

SUMMARY REPORT

2020 SYNOPSES OF STATE DENTAL PUBLIC HEALTH PROGRAMS

DATA FOR FY 2018-2019

Association of State and Territorial
Dental Directors



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Introduction

This report summarizes the results of the *2020 Synopses of State Dental Public Health Programs* (2020 Synopses); which represents the status of the state oral health program during the 2018-2019 fiscal year. Each January, the Association of State and Territorial Dental Directors (ASTDD) distributes the Synopses questionnaire to the 50 states and the District of Columbia (DC). The purpose of the questionnaire is to obtain current information from each state on demographic, infrastructure, workforce, and administrative factors that impact the state's oral health program. In addition, each state is asked to provide detailed information on the services they provide to their constituents. State specific information from the 2020 Synopses is available in a comprehensive report posted on the member's only section of the ASTDD website (www.astdd.org). The 2020 Synopses questionnaire was returned by 48 states plus the District of Columbia. NOTE: Wyoming did not have an oral health program during FY 2018-2019.

DEMOGRAPHICS

Each age and income group have 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 0-19 years of age.

Seniors – Percent of Population Aged 65 Years and Older (2018)

Percent of Population \geq 65	Number of States	Percent of States
< 12.0%	2	3.9%
12.0 – 12.9%	1	2.0%
13.0 – 13.9%	1	2.0%
14.0 – 14.9%	2	3.9%
\geq 15.0%	45	88.2%

Includes all states and the District of Columbia

Source: U.S. Census, <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>

Children – 0 to 19 Years (2018)

Percent of Population 0-17	Number of States	Percent of States
< 20.0%	0	0.0%
20.0 – 21.9%	4	7.8%
22.0 – 23.9%	11	21.6%
24.0 – 25.9%	22	43.1%
\geq 26.0%	14	27.5%

Includes all states and the District of Columbia

Source: U.S. Census, <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>

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 2018)

Number of Children	Number of States	Percent of States
< 100,000	6	11.8%
100,000 – 249,999	10	19.6%
250,000 – 499,999	9	17.6%
500,000 – 749,999	13	25.5%
750,000 – 999,999	3	5.9%
\geq 1,000,000	10	19.6%

Includes all states and the District of Columbia

Source: <https://www.medicaid.gov/chip/reports-evaluations/index.html>

CHIP Children (Number ever enrolled, FFY 2018)

Number of Children	Number of States	Percent of States
< 10,000	4	7.8%
10,000 – 19,999	5	9.8%
20,000 – 39,999	8	15.7%
40,000 – 49,999	0	0.0%
50,000 – 99,999	9	17.6%
100,000 – 499,999	22	43.1%
≥ 500,000	3	5.9%

Includes all states and the District of Columbia

Source: <https://www.medicaid.gov/chip/reports-evaluations/index.html>

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential childcare 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 (2017-2018)

Percent of Children	Number of States	Percent of States
< 40.0%	11	21.6%
40.0 – 49.9%	17	33.3%
50.0 – 59.9%	11	21.6%
60.0 – 69.9%	4	7.8%
≥ 70%	2	3.9%
Not available*	6	11.8%

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

* Arizona, Delaware, District of Columbia, Massachusetts, Ohio and Tennessee data for 2017-2018 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 (2018)

Percent of Children	Number of States	Percent of States
< 15.0%	9	17.6%
15.0 – 19.9%	16	31.4%
20.0 – 24.9%	14	27.5%
25.0 – 29.9%	9	17.6%
≥ 30.0%	3	5.9%

Includes all states and the District of Columbia

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

Children under 19 Years of Age who are at or below 200% of FPL (2018)

Percent of Children	Number of States	Percent of States
< 20.0%	0	0.0%
20.0 – 29.9%	9	17.6%
30.0 – 39.9%	20	39.2%
40.0 – 49.9%	18	35.3%
≥ 50.0%	4	7.8%

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 (2018)

Percent of Children	Number of States	Percent of States
< 1.0%	4	7.8%
1.0 – 1.9%	14	27.5%
2.0 – 2.9%	17	33.3%
3.0 – 3.9%	11	21.6%
4.0 – 4.9%	3	5.9%
≥ 5.0%	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.

Percent of Population Served by Community Water Fluoridation (2016)

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, <https://www.cdc.gov/fluoridation/statistics/2016stats.htm>

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 (September 2019)

Type of Benefit	Number of States	Percent of States
None	2	3.9%
Under Development	2	3.9%
Emergency Only	12	23.5%
Limited	16	31.4%
Extensive	19	37.3%

Includes all states and the District of Columbia

Source: Center for Health Care Strategies, https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf

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.

Active Dentists to Population Ratio

Dentist to Population Ratio	Number of States	Percent of States
< 1,500	13	25.5%
1,500 – 1,999	27	52.9%
2,000 – 2,499	11	21.6%
≥ 2,500	0	0.0%
Not Reported	0	0.0%

Includes all states and the District of Columbia

Source: <https://www.ada.org/en/science-research/health-policy-institute/data-center/supply-and-profile-of-dentists>

Dental Hygienists Living in State to Population Ratio

RDH to Population Ratio	Number of States	Percent of States
< 1,500	21	41.2%
1,500 – 1,999	11	21.6%
2,000 – 2,499	5	9.8%
≥ 2,500	0	0.0%
Not Reported	14	27.5%

Includes all states and the District of Columbia

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	7	13.7%
1 – 4 years	19	37.3%
5 – 9 years	14	27.5%
10 – 14 years	4	7.8%
≥ 15 years	1	2.0%
Not Reported / Vacant / No SOHP	6	11.8%

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	5	9.8%
Yes	42	82.4%
Not Reported / Vacant / No SOHP	4	7.8%

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	11	21.6%
1.0 – 9.9%	11	21.6%
10.0 – 19.9%	10	19.6%
20.0 – 29.9%	5	9.8%
≥ 30%	10	19.6%
Not Reported / Vacant / No SOHP	4	7.8%

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	37	72.5%
10 – 49%	5	9.8%
50 – 100%	6	11.8%
Not Reported / Vacant / No SOHP	3	5.9%

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	4	7.8%
2 – 3	11	21.6%
4 – 5	9	17.6%
6 – 8	12	23.5%
9 – 10	4	7.8%
11 – 20	5	9.8%
> 20	3	5.9%
Not Reported / No SOHP	3	5.9%

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	39	76.5%
2 – 3	3	5.9%
4 – 5	1	2.0%
6 – 10	3	5.9%
11 – 20	0	0.0%
≥ 21	2	3.9%
Not Reported / No SOHP	3	5.9%

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
0 – 2	10	19.6%
3 – 4	9	17.6%
5 – 6	7	13.7%
7 – 9	8	15.7%
10 – 19	9	17.6%
20 – 49	3	5.9%
≥ 50	2	3.9%
Not Reported / No SOHP	3	5.9%

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	70.6%	21.6%	39.2%	35.3%	45.1%	60.8%
1 – 24%	15.7%	15.7%	33.3%	31.4%	17.6%	27.5%
25 – 49%	7.8%	23.5%	13.7%	19.6%	19.6%	0.0%
50 – 74%	0.0%	7.8%	3.9%	3.9%	5.9%	5.9%
75 – 100%	0.0%	25.5%	3.9%	3.9%	5.9%	0.0%
Not Reported	5.9%	5.9%	5.9%	5.9%	5.9%	5.9%

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

NOTE: Of the 48 states that provided information on source of funding, 22 (46%) reported receiving 75-100% of their funding from just one of the following sources: Medicaid, non-Medicaid State, HRSA, CDC, and other public/private. Thirteen states (27%) received ≥ 75% of their funding from non-Medicaid state funds while 6 states (13%), 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	13	25.5%
Increased	20	39.2%
Same	15	29.4%
Not Reported	3	5.9%

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

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

Funding Source	Decreased	Increased	Same	TOTAL REPORTING
State – Medicaid	2 16.7%	3 25.0%	7 58.3%	12
State – General Funds	7 21.2%	9 27.3%	17 51.5%	33
State – Tobacco Tax	2 100.0%	0 0.0%	0 0.0%	2
State – SSB Tax	0 0.0%	0 0.0%	0 0.0%	0
State – Other	3 42.9%	1 14.3%	3 42.9%	7
HRSA – MCHBG	12 41.4%	7 24.1%	10 34.5%	29
HRSA – OHWA	7 28.0%	11 44.0%	7 28.0%	25
HRSA – PIOHQI	1 12.5%	2 25.0%	5 62.5%	8
CDC – PHHSBG	5 38.5%	2 15.4%	6 46.2%	13
CDC – DP18-1810	2 10.0%	10 50.0%	8 40.0%	20

Source: State Synopses Questionnaire

Budget Range – Number of States within Each Budget Category

Budget Category	Number of States	Percent of States
No SOHP in 2017-2018	1	2.0%
Less than \$100,000	1	2.0%
\$100,000 to \$250,000	2	3.9%
\$250,001 to \$500,000	6	11.8%
\$500,001 to \$999,999	11	21.6%
\$ 1 million or more	24	47.1%
Not Reported	6	11.8%

Range: \$0 to \$31,375,222 (NOTE: One state reported having a SOHP with a budget of \$0.00)

Mean (for reporting states with SOHP): \$2,193,799

Median (for reporting states with SOHP): \$1,062,215

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 offered specific oral health services funded, managed or operated by the state during the fiscal year.

Percent of States with Specific Oral Health Services

Program	Has Program	No Program	Not Reported or No SOHP
Access to Care Program	47.1%	47.1%	5.9%
Dental Screening Program	58.8%	35.3%	5.9%
Fluoride Mouthrinse Program	19.6%	74.5%	5.9%
Fluoride Varnish Program	60.8%	33.3%	5.9%
Silver Diamine Fluoride Program	15.7%	78.4%	5.9%
Oral Health Literacy/Education Program	64.7%	29.4%	5.9%
Basic Screening Survey	21.6%	72.5%	5.9%
Programs for Preschool Children	43.1%	51.0%	5.9%
Programs for Elementary School Children	52.9%	41.2%	5.9%
Programs for Adolescents	27.5%	66.7%	5.9%
Programs for Children Special Health Care Needs	29.4%	64.7%	5.9%
Programs for Pregnant Women	39.2%	54.9%	5.9%
Programs for Adults 18-64 Years	13.7%	80.4%	5.9%
Programs for Older Adults	25.5%	68.6%	5.9%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire