

# SUMMARY REPORT

## 2017 SYNOPSES OF STATE DENTAL PUBLIC HEALTH PROGRAMS

### DATA FOR FY 2015-2016

Association of State and Territorial  
Dental Directors



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## Introduction

This report summarizes the results of the *2017 Synopses of State Dental Public Health Programs (2017 Synopses)*; which represents the status of the state oral health program during the 2015-2016 fiscal year. Each January, the Association of State and Territorial Dental Directors (ASTDD) distributes the Synopses questionnaire to the 50 states, District of Columbia (DC) and U.S. territories. The purpose of the questionnaire is to obtain current information from each state/territory on demographic, infrastructure, workforce, and administrative factors that impact the state's oral health program. In addition, each state/territory is asked to provide detailed information on the services they provide to their constituents. State specific information from the 2017 Synopses is available in a comprehensive report posted on the member's only section of the ASTDD website ([www.astdd.org](http://www.astdd.org)). For 2017, no territories completed the survey, so only state and DC data are reported. The 2017 Synopses questionnaire was returned by 49 states plus the District of Columbia. NOTE: The State of Maine did not have an oral health program during FY 2015-2016.

## DEMOGRAPHICS

Each age and income group has unique oral health needs. To plan a comprehensive program that serves all population groups, oral health program staff must understand the demographics of their state. The following tables present information on the number of states by the percent of their overall population that is 65 years or older or 5-19 years of age.

### Seniors – Percent of Population Aged 65 Years and Older (2015)

Percent of Population $\geq$ 65	Number of States	Percent of States
< 12.0%	4	7.8%
12.0 – 12.9%	2	3.9%
13.0 – 13.9%	1	2.0%
14.0 – 14.9%	16	31.4%
$\geq$ 15.0%	28	54.9%

Includes all states and the District of Columbia

Source: U.S. Census, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

### Children – 0 to 17 Years (2015)

Percent of Population 0-17	Number of States	Percent of States
< 20.0%	4	7.8%
20.0 – 21.9%	14	27.5%
22.0 – 23.9%	22	43.1%
24.0 – 25.9%	10	19.6%
$\geq$ 26.0%	1	2.0%

Includes all states and the District of Columbia

Source: U.S. Census, <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

It is well documented that low-income individuals have more oral health problems compared to higher income individuals. The following tables present information by various measures of poverty. Title XIX Medicaid and the Children's Health Insurance Program (CHIP) provide medical and dental coverage to low-income children.

### Title XIX Medicaid Children (Number ever enrolled, FFY 2015)

Number of Children	Number of States	Percent of States
< 100,000	9	17.6%
100,000 – 249,999	5	9.8%
250,000 – 499,999	10	19.6%
500,000 – 749,999	13	25.5%
750,000 – 999,999	4	7.8%
$\geq$ 1,000,000	10	19.6%

Includes all states and the District of Columbia

Source: <https://www.medicaid.gov/chip/downloads/fy-2015-childrens-enrollment-report.pdf>

**CHIP Children (Number ever enrolled, FFY 2015)**

Number of Children	Number of States	Percent of States
< 10,000	4	7.8%
10,000 – 19,999	6	11.8%
20,000 – 39,999	6	11.8%
40,000 – 49,999	3	5.9%
50,000 – 99,999	10	19.6%
100,000 – 499,999	19	37.3%
≥ 500,000	3	5.9%

Includes all states and the District of Columbia

Source: <https://www.medicaid.gov/chip/downloads/fy-2015-childrens-enrollment-report.pdf>

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost (reduced price) or free lunches to children each school day. The program was established in 1946 under the National School Lunch Act. To be eligible for free lunches a child's family must be at or below 130% of the Federal Poverty Level (FPL) while the upper income for reduced price lunches is 185% of FPL.

**Percent of Children Receiving Free or Reduced Price School Lunches (2014-2015)**

Percent of Children	Number of States	Percent of States
< 40.0%	11	21.6%
40.0 – 49.9%	18	35.3%
50.0 – 59.9%	14	27.5%
60.0 – 69.9%	5	9.8%
≥ 70%	2	3.9%
Not available*	1	2.0%

Source: U.S. Department of Education, National Center for Education Statistics, <https://nces.ed.gov/ccd/elsi/>

\* Arizona data for 2014-2015 did not meet minimum data quality standards

As previously mentioned, low-income individuals have more oral health problems compared to higher income individuals. The percent of children living in households at or below 125% and 200% of Federal Poverty Level (FPL) are common indicators used to describe the socioeconomic status of a state.

#### Children under 18 in families earning less than 125% of FPL (2015)

Percent of Children	Number of States	Percent of States
< 15.0%	3	5.9%
15.0 – 19.9%	12	23.5%
20.0 – 24.9%	14	27.5%
25.0 – 29.9%	13	25.5%
≥ 30.0%	9	17.6%

Includes all states and the District of Columbia

Source: U.S. Census, <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-46.html>

#### Children under 19 Years of Age who are at or below 200% of FPL (2015)

Percent of Children	Number of States	Percent of States
< 20.0%	0	0.0%
20.0 – 29.9%	5	9.8%
30.0 – 39.9%	20	39.2%
40.0 – 49.9%	23	45.1%
≥ 50.0%	3	5.9%

Includes all states and the District of Columbia

Source: U.S. Census, <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>

#### Children under 19 at or Below 200% FPL without Health Insurance (2015)

Percent of Children	Number of States	Percent of States
< 3.0%	4	7.8%
3.0 – 5.9%	9	17.6%
6.0 – 8.9%	19	37.3%
9.0 – 11.9%	7	13.7%
12.0 – 14.9%	10	19.6%
≥ 15.0%	2	3.9%

Includes all states and the District of Columbia

Source: U.S. Census, <https://www.census.gov/data/tables/time-series/demo/health-insurance/acs-hi.html>

## STATE INFRASTRUCTURE

When planning community programs, it is essential that oral health program staff know and understand their state's infrastructure. Especially important to oral health is community water fluoridation and programs that provide restorative and preventive dental care to those who might not be able to access care through private dentists.

### Percent of Population Served by Community Water Fluoridation (2014)

Percent of Population	Number of States	Percent of States
< 25.0%	3	5.9%
25.0 – 49.9%	5	9.8%
50.0 – 74.9%	15	29.4%
≥ 75.0%	28	54.9%

Includes all states and the District of Columbia

Source: Centers for Disease Control and Prevention, <http://www.cdc.gov/fluoridation/statistics/2014stats.htm>

### Number of Community Based Dental Clinics for Low-Income Residents

Number of Clinics	Number of States	Percent of States
< 10	2	3.9%
10 – 24	8	15.7%
25 – 49	14	27.5%
50 – 99	14	27.5%
≥ 100	10	19.6%
Not Reported	3	5.9%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

### Number of Local Health Departments with Restorative Dental Services

Number of Health Departments	Number of States	Percent of States
0	15	29.4%
1 – 4	19	37.3%
5 – 9	4	7.8%
10 – 49	8	15.7%
≥ 50	1	2.0%
Not Reported	4	7.8%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

### Number of Local Health Departments with Education and Preventive Oral Health Programs

Number of Health Departments	Education Only		Preventive Services (such as sealants or fluoride)	
	# of States	% of States	# of States	% of States
0	27	52.9%	22	43.1%
1 – 4	10	19.6%	8	15.7%
5 – 9	2	3.9%	5	9.8%
10 – 49	6	11.8%	8	15.7%
≥ 50	1	2.0%	3	5.9%
Not Reported	5	9.8%	5	9.8%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

### Number of Mobile Dental Clinics with Restorative Dental Services

Number of Mobile Clinics	Number of States	Percent of States
0	33	64.7%
1 – 4	15	29.4%
≥ 5	2	3.9%
Not Reported	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

### Number of Mobile Dental Clinics with Preventive Dental Services

Number of Mobile Clinics	Number of States	Percent of States
0	40	78.4%
1 – 4	8	15.7%
≥ 5	2	3.9%
Not Reported	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire



One of the Healthy People 2020 oral health objectives (OH-17.1) is to “increase the proportion of States (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.” The following two tables provide information on the percent of large state/local health jurisdictions with a dental program and the percent of those programs that are managed by a dental professional with public health training.

**Percent of State & Local Health Jurisdictions with a Population  $\geq$  250,000 with a Dental Program**

Percent of Jurisdictions	Number of States	Percent of States
< 25.0%	5	9.8%
25.0 – 49.9%	8	15.7%
50.0 – 74.9%	11	21.6%
$\geq$ 75.0%	25	49.0%
Not Reported or Not Applicable	2	3.9%
Total Number of Health Jurisdictions with a Dental Program (total for all reporting States and DC)		152

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Percent of State & Local Dental Health Programs Managed by a DPH Professional**

Percent of Programs	Number of States	Percent of States
0.0%	19	37.3%
1.0 – 24.9%	1	2.0%
25.0 – 49.9%	11	21.6%
50.0 – 74.9%	7	13.7%
$\geq$ 75.0%	10	19.6%
Not Reported or Not Applicable	3	5.9%
Number of Health Jurisdictions with a Dental Program Managed by a DPH Professional (total for all reporting States and DC)		45

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

States are not mandated to provide dental benefits to adults through Medicaid. The following table lists the percent of states that provide dental benefits to adults who are eligible for Medicaid.

#### Percent of States with Medicaid Adult Dental Benefits

Type of Benefit	Number of States	Percent of States
None	4	7.8%
Emergency Only	13	25.5%
Limited	17	33.3%
Extensive	17	33.3%

Includes all states and the District of Columbia

Source: Center for Health Care Strategies, [http://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet\\_051617.pdf](http://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_051617.pdf)

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. Each state develops EPSDT guidance; the following table lists recommended age at first dental visit from the state guidance.

#### EPSDT Age for First Dental Visit

Age in Years	Number of States	Percent of States
1 Year or younger*	45	88.2%
1.5 – 2 Years	1	2.0%
3 Years	0	0.0%
As needed	1	2.0%
Not Reported	4	7.8%

\* Includes states with guidance that recommends a dental visit at eruption of first tooth

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

## DENTAL WORKFORCE

Dentist-to-population and hygienist-to-population ratios are commonly used indicators of dental workforce and access to dental professionals. The following two tables provide information on the dentist and hygienist to population ratios. Please note that these ratios are based on the number of dental professionals living in the state rather than those licensed to practice in the state.

### Dentists Living in State to Population Ratio

Dentist to Population Ratio	Number of States	Percent of States
< 1,500	13	25.5%
1,500 – 1,999	22	43.1%
2,000 – 2,499	9	17.6%
≥ 2,500	0	0.0%
Not Reported	7	13.7%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

### Dental Hygienists Living in State to Population Ratio

RDH to Population Ratio	Number of States	Percent of States
< 1,500	19	37.3%
1,500 – 1,999	20	39.2%
2,000 – 2,499	3	5.9%
≥ 2,500	2	3.9%
Not Reported	7	13.7%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

It is well documented that many states have a geographic shortage or mal-distribution of dental professionals. The following table provides information on the percent of counties in a state that do not have a dentist.

### Percent of Counties in State with no Dentist

Percent of Counties	Number of States	Percent of States
0%	17	33.3%
1.0 – 4.9%	17	33.3%
5.0 – 9.9%	5	9.8%
≥ 10%	9	17.6%
Not Reported / Not Applicable	3	5.9%

Includes all states and the District of Columbia (Note: AK and DC do not have counties)

Source: State Synopses Questionnaire

## ADMINISTRATION

The following tables provide information on the administration, staffing and budgeting of state oral health programs. Please note that some states operate or hire staff for local or regional dental clinics so some of the staff identified in these tables may be clinical.

### Dental Director's Years of Service

Years of Service	Number of States	Percent of States
< 1 year	8	15.7%
1 – 4 years	25	49.0%
5 – 9 years	10	19.6%
10 – 14 years	4	7.8%
≥ 15 years	2	3.9%
Not Reported / Vacant / No SOHP	2	3.9%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

### Dental Director is Full-Time Position

Full-Time Position	Number of States	Percent of States
No	3	5.9%
Yes	46	90.2%
Not Reported / Vacant / No SOHP	2	3.9%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

### Percent of Dental Director's Time Devoted to Medicaid/SCHIP Issues

Percent of Time	Number of States	Percent of States
0	10	19.6%
1.0 – 9.9%	12	23.5%
10.0 – 19.9%	13	25.5%
20.0 – 29.9%	3	5.9%
≥ 30%	11	21.6%
Not Reported / Vacant / No SOHP	2	3.9%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Percent of Dental Director's Time Paid by Medicaid/SCHIP**

Percent of Time	Number of States	Percent of States
0	38	74.5%
10 – 49%	3	5.9%
50 – 100%	6	11.8%
Not Reported / Vacant / No SOHP	4	7.8%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Number of FTE Employees Working in State Programs (Rounded)**

Number of FTEs	Number of States	Percent of States
< 2	5	9.8%
2 – 3	14	27.5%
4 – 5	10	19.6%
6 – 8	9	17.6%
9 – 10	2	3.9%
11 – 20	7	13.7%
> 20	3	5.9%
Not Reported / No SOHP	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Number of FTE Contractors Funded by State Program (Rounded)**

Number of FTEs	Number of States	Percent of States
< 2	31	60.8%
2 – 3	6	11.8%
4 – 5	3	5.9%
6 – 10	4	7.8%
11 – 20	2	3.9%
21 – 183	4	7.8%
Not Reported / No SOHP	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Number of FTE Employees and Contractors Working for or Funded by State**

Number of FTEs	Number of States	Percent of States
1 – 2	6	11.8%
3 – 4	12	23.5%
5 – 6	9	17.6%
7 – 9	5	9.8%
10 – 19	11	21.6%
20 – 49	5	9.8%
≥ 50	2	3.9%
Not Reported / No SOHP	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Funding Sources – Percent of Budget from Each Source (Rounded)**

% of Budget from Source	Funding Source (Percent of States)					
	Medicaid	Other State	MCHBG	Other HRSA	CDC	Other
0	72.5%	27.5%	35.3%	41.2%	37.3%	54.9%
1 – 24%	13.7%	27.5%	31.4%	29.4%	23.5%	29.4%
25 – 49%	7.8%	11.8%	15.7%	13.7%	25.5%	9.8%
50 – 74%	2.0%	13.7%	5.9%	9.8%	5.9%	2.0%
75 – 100%	0.0%	15.7%	7.8%	2.0%	3.9%	0.0%
Not Reported	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**NOTE: Of the 49 states that provided information on source of funding, 16 (33%) reported receiving 75-100% of their funding from just one of the sources listed in the preceding table (Medicaid, Other State, HRSA, CDC, Other). Eight states (16%) received ≥ 75% of their funding from non-Medicaid state funds while 7 states (14%), 3 states (6%) and 0 states (0%) reported receiving ≥ 75% of their funding from HRSA (MCHBG plus other HRSA funds), CDC or other public/private respectively.**

**Overall Budget Change as Compared to Prior Year**

Change in Overall Budget	Number of States	Percent of States
Decreased	17	33.3%
Increased	23	45.1%
Same	10	19.6%
Not Reported	1	2.0%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire

**Number (%) of States that Reported a Decrease or Increase in Funding Source**

<b>Funding Source</b>	<b>Decreased</b>	<b>Increased</b>	<b>Same</b>	<b>TOTAL REPORTING</b>
State – Medicaid	2 16.7%	5 41.7%	5 41.7%	12
State – Other	10 29.4%	8 23.5%	16 47.1%	34
HRSA – MCHBG	12 33.3%	10 27.8%	14 38.9%	36
HRSA – OHWA	4 14.8%	12 44.4%	11 40.7%	27
CDC – PHHSBG	1 6.7%	6 40.0%	8 53.3%	15
CDC – Infrastructure	1 5.3%	4 21.1%	14 73.7%	19

Source: State Synopses Questionnaire

**Budget Range – Number of States within Each Budget Category**

<b>Budget Category</b>	<b>Number of States</b>	<b>Percent of States</b>
No SOHP in 2015-2016	1	2.0%
Less than \$100,000	1	2.0%
\$100,000 to \$250,000	3	5.9%
\$250,001 to \$500,000	4	7.8%
\$500,001 to \$999,999	11	21.6%
\$ 1 million or more	25	49.0%
Not Reported	6	11.8%

Range: \$82,000 to \$6,103,321

Mean (for reporting states with SOHP): \$1,643,871

Median (for reporting states with SOHP): \$1,098,062

## ORAL HEALTH PROGRAMS

State oral health programs offer a variety of different services to their constituents. The following table provides information on the percent of states that offer specific oral health services funded, managed or operated by the state.

**Percent of States with Specific Oral Health Services**

Program	Has Program	No Program	Not Reported
Access to Care Program	49.0%	49.0%	2.0%
Dental Screening Program	56.9%	41.2%	2.0%
Dental Sealant Program	68.6%	29.4%	2.0%
ECC Prevention Program	52.9%	45.1%	2.0%
Fluoride Mouthrinse Program	29.4%	68.6%	2.0%
Fluoride Varnish Program	66.7%	31.4%	2.0%
Silver Diamine Fluoride Program	3.9%	92.2%	3.9%
Oral Health Literacy Program	27.5%	68.6%	3.9%
Oral Health Education and Promotion	76.5%	21.6%	2.0%
Oral Health (Open Mouth) Surveys			
Head Start	33.3%	64.7%	2.0%
Kindergarten	21.6%	76.5%	2.0%
3 <sup>rd</sup> Grade	54.9%	43.1%	2.0%
Older Adults	29.4%	68.6%	2.0%
Programs for Adolescents	17.6%	80.4%	2.0%
Programs for Pregnant Women	51.0%	47.1%	2.0%
Programs for Older Adults	23.5%	74.5%	2.0%
Programs for Children Special Health Care Needs	39.2%	58.8%	2.0%
Craniofacial Recording System	84.3%	13.7%	2.0%
Craniofacial Referral System	72.5%	23.5%	3.9%

Includes all states and the District of Columbia  
Source: State Synopses Questionnaire