



SUMMIT

COUNTY

DENTAL

TASK

FORCE

REPORT

ORAL HEALTH

**THE STATUS OF ORAL
HEALTH IN SUMMIT COUNTY**

2001

PREFACE

The greater Akron region prides itself in its rich array of health care resources. Quality services are provided by several highly distinguished hospitals and are supported by innumerable agencies and social service institutions. Unfortunately, health care is not available or provided uniformly to all residents, and no where is the disparity more apparent than with respect to dental health care.

In the fall of 2000, the Summit County Dental Task Force (SCDTF) convened to confront this significant local health care issue. Members of this group included representatives from Summit County Health Department, Akron City Health Department, Healthy Connections Network, Ohio Department of Health, University of Akron College of Nursing, Case Western Reserve University School of Dentistry, Dental OPTIONS Program and Akron Community Health Resources, Inc. The group decided the first step in addressing oral health care was to clearly define the issue of disparity.

Information regarding the oral health of the community and an inventory of available oral health care resources was collected. In our effort to ignite action for this community need, the task force has published their findings and recommendations, including gaps in dental services. The report is timely, following the release in June 2000 of *Oral Health In America: A Report of the Surgeon General*. More recently, the Ohio Department of Health's *Recommendations of the Director of Health's Task Force on Access to Dental Care* was released in November 2000. Both reports emphasize that poor oral health and untreated oral diseases and conditions have a significant impact on quality of life. Each report acknowledges that while most individuals enjoy good oral health, a significant proportion of the population faces barriers to care due to costs, leading to a loss of self-esteem, decreased economic productivity and, potentially, death. The Summit County findings in many ways mirror the state and national reports, both in terms of health status and the availability of or access to oral health care resources.

The objective of this report is to frame the oral health care problem in an understandable and meaningful format and to provide recommendations for action. Our hope is that this report represents a call for action and that we as a community successfully address the identified oral health care disparities.

The Mission of the Summit County Dental Task Force is:

To Assure That All People In
Summit County Have Access To
Dental Care.

Oral Health

Oral health is a reflection of total health and is integral to general health and well-being. The first *Surgeon General's Report on Oral Health* was released in June 2000. The major message contained in this report is that oral health is essential to the general health and well-being of all Americans. However, not all Americans are achieving the same degree of oral health. Although safe and effective means of achieving good oral health exist, not all Americans have access to these means.

Diseases associated with the oral cavity are almost completely pre-

“Tooth decay remains the single most common chronic disease of childhood. Five times more common than asthma.”

- Surgeon General's Report on Oral Health, 2000

ventable through education and preventive care, and once they occur they are treatable. Yet many in our nation experience needless pain and suffering, endure complications that can devastate overall health and bear financial and social costs that lower

their quality of life and burden society as a whole.

What amounts to a “silent epidemic” of oral disease is affecting our most vulnerable citizens – poor children, the elderly and many members of racial and ethnic minority groups. If dental problems are allowed to progress untreated, serious dental disease can occur and can have a detrimental effect on overall body systems. Oral health is a critical component of health and must be included in overall health care systems and design of community service programs.

New Research

Points to Associations Between/Among:

Chronic Oral Infection
(Such as Periodontal Disease)

Low-Birthweight, Premature Babies
Heart Disease
Respiratory Disease
Stroke
Diabetes

Bone Loss in the Jaw

Osteoporosis

Dental Decay (Cavities, Caries)

Environmental Lead Exposure

Oral Health Status

Healthy People 2010, a national public health agenda, identifies several objectives related to increasing access to dental care and reducing the rates of tooth de-

cay and untreated caries. Several of the oral health objectives are relevant to this report and are presented below with baseline measures and targets for each objective. (Note that

these objectives are set for the entire population. The low-income population generally starts from a baseline that is significantly below that of the general population.)

	Target 2010	Baseline	Summit County	Ohio
Reduce the number of children with dental caries in primary or permanent teeth.	2 - 4 yrs. 11% 6 - 8 yrs. 42% 15yrs.	2 - 4 yrs. 18% 6 - 8 yrs. 52% 15 yrs.	6 - 8 yrs. 54%	47%
Reduce the number of children with untreated caries.	2 - 4 yrs. 9% 6 - 8 yrs. 21% 15 yrs. 15%	2 - 4 yrs. 16% 6 - 8 yrs. 29% 15 yrs. 20%	6 - 8 yrs. 34%	26%
Increase the number of children with sealants on their molars.	8 yrs. 50% 14 yrs. 50%	8 yrs. 23% 14 yrs. 15%	8 yrs. 39%	34%
Increase the number of children and adults who use the oral health care systems each year.	83%	65% (>2 yrs. age, 1997)	*	*
Increase the proportion of the population served by water systems with optimally fluoridated water.	75%	62% (1992)	84%	76%
Increase the number of children (<200% of federal poverty level) receiving any preventive dental care.	57%	20% (1996)	20%	21%
Increase the number of local health departments and community centers with oral health programs.	75%	34% (1997)	50%	19%

* Information Not Available

The Ohio Department of Health has documented that the most significant factor affecting oral health and use of dental services is family income. Families with little or no disposable income are more likely to have dental problems, and those problems are more often left untreated.

"Emily"

Emily is a 23-year-old single female. She has been informed through a dental consultation that she must have all of her teeth extracted and replaced with dentures. Emily works full-time at an hourly rate of \$6.25. Her place of employment does not offer dental insurance. Although Emily is motivated to proceed with treatment, which will enable her to smile again, she cannot afford to pay full price for the extensive amount of dental work needed.

Oral Health Resources in Summit County

Summit County is an urban county located in northeastern Ohio. In 1998, the county's population was estimated at 531,650. Thirty-three communities are located within the county's boundaries. Akron, located in the center of the county, is the largest city, with a 1998 estimated population of 218,488. The next largest community is Cuyahoga Falls (49,630), with the smallest community in the county being the village of Peninsula (611).

Three health departments are located within the county: Akron City Health Department, Barberton City Health Department and Summit County Health Department. Collaboration among the health departments is excellent, with each assuming a "lead" role in various activities. In fact, Summit County is the only county in Ohio in which the Boards of Health hold an annual combined meeting.

Projected numbers for 2000 show 31% (162,341) of the population at or below 200% of poverty level and 13% (69,300) of the population at or below 100% of poverty level. There are 66,000 county residents enrolled in Medicaid and 33,000 participating with Medicaid health managed programs (HMOs).

There are three safety net dental programs in the county: Akron City Health Department, Summit County Health Department and Central-Hower High School Dental Assisting Program. The majority of county residents do have access to fluoridated water supplies. However, 86,000 residents (16%) utilize water supplies that are not fluoridated. There are 318 licensed dentists in the county, of which 94 are Medicaid dental providers. At the present time, there are five pediatric dentists practicing in Summit County. Of the 66,000 clients enrolled in Medicaid in Summit County, only 16,000 clients received dental services during 1998.

Akron City Health Department

Since 1995, the Akron City Health Department has operated a part-time dental clinic staffed by volunteer dentists and salaried dental assistants. Under the charter of the volunteer dental clinic, persons with Medicaid coverage cannot be treated, and instead must be referred to a very limited number of Medicaid dental providers.

The clinic is open an average of six days per month to provide basic primary dental care for the uninsured. The Akron City Health Department reports a four month waiting list due to limited hours of service.

In the year 2000, 490 completed patient appointments were provided.

Since 1996, the Akron City Health Department has managed a den-

tal sealant program, funded by the Ohio Department of Health, in 21 Akron public schools. The goals of this program are to reduce pit and fissure cavities through the application of dental sealants, to provide basic dental education and to identify and refer critical dental problems.

During the 1999-2000 school year, 955 second grade students received dental sealant, while 171 third grade students received dental sealants as a result of follow-up dental screenings. The target population for this program consists of second grade children in 21 elementary schools with a free/reduced lunch rate of greater than 50%.

Less than two thirds
of adults report
having visited a
dentist in the past
year. Those with
incomes at or above
poverty level are
twice as likely to
report a dental visit
in the past 12
months as those who
are below poverty
level.

- Surgeon General's Report on
Oral Health, 2000

Summit County Health Department

The Summit County Health Department has provided school dental health services to the children of Summit County for over 50 years. The Summit County Health Department owns a state-of-the-art mobile dental van that travels to school districts in the county. Children who financially qualify receive basic dental services on the dental van free of charge.

Dental care is limited to children attending schools that contract for this service. Nine school districts participated in the school dental program during the 2000-2001 school year. This represents 35 individual schools, with 14,709 students enrolled in grades 1-8.

Over the past four years, the number of children referred for dental care has increased, as has the number of children receiving dental

treatment on the dental van. During the 2000-2001 school year, 822 students were referred. Of those, only 186 students received dental treatment as a result of failure to meet financial qualification requirements and lack of parental consent to request for dental care.

The mobile dental van operates three mornings a week during the school year.

A pilot oral health education program was initiated in the Springfield School District during the year 2000. Select kindergarten, second and fourth grade classrooms were chosen for this program. The program was well received by the teachers, school administration and students, with teachers indicating a great need for an oral health education program. Additional funding is necessary for continuation of this program.



Akron's Central-Hower High School Dental Assisting Program is a two-year program designed to provide high school students with the knowledge and skills necessary for a career in dental assisting. A dentist works with the students 30 days a year for six hours a day as part of the training experience. Students in the Akron Public School system who are financially eligible may receive dental treatment free of charge at this clinic.

Three dental operatories (chairs) are present for this basic dental care.

The program is funded through the Akron Board of Education and has a limited budget for clinical supplies. During the 2000-2001 school year, 155 students received dental services. As a result of limited funding, not all students had their identified dental treatment needs completed.

Central-
Hower
High
School
Dental
Assisting
Program



Left: Summit County Health Department's school dental van



John S. Knight, former editor/publisher of the Akron Beacon Journal, founded the Beacon Journal Charity Fund in 1946. Disadvantaged Akron-area families who have exhausted all other resources can find support for their children's dental, eye and hearing care.

Beacon
Journal
Charity
Fund

Since 1987, financing orthodontic care has become the charity's primary expenditure due to orthodontia's longer treatment time and greater financial cost, making it more inaccessible to the poor.

The Beacon Journal Charity Fund spends in excess of \$120,000 annually for the dental needs of the children of the working poor. The

program operates through a referral system. Public health nurses at Akron City Health Department, Summit County Health Department and Barberton City Health Department submit the majority of referrals to this program. Cooperation from area orthodontists who reduce their treatment fees has allowed this charity to support 50 to 55 children per year.

The Beacon Journal Charity Fund relies on financial support through fundraising events and contributions. As requests for care increase, additional funding will be necessary to meet the needs.

The Beacon Journal Charity Fund has also recently provided funding for an oral health education program. This program is an extension of the dental sealant program and is provided to Akron Public Schools.



*Right:
The
Beacon
Journal
Charity
Fund
provides
funding
for
children's
dental
care.*

OPTIONS

The Ohio Partnership To Improve Oral Health Through Access To Needed Services, also known as OPTIONS, is a private-public partnership of the Ohio Dental Association and the Ohio Department of Health.

The mission of the OPTIONS program is to assist Ohioans that have special health care needs and/or financial barriers to receive needed dental care.

Pre-qualified patients are linked with volunteer dentists or dental clinics where patients can receive dental care at reduced or waived fees. To qualify for OPTIONS, the individual must meet certain income guidelines and must not have any dental insurance or qualify for Medicaid.

OPTIONS

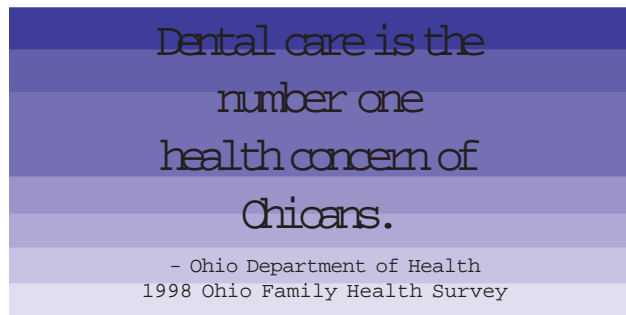
In September 2000, the Center for Nursing received a \$367,615 grant from the Department of Health and Human Services, Health Resources and Services Administration, Basic Nurse Education and Practice Program.

One of the goals of this three-year grant, entitled "Nurses'

Oral Health Initiative for the Underserved," is directed toward providing oral health care to vulnerable populations, specifically urban American Indians, homeless women and children and low-income elderly. This accounts for approximately 25% of the grant money.

Oral assessments are com-

pleted in three Center for Nursing clinics located on campus, at ACCESS and at Alpha Phi Alpha. As part of a collaborative partnership with the Akron City Health Department, nurse practitioners refer individuals with identified oral health needs to the Akron City Health Department's dental clinic. Grant monies significantly support the employment of a dentist, dental assistants and supplies to provide care to these clients for eight hours per week.



Oral Health Care Needs Within Summit County

At first glance, Summit County seems to have the oral health care resources to provide oral health care for the residents

within the county. Unfortunately, the oral health care need has overwhelmed the current resources. In addition, the oral health

status within our county is below the state average for many of the 2010 Oral Health Objectives.

CHILDREN:

1998-1999 Oral Health Survey Results (grades 1-3)

Summit County

- ▲ 34% of third graders with untreated decay (8.8% reported pain and/or infection)
- ▲ 54% of 6-8 year-olds have experienced dental decay
- ▲ 39% of third graders have dental sealants
- ▲ 74% of third graders had a dental visit in the last year

Ohio

- ▲ 26% of third graders with untreated decay
- ▲ 47% of 6-8 year-olds have experienced dental decay
- ▲ 34% of third graders have dental sealants

- ▲ 74% of third graders had a dental visit in the last year

1999 Statewide School Nurse Survey of High-Risk Schools

- ▲ High-risk defined as 50% or more of students enrolled in free/reduced meal program
- ▲ Estimated that 50% of students referred for dental treatment actually receive treatment
- ▲ Estimated that 10% of students have dental problems serious enough to affect attendance/ability to learn

Bureau of Children with Medical Handicaps (BCMh)/Ohio Department of Health

Summit County Data

- ▲ 1,510 enrolled children; 75% Medic-

aid eligible; three BCMH dental providers (only one is currently an active provider)

- ▲ BCMH dental providers must also be Medicaid providers

Child and Family Health Services

- ▲ Child and Family Health Services in Summit County identified dental care as an unmet need in 2000.
- ▲ Preliminary analysis of data collected from an assessment of children's health needs indicates that oral health care is needed in Summit County.

Summit County Head Start

- ▲ Programs are unable to complete identified dental treatment needs for children enrolled in their centers.

ADULTS:

At the present time, statistics on oral health care needs for adults in Summit County are not available. However, the following state and national information has been provided.

- ▲ A 1994 national survey revealed that 27% of 35-44 year-old adults have untreated cavities.
- ▲ Data from a 1998 survey in Ohio noted that 9.8% of adults have lost all their teeth as a result of dental diseases.
- ▲ The same survey found that 24.1% of individuals earning less than \$20,000 a year have lost all their teeth to tooth decay or gum disease.
- ▲ Employed adults lose more than 164 million hours of work each year due to dental disease or dental visits.
- ▲ For every adult 19 years or older without medical insurance, there are three without dental insurance.
- ▲ Less than two thirds of adults

report having visited a dentist in the past year. Those with incomes at or above poverty level are twice as likely to report a dental visit in the past 12 months as those below poverty.

Summit County Residents at 100% Federal Poverty Level

- ▲ 10.5% (34,072) age 19-64 below poverty level
- ▲ 8.8% (6,667) age 65+ below poverty level
- ▲ 1.3% age 75+ below poverty level

Central-Hower High School Dental Assisting Program

- ▲ Treatment days limited to 30 per year
- ▲ Program operates on \$500 annual budget for clinical supplies
- ▲ Some students cannot receive dental services due to the limited

budget and limited hours of actual dentist's time.

- ▲ Additional financial support is necessary to provide increased dental services.

Summit County Health Department

- ▲ Treatment days limited to three mornings per week
- ▲ Increased number of dental referrals over last four years
- ▲ Increased number of children receiving dental treatment on dental van over last four years
- ▲ Requests for care exceeding available capacity
- ▲ Van non-operational during summer months in past years
- ▲ Additional financial support is necessary to provide increased dental services.

!!! There are NO dental emergency treatment services in Summit County !!!

Hospital emergency rooms in Summit County offer palliative treatment only. The patient's pain or infection may be relieved temporarily, but he or she must make an appointment to see a dentist for treatment of

the dental problem.

Locating a dentist willing to accept Medicaid or provide treatment on a payment plan or at reduced cost is often challenging.

The emergency room may

bring temporary relief, but this lack of definitive care increases the risk for recurrence, resulting in additional costs to the health care system.

**Emergency Room Visits for Dental Treatment:
Summit County Hospitals**

Akron General	(01/00 to 5/31/00)	189 visits*
Barberton Citizens Hospital	(01/00 to 5/31/00)	262 visits
Cuyahoga Falls General	(01/00 to 5/31/00)	49 visits
Summa Health Systems	(01/00 to 5/31/00)	625 visits*
Children's Hospital	(01/00 to 5/31/00)	65 visits

* Primarily adults seeking care

Mary's Story

Mary's teacher noticed that Mary was having a difficult time concentrating in school. When questioned about this, Mary confided "my tooth really hurts." The teacher saw a noticeable swelling on the face near the problem tooth. The teacher called Mary's mother and left a message on her answering machine.

The next day, Mary brought a note from home. The note said the family simply could not afford to go to a dentist now, but would try to save some money and go in a few months. Recognizing the urgency of the matter, the teacher took it upon herself to talk to a friend, who also was a dentist. The dentist provided treatment to Mary, free of charge. Mary had an abscess, which, left untreated, could have resulted in serious health consequences.

Akron City Health Department

Between 1994 and 2000, the Akron City Health Department's Dental Safety Net Clinic provided 4,073 completed patient appointments for dental services. Only 490 were completed in 2000. The number of volunteer dentists has declined from 16 active dentists to only four active dentists at the present time.

The Akron City Health Department tried to have the volunteer clinic open two days a week, but due to the shortage of volunteer dentists, the clinic operates, on average, six days per month, translating into 35 to 40 hours of actual dentist's time

per month. The length of time to access dental services is routinely three months, with longer waiting periods possible.

During a 4½ week period in the spring of 2001, the number of telephone calls requesting dental care was collected using zip codes as reference guides. The Akron City Health Department received 160 phone calls at this time.

The subsequent map of Summit County contains the following information:

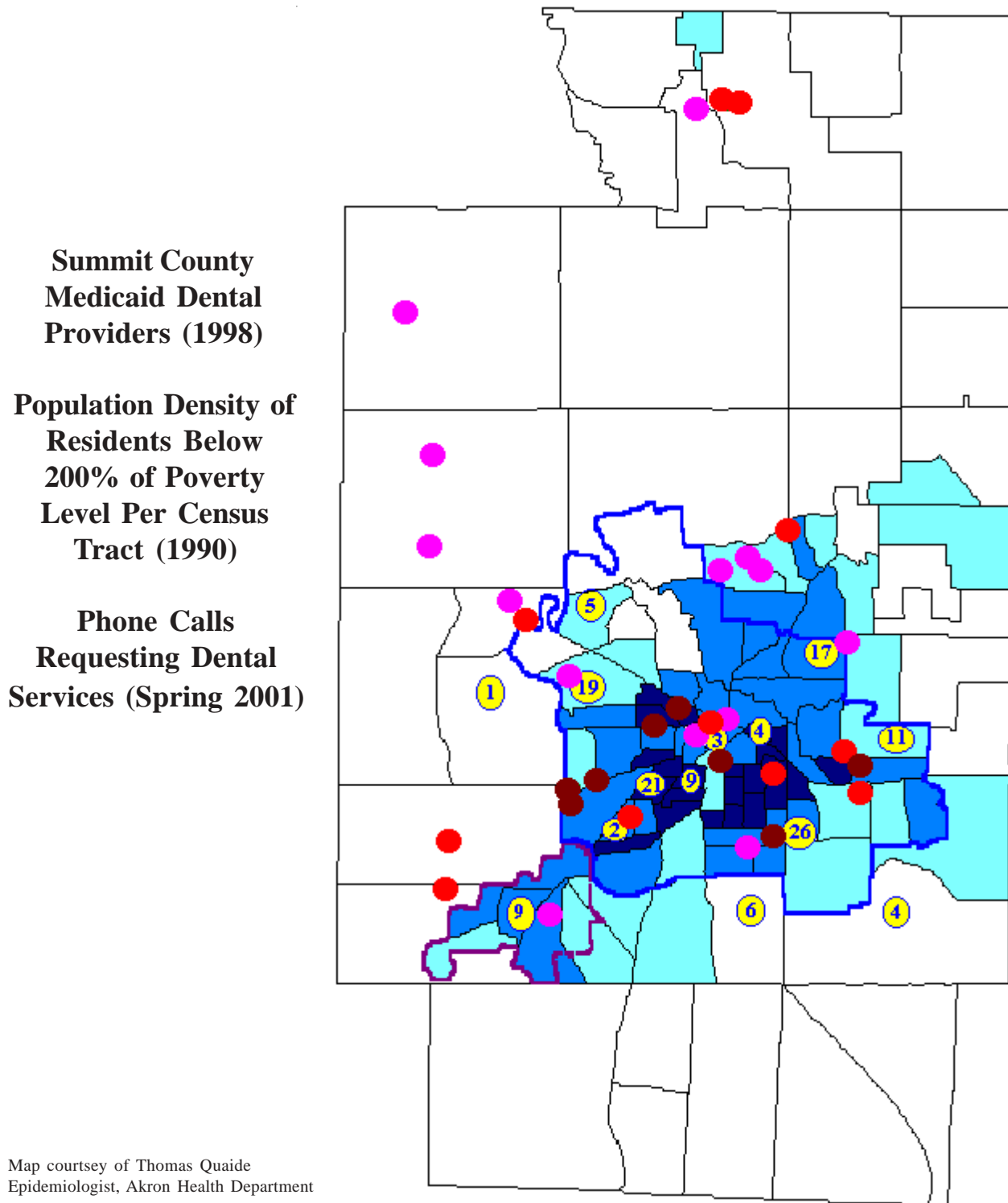
1. *population density of residents below 200% of poverty level per census tract*
2. *Medicaid dental providers and*

the number of Medicaid patients receiving oral health care services within the area

3. *number of telephone calls requesting dental services and the location of these calls within Summit County*

When all of this information is put together to form a "big picture," a pattern of inadequate access becomes apparent. The majority of phone calls requesting dental care are coming from areas with higher poverty levels and in areas where a limited number of Medicaid dental providers are treating higher numbers of Medicaid patients.

Dental Needs and Medicaid Dental Providers - Summit County



People per Square Mile living below 200% Poverty	Capacity of Medicaid Dental Providers (# of Patients)	Phone Calls Requesting Dental Services (Spring 2001)	
<250	5-49 (N=21)	#	Akron
250-999	50-249 (N=14)		Barberton
1,000-2,999	250-2906 (N=18)		
3,000-9,960			

The University of Akron
College of Nursing
Student Survey

During the spring 2001 semester, students interviewed 41 homeless women and men about their recent contact with a dental health care provider.

Only 14 of the 41 interviewed had a dental appointment in the last year. Others reported they were unable to find any financial

source of care supported by facility and/or public funds, including emergency room care as a primary source.

These findings may reflect how much dental care other uninsured adult population groups in Summit County are able to access.

Dental OPTIONS
Telephone Calls

▲ 1,619 telephone calls received from 14 counties in Northeast Ohio requesting assistance to obtain den-

tal care between September 1999 and September 2000

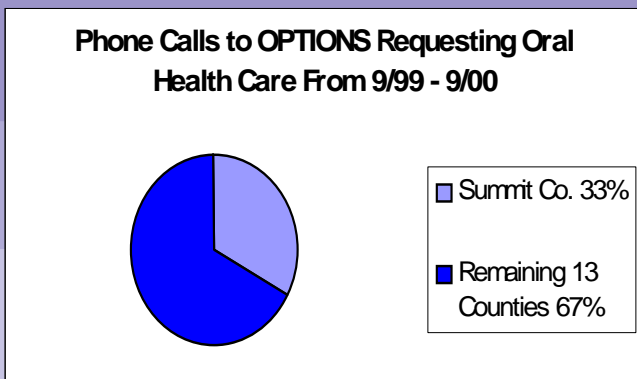
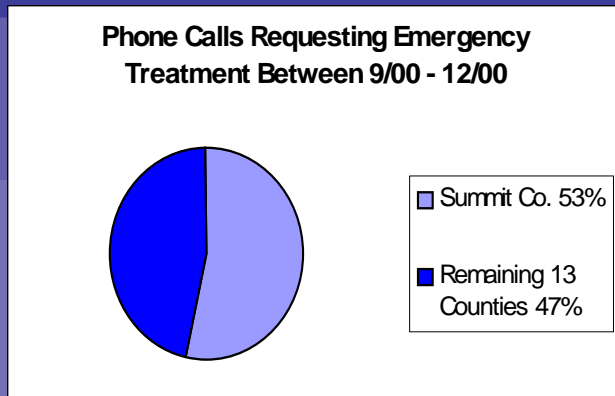
▲ 530 calls (33%) came from Summit County

▲ 63 telephone calls received requesting emergency dental treatment between September 2000 and December 2000

▲ 33 calls (53%) came from Summit County

▲ wait for reduced dental care services in Summit County is approximately 3-4 months

▲ Length of wait for donated



"[Children] go to sleep with pain... sometimes their teachers are alarmed when they try to get them a dental appointment, but it is all so slow and heavily encumbered with red tape, the dental care is often long delayed. Children live for months with pain that grown ups would find unendurable."

- Jonathon Kozol, *Savage Inequalities*

Access to Dental Care

The Recommendations of the Director of Health's Task Force on Access to Dental Care, a report released in Ohio on November 30, 2000 adopted the Institute of Medicine's definition of access to primary care by stating 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."

Many factors influence a person's ability to access dental care in a timely manner and to achieve the best possible oral health outcomes. Some of these barriers include:

- ▲ **Lack of dental insurance**
- ▲ **Lack of available dental resources**
- ▲ **Financial constraints**
- ▲ **Availability of dental providers, particularly Medicaid providers**

- ▲ **Dental care low priority compared to other financial issues**
- ▲ **Transportation issues**

Ohio Health Insurance Disparity

Insurance coverage for Ohioans also demonstrates the challenge to families seeking dental care.

- ▲ 41% of Ohioans, or 4.6 million people, have no dental insurance. (If the same % is applied to Summit County, 218,407 people would not have dental insurance.)
- ▲ 11% of Ohioans, or 1.25 million people, have no health insurance. (If the same % is applied to Summit County, 58,597 people would not have health insurance.)

As shown above, the issues and concerns that are applied to oral health are almost identical to those that apply to health care in this country.

Medicaid Dental Services

A customer satisfaction survey was conducted by the Ohio Department of Job and Family Services in 2000. Results from the survey include:

- ▲ In Summit County, 53.6% of those seeking but unable to obtain dental care cited difficulties in finding it.
- ▲ Of the 66,000 clients enrolled in Medicaid in Summit County, only 16,000 clients received dental services during 1998.

“

The most significant factor affecting oral health and use of dental services is family income. Families with little or no disposable income are more likely to have dental problems, and those problems are more often left untreated.

- Surgeon General's Report on Oral Health, 2000

”

Oral Health Resources in Summit County

Ratio of Population to Primary Care Dentist (general or pediatric dentist)	2,101:1
Licensed Dentists	318
Primary Care	256
Specialist	62
Medicaid Providers	94
1 - 50 patients	62
51 - 249	14
OPTIONS Providers	24
Safety Net Programs	3

ADDRESSING THE PROBLEM

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The data collected by the Summit County Dental Task Force support the need to increase access to oral health care. Based on these data and knowledge of community resources and existing limits to dental access, the following recommendations have been developed.

Recommendation 1

Establish a full-time Safety Net Dental Clinic at (or near) Akron Community Health Resources, Inc., located at 1400 S. Arlington Street.

Recommendation 2

Secure a dental health professional shortage area designation within the southeast section of Akron.

Recommendation 3

Develop a dental residency program to be located within the county.

Recommendation 4

Expand the utilization of the existing Summit County Health Department mobile dental van.

Recommendation 5

Develop community involvement and ownership of solutions. Determine future direction/s for improving dental access within Summit County.

Recommendation 1

Establishing a full-time dental clinic received a “jump start” in March 2001. The Ohio Department of Health provided funding from tobacco settlement monies to create new safety net dental clinics.

The Akron area was offered this opportunity based on dental need as well

as the status of initiatives already in progress. The existence of the Summit County Dental Task Force enabled Summit County to apply for and secure \$310,000 to establish a safety net dental clinic.

The clinic will be fully operational by the fall of 2001 and is targeted to treat at least 750 new patients in the first year. The population to be served through this dental

clinic will be the uninsured, Medicaid and sliding fee schedule patients.

The Summit County Safety Net Dental Clinic will also serve as a referral source for the Akron Public Schools’ dental sealant program and children examined by the dentist on the Summit County Health Department mobile dental van who require advanced oral health services not available on the van.

Recommendation 2

Secure a dental health professional shortage area (DHPSA) designation in southeast Akron.

Akron Community Health Resources, Inc. is a federally qualified health center located in southeast Akron. The neighborhood is a federally designated medically underserved area (MUA). One phy-

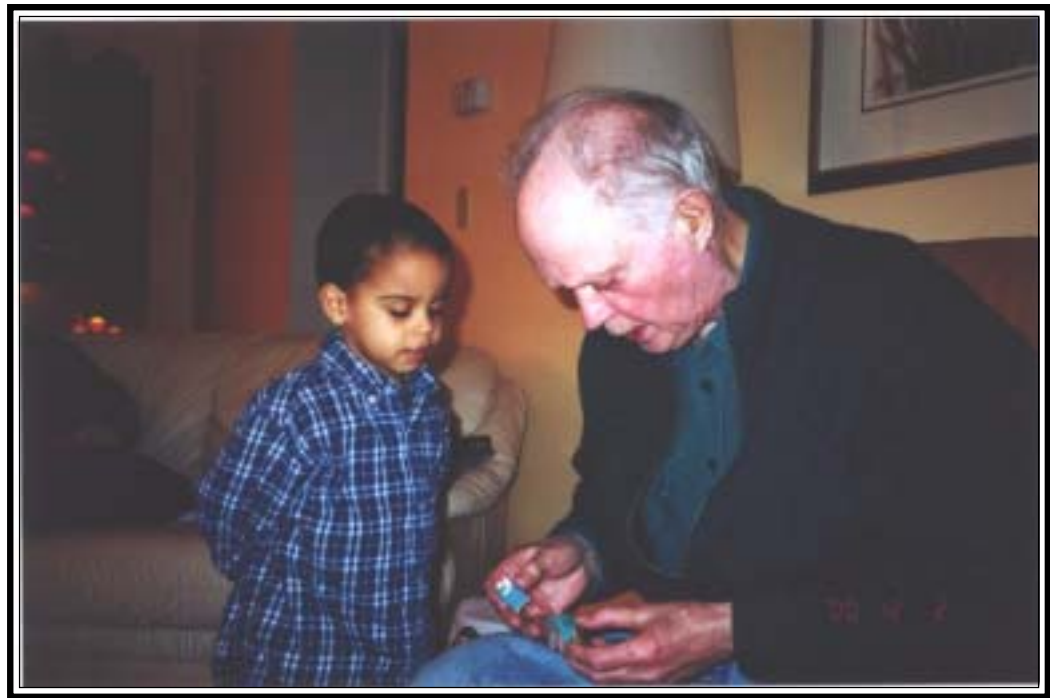
sician and two dentists are located in the MUA, which includes 37,657 residents. This reflects a dentist to population ratio of 1:18,828.

The American Dental Association indicates the “average” dental office serves 1,300 individuals a year. ADHPSA designation will give the Summit County Safety Net Den-

tal Clinic the ability to apply for supporting federal funding once it is operational.

The application was completed by the Ohio Department of Health, with the assistance of Summit County Dental Task Force members, and was submitted to the federal government in late March 2001.

Life expectancy of Americans is increasing. People are keeping their natural teeth longer. Root decay is an increasing problem for older adults.



Recommendation 3

Establishing a dental residency program in Summit County will increase access to dental care for the Medicaid and uninsured population and demonstrate to enrolled dental residents the need to provide care to this underserved population.

The concept of local pay-back to the underserved will be

stressed in all phases of the program. The dental residents will have many sites at which to gain experience and provide a valuable service.

The hospital emergency rooms, Summit County Safety Net Dental Clinic and Summit County Health Department mobile dental van are just a few available locations.

The residency program will also be a way to involve local dentists. The dentists on the Summit County Dental Task Force support the residency program and have assured the task force there will be support for the residency program from the Akron Dental Society. Financial support for this phase is needed.

Recommendation 4

This recommendation consists of expanding the utilization of the Summit County Health Department's mobile dental van.

As previously noted, the number of children referred and the number of children receiving basic oral health care services on the dental van has increased over the last four years as families struggle to make ends meet.

Currently, the dental van operates three mornings a week during the school year and is not in use during the summer months. The Summit County Dental Task Force has recommended the use of the dental van be expanded, as opportunities for additional utilization exist.

Increasing the hours of weekly operation during the school year would provide additional time for preventative services, which currently may or may not be provided due to time constraints. Additional hours of service on the dental van might also allow the school dental program to finish earlier in the school year, thus freeing time to use the dental van elsewhere.

Another area of opportunity is use of the dental van during the summer months. The Summit County Health Department is currently in the process of collaboratively working with the Barberton Community Health Clinic

to provide dental services to their clients during the summer of 2001. This is a pilot program and will be assessed at the conclusion of the program.

Also, there is a great need for dental care for clients of the various clinics at the health departments. Head Start, Childhealth, and WIC (Women, Infants and Children) are just a few programs that could benefit from accessible oral health care. Task force members are identifying agencies that would like to utilize the dental van's services.

The mobile dental van requires a special 240-volt hookup for use. Adding a generator to be used with the dental van, thus alleviating the need for a special hookup, could increase the mobility of the dental van. The dental van could be taken to various locations within the county to provide oral health care services.

Task force members are seeking information regarding the application for Medicaid dental provider status as a potential funding stream. However, financial assistance will be necessary for further utilization of the dental van and purchase of a generator. Additional staff or increased hours for the present dental staff would also be required.

Recommendation 5

Community involvement/

ownership of solutions to dental access within Summit County is crucial. Strong "grass roots" support from key community agencies and funding sources is essential for successfully completing and sustaining our goal of providing adequate dental access to all people of Summit County.

Recommendation 5 will involve increasing awareness of dental access barriers and challenges. It will encourage working together to develop attainable positive dental access results.

Future direction of this initiative will result in decreased stress on current oral health resources. For instance, there will be less emergency oral health care at local hospitals, shorter waiting lists at dental safety net clinics and an increased number of patients receiving oral health services.

Increased utilization of dental services by Medicaid recipients will be an important challenge, but can be an indicator of success. Risk reduction/community-based prevention programs will also be an important long-term oral health solution.

Providing oral health education and proven preventive measures such as dental sealants, water fluoridation and smoking prevention and cessation programs can markedly reduce oral and dental diseases.

Employed adults lose more than 164 million hours of work each year due to dental disease or dental visits.

CONCLUSION

Where we go from here is a question we must answer as a community. Summit County has a long history of identifying needs within the county and working collaboratively to find solutions. Healthy Connections, a coalition of organizations involved in the provision of health care, has identified access to health care as its top priority and, at the urging of individual members, recently expanded this to include access to dental care.

Although not publicly recognized, many dentists within the county have provided free or reduced dental services in special circumstances. The three safety net programs in Summit County, as well as the OPTIONS program, are operating at capacity, with documented requests for dental care exceeding available capacity. Community groups and organizations realize the need for additional oral health services and better accessibility of oral health care services within our county. Now is the time to come together as a community and “assure that all people in Summit County have access to dental care.” We must work together to utilize our existing resources and expand services available in the county. We must also plan for the future to be able to financially retain these resources and increase funding to provide additional oral health care.

Recommendation 1 of the Possible Solutions section of this report is a great first step toward beginning to solve the dental access issue within Summit County, but this cannot be the only solution. The funding provided by the Ohio Department of Health’s tobacco settlement monies will be used to remodel the existing space and equip the facility with dental equipment and supplies. This money will also cover the cost of running the clinic, including salaries and supplies, for one year. After June 2002, additional financial support will be necessary for the dental clinic to remain operational.

Additionally, financial support is being sought to establish a dental residency program within Summit County. Money will also be necessary to expand the use of Summit County Health Department’s mobile dental van. Increased financial support of the Central-Hower Dental Assisting Program will allow more students to receive dental services through this safety net program. As we continue to assess the dental access issue in Summit County, new solutions will be suggested and funding will be required to implement these ideas.

“America is not anything if it consists of each of us. It is something only if it consists of all of us”.

- Woodrow Wilson

We must combine our efforts, our resources, our knowledge and our visions to create and implement oral health solutions for all people of Summit County. To receive additional copies of this report or to become involved with the Summit County Dental Task Force, please contact the Summit County Health Department at (330) 923-4891 or contact a task force member directly.

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Letter of Introduction

On behalf of the Summit County Dental Task Force, I am pleased to present the report: *Oral Health: The Status of Oral Health in Summit County*. The report summarizes available information on the status of the community's oral health and inventories currently available dental services. Finally, the report explores several potential strategies for the community to consider in confronting this considerable public health concern.

We first met in October 2000 to discuss the perceived state of poor oral health in the community and the issues of access to care. The task force adopted the ambitious mission: "To assure that all people in Summit County have access to dental care." As a first step, the group decided to generate a report that would clearly quantify and articulate the problem and provide clear courses of action.

The state of oral health in Summit County is poor. A significant percentage of children have untreated dental caries. Many adults forego dental checkups or treatment on diseased teeth due to lack of dental insurance or available providers. The task force found several well intentioned stop-gap measures in the community, but these are overburdened and can not begin to confront the magnitude of the problem.

The task force anticipated dissolving following generation of the report. However, the enthusiasm of the group persists, and they have agreed to continue working to mobilize the community and facilitate solutions to the problem. I invite you to join us. Please contact our office at (330) 926-5601 if you are interested in these issues and wish to support our efforts.

My sincere thanks to all the task force members who continue to provide selfless dedication to oral health issues. I expressly wish to acknowledge the support of the Ohio Department of Health's, Bureau of Oral Health Services. Dr. Mark Siegal provided much encouragement and support for the task force efforts. Lori Johnsen supplemented her spirited encouragement with mountains of statistics and research.

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