



# At-a-Glance

## Oral Health Data

The Ohio Department of Health Oral Health Program (OHP) collects, analyzes, and reports a variety of state and local oral health data. These data are used for oral health surveillance, program planning and evaluation.

### Oral Health Survey of Ohio's Schoolchildren



During the 2017-2018 school years, the OHP conducted a screening survey of third grade students in 65 elementary schools across Ohio. Nearly 3,300 third grade schoolchildren received a voluntary dental screening. Results from the screening survey show that:

**20%**  
had at least  
one untreated  
cavity.

**48%**  
had a history of tooth decay  
(at least one filling, crown,  
untreated cavity or tooth  
extracted due to decay).

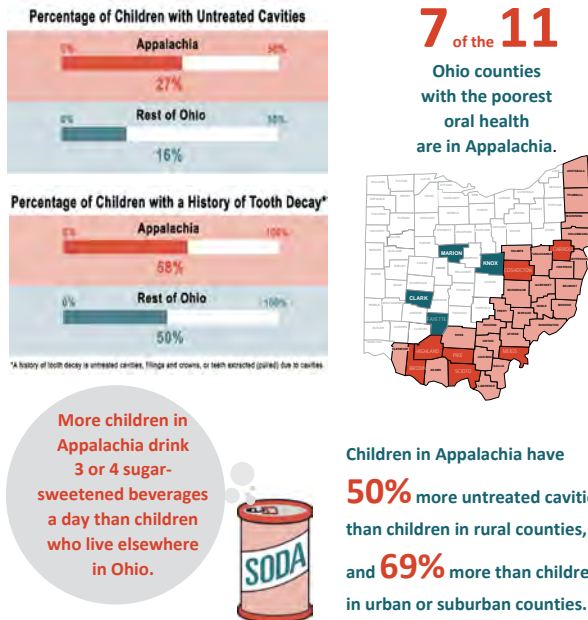
**84%**  
reported having a  
dental visit within  
the past year.

**48%**  
had one or more  
dental sealants on a  
permanent molar.

# Oral Health Status and Access to Dental Care

OHP publishes reports and data briefs on oral health and access to dental care in Ohio, highlighting findings of recent surveys conducted by the Ohio Department of Health and other agencies and organizations

## Oral Health Disparities Among Children in Appalachia Ohio



Make Your Smile Count! Oral Health Screening Survey of 3rd Grade Schoolchildren, 2013-15  
For more information, visit [www.odh.ohio.gov/odhprograms/ohs/oralhealth.aspx](http://www.odh.ohio.gov/odhprograms/ohs/oralhealth.aspx)



## Use of Ohio Hospital Emergency Department for Oral Health Problems 2016-2019



### Summary

Oral diseases are most effectively prevented and treated in dental care settings where comprehensive services can be provided. Yet, there are challenges in obtaining care in these settings for some, such as cost, lack of private or public dental insurance coverage, and difficulty in taking time off from work to go to dental appointments.<sup>1</sup> These challenges may lead individuals to visit an emergency department (ED) to seek relief from dental pain and related conditions. The use of a hospital ED for an oral health problem may not result in definitive oral health care that eliminates the problem; rather, short-term measures may be offered such as the prescription of antibiotics to slow infection or pain medications to provide short-term relief. Repeated visits to the ED for the same problems may occur.

The Ohio Department of Health's Oral Health Program used hospital emergency department data from 2016-2019 to assess the use of EDs for oral health problems in Ohio. Key findings from this analysis indicate that:

- Ohio's rate of hospital visits for non-traumatic dental conditions (NTDC) decreased significantly from 998.7 per 100,000 Ohio residents in 2016 to 734.1 per 100,000 residents in 2019. Reasons for this decline are not clear but are consistent with recent national data.<sup>2</sup> Despite the overall decline in the rate of hospital visits for NTDCs in Ohio, disparities persist.
- The NTDC hospital visit rate for non-Hispanic Black Ohioans is more than twice that of non-Hispanic White Ohioans (1,512 per 100,000 residents vs. 637 per 100,000 residents, respectively).
- 85% of hospital visits for dental care in Ohio were for Caries (tooth decay), Periodontal or Associated Preventive Procedures (CPP) diagnoses. Besides diagnoses of dental caries and gingival and periodontal diseases (diseases of the gums and bone surrounding the teeth), other diagnoses in this category include loss of teeth (not due to trauma), endodontic care (treatment of the dental pulp inside a tooth), and preventive procedures such as a dental prophylaxis (cleaning) or an examination. These diagnoses represent procedures or treatment commonly provided in non-emergent dental care settings and are largely preventable with routine dental care.
- More than one half of all NTDC-related hospital visits were by Medicaid-insured patients.

### Rates of ED visits for Oral Health Problems

Between 2016 and 2019, there were a total of 391,223 hospital encounters in Ohio with a primary diagnosis for a NTDC -- an overall rate of 838.0 hospital visits per 100,000 residents during this period (a primary diagnosis is the main reason why the person went to the ED). As seen in Figure 1, the annual rate of hospital visits for a NTDC decreased significantly from 2016 to 2019.

<sup>1</sup> Disparities in Oral Health. Centers for Disease Control and Prevention.

[https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm). Accessed 4.10.23.

<sup>2</sup> Recent Trends in Hospital Emergency Department Visits for Non-Traumatic Dental Conditions. CareQuest Institute for Oral Health. <https://www.carequest.org/resource-library/recent-trends-hospital-emergency-department-visits-non-traumatic-dental-conditions>.



## Make Your Smile Count!

### Third Grade Oral Health Screening Survey, 2013-15 Findings for Ohio Counties

This data brief describes how results of the oral health screening survey of 3rd grade schoolchildren were different among Ohio's counties.

Overall, 51 percent of Ohio's 3rd grade schoolchildren had a history of tooth decay in their primary (baby teeth) or permanent (adult) teeth. A history of tooth decay means that a child had one or more untreated cavities, fillings, crowns, or one or more teeth extracted (pulled) because of cavities.

- Map 1 shows counties shaded in rose which had a significantly higher percentage of children with a history of tooth decay, compared to the state.
- Counties shaded in blue had significantly lower rates.
- Counties that are not shaded had rates that were not significantly different from rates for the entire state.

Map 1: Counties with a Higher or Lower Percentage of Children with a History of Tooth Decay, 2013-15



## Oral Health Screening Survey of Preschool-Age Children, 2016-17

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



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

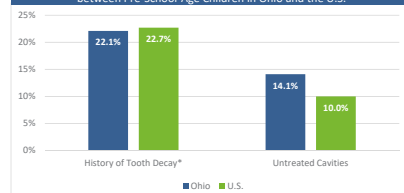
Even though tooth decay can be prevented, these children had a "history of tooth decay" because they had one or more teeth with cavities that have not yet been treated; they had fillings or crowns to restore (repair) teeth that were decayed; or they had teeth that had been extracted (pulled) due to a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



### How do the results of this screening survey compare to findings for the U.S.?

Figure 1 shows the comparison between preschool-age children in Ohio and across the U.S. in the percentage with a history of tooth decay and untreated cavities. Ohio's preschool-age children had a similar history of tooth decay to that among children in the U.S., but had a higher percentage of untreated cavities.

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



\*In this comparison, only untreated and treated (restored) cavities were included; extractions due to cavities were not included.  
 Ohio: 2016-2017, children ages 3-5 years old  
 U.S.: NHANES, 2011-2012, children 2-5 years old<sup>1</sup>

<sup>1</sup> U.S. Department of Health and Human Services. National Center for Health Statistics Data Brief, No. 191, March 2015.