Percent of eligibles with a dental claim						
All eligibles (n=15604)	2.19%	23.47%	13.88%	15.30%	16.38%	18.64%
Eligible ≥11 months (n=7516)	6.63%	44.81%	29.34%	21.89%	32.98%	35.60%
Percent of Population <100% Federal Poverty Level	11.9%		7.0%	10.3%	8.7%	NA
Percent of Population <200% Federal Poverty Level	30.0%		19.5%	36.5%	24.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	5,417:1
Licensed Dentists	36
Primary Care	33
Specialists	3
Medicaid Providers	20
1-50 patients	10
51-249 patients	8
>249 patients	2
Dental OPTIONS providers	12
Safety Net Programs	1

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 121,998
- Most PWSs are fluoridated. New Richmond (pop. 2408), Williamsburg (pop. 2400) and Batavia (pop. 1740) are the three non-fluoridating systems which serve more than 1000 consumers.

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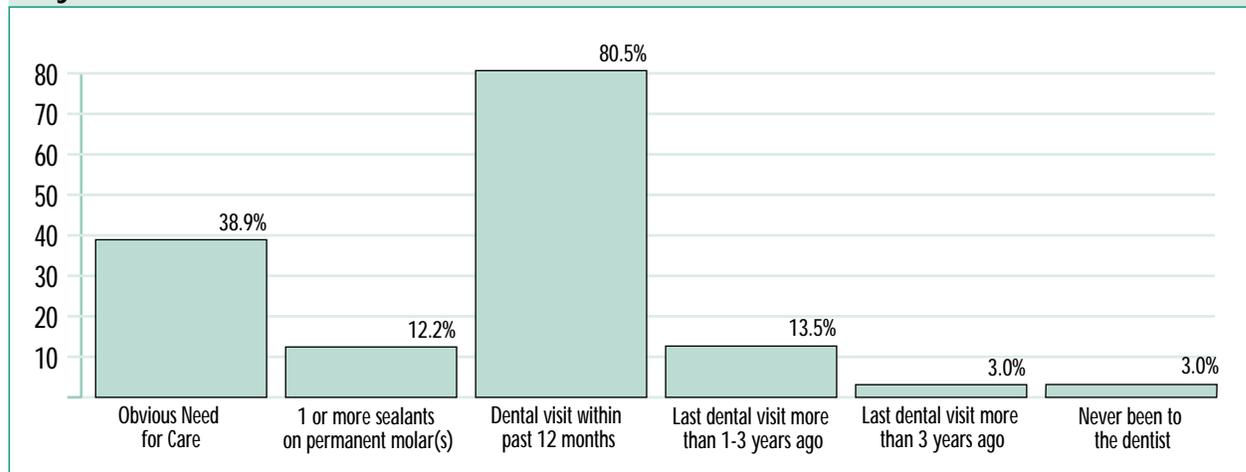


Clinton County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,571	10,012	24,154	4,964	40,701	39,130
Medicaid eligible	551	1,591	1,394	555	4,091	3,540
Percent of Population eligible	35.07%	15.89%	5.77%	11.18%	10.05%	9.05%
Percent of eligibles with a dental claim						
All eligibles (n=4091)	0.73%	21.94%	16.14%	12.61%	15.84%	18.19%
Eligible ≥11 months (n=1943)	2.26%	47.44%	33.13%	17.60%	32.37%	35.39%
Percent of Population <100% Federal Poverty Level	14.7%		10.7%	14.2%	12.3%	NA
Percent of Population <200% Federal Poverty Level	37.7%		26.4%	40.7%	31.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,700:1
Licensed Dentists	13
Primary Care	11
Specialists	2
Medicaid Providers	6
1-50 patients	4
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 4,385
- Wilmington (pop 11,199) and Blanchester (pop. 4400) are non-fluoridating. New Vienna (pop. 1200) and Sabina (pop 2700) have adequate natural fluoride.

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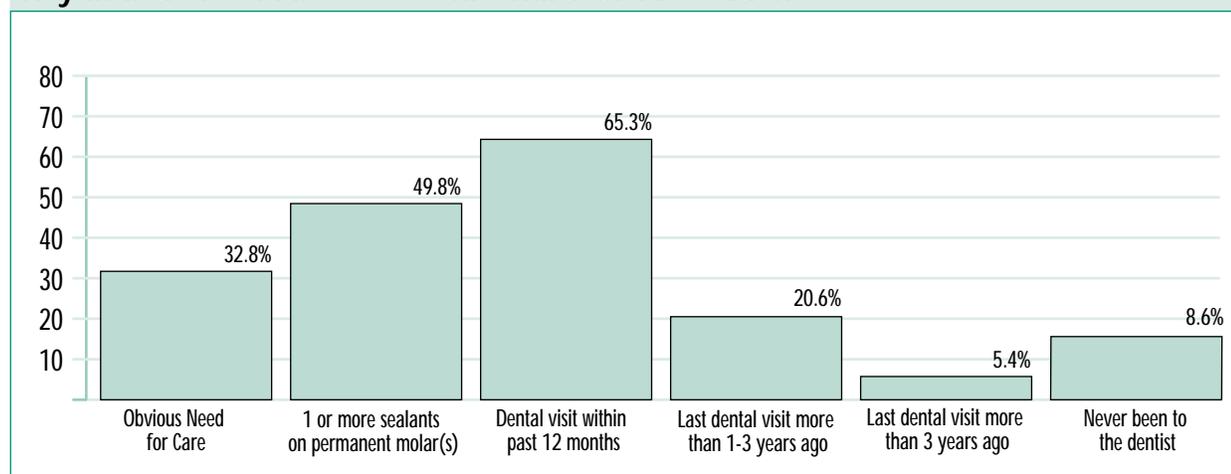


Columbiana County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,093	26,042	64,286	16,879	111,300	107,207
Medicaid eligible	1,907	6,947	5,917	1,666	16,437	14,530
Percent of Population eligible	46.59%	26.68%	9.20%	9.87%	14.77%	13.55%
Percent of eligibles with a dental claim						
All eligibles (n=16437)	2.99%	34.76%	16.53%	17.71%	22.78%	25.38%
Eligible ≥11 months (n=9087)	7.26%	56.21%	31.84%	25.77%	40.22%	43.34%
Percent of Population <100% Federal Poverty Level	23.2%		13.4%	12.4%	15.9%	NA
Percent of Population <200% Federal Poverty Level	48.5%		32.6%	45.4%	38.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,274:1
Licensed Dentists	38
Primary Care	34
Specialists	4
Medicaid Providers	12
1-50 patients	4
51-249 patients	5
>249 patients	3
Dental OPTIONS providers	6
Safety Net Programs	1

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 54,878
- The Village of Leetonia (pop. 2080) began fluoridating in 1999. Lisbon (pop. 3500) and New Waterford (pop. 1300) are the only non-fluoridating systems which serve more than 1000 consumers.

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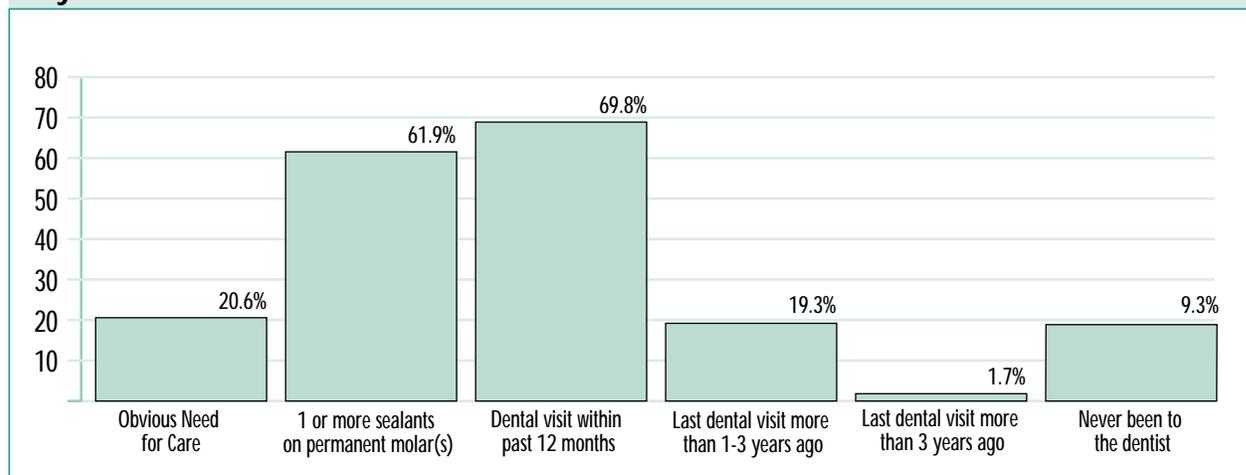


Coshocton County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,358	8,606	20,828	5,412	36,204	34,846
Medicaid eligible	524	2,055	1,891	608	5,078	4,554
Percent of Population eligible	38.59%	23.88%	9.08%	11.23%	14.03%	13.07%
Percent of eligibles with a dental claim						
All eligibles (n=5078)	3.63%	25.69%	14.54%	13.16%	17.76%	19.39%
Eligible ≥11 months (n=2673)	9.41%	44.48%	30.19%	19.90%	33.41%	35.37%
Percent of Population <100% Federal Poverty Level	17.8%		11.1%	12.9%	13.2%	NA
Percent of Population <200% Federal Poverty Level	42.8%		30.5%	47.5%	36.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,291:1
Licensed Dentists	11
Primary Care	11
Specialists	0
Medicaid Providers	4
1-50 patients	1
51-249 patients	2
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	1
Health Professional Shortage Areas: The entire county is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 16,400
- The City of Coshocton (pop. 16,200) is fluoridated. West Lafayette (pop. 3200) is the only non-fluoridating system which serves more than 1000 consumers. Eight non-fluoridating systems serve fewer than 200 consumers.

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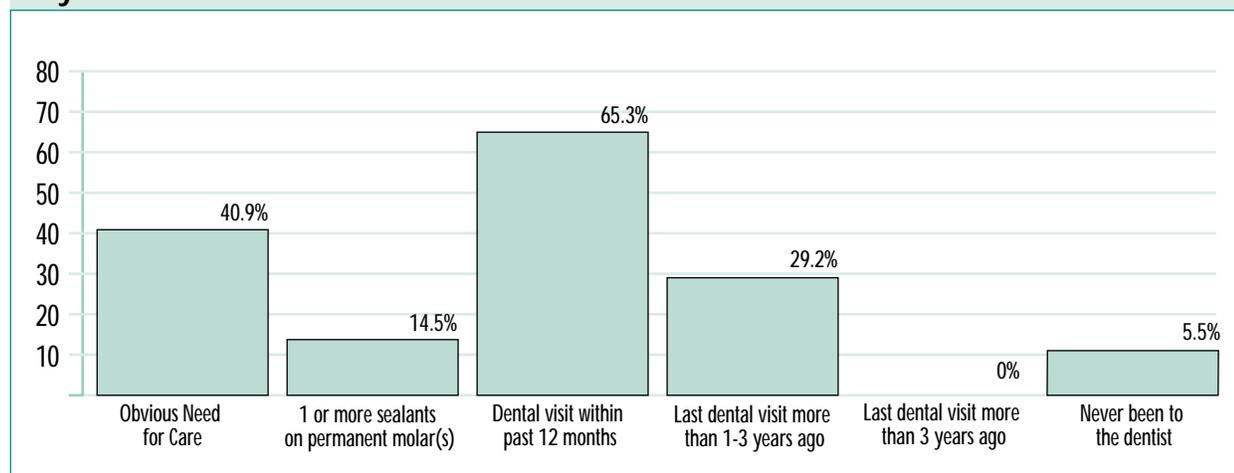


Crawford County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,766	10,881	27,164	7,199	47,010	45,244
Medicaid eligible	810	2,457	2,257	626	6,150	5,340
Percent of Population eligible	45.87%	22.58%	8.31%	8.70%	13.08%	11.80%
Percent of eligibles with a dental claim						
All eligibles (n=6150)	0.62%	17.87%	12.23%	20.77%	13.82%	15.82%
Eligible ≥11 months (n=2993)	1.79%	33.63%	25.52%	30.60%	27.36%	30.00%
Percent of Population <100% Federal Poverty Level	15.4%		10.0%	11.0%	11.6%	NA
Percent of Population <200% Federal Poverty Level	41.5%		28.2%	40.9%	33.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,351:1
Licensed Dentists	21
Primary Care	20
Specialists	1
Medicaid Providers	3
1-50 patients	1
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 14,751
- The City of Bucyrus (pop. 13,651) is fluoridated. Gallon (pop. 11,859) and Crestline (pop. 5940) are the two non-fluoridating systems which serve more than 1000 consumers. New Washington has adequate natural fluoride.

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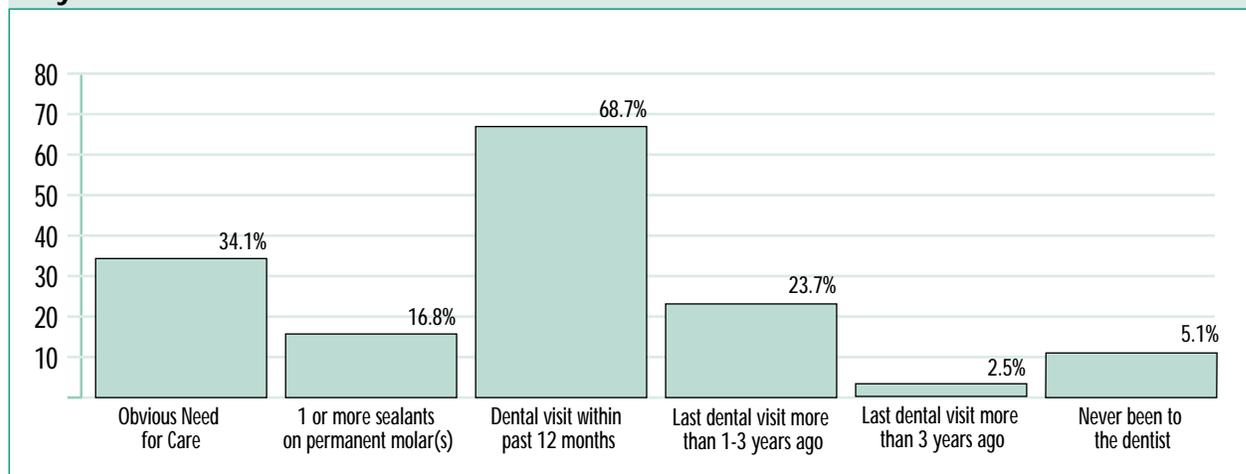


Cuyahoga County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	53,578	289,830	810,980	217,329	1,371,717	1,318,139
Medicaid eligible	13,780	60,275	59,587	24,170	157,812	144,032
Percent of Population eligible	25.72%	20.80%	7.35%	11.12%	11.50%	10.93%
Percent of eligibles with a dental claim						
All eligibles (n=157812)	1.29%	17.06%	16.61%	21.65%	16.22%	17.65%
Eligible ≥11months (n=102460)	2.79%	23.96%	26.72%	29.34%	24.59%	25.99%
Percent of Population <100% Federal Poverty Level	21.6%		11.6%	10.2%	13.8%	NA
Percent of Population <200% Federal Poverty Level	38.9%		23.9%	35.1%	29.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,408:1
Licensed Dentists	1162
Primary Care	974
Specialists	188
Medicaid Providers	254
1-50 patients	171
51-249 patients	55
>249 patients	28
Dental OPTIONS providers	51
Safety Net Programs	14

Health Professional Shortage Areas: There are six federally designated Dental Health Professional Shortage Areas: Central-Fairfax-Kinsman; Hough-Norwood; Glenville; Western Collinwood; and Mt. Pleasant, Union Miles, Corlett and downtown Woodland

Public Water Supply

- Population served by optimally fluoridated water - 1,488,422
- All PWSs which serve more than 1000 consumers offer adequately fluoridated water. Two PWSs are non-fluoridating and serve fewer than 100 consumers each.

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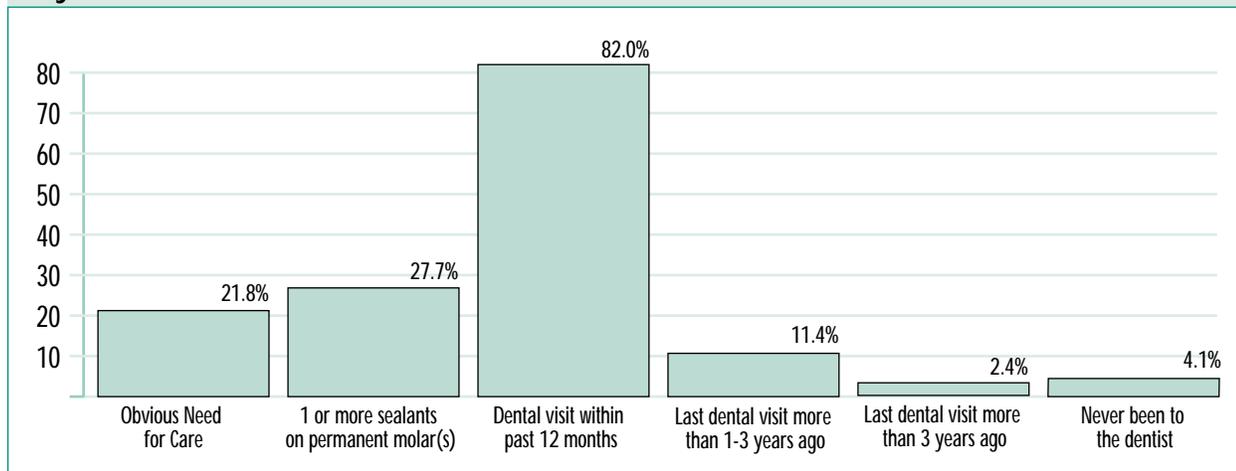


Darke County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,069	13,056	30,683	8,255	54,063	51,994
Medicaid eligible	607	1,739	1,475	663	4,484	3,877
Percent of Population eligible	29.34%	13.32%	4.81%	8.03%	8.29%	7.46%
Percent of eligibles with a dental claim						
All eligibles (n=4484)	0.49%	19.61%	17.29%	21.72%	16.57%	19.09%
Eligible ≥11 months (n=2241)	1.59%	38.40%	34.22%	30.60%	32.35%	35.19%
Percent of Population <100% Federal Poverty Level	12.1%		7.2%	10.3%	9.0%	NA
Percent of Population <200% Federal Poverty Level	37.4%		23.5%	40.5%	29.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	6,007:1
Licensed Dentists	11
Primary Care	9
Specialists	2
Medicaid Providers	4
1-50 patients	2
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 2,094
- Two PWSs, Union City (pop. 1984) and Morris Plaza (pop. 110), have adequate natural fluoride. Greenville (pop. 13,125), Versailles (pop. 2438) and 4 other systems which serve more than 1000 consumers each are all non-fluoridating.

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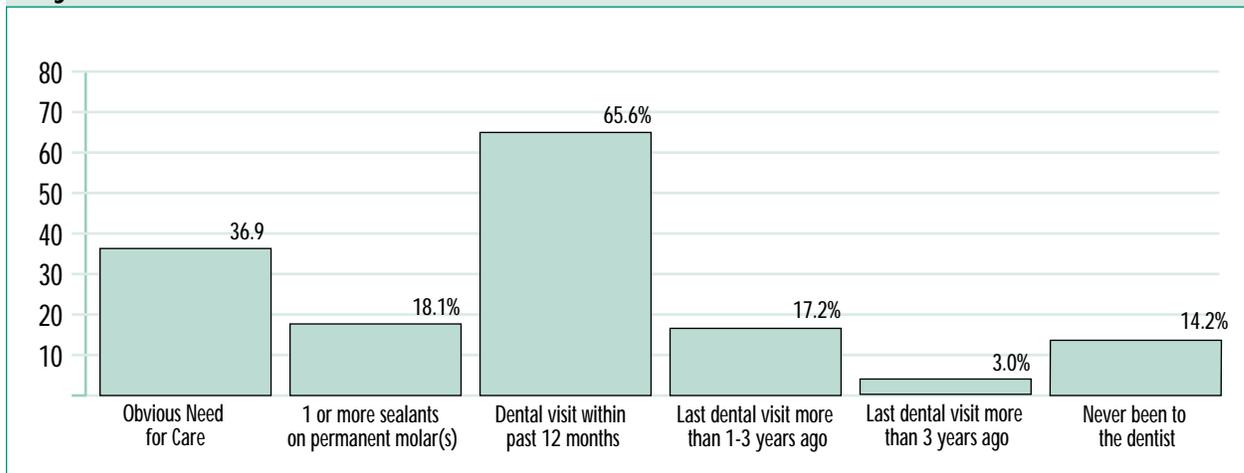


Defiance County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,559	10,018	23,106	4,968	39,651	38,092
Medicaid eligible	527	1,362	1,196	362	3,447	2,920
Percent of Population eligible	33.80%	13.60%	5.18%	7.29%	8.69%	7.67%
Percent of eligibles with a dental claim						
All eligibles (n=3447)	0.57%	15.35%	11.54%	21.82%	12.45%	14.59%
Eligible ≥11 months (n=1621)	1.83%	28.76%	25.89%	32.64%	25.66%	28.35%
Percent of Population <100% Federal Poverty Level	11.4%		6.9%	11.8%	8.8%	NA
Percent of Population <200% Federal Poverty Level	31.2%		19.9%	37.7%	25.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,643:1
Licensed Dentists	18
Primary Care	15
Specialists	3
Medicaid Providers	6
1-50 patients	6
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 24,365
- Defiance (pop. 17,000), which also serves Ayersville (pop. 1600), Brunersburg (pop. 499) and Christi (pop. 300), provides adequately fluoridated water. All other PWSs have adequate natural levels of fluoride.

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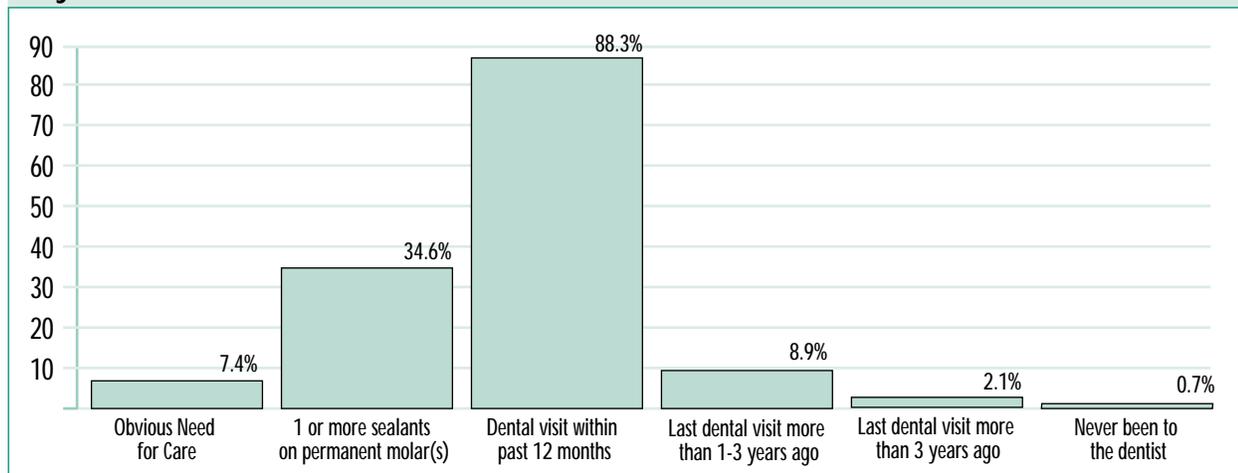


Delaware County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,036	25,226	65,382	9,035	103,679	99,643
Medicaid eligible	692	2,296	1,906	789	5,683	4,991
Percent of Population eligible	17.15%	9.10%	2.92%	8.73%	5.48%	5.01%
Percent of eligibles with a dental claim						
All eligibles (n=5683)	1.16%	20.08%	13.80%	12.04%	14.55%	16.41%
Eligible ≥11 months (n=2962)	2.81%	35.57%	28.13%	18.67%	27.25%	29.85%
Percent of Population <100% Federal Poverty Level	6.6%		4.7%	10.0%	5.7%	NA
Percent of Population <200% Federal Poverty Level	19.5%		14.9%	34.8%	17.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,240:1
Licensed Dentists	40
Primary Care	32
Specialists	8
Medicaid Providers	7
1-50 patients	4
51-249 patients	2
>249 patients	1
Dental OPTIONS providers	8
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 53,163
- Delaware (pop. 22,500) is expected to begin fluoridating in 2001. The Village of Ashley (pop. 1678) is the only non-fluoridating PWS which serves more than 1000 consumers.

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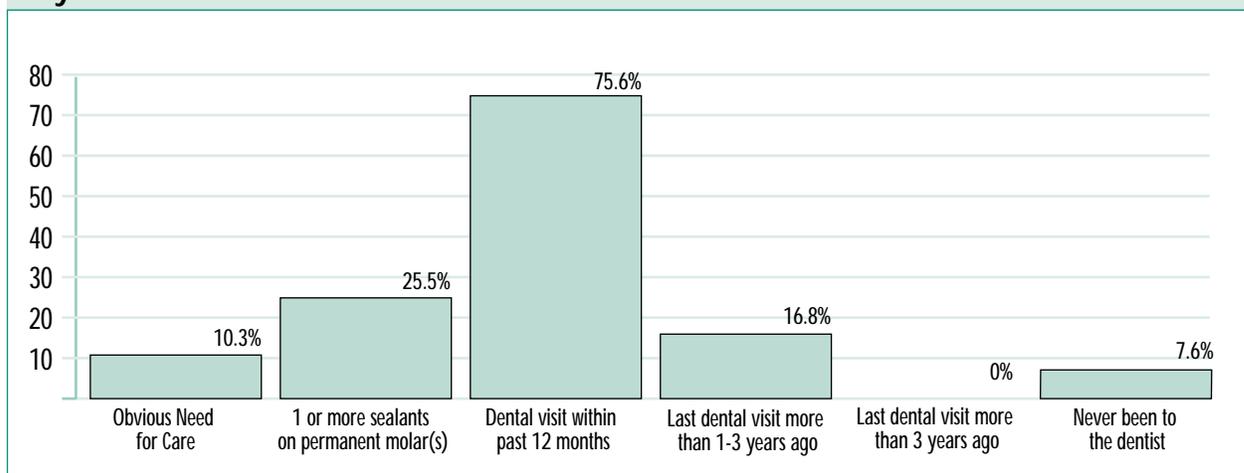


Erie County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,877	17,599	45,306	12,111	77,893	75,016
Medicaid eligible	988	3,362	2,563	900	7,813	6,825
Percent of Population eligible	34.34%	19.10%	5.66%	7.43%	10.03%	9.10%
Percent of eligibles with a dental claim						
All eligibles (n=7813)	2.83%	23.77%	11.98%	20.33%	16.86%	18.89%
Eligible ≥11 months (n=3831)	9.06%	43.16%	26.47%	30.60%	33.54%	35.69%
Percent of Population <100% Federal Poverty Level	12.7%		7.2%	9.6%	9.0%	NA
Percent of Population <200% Federal Poverty Level	32.6%		20.6%	34.4%	25.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,693:1
Licensed Dentists	54
Primary Care	46
Specialists	8
Medicaid Providers	14
1-50 patients	8
51-249 patients	5
>249 patients	1
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 78,366
- Most PWSs are fluoridated. The Village of Kelley's Island (pop. 1000) is the only non-fluoridating system which serves more than 1000 consumers.

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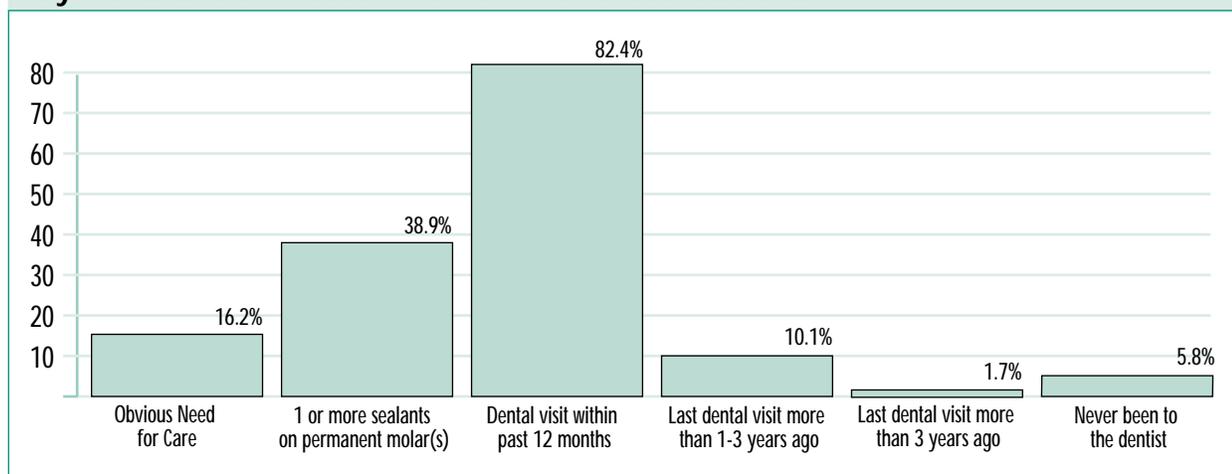


Fairfield County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,626	30,595	77,941	13,561	126,723	122,097
Medicaid eligible	1,217	3,394	3,188	1,309	9,108	7,891
Percent of Population eligible	26.31%	11.09%	4.09%	9.65%	7.19%	6.46%
Percent of eligibles with a dental claim						
All eligibles (n=9108)	0.74%	27.05%	17.97%	17.34%	18.96%	21.77%
Eligible ≥11 months (n=4637)	2.12%	49.94%	35.46%	27.04%	36.51%	39.98%
Percent of Population <100% Federal Poverty Level		11.7%	7.0%	11.6%	8.8%	NA
Percent of Population <200% Federal Poverty Level		31.8%	21.1%	39.5%	26.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,880:1
Licensed Dentists	50
Primary Care	44
Specialists	6
Medicaid Providers	12
1-50 patients	8
51-249 patients	1
>249 patients	3
Dental OPTIONS providers	1
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 21,989
- Lancaster (pop. 40,749) and Bremen (pop 1372) are non-fluoridating. Millersport (pop. 3200) and Baltimore (pop. 2971), which also serves Thurston (pop. 539) have adequate levels of natural fluoride ranging from 1.75 to 2.17ppm.

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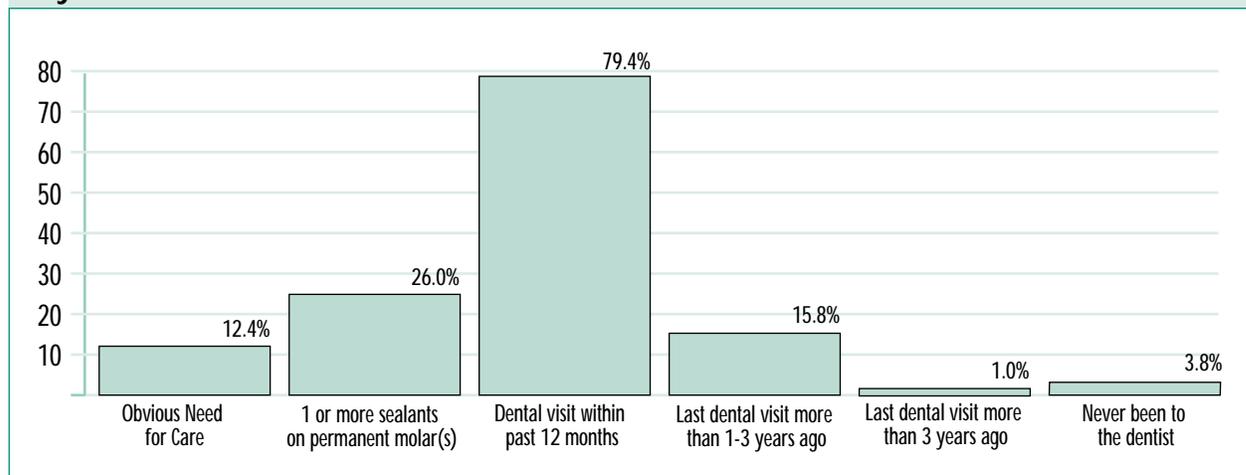


Fayette County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,057	6,637	16,579	4,126	28,399	27,342
Medicaid eligible	530	1,624	1,494	662	4,310	3,780
Percent of Population eligible	50.14%	24.47%	9.01%	16.04%	15.18%	13.82%
Percent of eligibles with a dental claim						
All eligibles (n=4310)	0.75%	24.08%	14.59%	12.99%	16.22%	18.39%
Eligible ≥11 months (n=2222)	1.08%	47.02%	27.79%	17.83%	30.47%	33.15%
Percent of Population <100% Federal Poverty Level	22.0%		13.4%	17.6%	16.2%	NA
Percent of Population <200% Federal Poverty Level	50.8%		34.2%	47.8%	40.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentis (defined as a general or pediatric dentist)	3,550:1
Licensed Dentists	10
Primary Care	8
Specialists	2
Medicaid Providers	4
1-50 patients	2
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	2
Safety Net Programs	1

Health Professional Shortage Areas:
The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 2,694
- Washington Court House (pop. 13,800) is non-fluoridating. All other PWSs have adequate natural fluoride ranging from 0.92 to 1.70ppm.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

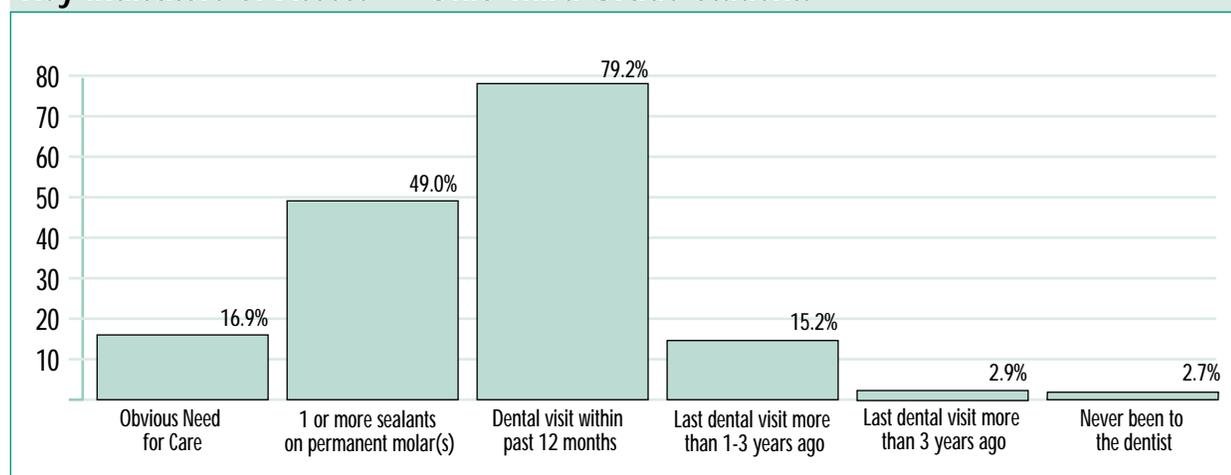


Franklin County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	44,199	223,753	656,773	103,096	1,027,821	983,622
Medicaid eligible	17,550	59,676	44,380	10,917	132,523	114,973
Percent of Population eligible	39.71%	26.67%	6.76%	10.59%	12.89%	11.69%
Percent of eligibles with a dental claim						
All eligibles (n=132523)	1.39%	21.08%	16.49%	18.83%	16.75%	19.10%
Eligible ≥11 months (n=71681)	3.67%	35.49%	31.35%	26.02%	30.25%	32.91%
Percent of Population <100% Federal Poverty Level	17.6%		11.6%	10.3%	13.0%	NA
Percent of Population <200% Federal Poverty Level	34.4%		24.8%	32.9%	27.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,534:1
Licensed Dentists	838
Primary Care	670
Specialists	168
Medicaid Providers	135
1-50 patients	79
51-249 patients	28
>249 patients	28
Dental OPTIONS providers	147
Safety Net Programs	5

Health Professional Shortage Areas:

Near Eastside is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 1,003,919
- Most PWSs are fluoridated. Groveport (pop. 2775) and Jefferson Water & Sewer (pop. 1548) are the two non-fluoridating systems which serve more than 1000 consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.

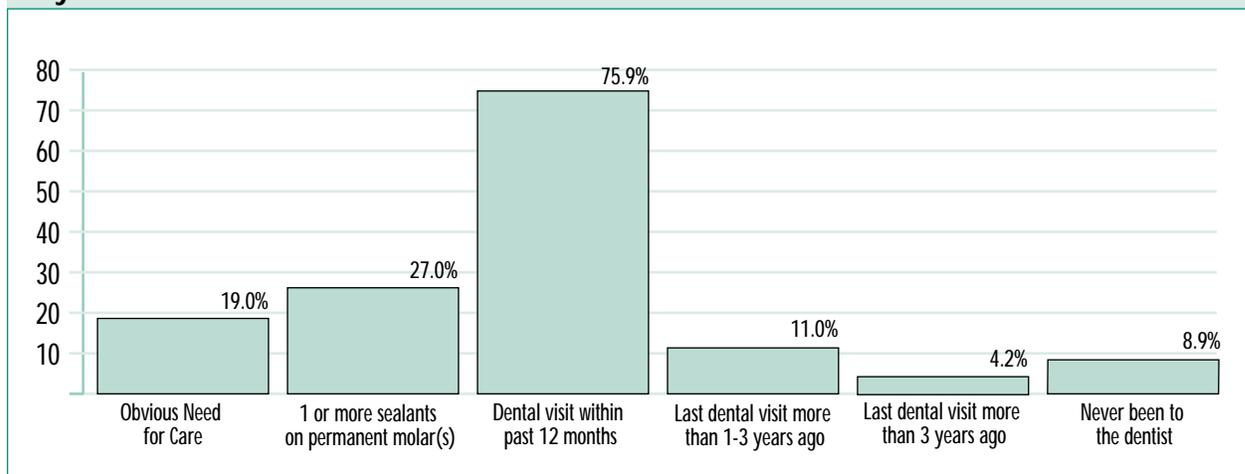


Fulton County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,767	10,980	24,181	5,274	42,202	40,435
Medicaid eligible	409	1,155	909	389	2,862	2,453
Percent of Population eligible	23.15%	10.52%	3.76%	7.38%	6.78%	6.07%
Percent of eligibles with a dental claim						
All eligibles (n=2862)	0.49%	17.14%	10.78%	22.62%	13.49%	15.65%
Eligible ≥11 months (n=1312)	1.60%	32.81%	25.88%	35.80%	28.43%	31.26%
Percent of Population <100% Federal Poverty Level	7.6%		4.8%	9.9%	6.2%	NA
Percent of Population <200% Federal Poverty Level	27.2%		17.6%	32.9%	22.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,837:1
Licensed Dentists	12
Primary Care	11
Specialists	1
Medicaid Providers	2
1-50 patients	1
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 21,426
- All PWSs provide adequate fluoride except Metamora (pop. 975).

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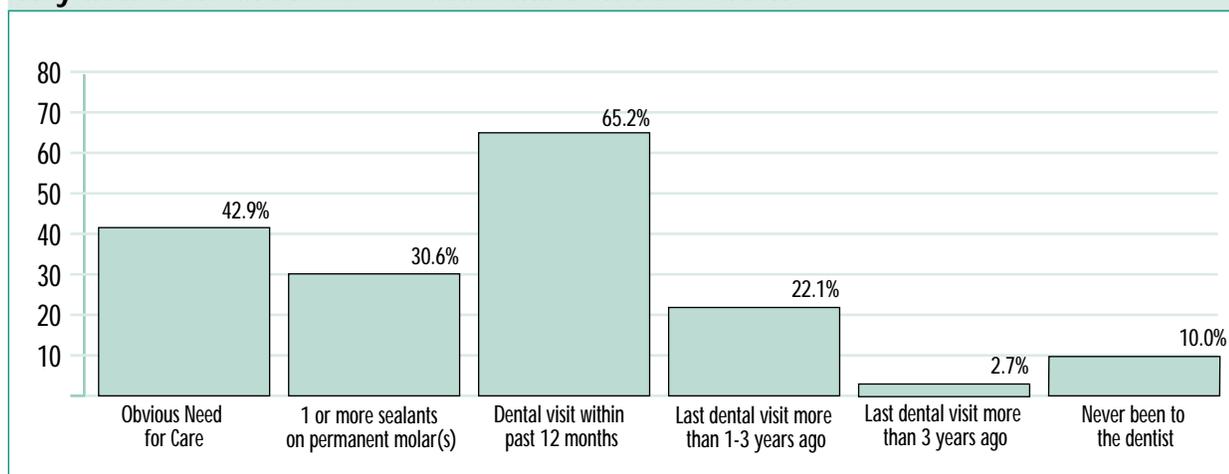


Gallia County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,214	7,962	19,795	4,277	33,248	32,034
Medicaid eligible	758	2,963	3,431	805	7,957	7,199
Percent of Population eligible	62.44%	37.21%	17.33%	18.82%	23.93%	22.47%
Percent of eligibles with a dental claim						
All eligibles (n=7957)	0.66%	25.95%	13.64%	11.18%	16.74%	18.43%
Eligible ≥11 months (n=5017)	1.37%	38.83%	21.89%	14.80%	26.13%	28.07%
Percent of Population <100% Federal Poverty Level	28.5%		19.8%	22.4%	22.5%	NA
Percent of Population <200% Federal Poverty Level	50.8%		38.4%	55.3%	43.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,023:1
Licensed Dentists	13
Primary Care	11
Specialists	2
Medicaid Providers	3
1-50 patients	0
51-249 patients	1
>249 patients	2
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 30,723
- All PWSs provide adequate fluoride except Gallipolis Developmental Center (pop. 900)

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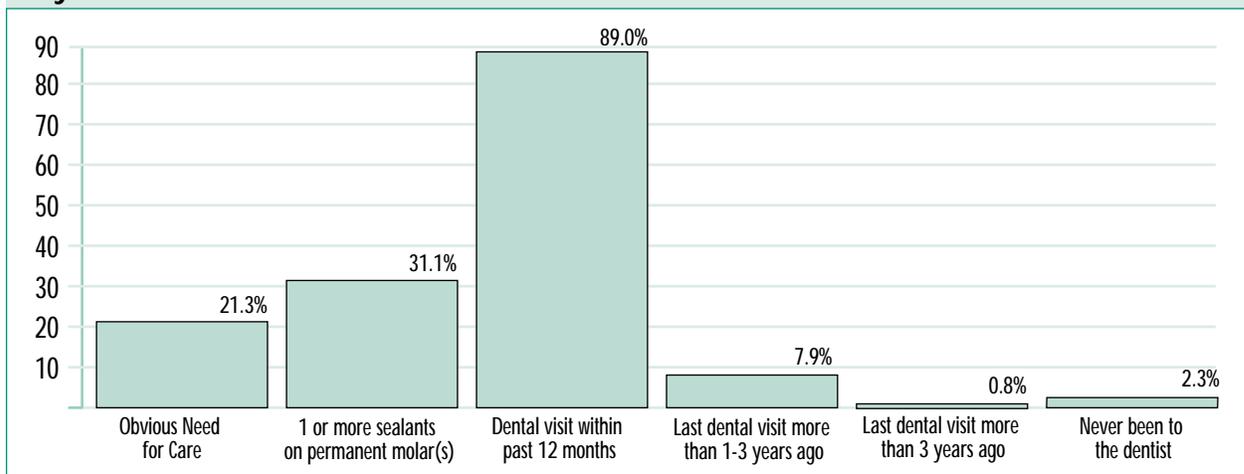


Geauga County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	3,573	21,095	52,321	12,609	89,598	86,025
Medicaid eligible	333	1,097	936	738	3,104	2,771
Percent of Population eligible	9.32%	5.20%	1.79%	5.85%	3.46%	3.22%
Percent of eligibles with a dental claim						
All eligibles (n=3104)	2.40%	26.71%	17.63%	19.92%	19.75%	21.83%
Eligible ≥11 months (n=1729)	6.20%	42.68%	37.27%	28.91%	34.59%	36.88%
Percent of Population <100% Federal Poverty Level	8.5%		4.1%	5.8%	5.6%	NA
Percent of Population <200% Federal Poverty Level	25.9%		13.8%	26.2%	18.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,358:1
Licensed Dentists	42
Primary Care	38
Specialists	4
Medicaid Providers	5
1-50 patients	1
51-249 patients	4
>249 patients	0
Dental OPTIONS providers	5
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 8,800
- Burton (pop. 1375) is the only non-fluoridating PWS which serves more than 1000 consumers.

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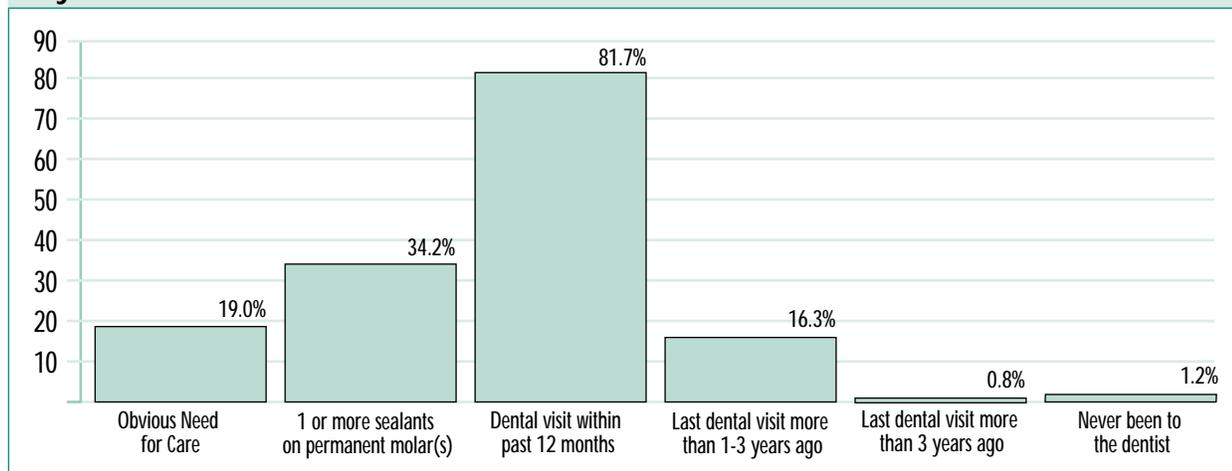


Greene County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	5,171	34,590	92,747	16,641	149,149	143,978
Medicaid eligible	1,567	4,872	4,521	1,510	12,470	10,903
Percent of Population eligible	30.30%	14.08%	4.87%	9.07%	8.36%	7.57%
Percent of eligibles with a dental claim						
All eligibles (n=12470)	1.21%	25.99%	17.10%	18.28%	18.72%	21.23%
Eligible ≥11 months (n=6352)	1.37%	10.67%	7.62%	14.56%	9.41%	10.23%
Percent of Population <100% Federal Poverty Level	12.1%		8.6%	8.1%	9.5%	NA
Percent of Population <200% Federal Poverty Level	28.7%		20.0%	28.0%	23.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,712:1
Licensed Dentists	64
Primary Care	55
Specialists	9
Medicaid Providers	8
1-50 patients	3
51-249 patients	2
>249 patients	3
Dental OPTIONS providers	7
Safety Net Programs	1

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 113,690
- Xenia (pop 25,770), which also serves Wilberforce (pop 1258), Central State University (pop. 4100), Greene County-Shawnee Hills (pop. 2418), and Cedarville College (pop. 1910) are the four non-fluoridating systems which serve more than 1000 consumers.

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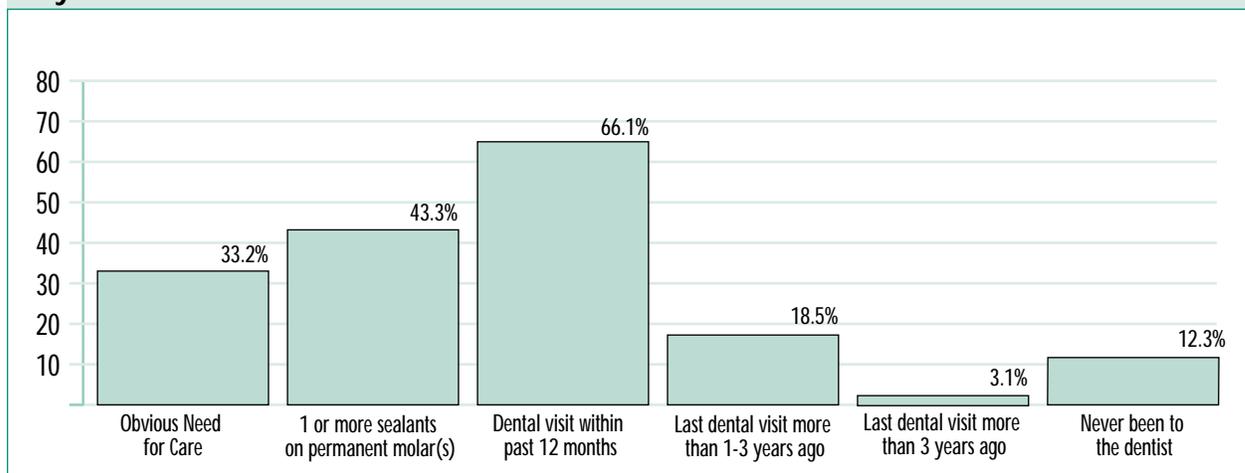


Guernsey County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,559	9,814	23,765	5,817	40,955	39,396
Medicaid eligible	905	3,579	3,084	761	8,329	7,424
Percent of Population eligible	58.05%	36.47%	12.98%	13.08%	20.34%	18.84%
Percent of eligibles with a dental claim						
All eligibles (n=8329)	1.88%	24.36%	12.42%	14.19%	16.57%	18.36%
Eligible ≥11 months (n=4784)	3.98%	37.81%	24.33%	19.89%	28.37%	30.76%
Percent of Population <100% Federal Poverty Level	24.3%		14.5%	16.4%	17.5%	NA
Percent of Population <200% Federal Poverty Level	54.4%		36.6%	54.0%	44.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,925:1
Licensed Dentists	15
Primary Care	14
Specialists	1
Medicaid Providers	7
1-50 patients	3
51-249 patients	4
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas:
The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 30,572
- All PWSs which serve more than 1000 consumers offer adequately fluoridated water.

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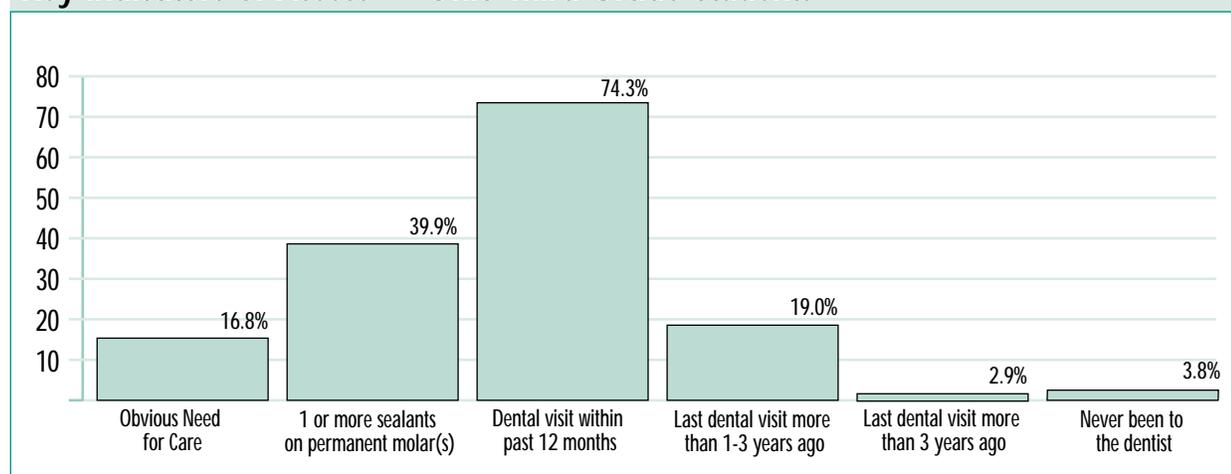


Hamilton County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	35,406	191,430	496,641	116,966	840,443	805,037
Medicaid eligible	13,199	49,970	36,023	11,665	110,857	97,658
Percent of Population eligible	37.28%	26.10%	7.25%	9.97%	13.19%	12.13%
Percent of eligibles with a dental claim						
All eligibles (n=110857)	2.14%	23.35%	16.52%	21.23%	18.38%	20.58%
Eligible ≥11 months (n=60356)	5.55%	39.68%	31.51%	29.52%	33.00%	35.45%
Percent of Population <100% Federal Poverty Level	19.6%		11.0%	11.2%	13.3%	NA
Percent of Population <200% Federal Poverty Level	36.5%		23.7%	35.1%	28.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,747:1
Licensed Dentists	587
Primary Care	481
Specialists	106
Medicaid Providers	125
1-50 patients	59
51-249 patients	32
>249 patients	34
Dental OPTIONS providers	128
Safety Net Programs	14

Health Professional Shortage Areas: There are four federally designated Dental Health Professional Shortage Areas: Cincinnati Homeless; Avondale; Millvale; and Winton Hills.

Public Water Supply

- Population served by optimally fluoridated water - 846,256
- No PWS offers fluoridated water. Four systems which serve more than 1000 consumers are non-fluoridating. They are Cleves (pop. 4950), Lockland (pop. 4356), Addyston (pop. 1198) and Rolling Acres (pop. 1200). The Village of Cleves has received OEPA approval of plans to construct a new water plant which will offer fluoridation.

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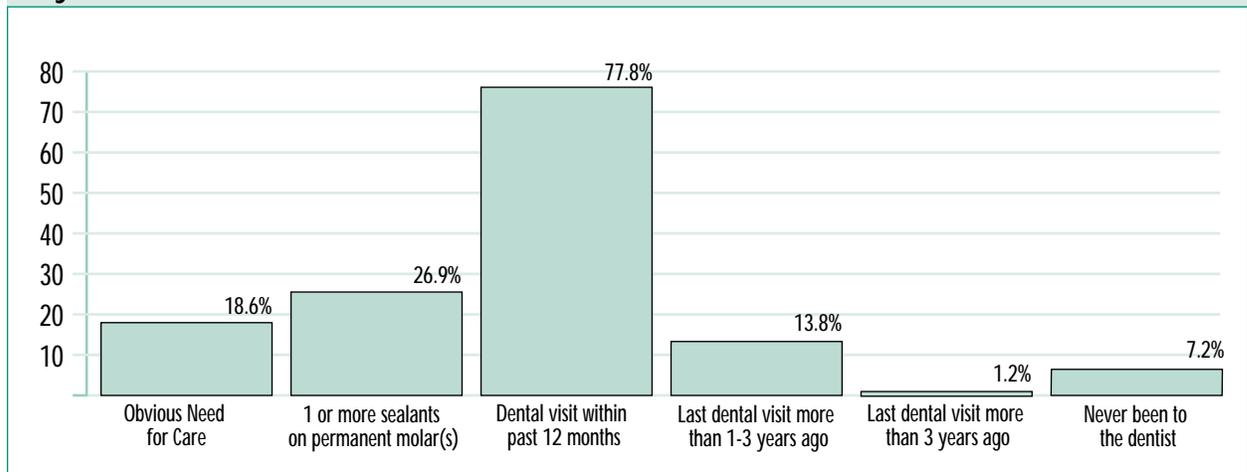


Hancock County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,780	16,450	41,254	8,917	69,401	66,621
Medicaid eligible	840	2,144	1,967	613	5,564	4,724
Percent of Population eligible	30.22%	13.03%	4.77%	6.87%	8.02%	7.09%
Percent of eligibles with a dental claim						
All eligibles (n=5564)	1.55%	18.89%	12.35%	12.07%	13.21%	15.28%
Eligible ≥11 months (n=2567)	4.28%	38.67%	28.22%	17.45%	27.78%	30.93%
Percent of Population <100% Federal Poverty Level	8.5%		6.4%	8.9%	7.3%	NA
Percent of Population <200% Federal Poverty Level	27.1%		18.3%	34.8%	22.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,570:1
Licensed Dentists	33
Primary Care	27
Specialists	6
Medicaid Providers	9
1-50 patients	7
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	5
Safety Net Programs	1

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 44,163
- All PWSs offer adequately fluoridated water. Findlay and McComb adjust the fluoride in their supplies, and all other systems have adequate natural fluoride levels.

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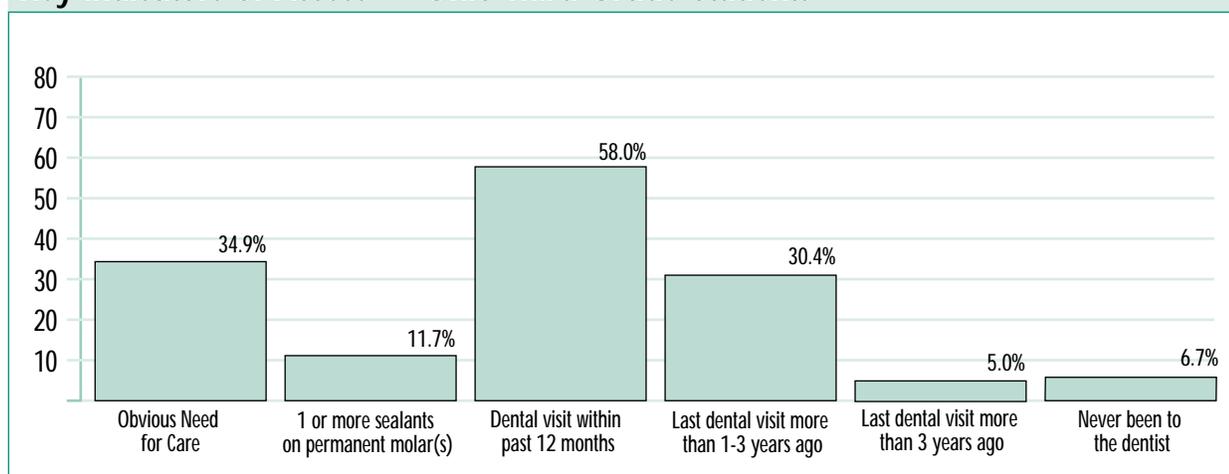


Hardin County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,151	7,483	18,820	4,198	31,652	30,501
Medicaid eligible	442	1,354	1,247	398	3,441	2,999
Percent of Population eligible	38.40%	18.09%	6.63%	9.48%	10.87%	9.83%
Percent of eligibles with a dental claim						
All eligibles (n=3441)	0.90%	14.25%	12.19%	22.11%	12.70%	14.44%
Eligible ≥11 months (n=1678)	2.58%	29.03%	25.25%	31.29%	25.63%	27.97%
Percent of Population <100% Federal Poverty Level		21.8%	14.4%	14.3%	16.4%	NA
Percent of Population <200% Federal Poverty Level		45.9%	31.0%	43.7%	36.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,522:1
Licensed Dentists	7
Primary Care	7
Specialists	0
Medicaid Providers	2
1-50 patients	1
51-249 patients	1
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 12,008
- Most PWSs have adequate natural fluoride levels. The Villages of Ada (pop. 5600) and Forest (pop. 1594) are the only non-fluoridating systems which serve more than 1000 consumers.

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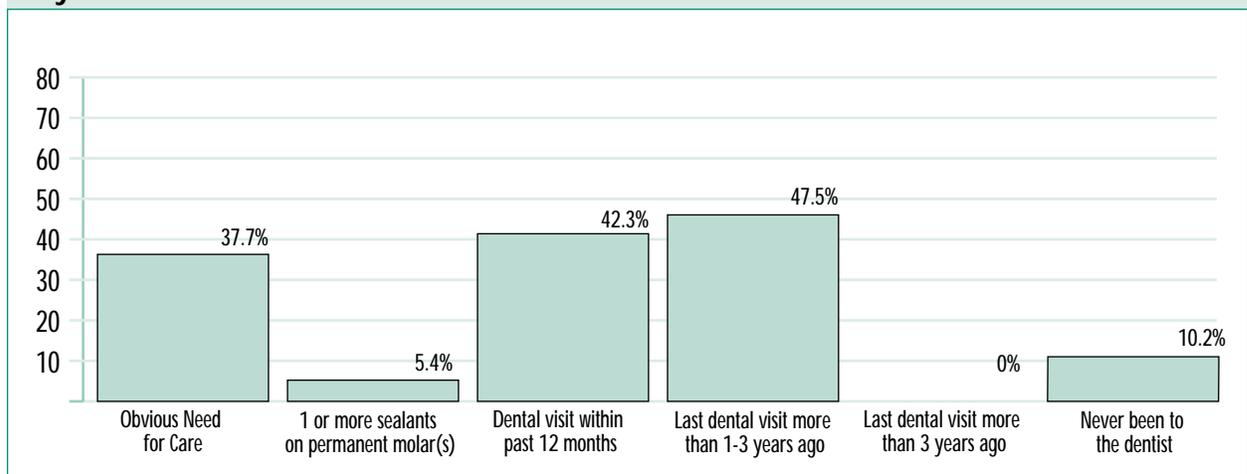


Harrison County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	503	3,677	9,119	2,771	16,070	15,567
Medicaid eligible	258	1,030	959	308	2,555	2,297
Percent of Population eligible	51.29%	28.01%	10.52%	11.12%	15.90%	14.76%
Percent of eligibles with a dental claim						
All eligibles (n=2555)	1.94%	29.32%	13.87%	18.51%	19.45%	21.42%
Eligible ≥11 months (n=1426)	4.59%	45.02%	28.13%	27.27%	33.94%	36.37%
Percent of Population <100% Federal Poverty Level	29.3%		18.1%	10.5%	19.7%	NA
Percent of Population <200% Federal Poverty Level	58.3%		40.3%	46.9%	46.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,018:1
Licensed Dentists	4
Primary Care	4
Specialists	0
Medicaid Providers	3
1-50 patients	2
51-249 patients	1
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 8,540
- The two largest PWSs, Cadiz (pop. 3800) and Tri-County Water Authority (pop. 2055) offer adequately fluoridated water. All non-fluoridating systems serve less than 1000 consumers.

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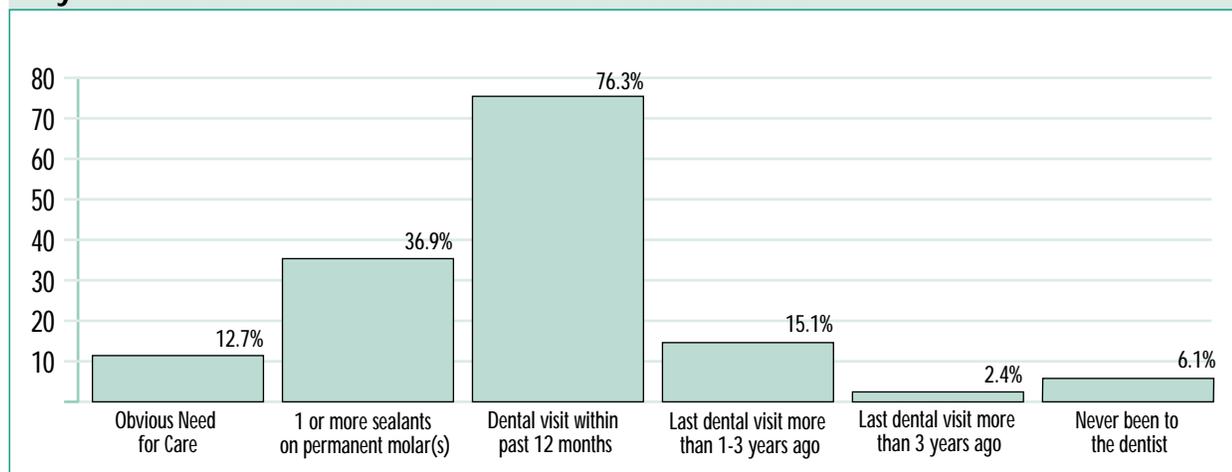


Henry County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,265	7,504	16,831	4,270	29,870	28,605
Medicaid eligible	312	925	775	283	2,295	1,983
Percent of Population eligible	24.66%	12.33%	4.60%	6.63%	7.68%	6.93%
Percent of eligibles with a dental claim						
All eligibles (n=2295)	0.32%	13.73%	10.32%	21.20%	11.68%	13.46%
Eligible ≥11 months (n=1009)	1.33%	31.02%	22.29%	32.60%	26.07%	28.05%
Percent of Population <100% Federal Poverty Level	8.7%		5.1%	11.3%	7.0%	NA
Percent of Population <200% Federal Poverty Level	26.8%		17.5%	37.6%	22.8%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,987:1
Licensed Dentists	10
Primary Care	10
Specialists	0
Medicaid Providers	2
1-50 patients	2
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	1

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 15,740
- All PWSs offer adequately fluoridated water. Findlay and McComb adjust the fluoride in their supplies, and all other systems have adequate natural fluoride levels.

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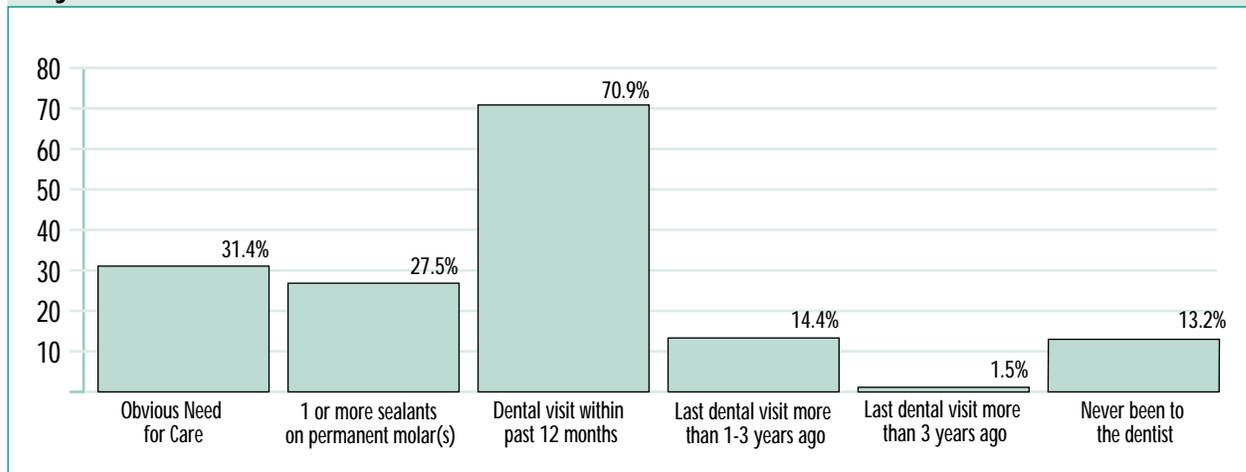


Highland County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,632	10,059	23,771	5,629	41,091	39,459
Medicaid eligible	787	2,317	1,989	529	5,622	4,835
Percent of Population eligible	48.22%	23.03%	8.37%	9.40%	13.68%	12.25%
Percent of eligibles with a dental claim						
All eligibles (n=5622)	1.78%	27.45%	15.69%	20.60%	19.05%	21.86%
Eligible ≥11 months (n=2883)	5.04%	53.81%	33.12%	19.68%	36.21%	39.28%
Percent of Population <100% Federal Poverty Level	19.4%		14.2%	20.2%	16.5%	NA
Percent of Population <200% Federal Poverty Level	49.5%		36.4%	52.0%	42.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,935:1
Licensed Dentists	14
Primary Care	14
Specialists	0
Medicaid Providers	7
1-50 patients	1
51-249 patients	3
>249 patients	3
Dental OPTIONS providers	2
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 33,599
- Greenfield (pop. 5172) and Lynchburg (pop. 1250) are the only non-fluoridating systems which serve more than 1000 consumers.

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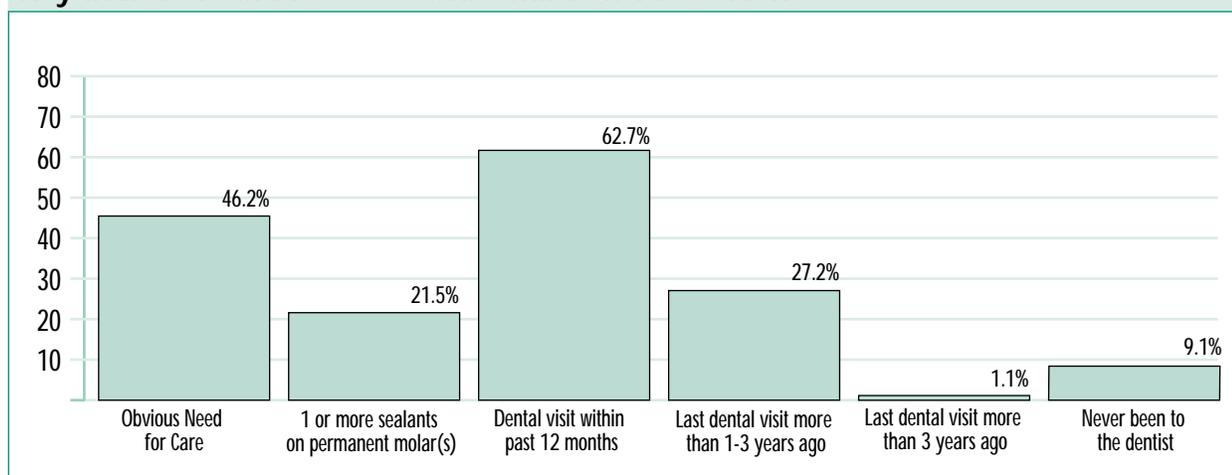


Hocking County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,107	6,827	17,461	3,775	29,170	28,063
Medicaid eligible	780	1,979	1,793	493	5,045	4,265
Percent of Population eligible	70.46%	28.99%	10.27%	13.06%	17.30%	15.20%
Percent of eligibles with a dental claim						
All eligibles (n=5045)	0.51%	25.32%	15.73%	16.23%	17.19%	20.23%
Eligible ≥11 months (n=2549)	1.42%	44.27%	31.29%	23.32%	33.42%	36.31%
Percent of Population <100% Federal Poverty Level	20.8%		13.5%	15.4%	15.7%	NA
Percent of Population <200% Federal Poverty Level	49.8%		35.4%	51.0%	41.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	7,293:1
Licensed Dentists	5
Primary Care	4
Specialists	1
Medicaid Providers	5
1-50 patients	3
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 10,348
- Logan (pop. 9018) is fluoridated. All non-fluoridating systems serve less than 1000 consumers.

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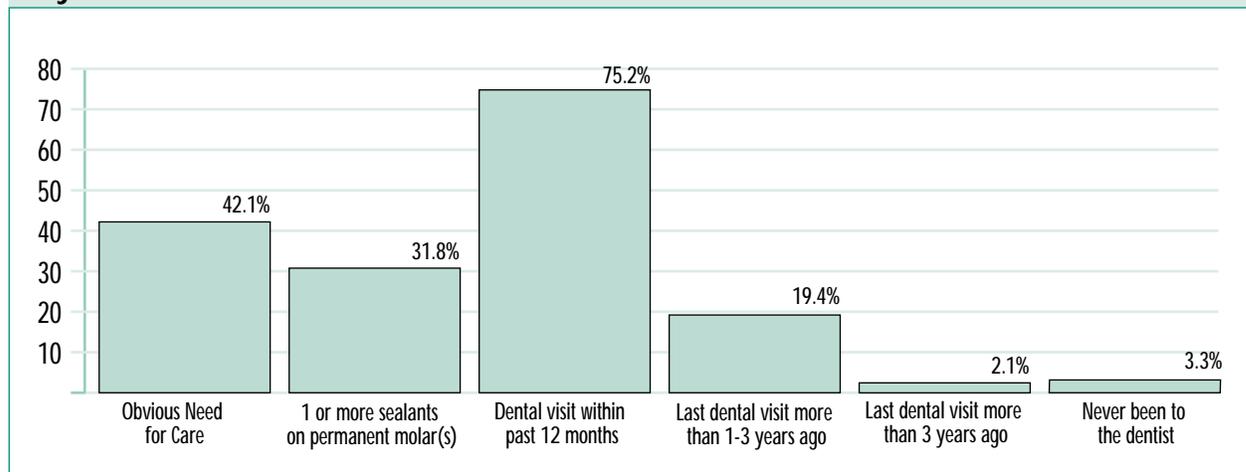


Holmes County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,325	11,719	20,206	4,045	38,295	35,970
Medicaid eligible	263	967	772	597	2,599	2,336
Percent of Population eligible	11.31%	8.25%	3.82%	14.76%	6.79%	6.49%
Percent of eligibles with a dental claim						
All eligibles (n=2599)	1.90%	22.54%	21.11%	31.99%	22.20%	24.49%
Eligible ≥11 months (n=1434)	5.32%	41.68%	41.54%	42.82%	39.61%	42.01%
Percent of Population <100% Federal Poverty Level	24.5%		12.1%	18.2%	17.2%	NA
Percent of Population <200% Federal Poverty Level	61.8%		37.5%	49.7%	47.6%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,481:1
Licensed Dentists	12
Primary Care	11
Specialists	1
Medicaid Providers	6
1-50 patients	4
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 0
- No PWS offers fluoridated water. Two non-fluoridating systems, Berlin (pop. 1780) and Millersburg (pop. 3051) serve more than 1000 consumers.

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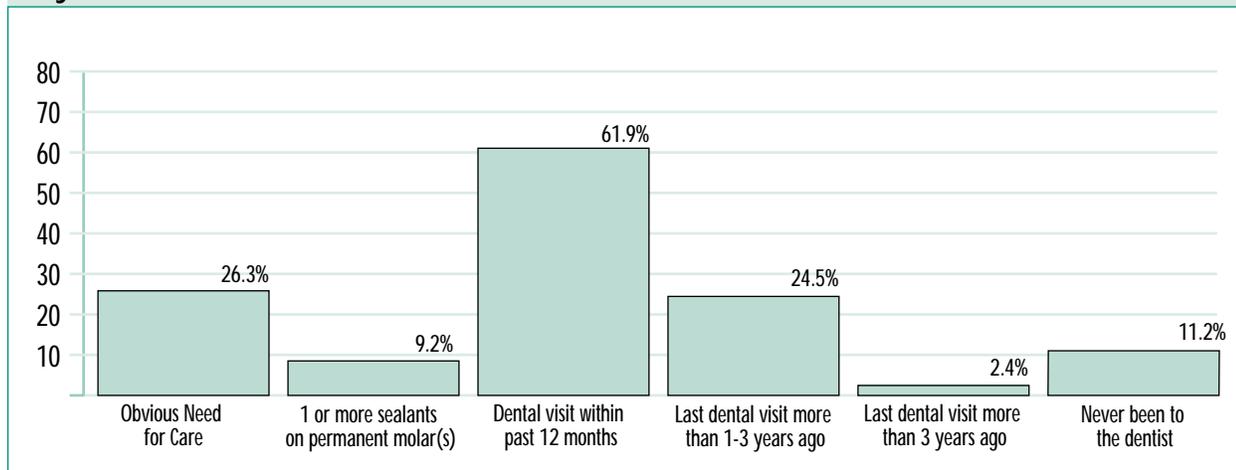


Huron County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,691	15,410	35,041	7,371	60,513	57,822
Medicaid eligible	1,014	2,907	2,136	585	6,642	5,628
Percent of Population eligible	37.68%	18.86%	6.10%	7.94%	10.98%	9.73%
Percent of eligibles with a dental claim						
All eligibles (n=6642)	1.48%	18.71%	12.31%	12.99%	13.52%	15.69%
Eligible ≥11 months (n=2998)	4.69%	36.72%	28.44%	19.01%	28.59%	31.44%
Percent of Population <100% Federal Poverty Level	13.0%		7.9%	8.8%	9.5%	NA
Percent of Population <200% Federal Poverty Level	38.3%		25.1%	37.5%	30.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,631:1
Licensed Dentists	29
Primary Care	23
Specialists	6
Medicaid Providers	14
1-50 patients	10
51-249 patients	2
>249 patients	2
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 46,447
- Most PWSs offer adequately fluoridated water. Greenwich (pop. 1450) and Monroeville (pop. 1500) are the non-fluoridating systems which serve more than 1000 consumers.

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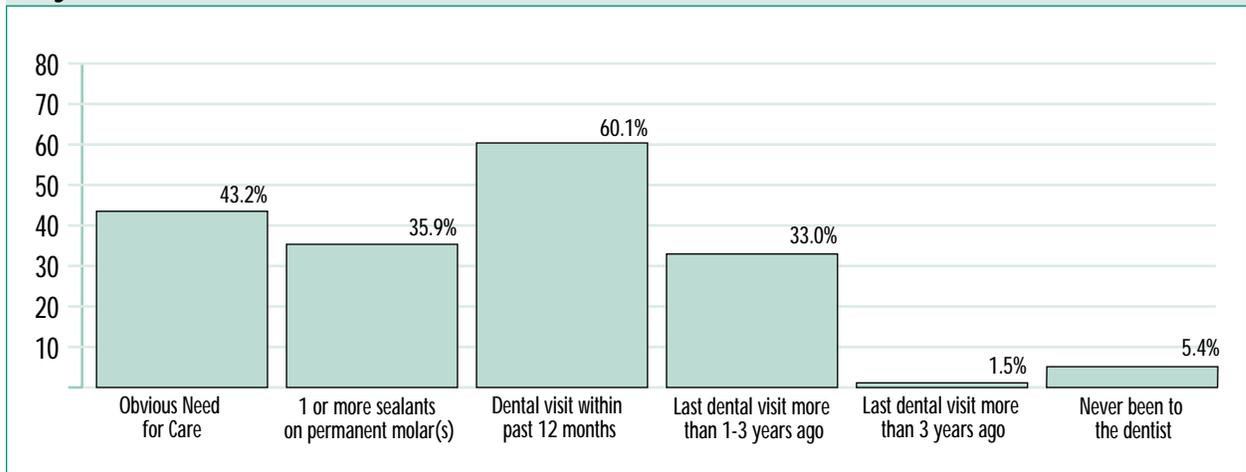


Jackson County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,223	8,086	19,021	4,330	32,660	31,437
Medicaid eligible	761	2,604	2,830	866	7,061	6,300
Percent of Population eligible	62.22%	32.20%	14.88%	20.00%	21.62%	20.04%
Percent of eligibles with a dental claim						
All eligibles (n=7061)	1.18%	19.16%	11.91%	14.90%	13.79%	15.32%
Eligible ≥11 months (n=3830)	2.93%	33.15%	22.75%	20.16%	24.67%	26.57%
Percent of Population <100% Federal Poverty Level	30.2%		21.2%	24.7%	24.2%	NA
Percent of Population <200% Federal Poverty Level	55.9%		43.3%	63.2%	49.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	5,443:1
Licensed Dentists	6
Primary Care	6
Specialists	0
Medicaid Providers	5
1-50 patients	3
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0
Health Professional Shortage Areas:	
The entire county is designated as a geographic Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 28,348
- All PWSs provide adequately fluoridated water, except Wellston-South (pop. 1500).

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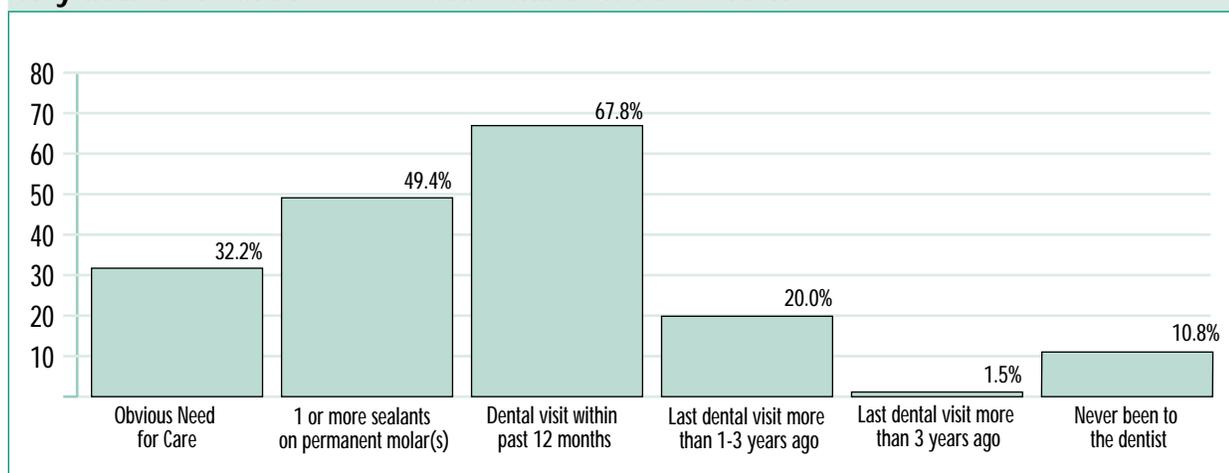


Jefferson County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,204	15,358	42,257	13,843	73,662	71,458
Medicaid eligible	1,207	4,975	5,489	1,288	12,959	11,752
Percent of Population eligible	54.76%	32.39%	12.99%	9.30%	17.59%	16.45%
Percent of eligibles with a dental claim						
All eligibles (n=12959)	1.99%	30.57%	18.89%	14.21%	21.34%	23.32%
Eligible ≥11 months (n=7860)	4.41%	45.66%	32.42%	19.55%	34.45%	36.69%
Percent of Population <100% Federal Poverty Level	26.3%		15.1%	11.4%	17.1%	NA
Percent of Population <200% Federal Poverty Level	47.8%		31.7%	42.5%	37.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,540:1
Licensed Dentists	37
Primary Care	29
Specialists	8
Medicaid Providers	16
1-50 patients	10
51-249 patients	4
>249 patients	2
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 49,284
- Eight PWSs provide adequately fluoridated water. Four PWSs, Brilliant (pop. 1700), Smithfield (pop. 1100), Tiltonsville (pop. 1517) and Yorkville (pop. 1248) are the four non-fluoridating systems which serve more than 1000 consumers.

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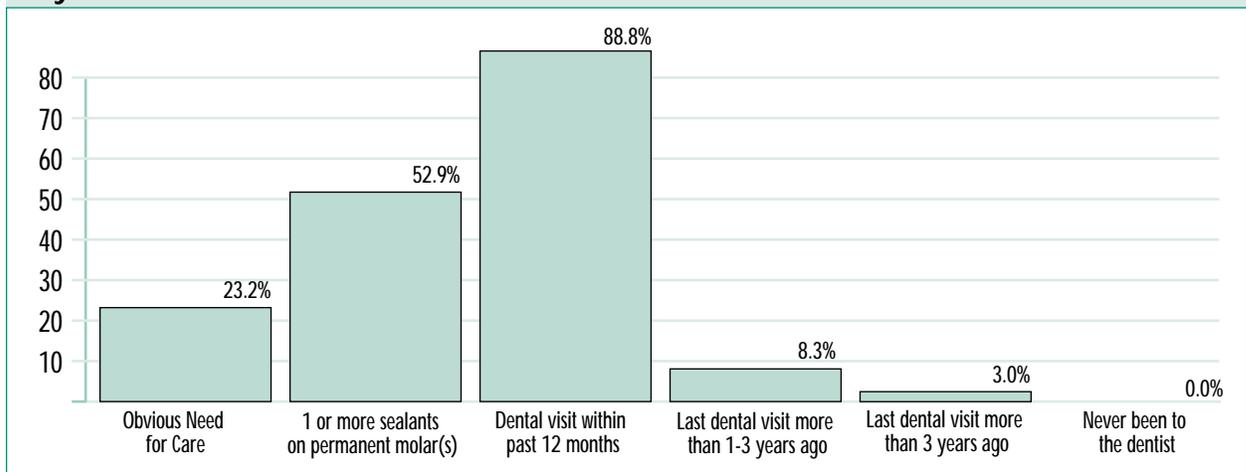


Knox County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,812	12,413	32,208	7,470	53,903	52,091
Medicaid eligible	734	2,502	2,400	787	6,423	5,689
Percent of Population eligible	40.51%	20.16%	7.45%	10.54%	11.92%	10.92%
Percent of eligibles with a dental claim						
All eligibles (n=6423)	0.95%	26.78%	16.75%	17.92%	18.99%	21.32%
Eligible ≥11 months (n=3425)	2.26%	46.91%	31.32%	24.91%	34.31%	36.99%
Percent of Population <100% Federal Poverty Level	18.2%		10.4%	10.5%	12.5%	NA
Percent of Population <200% Federal Poverty Level	45.9%		28.7%	41.0%	35.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,450:1
Licensed Dentists	25
Primary Care	22
Specialists	3
Medicaid Providers	9
1-50 patients	4
51-249 patients	3
>249 patients	2
Dental OPTIONS providers	3
Safety Net Programs	1

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 1,327
- No PWS offers adequately fluoridated water, except Centerburg (pop. 1327) which has adequate natural fluoride. The five non-fluoridating PWSs which serve more than 1000 consumers are Mt. Vernon (pop. 14,550), Danville (pop. 1000), Fredericktown (pop. 2443), Gambier (pop. 2073) and Knox County Water (pop. 4740).

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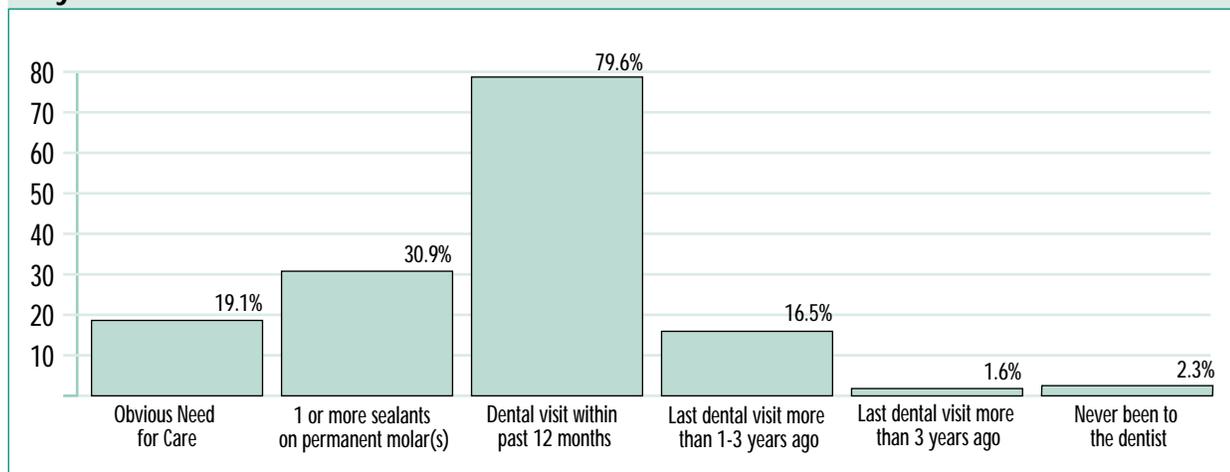


Lake County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	8,304	48,187	138,698	31,956	227,145	218,841
Medicaid eligible	1,723	5,203	4,852	1,868	13,646	11,923
Percent of Population eligible	20.75%	10.80%	3.50%	5.85%	6.01%	5.45%
Percent of eligibles with a dental claim						
All eligibles (n=13646)	2.67%	22.78%	18.18%	30.41%	19.65%	22.10%
Eligible ≥11 months (n=7052)	6.95%	39.75%	37.54%	45.60%	37.10%	40.07%
Percent of Population <100% Federal Poverty Level	7.1%		3.9%	5.6%	4.9%	NA
Percent of Population <200% Federal Poverty Level	22.0%		13.0%	28.0%	17.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,670:1
Licensed Dentists	159
Primary Care	136
Specialists	23
Medicaid Providers	23
1-50 patients	9
51-249 patients	9
>249 patients	5
Dental OPTIONS providers	10
Safety Net Programs	1
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 208,123
- Most PWSs offer adequately fluoridated water. The largest non-fluoridating PWS serves fewer than 250 consumers.

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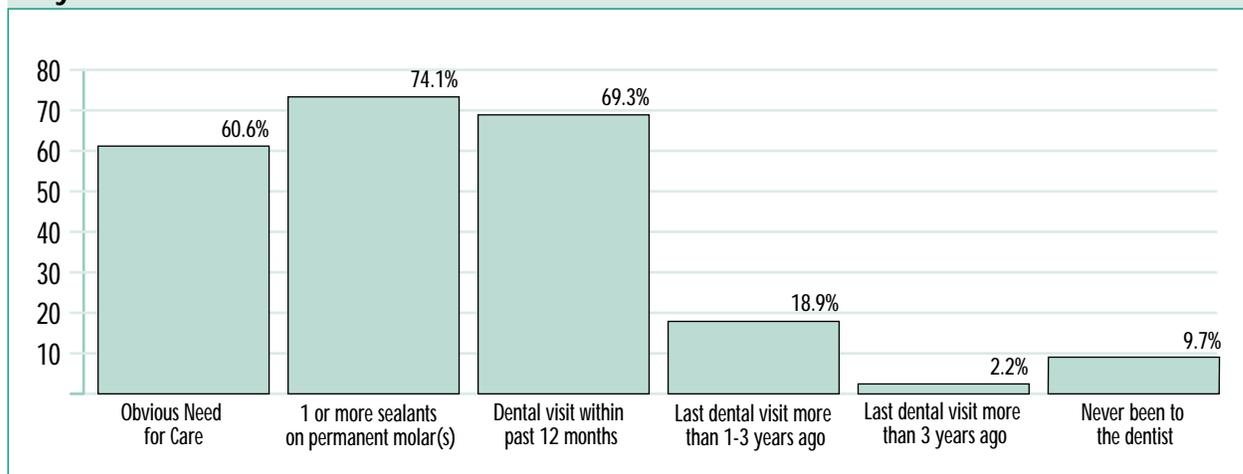


Lawrence County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,346	15,391	37,732	8,875	64,344	61,998
Medicaid eligible	1,625	6,647	7,599	1,654	17,525	15,900
Percent of Population eligible	69.27%	43.19%	20.14%	18.64%	27.24%	25.65%
Percent of eligibles with a dental claim						
All eligibles (n=17525)	1.54%	28.96%	19.23%	16.51%	21.02%	23.01%
Eligible ≥11 months (n=10593)	3.43%	43.74%	32.81%	22.88%	34.23%	36.41%
Percent of Population <100% Federal Poverty Level	33.2%		20.5%	17.2%	23.5%	NA
Percent of Population <200% Federal Poverty Level	58.1%		41.7%	52.7%	47.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,290:1
Licensed Dentists	16
Primary Care	15
Specialists	1
Medicaid Providers	12
1-50 patients	0
51-249 patients	5
>249 patients	7
Dental OPTIONS providers	4
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 48,556
- Most PWSs offer adequately fluoridated water. Coal Grove (pop. 4719) and South Point (pop. 3978) are the two non-fluoridating systems which serve more than 1000 consumers.

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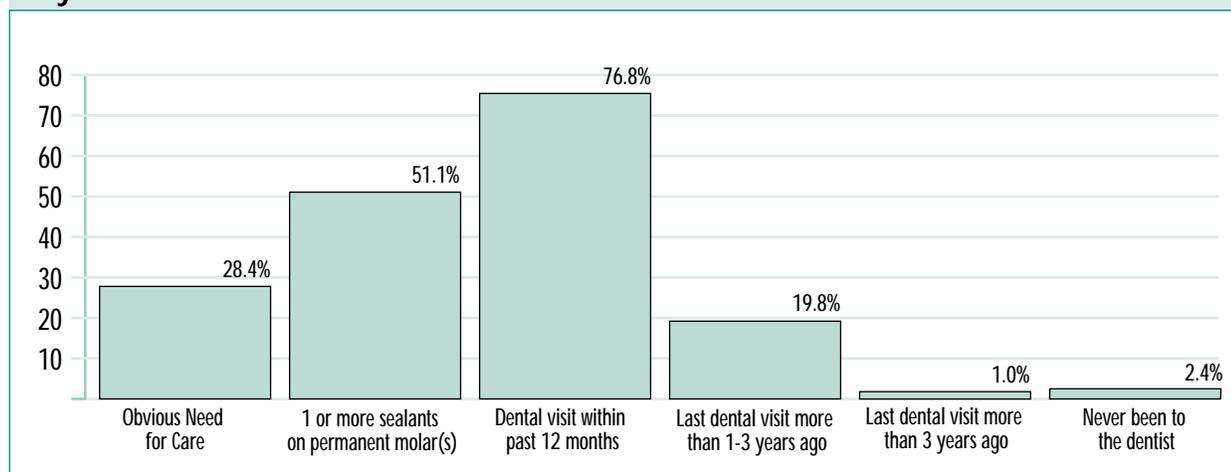


Licking County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	5,218	31,654	83,519	16,094	136,485	131,267
Medicaid eligible	1,954	6,274	5,202	1,663	15,093	13,139
Percent of Population eligible	37.45%	19.82%	6.23%	10.33%	11.06%	10.01%
Percent of eligibles with a dental claim						
All eligibles (n=15093)	1.02%	24.61%	12.03%	12.63%	15.90%	18.11%
Eligible ≥11 months (n=7910)	2.49%	42.45%	25.23%	18.78%	29.77%	32.85%
Percent of Population <100% Federal Poverty Level	14.8%		8.7%	10.3%	10.5%	NA
Percent of Population <200% Federal Poverty Level	35.0%		23.0%	37.7%	27.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,904:1
Licensed Dentists	59
Primary Care	47
Specialists	12
Medicaid Providers	15
1-50 patients	10
51-249 patients	3
>249 patients	2
Dental OPTIONS providers	8
Safety Net Programs	1

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 68,772
- Fifteen PWSs offer fluoridated water, either through adjustment or natural fluoride levels. Southwest Licking (pop. 4647), Johnstown (pop. 3200) and Utica (pop. 2235) are the three non-fluoridating systems which serve more than 1000 consumers.

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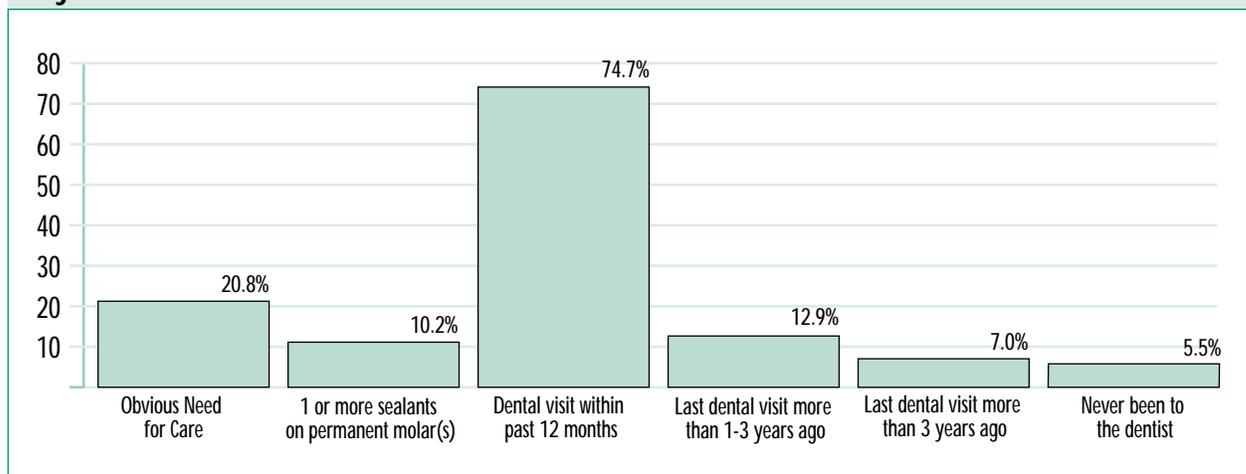


Logan County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,917	11,516	27,101	6,282	46,816	44,899
Medicaid eligible	693	1,845	1,725	579	4,842	4,149
Percent of Population eligible	36.15%	16.02%	6.37%	9.22%	10.34%	9.24%
Percent of eligibles with a dental claim						
All eligibles (n=4842)	0.87%	17.34%	10.49%	15.54%	12.33%	14.24%
Eligible ≥11 months (n=2311)	2.67%	32.98%	23.13%	23.32%	25.23%	27.66%
Percent of Population <100% Federal Poverty Level	13.5%		9.1%	10.2%	10.5%	NA
Percent of Population <200% Federal Poverty Level	36.1%		25.0%	43.5%	30.6%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,256:1
Licensed Dentists	13
Primary Care	11
Specialists	2
Medicaid Providers	3
1-50 patients	1
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	2
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 16,043
- Twelve PWSs offer fluoridated water, eleven via adequate natural fluoride levels. DeGraff (pop. 1376), Russells Point (pop. 1504) and West Liberty (pop. 1800) are the three non-fluoridating systems which serve more than 1000 consumers.

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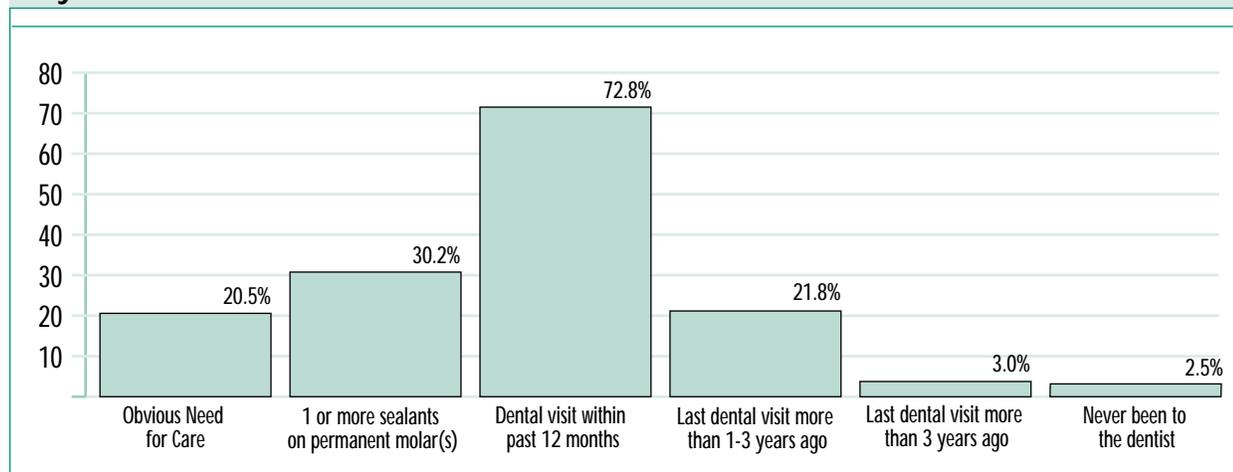


Lorain County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	11,300	68,373	167,648	34,779	282,100	270,800
Medicaid eligible	4,252	14,165	11,673	3,040	33,130	28,878
Percent of Population eligible	37.63%	20.72%	6.96%	8.74%	11.74%	10.66%
Percent of eligibles with a dental claim						
All eligibles (n=33130)	1.72%	17.61%	15.04%	21.84%	15.06%	17.02%
Eligible ≥11 months (n=17926)	4.15%	28.55%	30.16%	31.51%	27.14%	29.49%
Percent of Population <100% Federal Poverty Level	17.4%		9.3%	8.8%	11.5%	NA
Percent of Population <200% Federal Poverty Level	34.9%		21.9%	34.0%	26.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,636:1
Licensed Dentists	124
Primary Care	107
Specialists	17
Medicaid Providers	45
1-50 patients	23
51-249 patients	14
>249 patients	8
Dental OPTIONS providers	13
Safety Net Programs	2

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 270,438
- All PWSs offer adequately fluoridated water, except South Amherst (pop. 1850).

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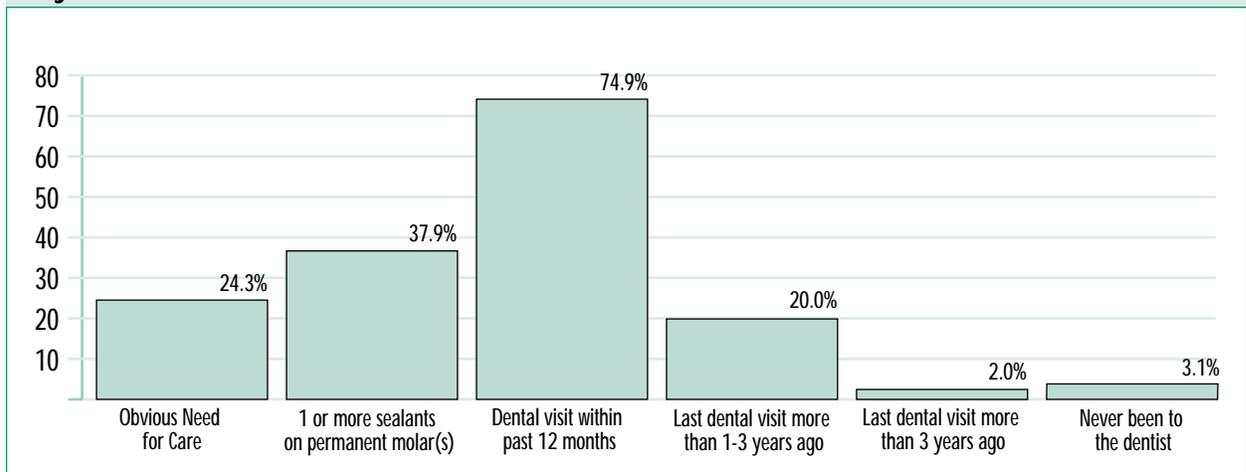


Lucas County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	19,500	104,723	263,834	58,425	446,482	426,982
Medicaid eligible	7,454	28,194	26,559	6,336	68,543	61,089
Percent of Population eligible	38.23%	26.92%	10.07%	10.84%	15.35%	14.31%
Percent of eligibles with a dental claim						
All eligibles (n=68543)	1.15%	24.49%	15.08%	16.90%	17.60%	19.61%
Eligible ≥11 months (n=40738)	2.70%	36.86%	26.58%	23.93%	29.13%	31.34%
Percent of Population <100% Federal Poverty Level		21.5%	13.2%	12.2%	15.3%	NA
Percent of Population <200% Federal Poverty Level		38.4%	26.4%	38.7%	31.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,958:1
Licensed Dentists	270
Primary Care	228
Specialists	42
Medicaid Providers	71
1-50 patients	47
51-249 patients	12
>249 patients	12
Dental OPTIONS providers	43
Safety Net Programs	5

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 441,711
- All PWSs offer adequately fluoridated water.

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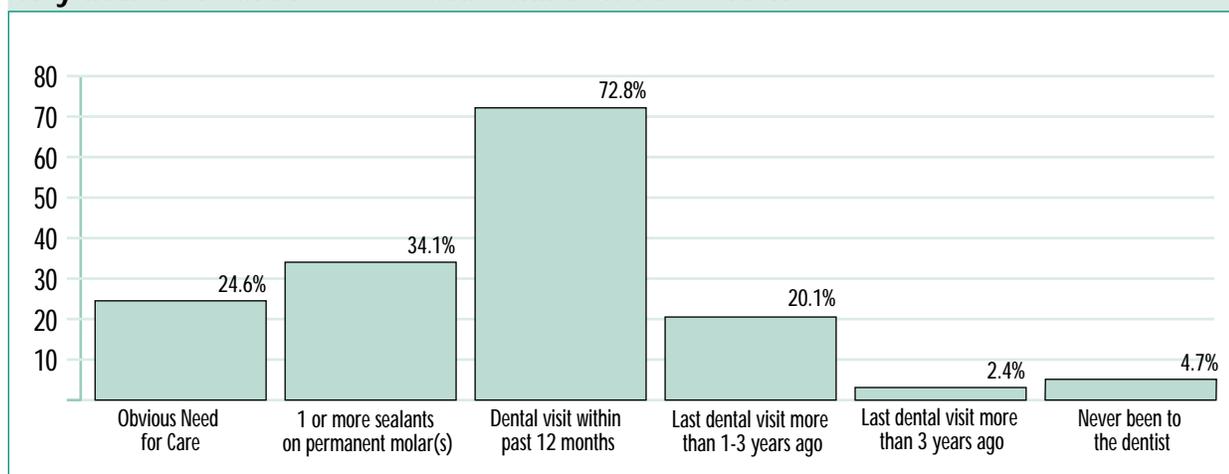


Madison County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,511	8,862	26,570	4,405	41,348	39,837
Medicaid eligible	431	1,388	1,232	406	3,457	3,026
Percent of Population eligible	28.52%	15.66%	4.64%	9.22%	8.36%	7.60%
Percent of eligibles with a dental claim						
All eligibles (n=3457)	0.93%	20.75%	13.31%	9.11%	14.26%	16.16%
Eligible ≥11 months (n=1637)	3.13%	41.73%	28.14%	13.79%	29.57%	31.81%
Percent of Population <100% Federal Poverty Level	11.3%		7.0%	9.1%	8.4%	NA
Percent of Population <200% Federal Poverty Level	33.8%		20.7%	37.3%	26.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,594:1
Licensed Dentists	10
Primary Care	9
Specialists	1
Medicaid Providers	5
1-50 patients	3
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	2
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 27,861
- All PWSs offer adequately fluoridated water, except South Solon (pop. 379).

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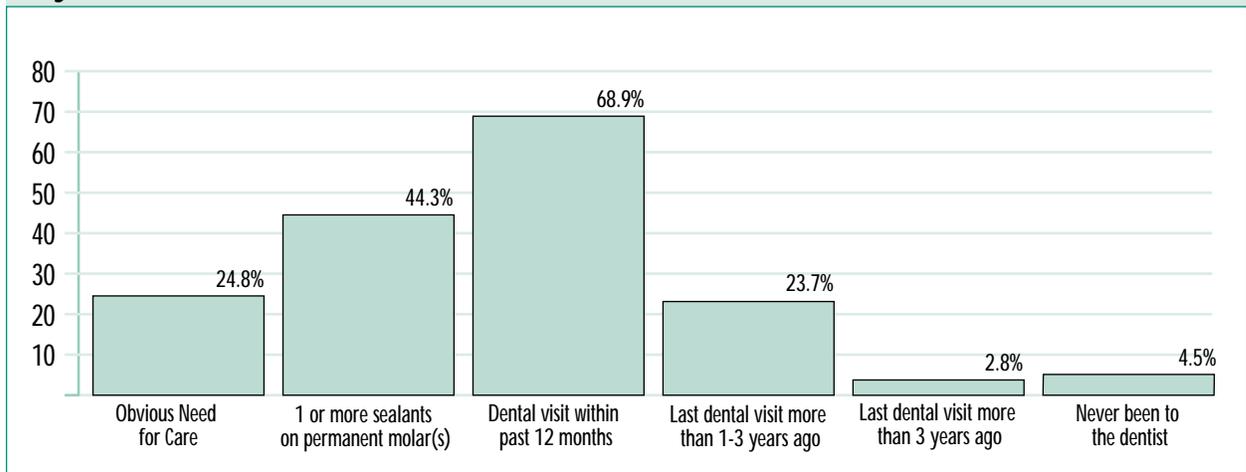


Mahoning County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	8,796	54,986	143,535	45,280	252,597	243,801
Medicaid eligible	4,379	17,423	15,389	4,329	41,520	37,141
Percent of Population eligible	49.78%	31.69%	10.72%	9.56%	16.44%	15.23%
Percent of eligibles with a dental claim						
All eligibles (n=41520)	1.76%	28.03%	19.62%	19.70%	21.27%	23.58%
Eligible ≥11 months (n=26282)	3.55%	39.54%	33.00%	27.30%	33.01%	35.56%
Percent of Population <100% Federal Poverty Level	25.0%		13.5%	10.9%	15.9%	NA
Percent of Population <200% Federal Poverty Level	45.7%		29.5%	39.1%	35.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	1,730:1
Licensed Dentists	171
Primary Care	146
Specialists	25
Medicaid Providers	64
1-50 patients	35
51-249 patients	18
>249 patients	11
Dental OPTIONS providers	17
Safety Net Programs	3
Health Professional Shortage Areas: Northeast Youngstown is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 243,710
- Most PWSs provide adequately fluoridated water. Mahoning Co.-Craig Beach (pop. 1800) is the only non-fluoridating system which serves more than 1000 consumers).

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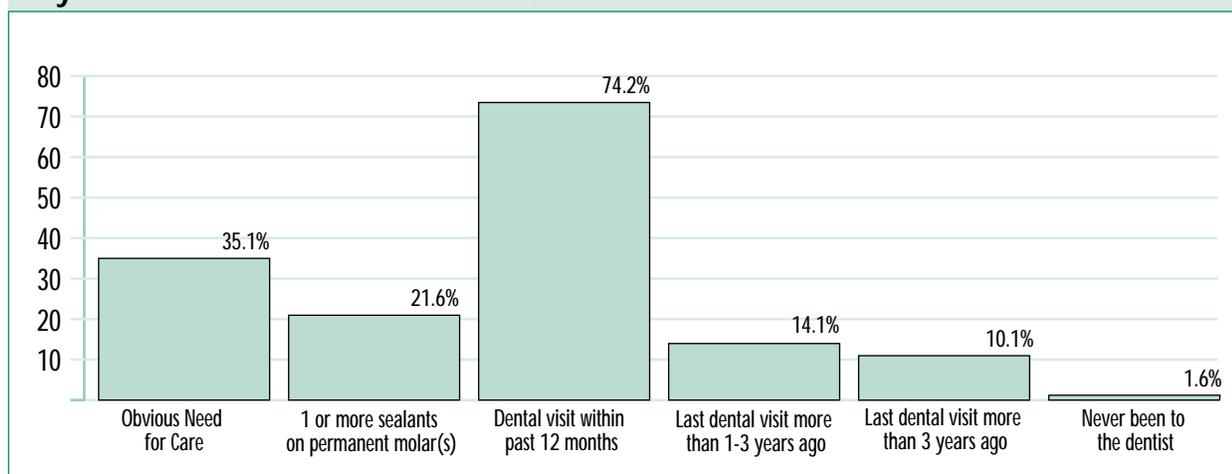


Marion County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,540	14,888	40,795	8,647	66,870	64,330
Medicaid eligible	1,031	3,576	3,305	831	8,743	7,712
Percent of Population eligible	40.59%	24.02%	8.10%	9.61%	13.07%	11.99%
Percent of eligibles with a dental claim						
All eligibles (n=8743)	0.68%	19.74%	15.34%	13.60%	15.25%	17.19%
Eligible ≥11 months (n=4451)	1.97%	35.51%	30.86%	20.86%	29.39%	31.77%
Percent of Population <100% Federal Poverty Level	18.3%		10.7%	9.9%	12.7%	NA
Percent of Population <200% Federal Poverty Level	42.1%		28.5%	36.8%	33.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,572:1
Licensed Dentists	31
Primary Care	26
Specialists	5
Medicaid Providers	9
1-50 patients	3
51-249 patients	4
>249 patients	2
Dental OPTIONS providers	3
Safety Net Programs	1

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 48,642
- All PWSs offer adequately fluoridated water. OH/AM Water Company-Marion (pop. 47,500) adjusts the fluoride level. All other PWSs have adequate natural fluoride.

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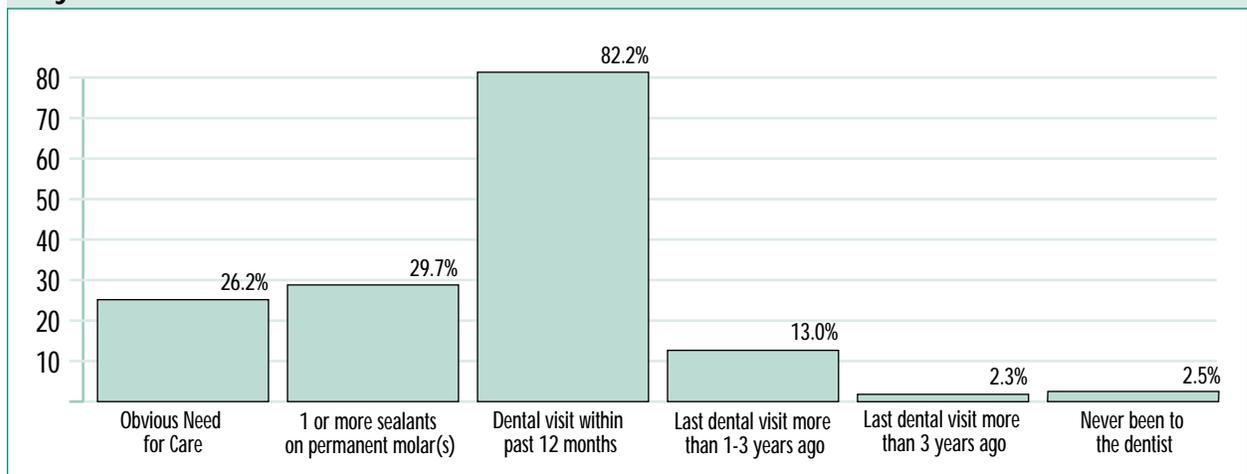


Medina County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	5,592	36,551	89,633	15,501	147,277	141,685
Medicaid eligible	984	2,927	2,485	1,223	7,619	6,635
Percent of Population eligible	17.60%	8.01%	2.77%	7.89%	5.17%	4.68%
Percent of eligibles with a dental claim						
All eligibles (n=7619)	1.83%	24.60%	22.09%	26.25%	21.11%	23.96%
Eligible ≥11 months (n=3921)	4.64%	45.57%	45.10%	38.75%	40.19%	43.85%
Percent of Population <100% Federal Poverty Level	7.9%		4.3%	6.8%	5.5%	NA
Percent of Population <200% Federal Poverty Level	22.8%		14.2%	30.3%	18.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,166:1
Licensed Dentists	80
Primary Care	68
Specialists	12
Medicaid Providers	13
1-50 patients	6
51-249 patients	5
>249 patients	2
Dental OPTIONS providers	10
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 56,321
- Most PWSs offer adequately fluoridated water. Medina Co./Chippewa Lake (pop. 2811) and Seville (pop. 2000) are the only non-fluoridating systems which serve more than 1000 consumers.

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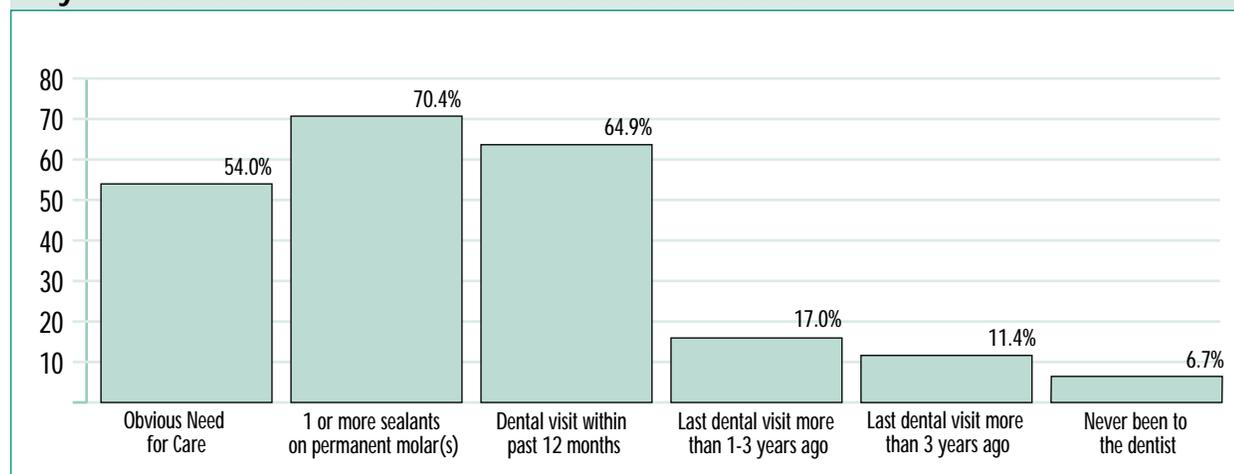


Meigs County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	845	5,824	13,995	3,348	24,012	23,167
Medicaid eligible	544	2,416	2,662	579	6,201	5,657
Percent of Population eligible	64.38%	41.48%	19.02%	17.29%	25.82%	24.42%
Percent of eligibles with a dental claim						
All eligibles (n=6201)	0.92%	26.74%	14.80%	20.90%	18.80%	20.52%
Eligible ≥11 months (n=3735)	2.03%	39.84%	26.26%	28.71%	30.76%	32.79%
Percent of Population <100% Federal Poverty Level	35.0%		23.3%	20.3%	26.0%	NA
Percent of Population <200% Federal Poverty Level	62.4%		47.0%	54.0%	52.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	8,004:1
Licensed Dentists	3
Primary Care	3
Specialists	0
Medicaid Providers	3
1-50 patients	1
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	1

Health Professional Shortage Areas:

The entire county is designated as a geographic Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 12,600
- Tupper Plans/Chester (pop. 12,600) is the only adequately fluoridated system. Leading Creek (pop. 3861), Middleport (pop. 2570) and Pomeroy (pop. 2400) are non-fluoridating systems which serve more than 1000 consumers.

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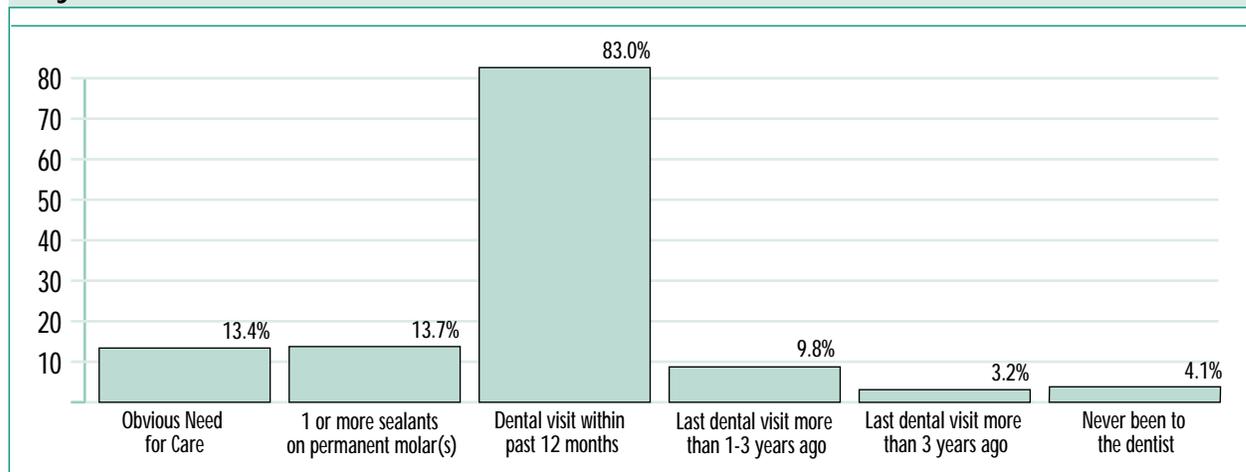


Mercer County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,934	10,899	22,291	5,893	41,017	39,083
Medicaid eligible	399	1,199	997	406	3,001	2,602
Percent of Population eligible	20.63%	11.00%	4.47%	6.89%	7.32%	6.66%
Percent of eligibles with a dental claim						
All eligibles (n=3001)	0.50%	20.68%	14.54%	12.56%	14.86%	17.06%
Eligible ≥11 months (n=1469)	1.43%	39.07%	30.54%	19.62%	29.34%	32.28%
Percent of Population <100% Federal Poverty Level	7.6%		5.7%	9.1%	6.7%	NA
Percent of Population <200% Federal Poverty Level	31.9%		21.5%	35.9%	26.6%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,557:1
Licensed Dentists	9
Primary Care	9
Specialists	0
Medicaid Providers	4
1-50 patients	2
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 10,737
- All PWSs contain adequate levels of natural fluoride, except the City of Celina (pop. 10,889).

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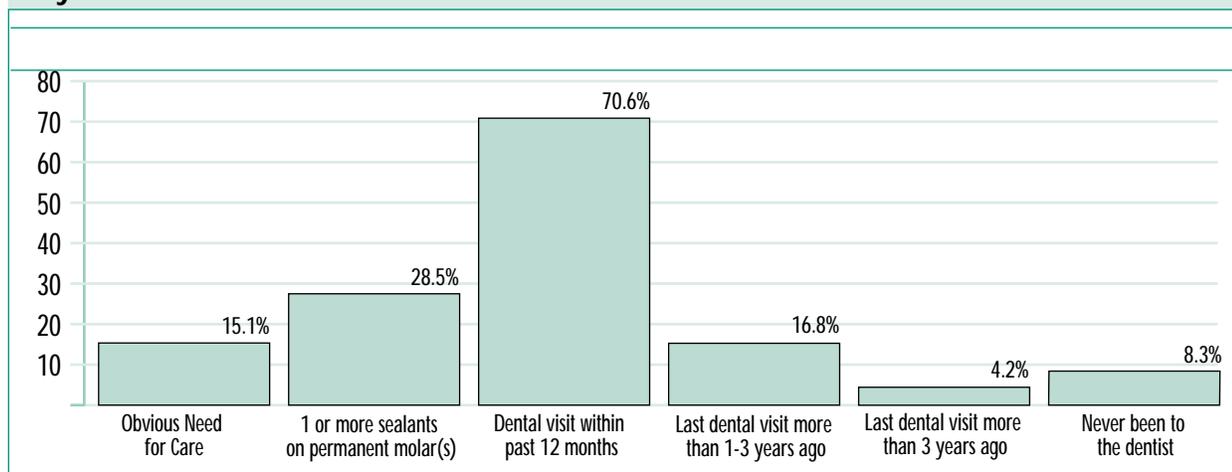


Miami County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	3,651	23,123	59,225	12,722	98,721	95,070
Medicaid eligible	1,025	3,061	2,554	1,030	7,670	6,645
Percent of Population eligible	28.07%	13.24%	4.31%	8.10%	7.77%	6.99%
Percent of eligibles with a dental claim						
All eligibles (n=7670)	0.29%	20.22%	15.51%	19.71%	15.92%	18.33%
Eligible ≥11 months (n=3746)	0.93%	38.30%	32.41%	30.42%	31.82%	34.73%
Percent of Population <100% Federal Poverty Level	12.3%		6.4%	9.4%	8.4%	NA
Percent of Population <200% Federal Poverty Level	31.2%		18.2%	36.5%	23.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,992:1
Licensed Dentists	39
Primary Care	33
Specialists	6
Medicaid Providers	11
1-50 patients	10
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	8
Safety Net Programs	0
Health Professional Shortage Areas:	
There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 26,208
- Five PWSs offer fluoridated water, either through adjustment or adequate natural fluoride. Troy (pop. 20,500), Tipp City (pop. 7000), Covington (pop. 2603), Miami-Camp Troy (pop. 3500) and Pleasant Hill (pop. 1100) are the five non-fluoridating systems which serve more than 1000 consumers.

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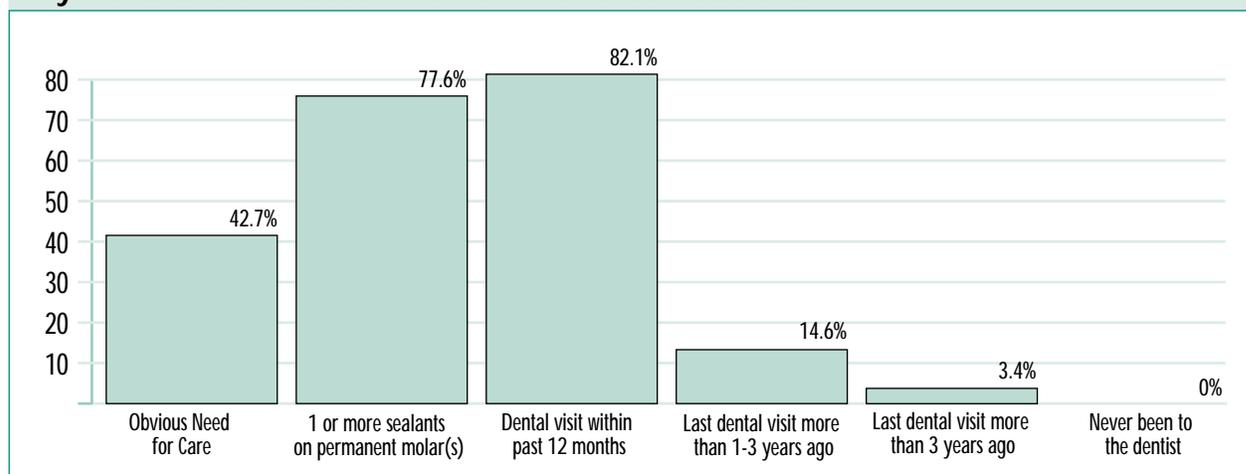


Monroe County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	490	3,499	8,916	2,549	15,454	14,964
Medicaid eligible	245	1,106	1,066	329	2,746	2,501
Percent of Population eligible	50.00%	31.61%	11.96%	12.91%	17.77%	16.71%
Percent of eligibles with a dental claim						
All eligibles (n=2746)	1.63%	29.48%	16.23%	7.90%	19.26%	20.99%
Eligible ≥11 months (n=1643)	3.81%	43.66%	28.80%	10.34%	31.22%	33.09%
Percent of Population <100% Federal Poverty Level	28.8%		18.1%	22.3%	21.5%	NA
Percent of Population <200% Federal Poverty Level	53.2%		39.4%	56.5%	45.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	7,727:1
Licensed Dentists	2
Primary Care	2
Specialists	0
Medicaid Providers	0
1-50 patients	0
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 5,550
- Only Woodsfield (pop. 2990) and Switzerland of Ohio (pop. 2560) provide fluoridated water. Monroe Water Systems (pop. 2559), Ohio & Lee Twp (pop. 1900) and Switzer (pop. 1500) are the three non-fluoridating systems which serve more than 1000 consumers.

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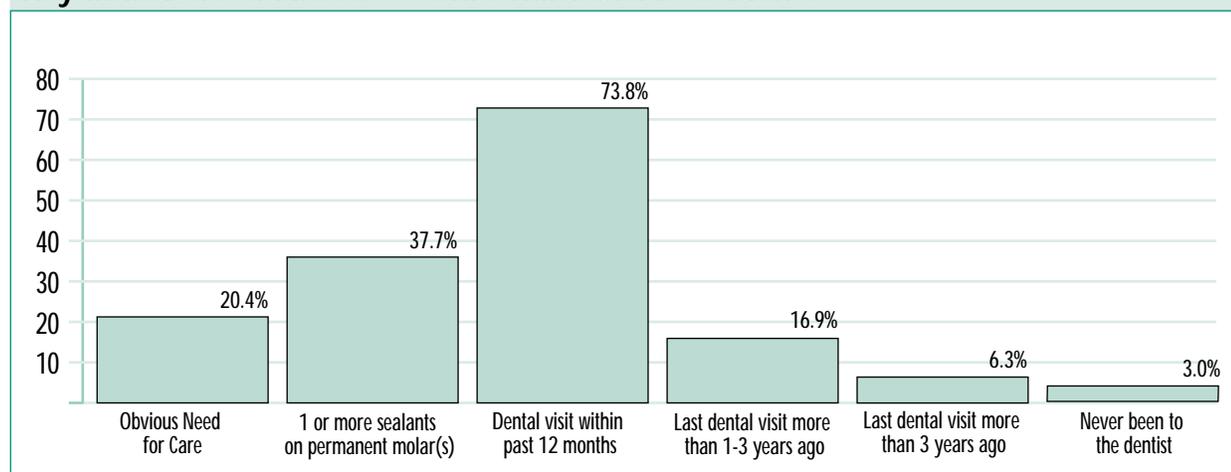


Montgomery County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	22,434	121,829	342,076	79,527	565,866	543,432
Medicaid eligible	8,352	29,938	25,158	6,589	70,037	61,685
Percent of Population eligible	37.23%	24.57%	7.35%	8.29%	12.38%	11.35%
Percent of eligibles with a dental claim						
All eligibles (n=70037)	1.17%	22.76%	16.97%	15.87%	17.46%	19.66%
Eligible ≥11 months (n=37382)	3.43%	38.68%	32.21%	22.72%	31.88%	34.18%
Percent of Population <100% Federal Poverty Level	19.5%		10.4%	10.1%	12.6%	NA
Percent of Population <200% Federal Poverty Level	36.8%		23.4%	33.9%	28.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,021:1
Licensed Dentists	332
Primary Care	280
Specialists	52
Medicaid Providers	62
1-50 patients	35
51-249 patients	10
>249 patients	17
Dental OPTIONS providers	37
Safety Net Programs	5

Health Professional Shortage Areas: There are two federally designated Dental Health Professional Shortage Areas: West Dayton is designated for low-income populations; Central Dayton is designated for the homeless population.

Public Water Supply

- Population served by optimally fluoridated water - 550,642
- Most PWSs offer adequately fluoridated water. Jefferson Regional Water (pop. 2500) and the City of Oakwood (pop. 9500) are the two non-fluoridating systems which serve more than 1000 consumers.

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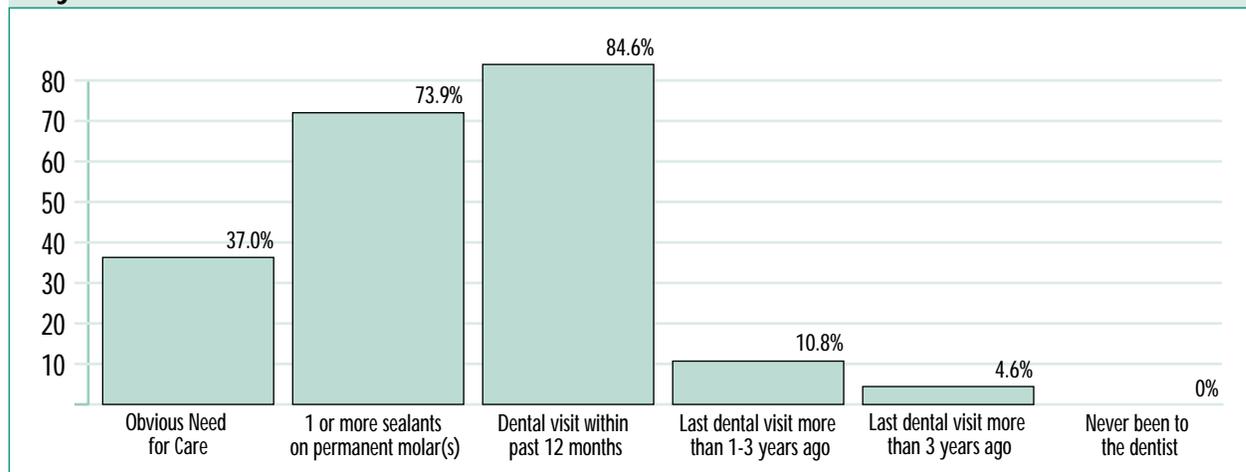


Morgan County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	570	3,680	8,117	2,158	14,525	13,955
Medicaid eligible	328	1,347	1,191	347	3,213	2,885
Percent of Population eligible	57.54%	36.60%	14.67%	16.08%	22.12%	20.67%
Percent of eligibles with a dental claim						
All eligibles (n=3213)	1.83%	36.15%	16.29%	23.63%	23.93%	26.45%
Eligible ≥11 months (n=1877)	3.80%	55.40%	30.58%	33.61%	40.22%	43.57%
Percent of Population <100% Federal Poverty Level	31.3%		17.7%	14.9%	21.2%	NA
Percent of Population <200% Federal Poverty Level	56.3%		38.1%	48.8%	44.8%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	7,263:1
Licensed Dentists	2
Primary Care	2
Specialists	0
Medicaid Providers	2
1-50 patients	0
51-249 patients	0
>249 patients	2
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 0
- No PWS offers fluoridated water. McConnelville (pop. 1804) is the only system which serves more than 1000 consumers.

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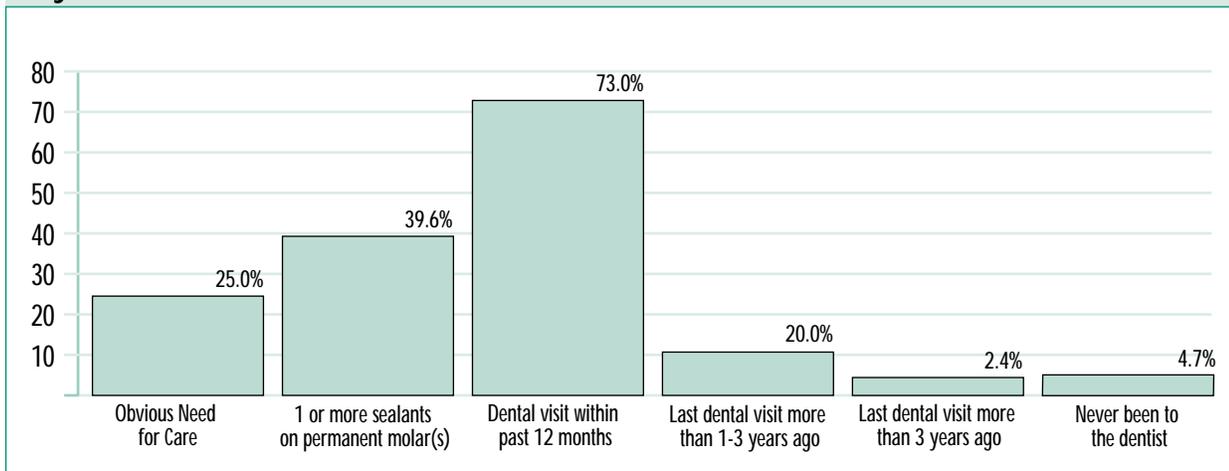


Morrow County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,253	8,308	19,185	3,400	32,146	30,893
Medicaid eligible	414	1,589	1,337	356	3,696	3,282
Percent of Population eligible	33.04%	19.13%	6.97%	10.47%	11.50%	10.62%
Percent of eligibles with a dental claim						
All eligibles (n=3696)	1.93%	22.97%	18.10%	14.61%	18.05%	20.08%
Eligible ≥11 months (n=1865)	5.37%	42.23%	38.15%	20.23%	34.91%	37.47%
Percent of Population <100% Federal Poverty Level	17.4%		8.2%	10.4%	11.1%	NA
Percent of Population <200% Federal Poverty Level	41.6%		24.9%	40.6%	31.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	5,358:1
Licensed Dentists	6
Primary Care	6
Specialists	0
Medicaid Providers	5
1-50 patients	1
51-249 patients	3
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 4,886
- All PWSs which serve more than 1000 consumers have adequate natural fluoride.

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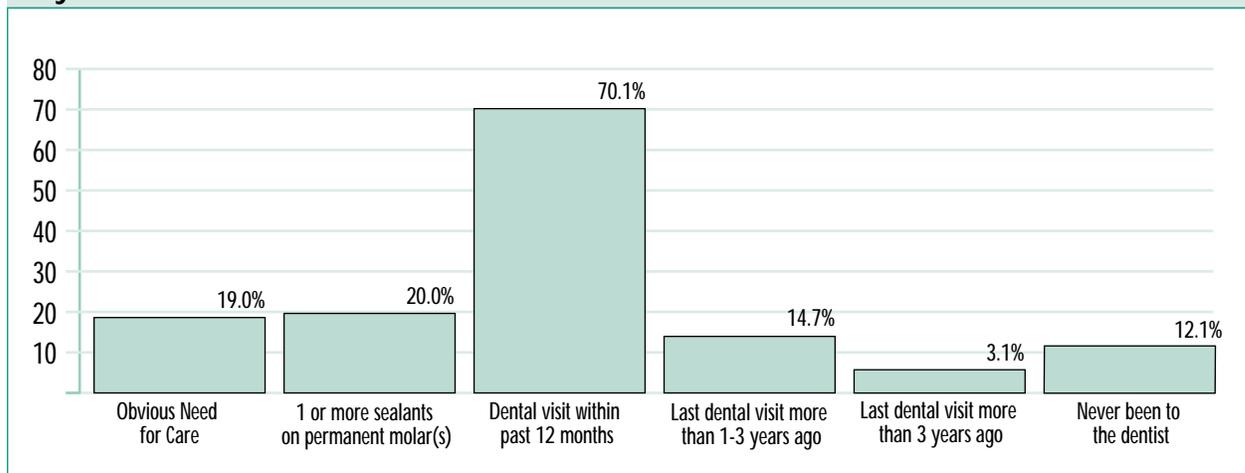


Muskingum County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	3,244	20,136	49,813	11,619	84,812	81,568
Medicaid eligible	1,770	6,552	6,125	1,483	15,930	14,160
Percent of Population eligible	54.56%	32.54%	12.30%	12.76%	18.78%	17.36%
Percent of eligibles with a dental claim						
All eligibles (n=15930)	1.02%	28.07%	14.55%	14.03%	18.56%	20.75%
Eligible ≥11 months (n=9043)	2.09%	43.54%	28.22%	19.78%	31.94%	34.89%
Percent of Population <100% Federal Poverty Level		21.4%	12.3%	12.1%	14.7%	NA
Percent of Population <200% Federal Poverty Level		46.1%	30.3%	45.1%	36.6%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,292:1
Licensed Dentists	44
Primary Care	37
Specialists	7
Medicaid Providers	21
1-50 patients	12
51-249 patients	1
>249 patients	8
Dental OPTIONS providers	2
Safety Net Programs	2

Health Professional Shortage Areas:
The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 56,968
- Nine PWSs offer fluoridated water. Dresden (pop. 2000), Frazeytsburg (pop. 1150), Philo (pop. 1050), Roseville (pop. 2500) and South Zanesville (pop. 3000) are the non-fluoridating systems which serve more than 1000 consumers.

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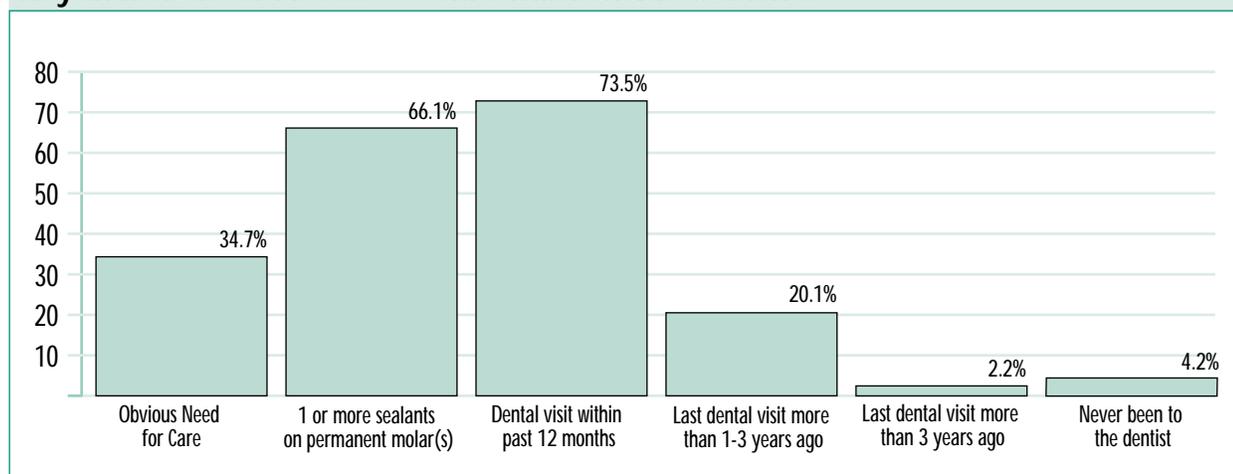


Noble County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	478	3,279	9,354	1,699	14,810	14,332
Medicaid eligible	202	806	660	276	1,944	1,742
Percent of Population eligible	42.26%	24.58%	7.06%	16.24%	13.13%	12.15%
Percent of eligibles with a dental claim						
All eligibles (n=1944)	0.50%	25.93%	12.58%	6.16%	15.95%	17.74%
Eligible ≥11 months (n=1107)	0.94%	41.53%	24.76%	8.59%	26.92%	29.67%
Percent of Population <100% Federal Poverty Level		22.7%	12.7%	18.3%	16.4%	NA
Percent of Population <200% Federal Poverty Level		53.7%	37.0%	52.4%	43.9%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	14,810:1
Licensed Dentists	1
Primary Care	1
Specialists	0
Medicaid Providers	1
1-50 patients	1
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 11,676
- All PWSs provide adequately fluoridated water.

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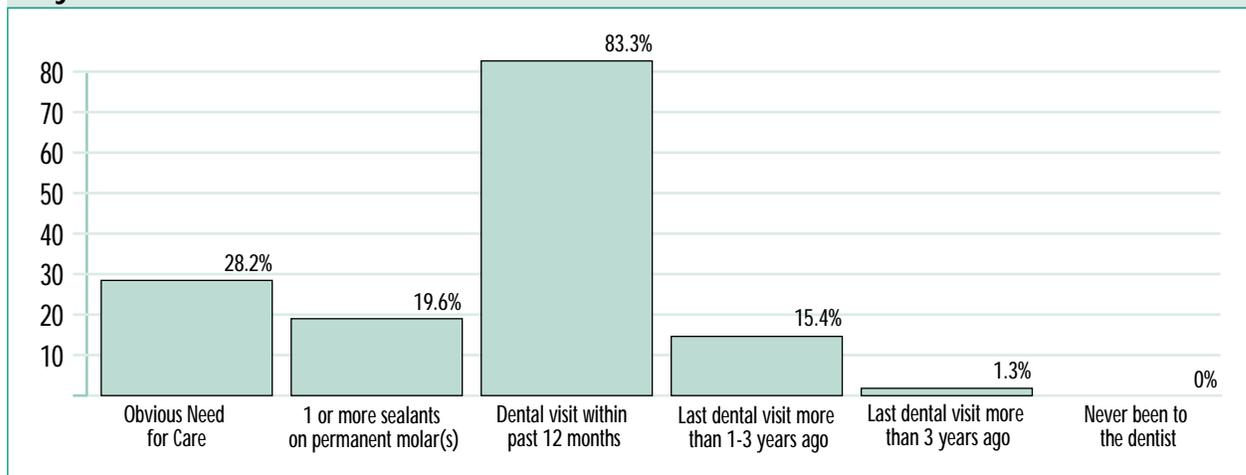


Ottawa County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,303	8,959	23,941	7,078	41,281	39,978
Medicaid eligible	459	1,361	1,226	441	3,487	3,028
Percent of Population eligible	35.23%	15.19%	5.12%	6.23%	8.45%	7.57%
Percent of eligibles with a dental claim						
All eligibles (n=3487)	0.87%	19.99%	16.72%	29.93%	17.58%	20.11%
Eligible ≥11 months (n=1587)	3.10%	42.86%	36.72%	41.69%	37.30%	40.33%
Percent of Population <100% Federal Poverty Level	9.5%		5.1%	7.8%	6.6%	NA
Percent of Population <200% Federal Poverty Level	29.4%		17.4%	33.7%	22.8%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,752:1
Licensed Dentists	15
Primary Care	15
Specialists	0
Medicaid Providers	5
1-50 patients	2
51-249 patients	3
>249 patients	0
Dental OPTIONS providers	2
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 19,522
- Ten PWSs offer fluoridated water. Put-in-Bay (pop. 5000), Gem Beach (pop. 2000), Marblehead (pop. 1600), and Lakeside Assoc. (pop. 2300) are non-fluoridating systems which serve more than 1000 consumers.

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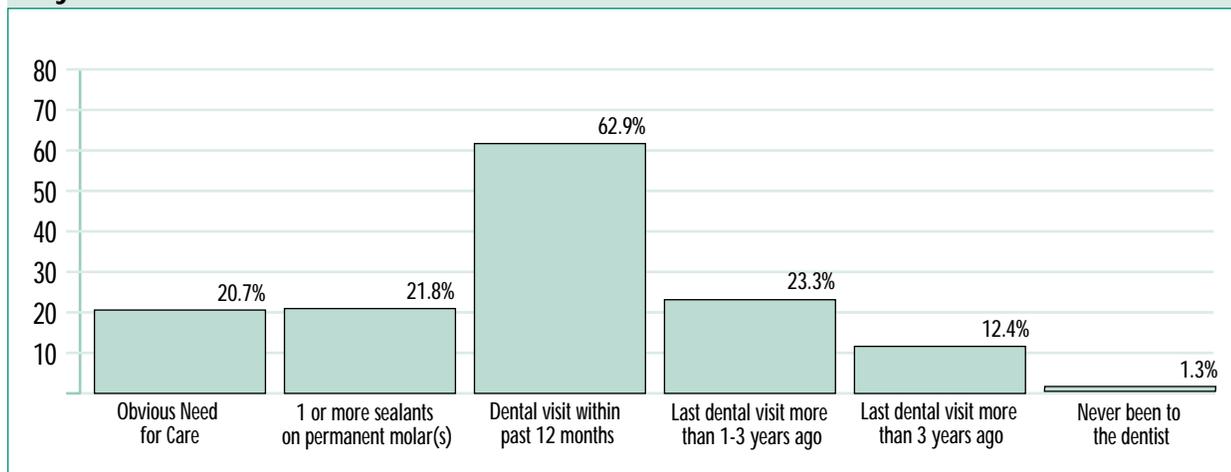


Paulding County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	830	5,276	11,447	2,520	20,073	19,243
Medicaid eligible	238	673	721	185	1,817	1,579
Percent of Population eligible	28.67%	12.76%	6.30%	7.34%	9.05%	8.21%
Percent of eligibles with a dental claim						
All eligibles (n=1817)	0.42%	17.53%	15.81%	10.81%	13.92%	15.96%
Eligible ≥11 months (n=821)	1.22%	38.11%	36.22%	16.67%	30.57%	33.83%
Percent of Population <100% Federal Poverty Level	12.0%		8.3%	11.6%	9.8%	NA
Percent of Population <100% Federal Poverty Level	34.7%		24.0%	41.9%	29.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	5,018:1
Licensed Dentists	4
Primary Care	4
Specialists	0
Medicaid Providers	4
1-50 patients	2
51-249 patients	0
>249 patients	2
Dental OPTIONS providers	2
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 7,543
- All PWSs provide adequately fluoridated water.

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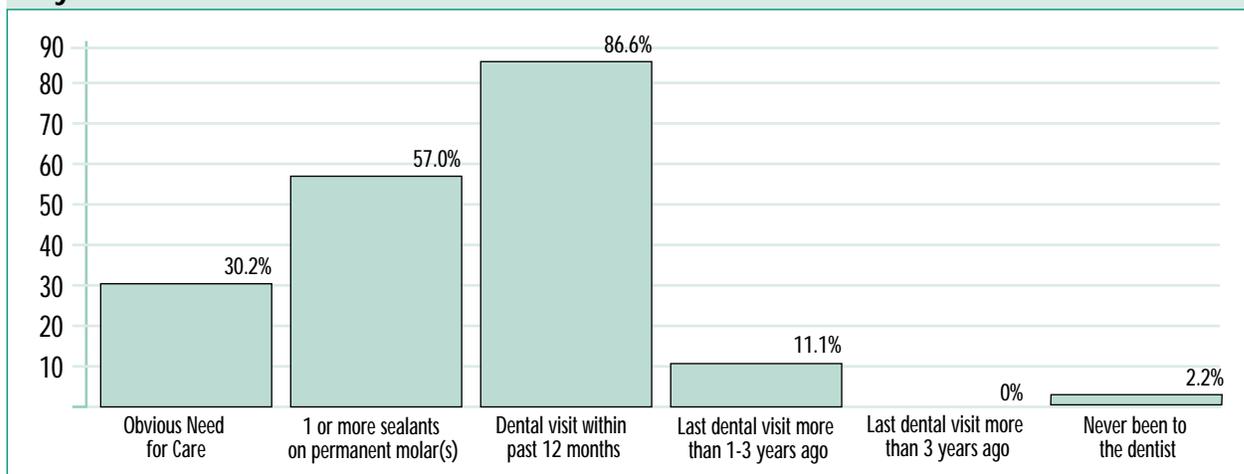


Perry County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,381	8,883	19,851	4,146	34,261	32,880
Medicaid eligible	657	2,624	2,338	498	6,117	5,460
Percent of Population eligible	47.57%	29.54%	11.78%	12.01%	17.85%	16.61%
Percent of eligibles with a dental claim						
All eligibles (n=6117)	1.83%	27.74%	17.75%	15.06%	20.11%	22.31%
Eligible ≥11 months (n=3162)	4.82%	50.92%	35.19%	20.80%	38.24%	41.09%
Percent of Population <100% Federal Poverty Level	25.4%		16.0%	18.8%	19.1%	NA
Percent of Population <200% Federal Poverty Level	57.3%		38.2%	49.7%	45.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,807:1
Licensed Dentists	9
Primary Care	9
Specialists	0
Medicaid Providers	2
1-50 patients	1
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 38,030
- Most PWSs provide fluoridated water. The largest non-fluoridating system is Thornville (pop. 960).

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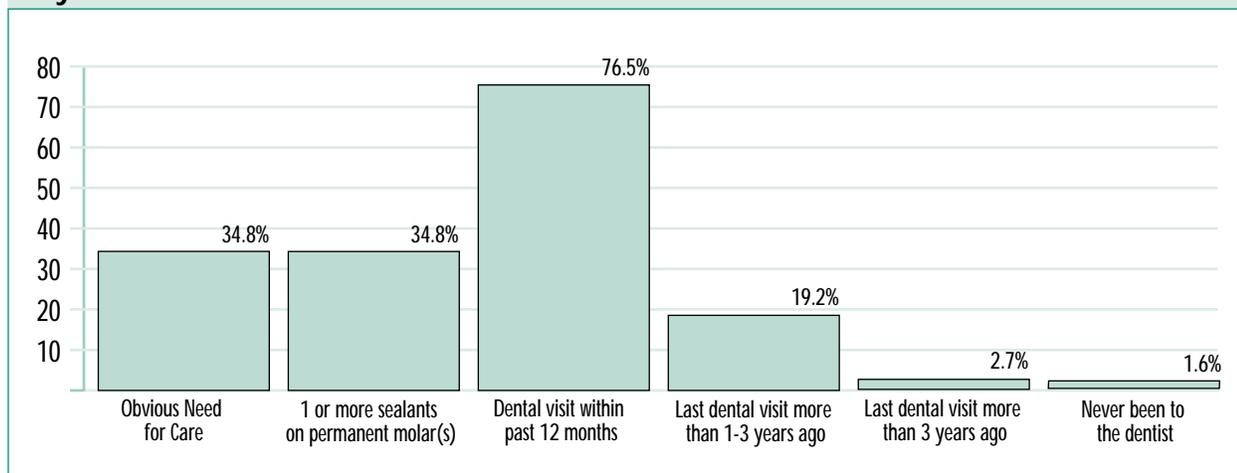


Pickaway County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,875	11,228	34,697	5,631	53,431	51,556
Medicaid eligible	679	2,339	2,191	674	5,883	5,204
Percent of Population eligible	36.21%	20.83%	6.31%	11.97%	11.01%	10.09%
Percent of eligibles with a dental claim						
All eligibles (n=5883)	0.44%	24.45%	16.34%	15.43%	17.63%	19.87%
Eligible ≥11 months (n=3186)	1.17%	41.41%	31.02%	22.41%	31.80%	34.47%
Percent of Population <100% Federal Poverty Level	16.3%		9.9%	13.5%	12.1%	NA
Percent of Population <200% Federal Poverty Level	39.4%		25.6%	40.7%	31.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,817:1
Licensed Dentists	19
Primary Care	14
Specialists	5
Medicaid Providers	5
1-50 patients	5
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for this County.

Public Water Supply

- Population served by optimally fluoridated water - 29,058
- Eleven PWSs provide fluoridated water. Of the 14 remaining PWSs, only Ashville (pop. 2450) serves more than 1000 consumers.

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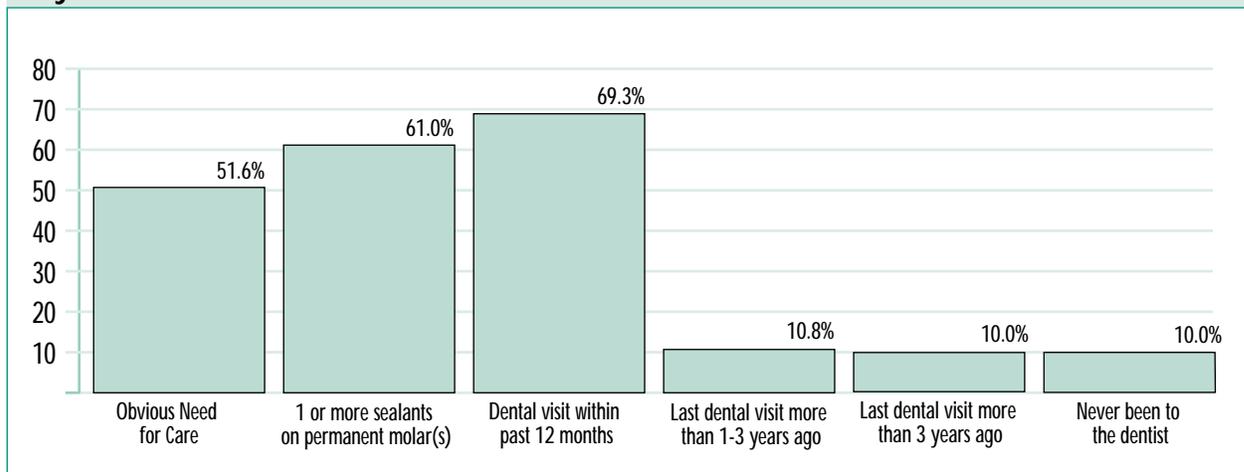


Pike County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,142	7,186	16,141	3,519	27,988	26,846
Medicaid eligible	701	2,732	2,865	783	7,081	6,380
Percent of Population eligible	61.38%	38.02%	17.75%	22.25%	25.30%	23.77%
Percent of eligibles with a dental claim						
All eligibles (n=7081)	1.28%	25.15%	18.39%	20.05%	19.49%	21.49%
Eligible ≥11 months (n=4140)	3.14%	42.23%	31.22%	25.29%	32.68%	34.88%
Percent of Population <100% Federal Poverty Level	36.9%		22.2%	23.1%	26.6%	NA
Percent of Population <200% Federal Poverty Level	60.4%		44.2%	54.8%	50.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,665:1
Licensed Dentists	7
Primary Care	6
Specialists	1
Medicaid Providers	3
1-50 patients	2
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	1
Health Professional Shortage Areas: The entire county is designated as a low-income Dental Health Professional Shortage Area.	

Public Water Supply

- Population served by optimally fluoridated water - 14,607
- Six PWSs provide fluoridated water. Lake White (pop. 1155) and Piketon (pop. 1700) are the only non-fluoridating systems which serve more than 1000 consumers.

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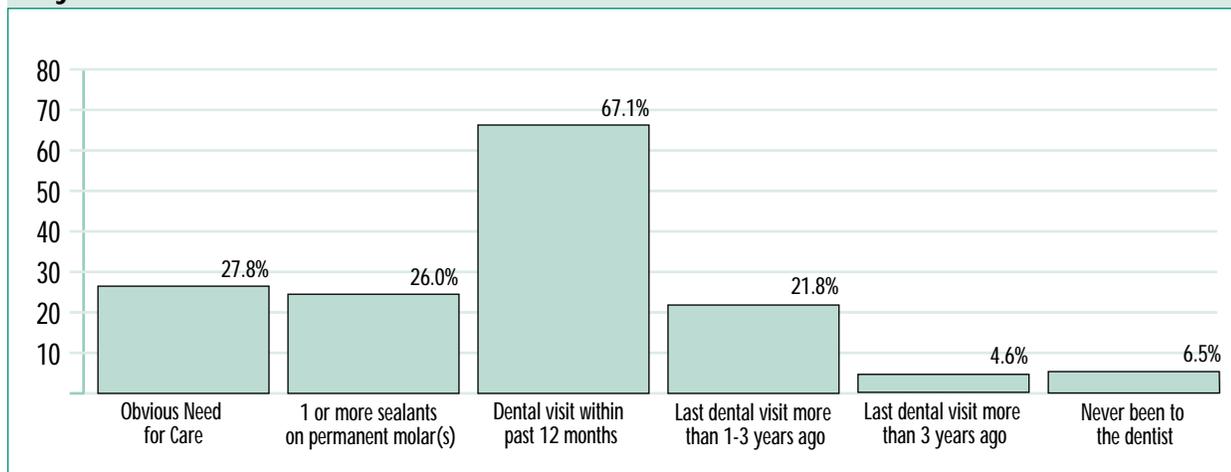


Portage County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	5,389	34,224	95,424	16,542	151,579	146,190
Medicaid eligible	1,624	5,126	4,234	1,135	12,119	10,495
Percent of Population eligible	30.14%	14.98%	4.44%	6.86%	8.00%	7.18%
Percent of eligibles with a dental claim						
All eligibles (n=12119)	1.66%	29.67%	18.87%	23.44%	21.56%	24.64%
Eligible ≥11 months (n=6184)	4.19%	52.89%	38.73%	35.49%	41.33%	45.47%
Percent of Population <100% Federal Poverty Level	13.4%		11.8%	8.7%	11.9%	NA
Percent of Population <200% Federal Poverty Level	34.5%		25.7%	33.0%	28.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,093:1
Licensed Dentists	56
Primary Care	49
Specialists	7
Medicaid Providers	14
1-50 patients	8
51-249 patients	3
>249 patients	3
Dental OPTIONS providers	9
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 60,476
- Ten PWSs offer fluoridated water. Citizens Utilities (pop. 1300), Garrettsville (pop. 2400) and Mantua (pop. 1180) are the only non-fluoridating systems which serve more than 1000 consumers.

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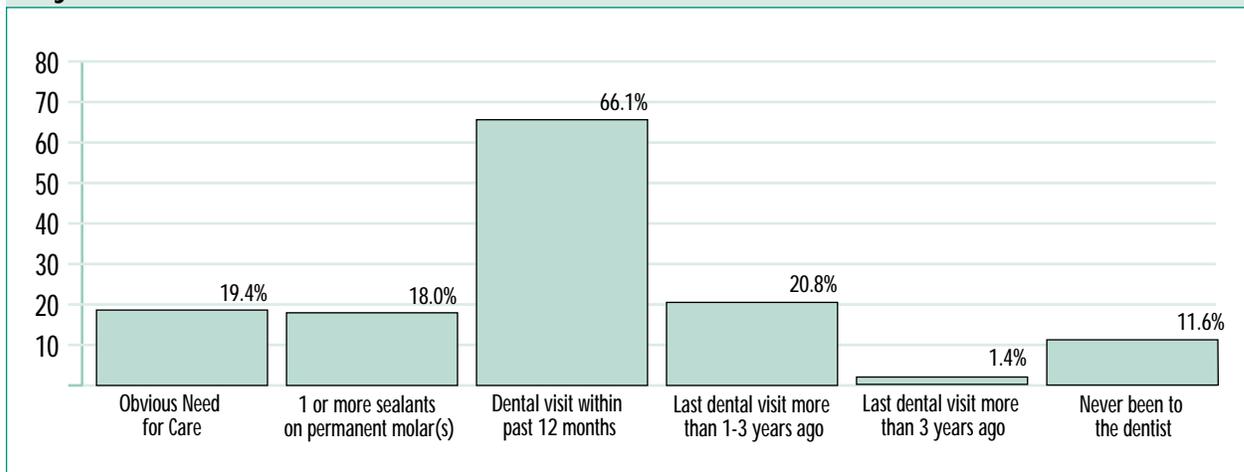


Preble County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,621	10,524	25,756	5,571	43,472	41,851
Medicaid eligible	461	1,519	1,276	445	3,701	3,240
Percent of Population eligible	28.44%	14.43%	4.95%	7.99%	8.51%	7.74%
Percent of eligibles with a dental claim						
All eligibles (n=3701)	1.95%	17.84%	15.91%	18.43%	15.27%	17.16%
Eligible ≥11 months (n=1763)	6.29%	36.33%	32.68%	28.83%	31.42%	33.64%
Percent of Population <100% Federal Poverty Level	15.6%		7.8%	10.0%	10.2%	NA
Percent of Population <200% Federal Poverty Level	40.0%		24.1%	40.0%	30.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	7,245:1
Licensed Dentists	6
Primary Care	6
Specialists	0
Medicaid Providers	2
1-50 patients	2
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	0
Safety Net Programs	0
Health Professional Shortage Areas: There are no federally designated Dental Health Professional Shortage Areas in this county.	

Public Water Supply

- Population served by optimally fluoridated water - 13,938
- Nine PWSs offer fluoridated water. Camden (pop. 2210) and Lewisburg (pop. 1580) are the only non-fluoridating systems which serve more than 1000 consumers.

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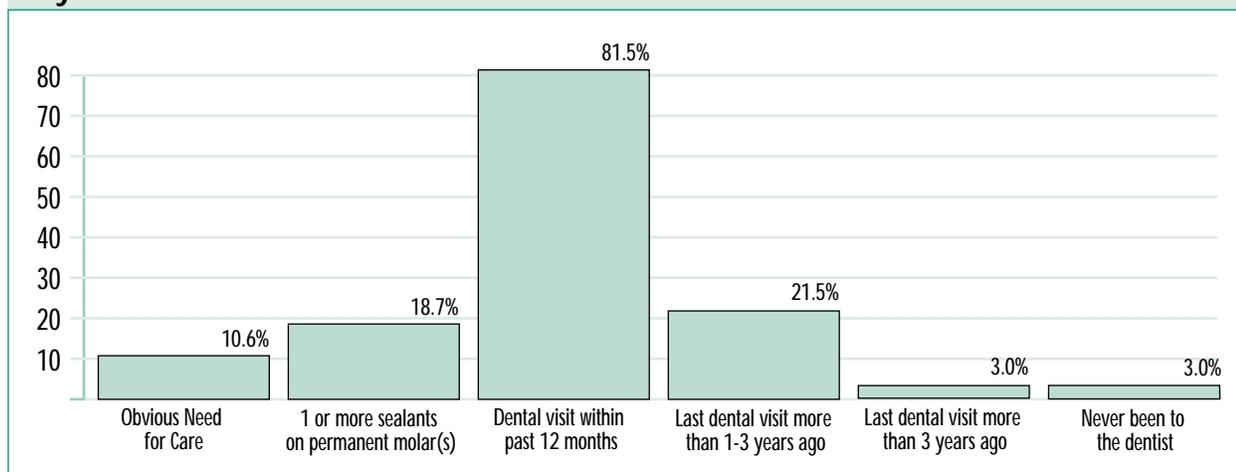


Putnam County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,670	9,676	19,234	4,626	35,206	33,536
Medicaid eligible	284	848	763	333	2,228	1,944
Percent of Population eligible	17.01%	8.76%	3.97%	7.20%	6.33%	5.80%
Percent of eligibles with a dental claim						
All eligibles (n=2228)	0.35%	13.92%	12.71%	18.62%	12.48%	14.25%
Eligible ≥11 months (n=1032)	1.12%	30.38%	27.43%	25.86%	25.87%	28.21%
Percent of Population <100% Federal Poverty Level	7.1%		4.3%	9.0%	5.8%	NA
Percent of Population <200% Federal Poverty Level	27.1%		16.6%	37.2%	22.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,401:1
Licensed Dentists	8
Primary Care	8
Specialists	0
Medicaid Providers	4
1-50 patients	2
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 14,245
- All PWSs provide adequately fluoridated water.

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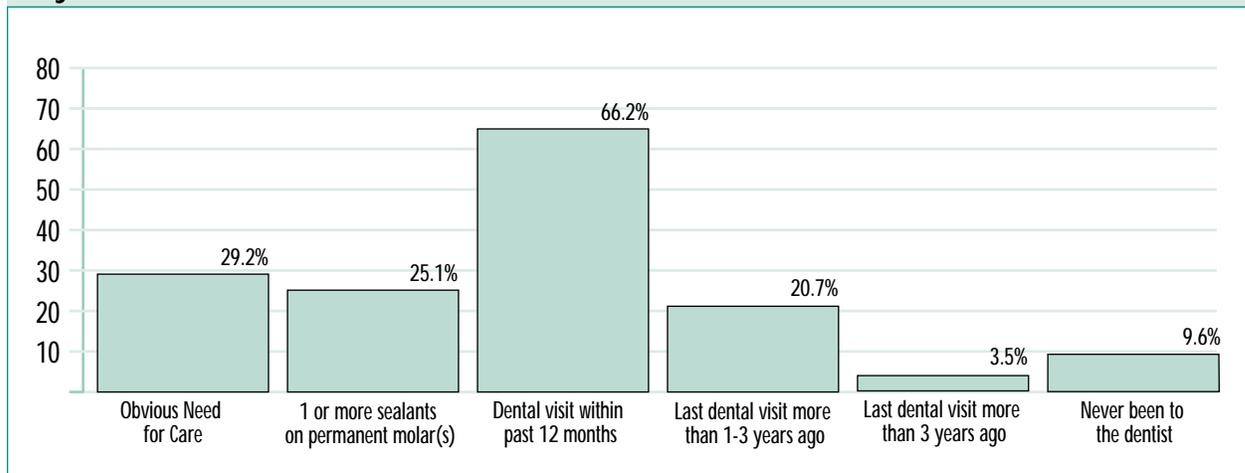


Richland County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,716	28,967	77,750	18,174	129,607	124,891
Medicaid eligible	2,060	7,091	5,995	1,682	16,828	14,768
Percent of Population eligible	43.68%	24.48%	7.71%	9.25%	12.98%	11.82%
Percent of eligibles with a dental claim						
All eligibles (n=16828)	0.87%	19.66%	15.70%	16.83%	15.66%	17.73%
Eligible ≥11 months (n=8529)	2.28%	35.43%	32.14%	24.98%	30.07%	32.73%
Percent of Population <100% Federal Poverty Level	16.5%		8.9%	11.6%	11.3%	NA
Percent of Population <200% Federal Poverty Level	39.7%		24.0%	40.0%	30.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,125:1
Licensed Dentists	74
Primary Care	61
Specialists	13
Medicaid Providers	15
1-50 patients	6
51-249 patients	3
>249 patients	6
Dental OPTIONS providers	3
Safety Net Programs	1

Health Professional Shortage Areas:
The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 16,362
- Ontario (pop. 4,200), Plum (pop. 1,942), Shelby (pop. 9,800), are the only PWSs which provide adequately fluoridated water. Two systems have natural fluoride levels ranging from 1.02 to 1.53 ppm. Five non-fluoridating systems serve a total of 59,159 consumers. The largest of these is Mansfield (pop. 51,000).

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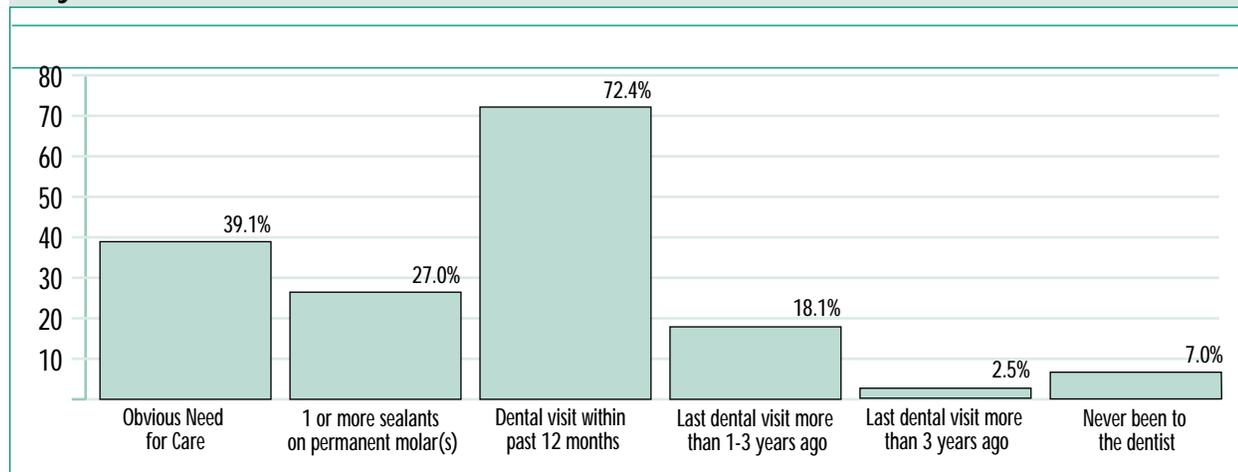


Ross County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,536	16,784	47,381	9,030	75,731	73,195
Medicaid eligible	1,304	4,790	4,677	1,125	11,896	10,592
Percent of Population eligible	51.42%	28.54%	9.87%	12.46%	15.71%	14.47%
Percent of eligibles with a dental claim						
All eligibles (n=11896)	0.69%	23.28%	15.52%	19.56%	17.40%	19.46%
Eligible ≥11 months (n=6837)	1.48%	38.30%	27.43%	25.50%	29.71%	32.13%
Percent of Population <100% Federal Poverty Level	24.9%		15.1%	15.2%	17.7%	NA
Percent of Population <200% Federal Poverty Level	46.8%		32.7%	45.5%	38.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,029:1
Licensed Dentists	31
Primary Care	25
Specialists	6
Medicaid Providers	11
1-50 patients	6
51-249 patients	1
>249 patients	4
Dental OPTIONS providers	2
Safety Net Programs	0

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 48,923
- Chillicothe (pop. 22,000) and Ross County Water Co., Inc. (pop.26,400) are the only PWSs which provide adequately fluoridated water. One system has natural fluoride levels of 2.27 ppm. Five non-fluoridating systems serve 14,660 consumers.

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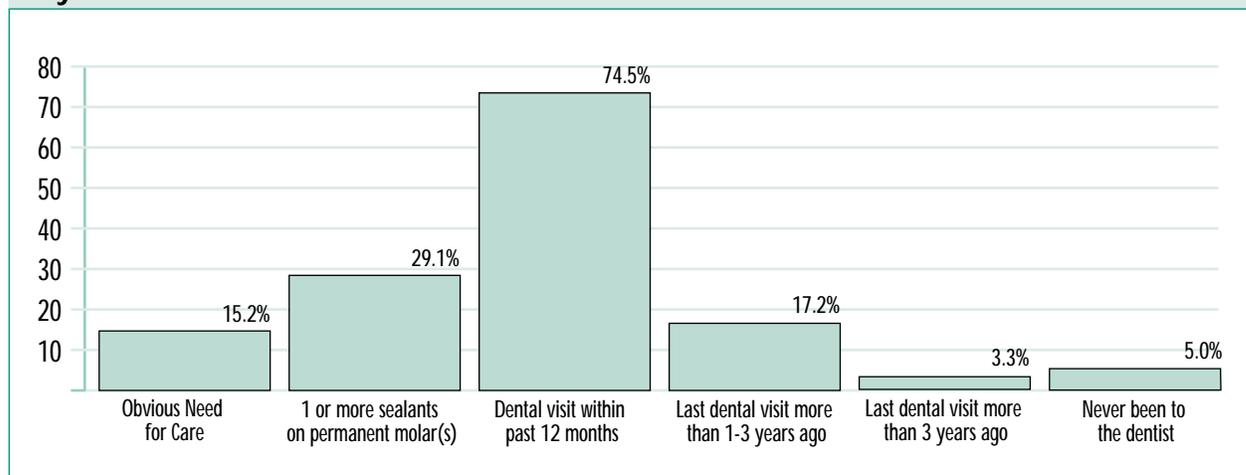


Sandusky County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,425	15,281	35,362	8,742	61,810	59,385
Medicaid eligible	962	2,963	2,419	814	7,158	6,196
Percent of Population eligible	39.67%	19.39%	6.84%	9.31%	11.58%	10.43%
Percent of eligibles with a dental claim						
All eligibles (n=7158)	1.98%	17.35%	13.77%	12.90%	13.57%	15.36%
Eligible ≥11 months (n=3060)	7.44%	38.54%	32.50%	19.88%	30.95%	32.97%
Percent of Population <100% Federal Poverty Level	12.0%		7.3%	10.1%	9.0%	NA
Percent of Population <200% Federal Poverty Level	33.8%		22.7%	35.5%	27.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,434:1
Licensed Dentists	21
Primary Care	18
Specialists	3
Medicaid Providers	7
1-50 patients	6
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	5
Safety Net Programs	1

Health Professional Shortage Areas:
The entire county is designated as a low-income/Migrant Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 32,972
- All PWSs provide adequately fluoridated water. Ten systems have natural fluoride levels ranging from 1.01 to 1.65.

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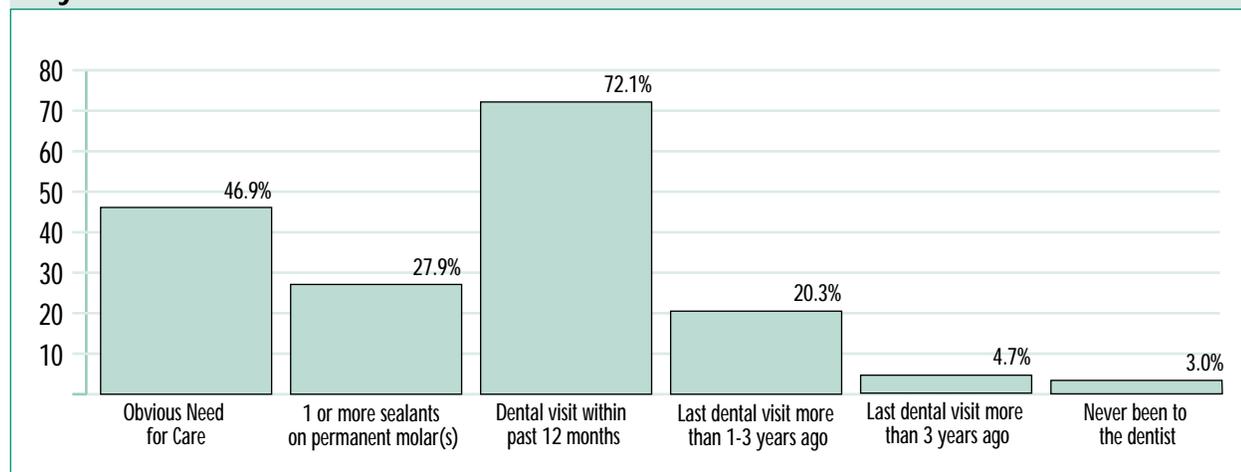


Scioto County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,945	19,479	46,306	11,623	80,353	77,408
Medicaid eligible	2,016	7,941	9,504	2,478	21,939	19,923
Percent of Population eligible	68.46%	40.77%	20.52%	21.32%	27.30%	25.74%
Percent of eligibles with a dental claim						
All eligibles (n=21939)	1.64%	25.43%	15.97%	15.86%	18.06%	19.73%
Eligible ≥11 months (n=13150)	3.58%	39.37%	27.59%	21.32%	29.61%	31.51%
Percent of Population <100% Federal Poverty Level	37.7%		22.9%	14.7%	25.8%	NA
Percent of Population <200% Federal Poverty Level	60.1%		45.0%	52.3%	50.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,494:1
Licensed Dentists	25
Primary Care	23
Specialists	2
Medicaid Providers	15
1-50 patients	3
51-249 patients	4
>249 patients	8
Dental OPTIONS providers	2
Safety Net Programs	1

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 90,590
- All PWSs provide adequately fluoridated water.

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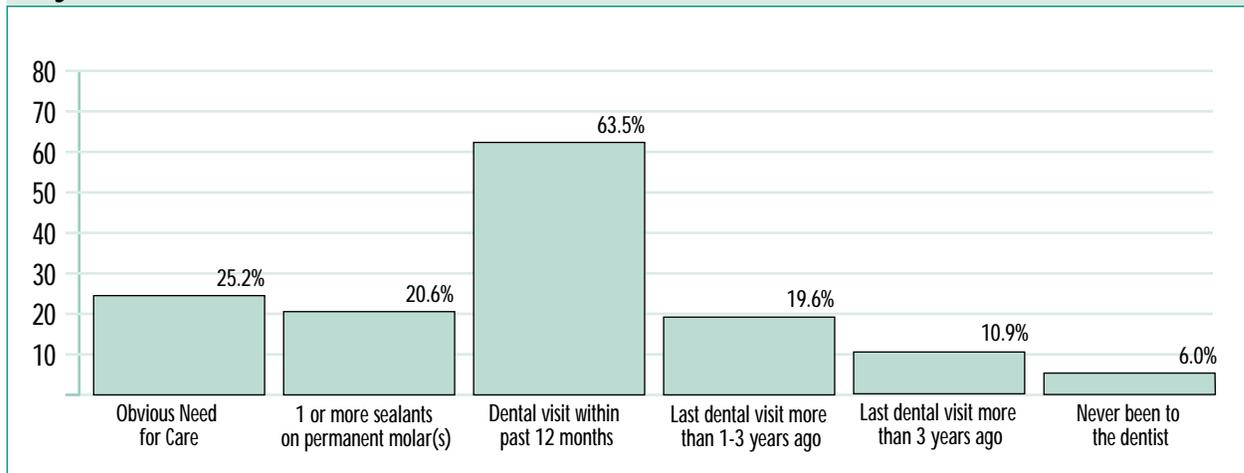


Seneca County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,308	15,164	33,739	8,557	59,768	57,460
Medicaid eligible	864	2,720	2,416	677	6,677	5,813
Percent of Population eligible	37.44%	17.94%	7.16%	7.91%	11.17%	10.12%
Percent of eligibles with a dental claim						
All eligibles (n=6677)	1.04%	19.30%	18.50%	19.79%	16.70%	19.03%
Eligible ≥11 months (n=3216)	3.06%	37.94%	39.13%	29.55%	34.02%	37.13%
Percent of Population <100% Federal Poverty Level						
	14.3%		9.0%	10.7%	10.8%	NA
Percent of Population <200% Federal Poverty Level						
	38.3%		26.4%	39.5%	31.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,988:1
Licensed Dentists	23
Primary Care	20
Specialists	3
Medicaid Providers	11
1-50 patients	7
51-249 patients	4
>249 patients	0
Dental OPTIONS providers	2
Safety Net Programs	1

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 40,889
- Attica (pop. 1,200), Fostoria (pop. 15,062), OH/AM Water-Tiffin Distribution (pop. 21,000), are the only PWSs which provide adequately fluoridated water. Five systems have natural fluoride levels ranging from 0.97 to 2.00 ppm. Five non-fluoridating systems serve a total of 1,448 consumers. The largest of these is Village of Republic (pop. 714).

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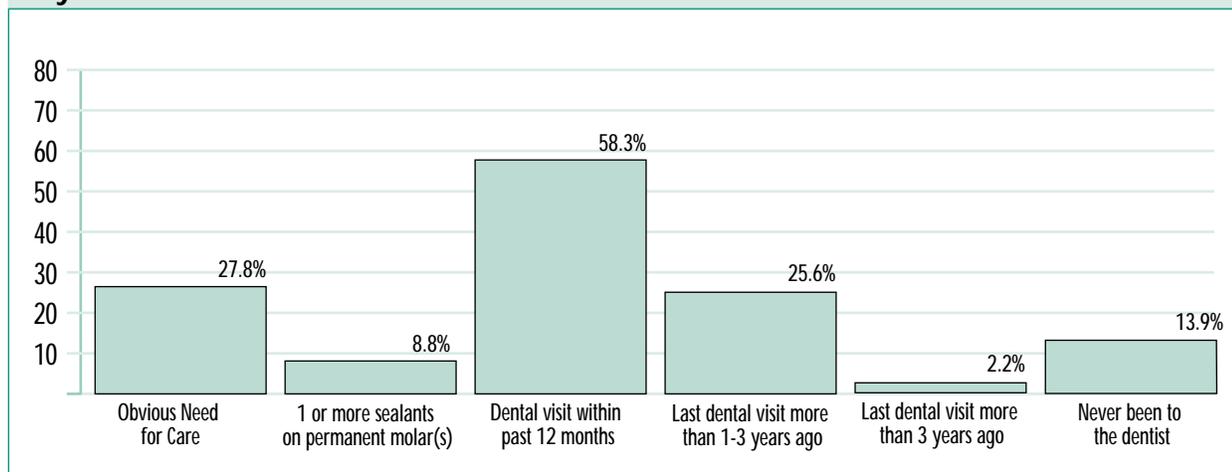


Shelby County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,083	12,489	27,546	5,831	47,949	45,866
Medicaid eligible	635	1,583	1,348	465	4,031	3,396
Percent of Population eligible	30.48%	12.68%	4.89%	7.97%	8.41%	7.40%
Percent of eligibles with a dental claim						
All eligibles (n=4031)	0.16%	16.30%	10.46%	12.04%	11.31%	13.40%
Eligible ≥11 months (n=1847)	0.55%	32.48%	23.68%	18.12%	24.20%	26.80%
Percent of Population <100% Federal Poverty Level	10.5%		6.0%	9.5%	7.7%	NA
Percent of Population <200% Federal Poverty Level	32.8%		21.1%	33.9%	26.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	4,795:1
Licensed Dentists	11
Primary Care	10
Specialists	1
Medicaid Providers	6
1-50 patients	4
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 24,743
- Most PWSs provide adequately fluoridated water. Thirteen systems have natural fluoride levels ranging from 0.87 to 1.77. Non-fluoridating system Jackson Center serves fewer than 1,400 consumers.

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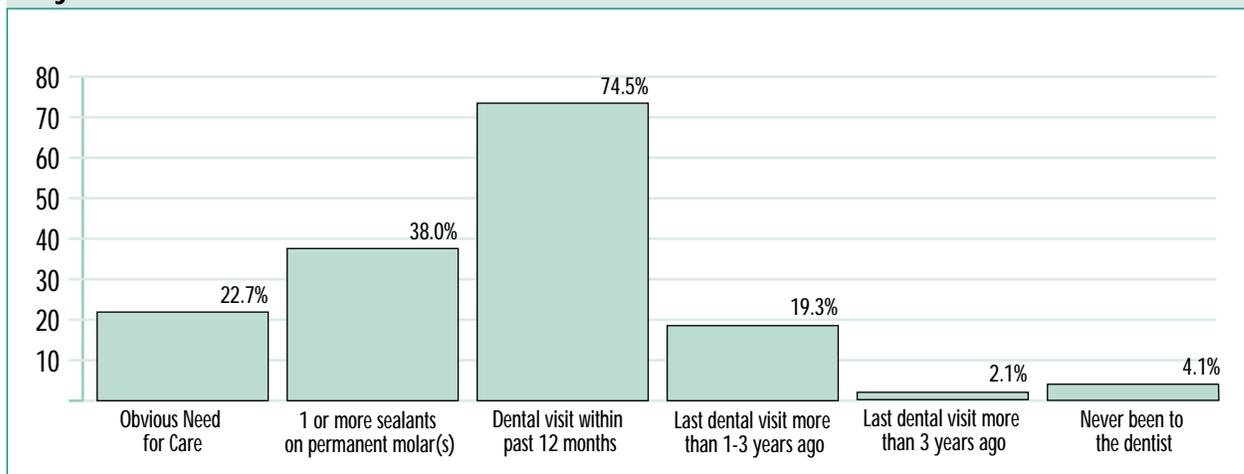


Stark County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	13,689	82,224	220,530	56,731	373,174	359,485
Medicaid eligible	4,224	14,984	14,104	5,378	38,690	34,466
Percent of Population eligible	30.86%	18.22%	6.40%	9.48%	10.37%	9.59%
Percent of eligibles with a dental claim						
All eligibles (n=38690)	1.23%	17.24%	14.92%	23.35%	15.50%	17.25%
Eligible ≥11 months (n=21216)	3.09%	29.10%	28.40%	34.00%	27.72%	29.75%
Percent of Population <100% Federal Poverty Level	16.4%		9.4%	8.7%	11.1%	NA
Percent of Population <200% Federal Poverty Level	37.5%		23.9%	35.7%	29.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,157:1
Licensed Dentists	201
Primary Care	173
Specialists	28
Medicaid Providers	56
1-50 patients	41
51-249 patients	11
>249 patients	4
Dental OPTIONS providers	28
Safety Net Programs	3

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 265,935
- Most PWSs provide adequately fluoridated water. Six non-fluoridating systems serve a total of 13,218 consumers. The largest of these is Village of Minerva (pop. 4,550). Many of the non-fluoridating PWSs serve fewer than 900 consumers.

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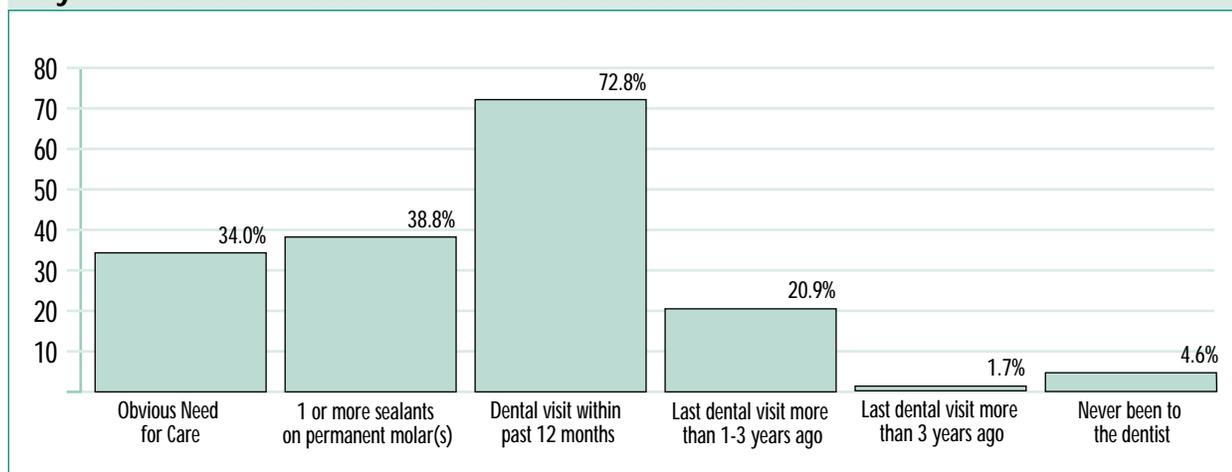


Summit County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	20,416	116,249	325,843	75,348	537,856	517,440
Medicaid eligible	6,394	23,980	23,395	6,529	60,298	53,904
Percent of Population eligible	31.32%	20.63%	7.18%	8.67%	11.21%	10.42%
Percent of eligibles with a dental claim						
All eligibles (n=60298)	1.77%	20.75%	17.21%	20.43%	17.33%	19.17%
Eligible ≥11 months (n=35289)	4.24%	32.51%	29.91%	29.21%	29.00%	31.01%
Percent of Population <100% Federal Poverty Level	18.1%		10.5%	8.8%	12.1%	NA
Percent of Population <200% Federal Poverty Level	36.2%		23.7%	34.7%	28.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,118:1
Licensed Dentists	311
Primary Care	254
Specialists	57
Medicaid Providers	47
1-50 patients	25
51-249 patients	11
>249 patients	11
Dental OPTIONS providers	29
Safety Net Programs	3

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 439,013
- All PWSs provide adequately fluoridated water. Lakemore (pop. 2,864), Summit Co.-Country Club Y (pop. 2,453) are the non-fluoridating systems that serve more than 1000 consumers. Many of the non-fluoridating PWS serve fewer than 500 consumers.

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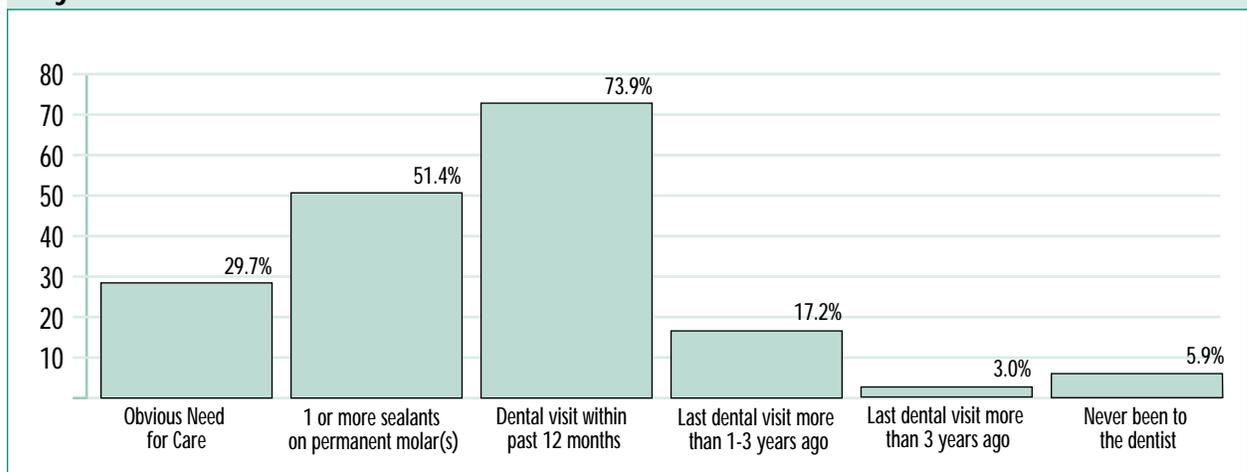


Trumbull County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	7,964	49,066	132,923	35,386	225,339	217,375
Medicaid eligible	3,511	12,506	10,649	2,814	29,480	25,969
Percent of Population eligible	44.09%	25.49%	8.01%	7.95%	13.08%	11.95%
Percent of eligibles with a dental claim						
All eligibles (n=29480)	1.42%	28.35%	18.77%	22.74%	21.15%	23.82%
Eligible ≥11 months (n=17237)	3.06%	42.76%	34.72%	33.03%	35.39%	38.71%
Percent of Population <100% Federal Poverty Level	17.0%		9.3%	10.3%	11.4%	NA
Percent of Population <200% Federal Poverty Level	37.7%		23.9%	35.4%	29.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,372:1
Licensed Dentists	113
Primary Care	95
Specialists	18
Medicaid Providers	38
1-50 patients	21
51-249 patients	12
>249 patients	5
Dental OPTIONS providers	13
Safety Net Programs	0

Health Professional Shortage Areas: A request for assistance in applying for a Dental Health Professional Shortage Area designation has been received for Warren City.

Public Water Supply

- Population served by optimally fluoridated water - 163,402
- Most PWSs provide adequately fluoridated water. Village of West Farmington (pop. 1,100) is the non-fluoridating system that serves more 1000 consumers.

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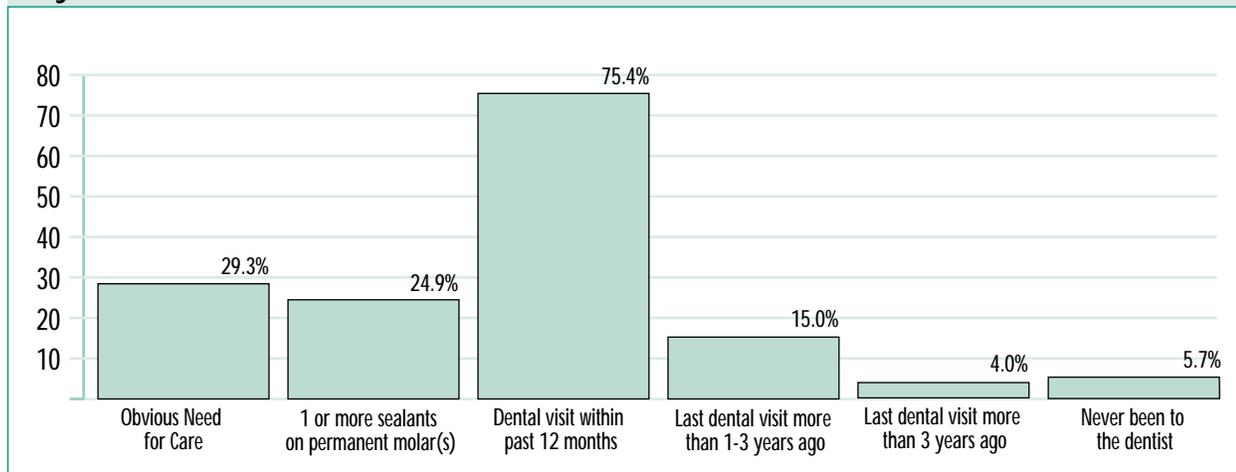


Tuscarawas County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	3,304	20,430	51,667	13,372	88,773	85,469
Medicaid eligible	1,294	4,205	3,672	1,289	10,460	9,166
Percent of Population eligible	39.16%	20.58%	7.11%	9.64%	11.78%	10.72%
Percent of eligibles with a dental claim						
All eligibles (n=10460)	1.55%	25.23%	16.31%	13.73%	17.75%	20.04%
Eligible ≥11 months (n=5560)	3.99%	42.49%	33.18%	20.16%	32.61%	35.44%
Percent of Population <100% Federal Poverty Level	14.4%		9.6%	11.3%	11.1%	NA
Percent of Population <200% Federal Poverty Level	42.2%		28.4%	43.0%	34.1%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,864:1
Licensed Dentists	36
Primary Care	31
Specialists	5
Medicaid Providers	14
1-50 patients	9
51-249 patients	2
>249 patients	3
Dental OPTIONS providers	5
Safety Net Programs	1

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 4,000
- All PWSs, except Newcomerstown (pop. 4,000), lack adequate fluoride. Eight non-fluoridating systems serve 48,293 consumers. The largest of these are City of New Philadelphia (pop. 16,000), City of Dover (pop. 11,536), Twin County Water & Sewer (pop. 11,000). TCMSD-Wilshire Hills (pop. 4,857) is in the planning process for fluoridation.

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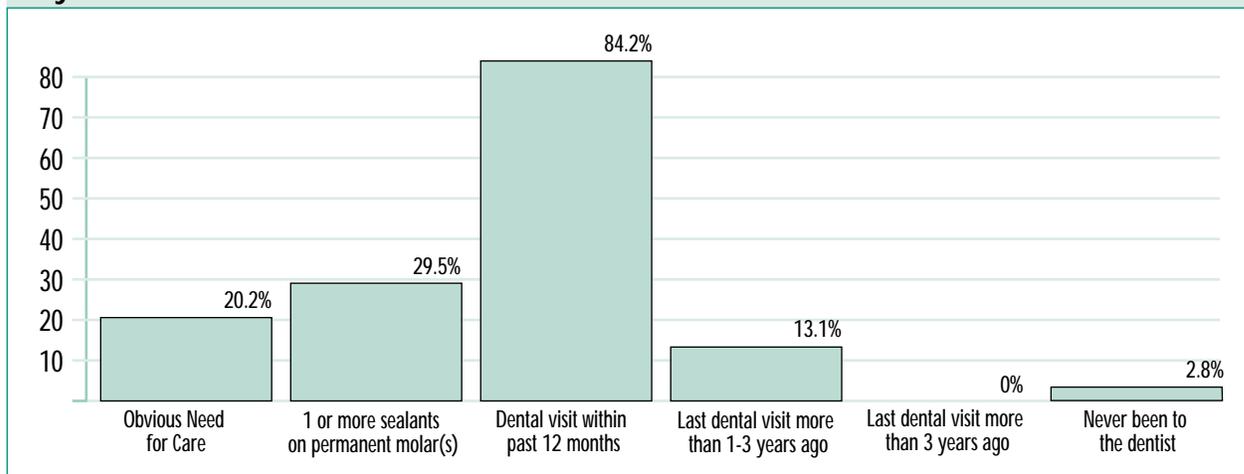


Union County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,622	9,680	25,653	3,821	40,776	39,154
Medicaid eligible	455	1,279	955	350	3,039	2,584
Percent of Population eligible	28.05%	13.21%	3.72%	9.16%	7.45%	6.60%
Percent of eligibles with a dental claim						
All eligibles (n=3039)	0.66%	12.20%	7.43%	21.43%	10.04%	11.69%
Eligible ≥11 months (n=1317)	2.05%	25.51%	19.20%	31.62%	22.32%	24.85%
Percent of Population <100% Federal Poverty Level	9.5%		5.8%	11.0%	7.4%	NA
Percent of Population <200% Federal Poverty Level	30.1%		19.3%	40.0%	24.7%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,137:1
Licensed Dentists	14
Primary Care	13
Specialists	1
Medicaid Providers	3
1-50 patients	3
51-249 patients	0
>249 patients	0
Dental OPTIONS providers	3
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 14,928
- All PWSs provide adequately fluoridated water.

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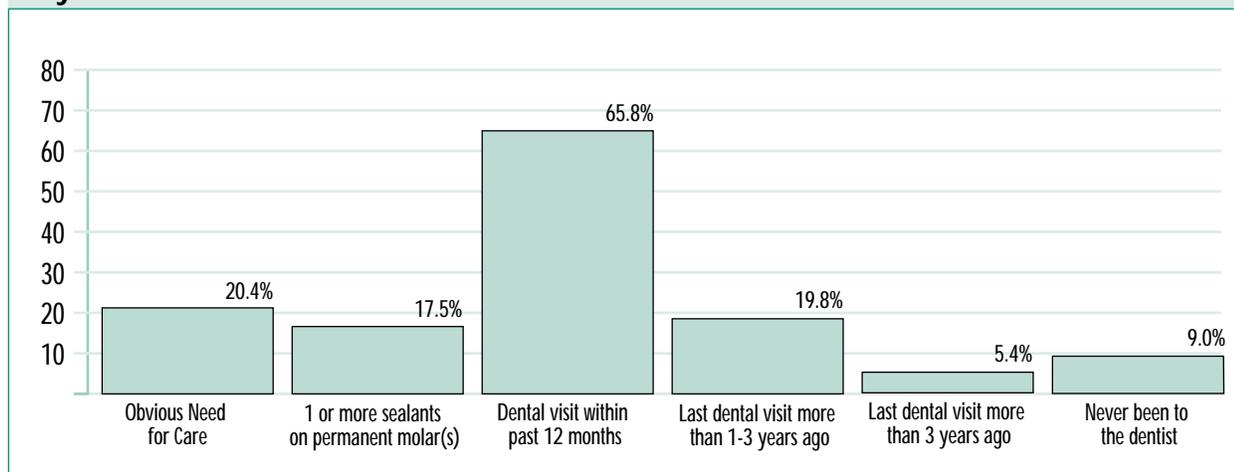


Van Wert County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,186	7,306	17,154	4,446	30,092	28,906
Medicaid eligible	308	858	756	304	2,226	1,918
Percent of Population eligible	25.97%	11.74%	4.41%	6.84%	7.40%	6.64%
Percent of eligibles with a dental claim						
All eligibles (n=2226)	0.65%	15.03%	11.24%	9.21%	10.96%	12.62%
Eligible ≥11 months (n=1017)	2.25%	29.35%	25.69%	14.07%	22.81%	24.78%
Percent of Population <100% Federal Poverty Level	7.6%		6.0%	10.7%	7.1%	NA
Percent of Population <200% Federal Poverty Level	29.9%		19.6%	32.8%	24.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,762:1
Licensed Dentists	10
Primary Care	8
Specialists	2
Medicaid Providers	2
1-50 patients	0
51-249 patients	2
>249 patients	0
Dental OPTIONS providers	1
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 13,982
- All PWSs provide adequately fluoridated water, except Willshire (pop. 600). Village of Convoy (pop. 1,200) has a natural fluoride level ranging at 1.15 ppm.

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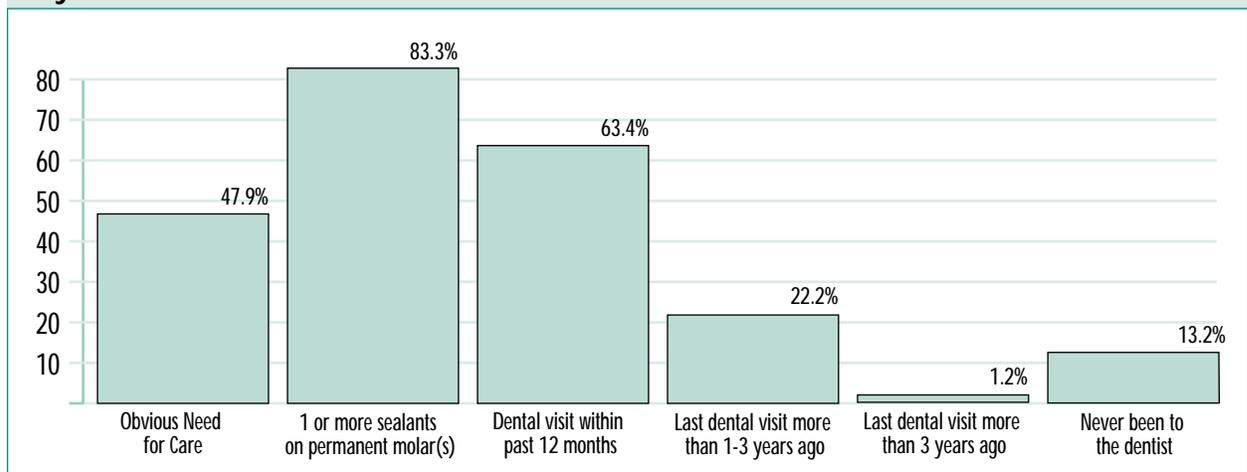


Vinton County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	490	3,140	7,217	1,515	12,362	11,872
Medicaid eligible	340	1,405	1,319	296	3,360	3,020
Percent of Population eligible	69.39%	44.75%	18.28%	19.54%	27.18%	25.44%
Percent of eligibles with a dental claim						
All eligibles (n=3360)	2.06%	27.33%	14.25%	18.92%	18.90%	20.79%
Eligible ≥11 months (n=2007)	4.14%	42.69%	24.97%	24.89%	30.94%	33.41%
Percent of Population <100% Federal Poverty Level		31.8%	21.4%	16.1%	23.6%	NA
Percent of Population <200% Federal Poverty Level		62.8%	45.8%	59.6%	52.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	12,362:1
Licensed Dentists	1
Primary Care	1
Specialists	0
Medicaid Providers	1
1-50 patients	0
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas:

The entire county is designated as a geographic Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 2,718
- No PWSs provide adequately fluoridated water, except Hamden (pop. 955) and Vinton County Water Company (pop. 750). The largest PWS, McArthur (pop. 2,400), is non-fluoridating.

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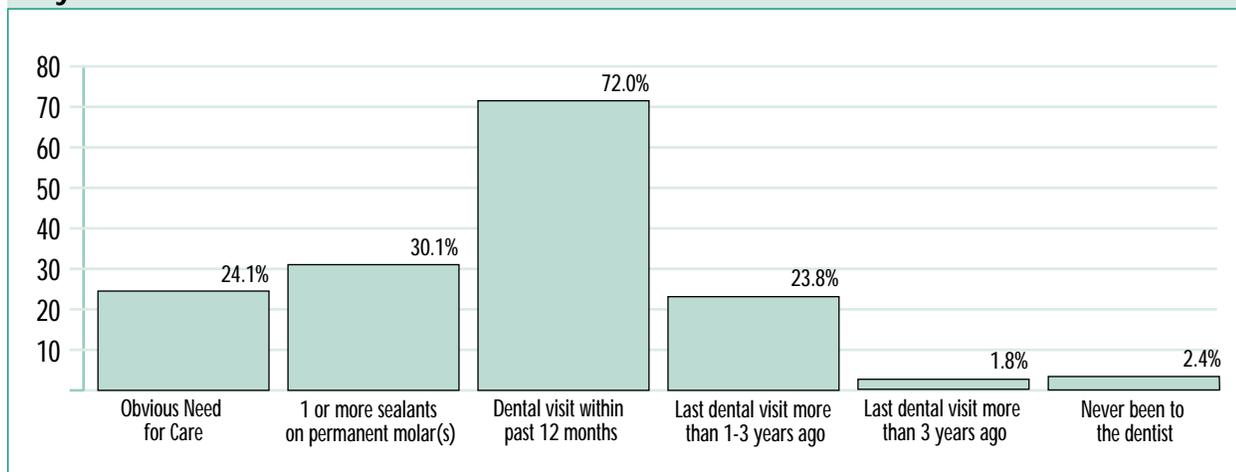


Warren County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	6,376	35,376	96,906	14,634	153,292	146,916
Medicaid eligible	1,006	2,869	2,768	1,411	8,054	7,048
Percent of Population eligible	15.78%	8.11%	2.86%	9.64%	5.25%	4.80%
Percent of eligibles with a dental claim						
All eligibles (n=8054)	2.78%	21.99%	15.97%	23.67%	17.82%	19.96%
Eligible ≥11 months (n=4027)	8.61%	42.40%	31.69%	35.40%	34.64%	36.75%
Percent of Population <100% Federal Poverty Level	8.7%		5.2%	7.3%	6.4%	NA
Percent of Population <200% Federal Poverty Level	24.5%		15.9%	31.2%	19.6%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,128:1
Licensed Dentists	56
Primary Care	49
Specialists	7
Medicaid Providers	10
1-50 patients	5
51-249 patients	4
>249 patients	1
Dental OPTIONS providers	9
Safety Net Programs	1

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 100,820
- Most PWSs provide adequately fluoridated water. Eight non-fluoridating systems serve a total of 24,432 consumers. The largest of these are City of Lebanon - Plant 1 (pop. 8,500) and OH/CR Lebanon Correctional Institute (pop. 4,600).

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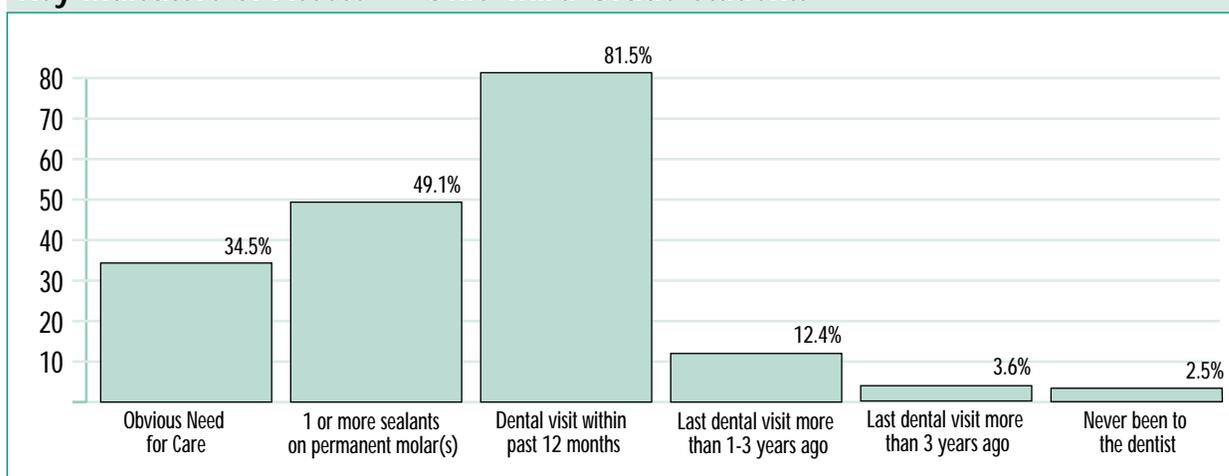


Washington County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	2,137	14,303	37,492	9,097	63,029	60,892
Medicaid eligible	1,116	3,625	3,626	1,084	9,451	8,335
Percent of Population eligible	52.22%	25.34%	9.67%	11.92%	14.99%	13.69%
Percent of eligibles with a dental claim						
All eligibles (n=9451)	0.99%	34.12%	14.78%	19.10%	21.07%	23.76%
Eligible ≥11 months (n=4983)	2.61%	57.21%	30.56%	27.43%	39.15%	42.53%
Percent of Population <100% Federal Poverty Level	18.0%	11.9%	13.5%	13.7%	NA	NA
Percent of Population <200% Federal Poverty Level	41.2%	28.7%	46.3%	34.3%	NA	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,001:1
Licensed Dentists	24
Primary Care	21
Specialists	3
Medicaid Providers	6
1-50 patients	2
51-249 patients	1
>249 patients	3
Dental OPTIONS providers	1
Safety Net Programs	1

Health Professional Shortage Areas:

The entire county is designated as a low-income Dental Health Professional Shortage Area.

Public Water Supply

- Population served by optimally fluoridated water - 42,653
- Most PWSs provide adequately fluoridated water. Beverly (pop. 8,000), Matamoros (pop. 1,375), Putnam Community Water Association (pop. 2,590), Tri-County Rural W&S DIS (pop. 1,300), Warren Community W&S Association #2 (pop. 4,680) are the non-fluoridating systems which serve more than 1000 consumers.

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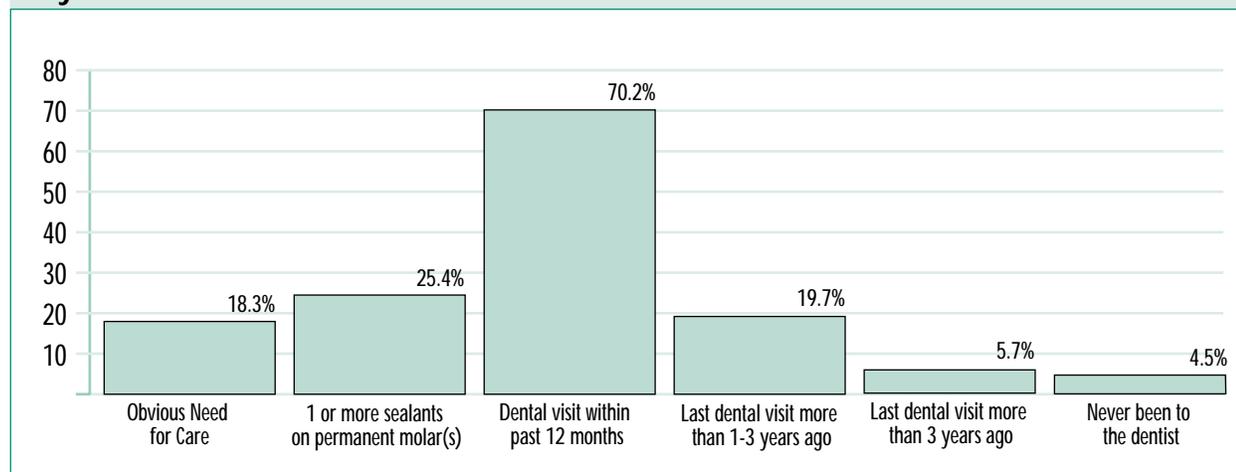


Wayne County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,709	27,518	65,092	13,726	111,045	106,336
Medicaid eligible	1,139	3,860	3,800	1,205	10,004	8,865
Percent of Population eligible	24.19%	14.03%	5.84%	8.78%	9.01%	8.34%
Percent of eligibles with a dental claim						
All eligibles (n=10004)	1.76%	25.39%	15.87%	20.33%	18.47%	20.62%
Eligible ≥11 months (n=5080)	4.57%	48.30%	32.32%	30.06%	35.85%	38.80%
Percent of Population <100% Federal Poverty Level	17.2%		9.4%	9.3%	11.7%	NA
Percent of Population <200% Federal Poverty Level	40.5%		24.8%	32.1%	30.2%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,582:1
Licensed Dentists	38
Primary Care	31
Specialists	7
Medicaid Providers	17
1-50 patients	8
51-249 patients	6
>249 patients	3
Dental OPTIONS providers	3
Safety Net Programs	1

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 14,097
- No PWSs provide adequately fluoridated water, except Orrville (pop. 7,950) and Rittman (pop. 6,147). The largest of these is Wooster (pop. 24,730).

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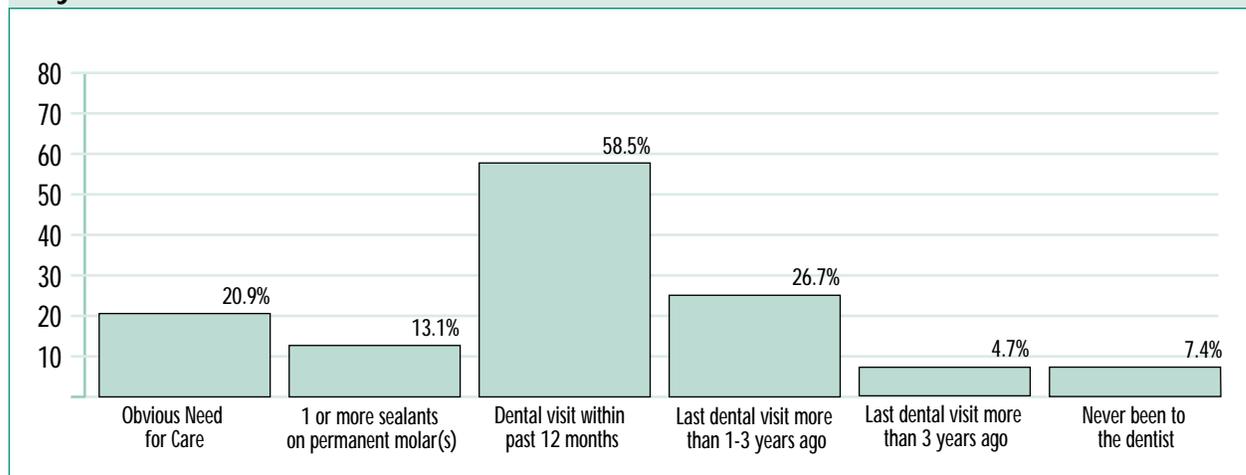


Williams County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	1,541	9,294	21,575	5,345	37,755	36,214
Medicaid eligible	579	1,375	1,173	481	3,608	3,029
Percent of Population eligible	37.57%	14.79%	5.44%	9.00%	9.56%	8.36%
Percent of eligibles with a dental claim						
All eligibles (n=3608)	0.69%	13.16%	9.46%	13.51%	10.01%	11.79%
Eligible ≥11 months (n=1411)	2.37%	31.40%	26.46%	20.38%	24.10%	27.05%
Percent of Population <100% Federal Poverty Level	10.7%		5.8%	8.5%	7.6%	NA
Percent of Population <200% Federal Poverty Level	33.6%		20.5%	37.3%	26.4%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,517:1
Licensed Dentists	19
Primary Care	15
Specialists	4
Medicaid Providers	3
1-50 patients	2
51-249 patients	0
>249 patients	1
Dental OPTIONS providers	2
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 19,912
- All PWSs have adequate natural fluoride level ranging from 0.80 to 1.21. Edgerton (pop. 2,000) is the non-fluoridating system which serves more than 1000 consumers.

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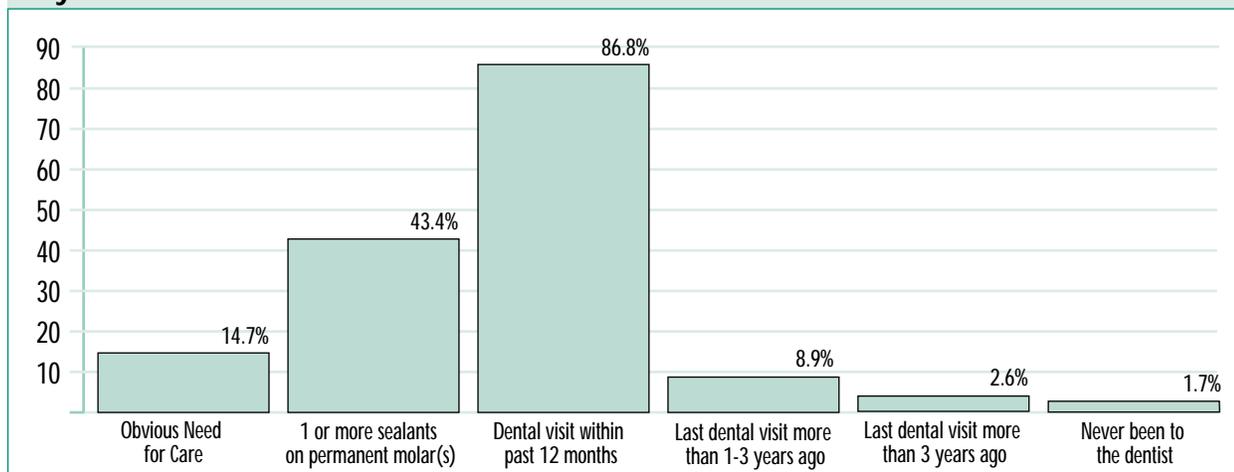


Wood County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	4,213	27,613	75,209	13,257	120,292	116,079
Medicaid eligible	844	2,312	2,236	889	6,281	5,437
Percent of Population eligible	20.03%	8.37%	2.97%	6.71%	5.22%	4.68%
Percent of eligibles with a dental claim						
All eligibles (n=6281)	1.78%	16.44%	14.09%	18.22%	13.88%	15.76%
Eligible ≥11 months (n=2967)	.45%	34.12%	30.43%	28.67%	29.15%	31.58%
Percent of Population <100% Federal Poverty Level	8.8%		11.8%	7.3%	10.6%	NA
Percent of Population <200% Federal Poverty Level	25.2%		24.0%	33.6%	25.3%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,251:1
Licensed Dentists	39
Primary Care	37
Specialists	2
Medicaid Providers	8
1-50 patients	5
51-249 patients	2
>249 patients	1
Dental OPTIONS providers	6
Safety Net Programs	0

Health Professional Shortage Areas:
There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 63,837
- All PWSs provide adequately fluoridated water. Six systems have natural fluoride levels ranging from 0.80 to 1.65. Bradner (pop. 1,093), Pemberville (pop. 1,300) are the non-fluoridating systems which serve more than 1000 consumers.

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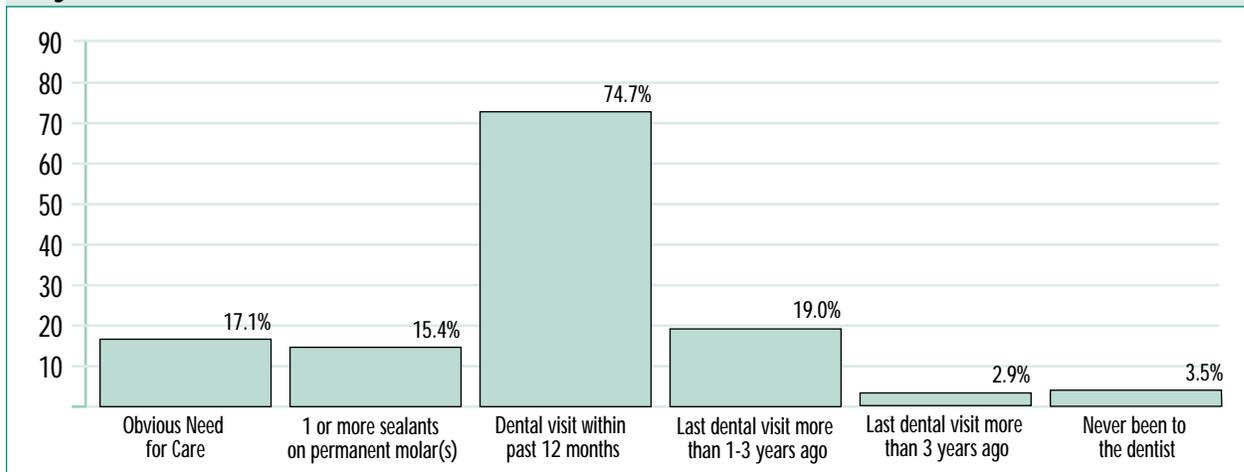


Wyandot County

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	868	5,530	13,064	3,459	22,921	22,053
Medicaid eligible	220	594	547	357	1,718	1,498
Percent of Population eligible	25.35%	10.74%	4.19%	10.32%	7.50%	6.79%
Percent of eligibles with a dental claim						
All eligibles (n=1718)	0.45%	18.86%	14.81%	17.09%	14.84%	16.96%
Eligible ≥11 months (n=836)	1.52%	38.60%	32.78%	24.59%	29.90%	32.34%
Percent of Population <100% Federal Poverty Level	10.0%		7.4%	10.2%	8.5%	NA
Percent of Population <200% Federal Poverty Level	34.3%		24.0%	40.3%	29.0%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	3,820:1
Licensed Dentists	6
Primary Care	6
Specialists	0
Medicaid Providers	4
1-50 patients	2
51-249 patients	1
>249 patients	1
Dental OPTIONS providers	0
Safety Net Programs	0

Health Professional Shortage Areas:

There are no federally designated Dental Health Professional Shortage Areas in this county.

Public Water Supply

- Population served by optimally fluoridated water - 7,827
- All PWSs provide adequately fluoridated water, except Carey (pop. 3700).

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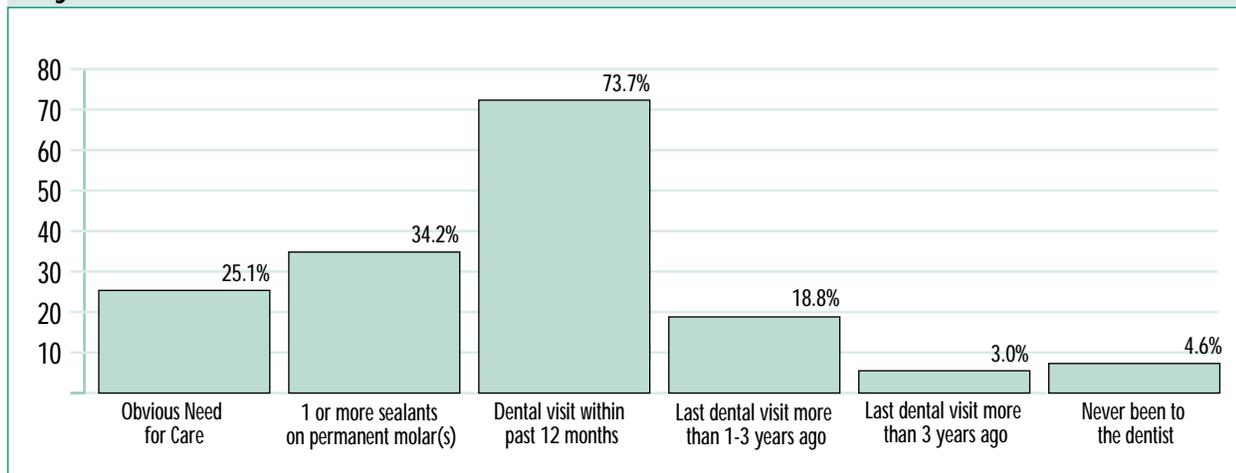


State of Ohio

Demographics

Age	0-2	3-18	19-64	65+	Total	Total 3 years and older
Population	441,110	2,564,710	6,749,698	1,501,136	11,256,654	10,815,544
Medicaid eligible	154,268	546,663	485,559	149,887	1,336,377	1,182,109
Percent of Population eligible	34.97%	21.31%	7.19%	9.98%	11.87%	10.93%
Percent of eligibles with a dental claim						
All eligibles (n=1336377)	1.52%	22.69%	16.16%	19.04%	17.47%	19.55%
Eligible ≥11 months (n=744111)	3.80%	36.98%	29.90%	26.78%	30.47%	32.79%
Percent of Population < 100% Federal Poverty Level	17.8%		10.7%	10.7%	12.5%	NA
Percent of Population < 200% Federal Poverty Level	37.3%		24.7%	37.1%	29.5%	NA

Key Indicators of Access — Ohio Third Grade Students*



Dental Care Resources

Ratio of Population to Primary Care Dentist (defined as a general or pediatric dentist)	2,166:1
Licensed Dentists	6174
Primary Care	5,197
Specialists	977
Medicaid Providers	1,529
1-50 patients	852
51-249 patients	386
>249 patients	291
Dental OPTIONS providers	733
Safety Net Programs	83

Health Professional Shortage Areas: There are 38 federally designated Dental Health Professional Shortage Areas: 15 include specific Census Tracts; 23 encompass entire counties - 2 of those encompass two-county areas.

Public Water Supply

- Population served by optimally fluoridated water - 9,881,159
- Statewide: 91% of Public Water Supplies provide optimally fluoridated water to their consumers.

* Due to the cluster sampling employed in the "Make Your Smile Count" survey, the precision of estimates based on small sample sizes cannot be reliably assessed. Therefore, these estimates should not be used for comparison with other counties.