

SUMMARY REPORT

2022 SYNOPSES OF STATE DENTAL PUBLIC HEALTH PROGRAMS

DATA FOR FY 2020-2021

Association of State and Territorial
Dental Directors



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Introduction

This report summarizes the results of the *2022 Synopses of State Dental Public Health Programs* (2022 Synopses); which represents the status of the state oral health program during the 2020-2021 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. 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 2022 Synopses is available in a comprehensive report posted on the member's only section of the ASTDD website (www.astdd.org). The 2022 Synopses questionnaire was returned by 47 states plus the District of Columbia. Hawaii and New York did not return the questionnaire and Wyoming did not have an oral health program during FY 2020-2021.

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 – Percentage of Population Aged 65 Years and Older (2020)

Percent of Population \geq 65	Number of States	Percent of States
< 12.0%	1	2.0%
12.0 – 12.9%	3	5.9%
13.0 – 13.9%	0	0.0%
14.0 – 14.9%	1	2.0%
\geq 15.0%	46	90.2%

Includes all states and the District of Columbia

U.S. Census, <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>,
<https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-state-detail.html>

Children – 0 to 17 Years (2021)

Percent of Population 0-17	Number of States	Percent of States
< 20.0%	7	13.7%
20.0 – 21.9%	16	31.4%
22.0 – 23.9%	19	37.3%
24.0 – 25.9%	8	15.7%
\geq 26.0%	1	2.0%

Includes all states and the District of Columbia

Source: Source: U.S. Census, <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-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 2020)

Number of Children	Number of States	Percent of States
< 100,000	6	11.8%
100,000 – 249,999	11	21.6%
250,000 – 499,999	8	15.7%
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/downloads/fy-2020-childrens-enrollment-report.pdf>

CHIP Children (Number ever enrolled, FFY 2020)

Number of Children	Number of States	Percent of States
< 10,000	5	9.8%
10,000 – 19,999	4	7.8%
20,000 – 39,999	6	11.8%
40,000 – 49,999	3	5.9%
50,000 – 99,999	7	13.7%
100,000 – 499,999	23	45.1%
≥ 500,000	3	5.9%

Includes all states and the District of Columbia

Source: <https://www.medicaid.gov/chip/downloads/fy-2020-childrens-enrollment-report.pdf>

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.

Percentage of Children Receiving Free or Reduced-Price School Lunches (2019-2020)

Percent of Children	Number of States	Percent of States
< 40.0%	12	23.5%
40.0 – 49.9%	17	33.3%
50.0 – 59.9%	15	29.4%
60.0 – 69.9%	4	7.8%
≥ 70%	3	5.9%

Source: National Center for Education Statistics, https://nces.ed.gov/programs/digest/d20/tables/dt20_204.10.asp

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 (2020)

Percent of Children	Number of States	Percent of States
< 15.0%	10	19.6%
15.0 – 19.9%	15	29.4%
20.0 – 24.9%	19	37.3%
25.0 – 29.9%	6	11.8%
≥ 30.0%	1	2.0%

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 (2019)

Percent of Children	Number of States	Percent of States
< 20.0%	0	0.0%
20.0 – 29.9%	11	21.6%
30.0 – 39.9%	23	45.1%
40.0 – 49.9%	15	29.4%
≥ 50.0%	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>

Children under 19 at or Below 200% FPL without Health Insurance (2019)

Percent of Children	Number of States	Percent of States
< 1.0%	2	3.9%
1.0 – 1.9%	14	27.5%
2.0 – 2.9%	17	33.3%
3.0 – 3.9%	8	15.7%
4.0 – 4.9%	8	15.7%
≥ 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.

Percentage of Population Served by Community Water Fluoridation (2018)

Percentage of Population	Number of States	Percent of States
< 25.0%	2	3.9%
25.0 – 49.9%	6	11.8%
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/2018stats.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.

Percentage 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	12	23.5%
1,500 – 1,999	25	49.0%
2,000 – 2,499	14	27.5%
≥ 2,500	0	0.0%
Not Reported	0	0.0%

Includes all states and the District of Columbia

Source: <https://www.ada.org/resources/research/health-policy-institute/dentist-workforce>

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	13	25.5%
2,000 – 2,499	3	5.9%
≥ 2,500	1	2.0%
Not Reported	15	29.4%

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	5	9.8%
1 – 4 years	13	25.5%
5 – 9 years	15	29.4%
10 – 14 years	5	9.8%
≥ 15 years	2	3.9%
Not Reported / Vacant / No SOHP	11	21.6%

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	4	7.8%
Yes	43	84.3%
Not Reported / Vacant / No SOHP	4	7.8%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

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

Percentage of Time	Number of States	Percent of States
0	12	23.5%
1.0 – 9.9%	11	21.6%
10.0 – 19.9%	11	21.6%
20.0 – 29.9%	5	9.8%
≥ 30%	9	17.6%
Not Reported / Vacant / No SOHP	3	5.9%

Includes all states and the District of Columbia

Source: State Synopses Questionnaire

Percentage of Dental Director's Time Paid by Medicaid/SCHIP

Percentage of Time	Number of States	Percent of States
0	36	70.6%
10 – 49%	6	11.8%
50 – 100%	5	9.8%
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	7	13.7%
2 – 3	11	21.6%
4 – 5	7	13.7%
6 – 8	10	19.6%
9 – 10	4	7.8%
11 – 20	6	11.8%
≥ 21	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	36	70.6%
2 – 3	3	5.9%
4 – 5	2	3.9%
6 – 10	5	9.8%
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	12	23.5%
3 – 4	5	9.8%
5 – 6	7	13.7%
7 – 9	11	21.6%
10 – 19	9	17.6%
20 – 49	2	3.9%
≥ 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 – Percentage of Budget from Each Source (Rounded)

% of Budget from Source	Funding Source (Percent of States)					
	Medicaid	Other State	MCHBG	Other HRSA	CDC	Other
0	66.7%	23.5%	41.2%	82.4%	45.1%	60.8%
1 – 24%	15.7%	21.6%	27.5%	5.9%	15.7%	23.5%
25 – 49%	5.9%	15.7%	15.7%	3.9%	13.7%	2.0%
50 – 74%	3.9%	15.7%	2.0%	0.0%	15.7%	3.9%
75 – 100%	0.0%	15.7%	5.9%	0.0%	2.0%	2.0%
Not Reported	7.8%	7.8%	7.8%	7.8%	7.8%	7.8%

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

NOTE: Of the 47 states that provided information on source of funding, 13 (28%) reported receiving 75-100% of their funding from just one of the following sources: Medicaid, non-Medicaid State, HRSA, CDC, and other public/private. Eight states (17%) received ≥ 75% of their funding from non-Medicaid state funds while 3 states (6%), 1 state (2%) and 1 state (2%) reported receiving ≥ 75% of their funding from HRSA (MCHBG plus other HRSA funds), CDC or other public/private sources respectively.

Overall Budget Change as Compared to Prior Year

Change in Overall Budget	Number of States	Percent of States
Decreased	11	21.6%
Increased	15	29.4%
Same	19	37.3%
Not Reported / No SOHP	6	11.8%

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	4 23.5%	5 29.4%	8 47.1%	17
State – General Funds	11 32.4%	7 20.6%	16 47.1%	34
State – Tobacco Tax	2 25.0%		6 75.0%	8
State – SSB Tax			5 100.0%	5
State – Other	1 7.7%	3 23.1%	9 69.2%	13
HRSA – MCHBG	6 21.4%	6 21.4%	16 57.1%	28
HRSA – OHWA		3 12.0%	22 88.0%	25
HRSA – Other	1 10.0%	2 20.0%	7 70.0%	10
CDC – PHHSBG	2 13.3%	4 26.7%	9 60.0%	15
CDC – DOH		2 9.1%	20 90.9%	22

Source: State Synopses Questionnaire

Budget Range – Number of States within Each Budget Category

Budget Category	Number of States	Percent of States
No SOHP in 2020-2021	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 \$28,769,000 (NOTE: One state reported having a SOHP with a budget of \$0.00)

Mean (for reporting states with SOHP): \$2,269,239

Median (for reporting states with SOHP): \$1,150,000

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.

Percentage of States with Specific Oral Health Services

Program	Has Program	No Program	Not Reported or No SOHP
Access to Care Program	41.2%	52.9%	5.9%
Dental Screening Program	60.8%	33.3%	5.9%
Fluoride Mouthrinse Program	2.0%	92.2%	5.9%
Fluoride Varnish Program	62.7%	31.4%	5.9%
Silver Diamine Fluoride Program	13.7%	80.4%	5.9%
Oral Health Literacy/Education Program	62.7%	31.4%	5.9%
Basic Screening Survey	19.6%	74.5%	5.9%
Programs for Preschool Children	35.3%	58.8%	5.9%
Programs for Elementary School Children	51.0%	43.1%	5.9%
Programs for Adolescents	31.4%	62.7%	5.9%
Programs for Children Special Health Care Needs	25.5%	68.6%	5.9%
Programs for Pregnant Women	37.3%	56.9%	5.9%
Programs for Adults 18-64 Years	17.6%	76.5%	5.9%
Programs for Older Adults	23.5%	70.6%	5.9%
Infection Control & Prevention Programs	52.9%	39.2%	7.8%

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