

# Access to Dental Care Makes a Difference

- ▲ Dental care is the No. 1 unmet health care need for both Ohio children and adults.
- ▲ Forty-one percent of Ohioans lack dental insurance, compared with 11 percent who lack health insurance.

*Ohio Family Health Survey, 1998*

"It's harder to get a position that deals with the public when you have missing or decayed teeth."

*Sharon Mundhenk, Director  
Scioto County Department of Job  
and Family Services*



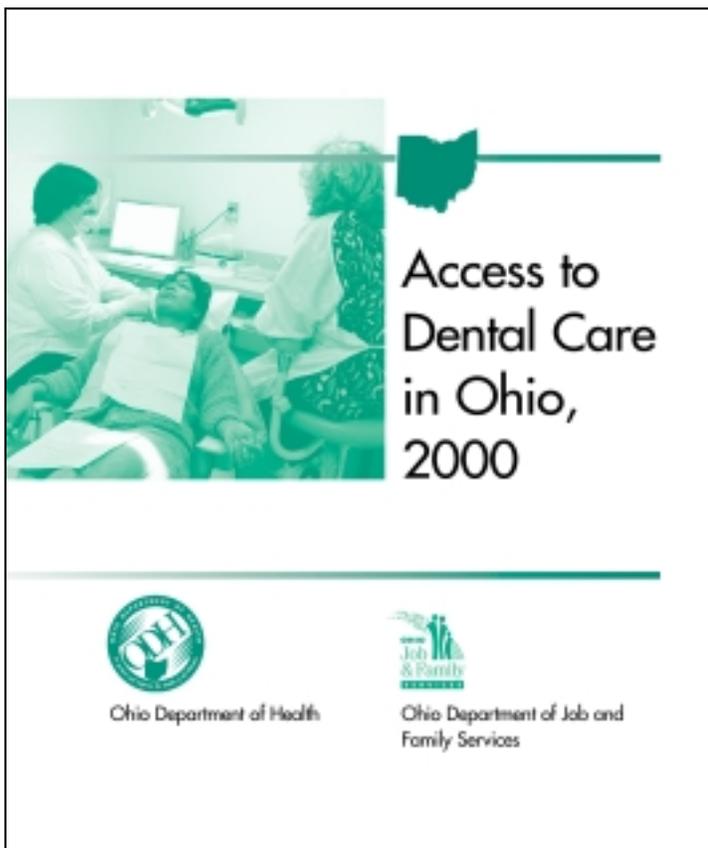
Dental Care made a difference for this man thanks to Cincinnati's McMicken Street Dental Center



"How can a child be ready to learn when she has to contend with major health problems like painful abscessed teeth?"

*Linda Strong, Principal  
Hubbard Elementary School  
Columbus*

This swollen face was caused by an abscessed tooth — dental care would have made a difference



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 obtaining needed care.

- More than 20 percent of Ohio adults earning less than \$20,000 per year have had all of their teeth extracted.

Other pieces to the access puzzle include the way dental care for vulnerable Ohioans is financed and delivered:

- Only 25 percent of Ohio dentists billed Medicaid in 2000 — 44 percent of whom saw more than 50 Medicaid patients in 2000. This represents only 11 percent of all Ohio dentists.
- Dentists tend to locate their offices near potential patients with the means to pay for care, mostly more affluent suburban areas. Consequently, Ohio's dentist shortage areas tend to be in inner cities and in rural, particularly Appalachian, areas.
- More than half of Ohio's 80+ safety net dental clinics have waiting lists. Typically there is 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 seven to eight days. Safety net dental clinics are experiencing considerable difficulty in offering the salaries necessary to attract dentists.

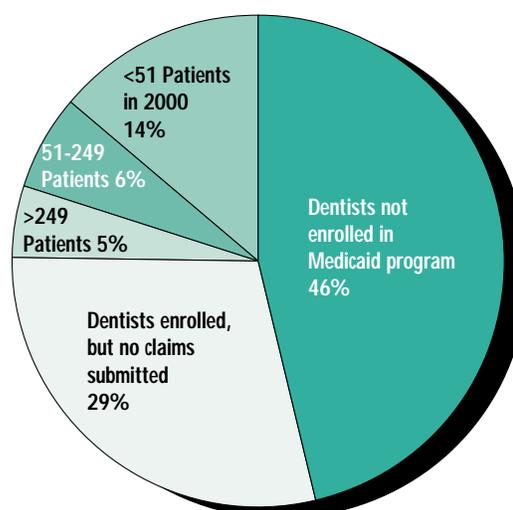
## Ohio's Dental Care Access Problem

Dental disease and oral infections are costly problems for families, employers, and government. Disparities in access to dental care and the occurrence of oral health problems continue. Oral health problems have been associated with heart disease, pregnancy complications and growth retardation of young children. In addition, severe dental problems can result in poor performance at work and in school.

While we have made significant progress in improving oral health in the last 40 years, 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 county type (especially for those living in Ohio's 29 Appalachian counties) and finally by race.

- More than one-third of six through eight 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.
- Thirty-one percent of six through eight year old Ohio children from low-income families could not get the

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



"We see many of these patients repeatedly in the emergency department for problems with the same tooth...The tooth gets worse with each presentation, at times leading to hospitalization..."

S. Scott Polsky, MD, Chair  
 Department of Emergency Medicine  
 Summa Health System, Akron



**Recommendations of the Director of Health's  
Task Force on Access to Dental Care**

November 30, 2000

## First Steps

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

- The greatest potential for affecting access to dental care lies in improvements to the Medicaid program. In 2000, Ohio expanded health and dental coverage through Medicaid and the State Child Health Insurance Program to children living in families with incomes at or below 200 percent of the federal poverty guideline and parents below 100 percent of the poverty guideline (\$17,000 for a family of four in 2000);
- The Ohio Department of Health has partnered with the Ohio Dental Association on the Dental OPTIONS case management program that assists eligible low-income Ohioans receive discounted or donated dental care; and
- Funding for improving access to dental care through safety net dental clinics and school dental care programs was awarded in the first two budget cycles for Ohio's Public Health Priorities Trust Fund, created from the national tobacco settlement.

## Proposed Solutions

In 1999, Dr. J. Nick Baird, Director of Health, convened a broad-based task force to make recommendations for state-level policy changes likely to improve access to dental care for vulnerable Ohioans. The 32 recommendations of the Task Force were organized under the following four objectives:

- I. Reduce financial barriers to dental care 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 care access and enhance the community level oral health infrastructure.
- IV. Increase public awareness of oral health and dental care access issues.

## More Information Available at [www.odh.state.oh.us/ ODHPrograms/ORAL/Oral1.htm](http://www.odh.state.oh.us/ODHPrograms/ORAL/Oral1.htm) including:

- Access to Dental Care in Ohio, 2000 (30-page report),
- Dental care access profile for the state,
- Dental care access profiles for each of Ohio's 88 counties,
- Recommendations of the Director of Health's Task Force on Access to Dental Care (20-page report),
- Detailed information on individual dental treatment programs (safety net clinics) by county, and
- Ohio's federally-designated dental health professional shortage areas.

October, 2002



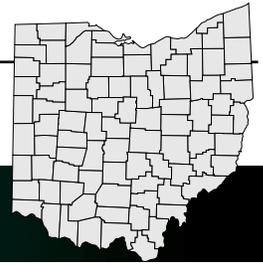
## Ohio Department of Health

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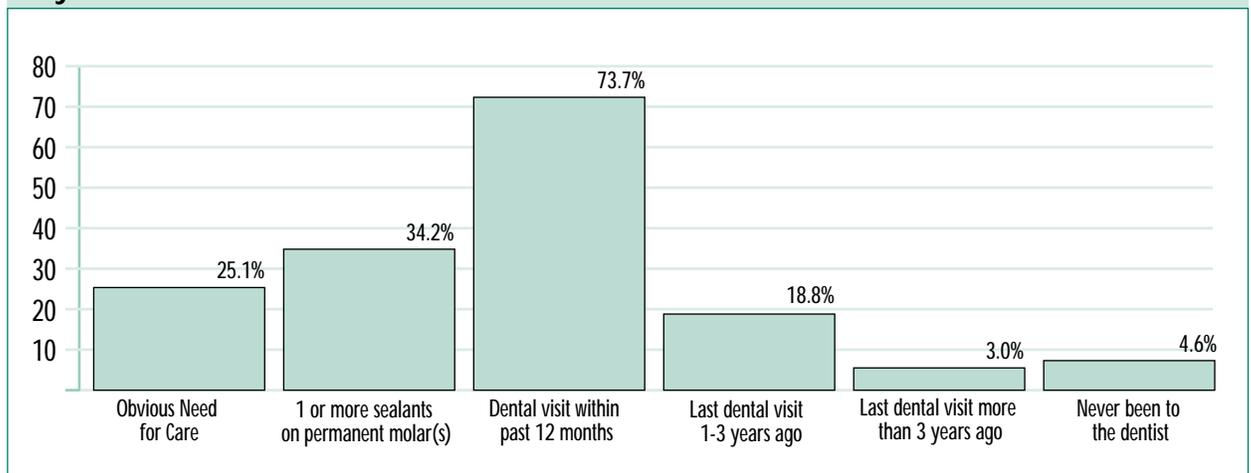


# State of Ohio

## 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.