

The two individual-oriented variables are new to the rankings. As shown in Table 1 and detailed in Figures A6 and A7 of the Appendix and in the online supplement to this report, the states with the greatest number of people with severe tooth loss (6 or more teeth lost to disease or tooth decay) also tend to have low percentages of older adults who have seen a dentist.



**Despite the ingrained challenges states face in oral health, the scores do not tell the entire story. Sidebars throughout the Key Results section share stories from the states about the actions behind the numbers.**

### STATE RANKINGS ON PERCENTAGE BASIS

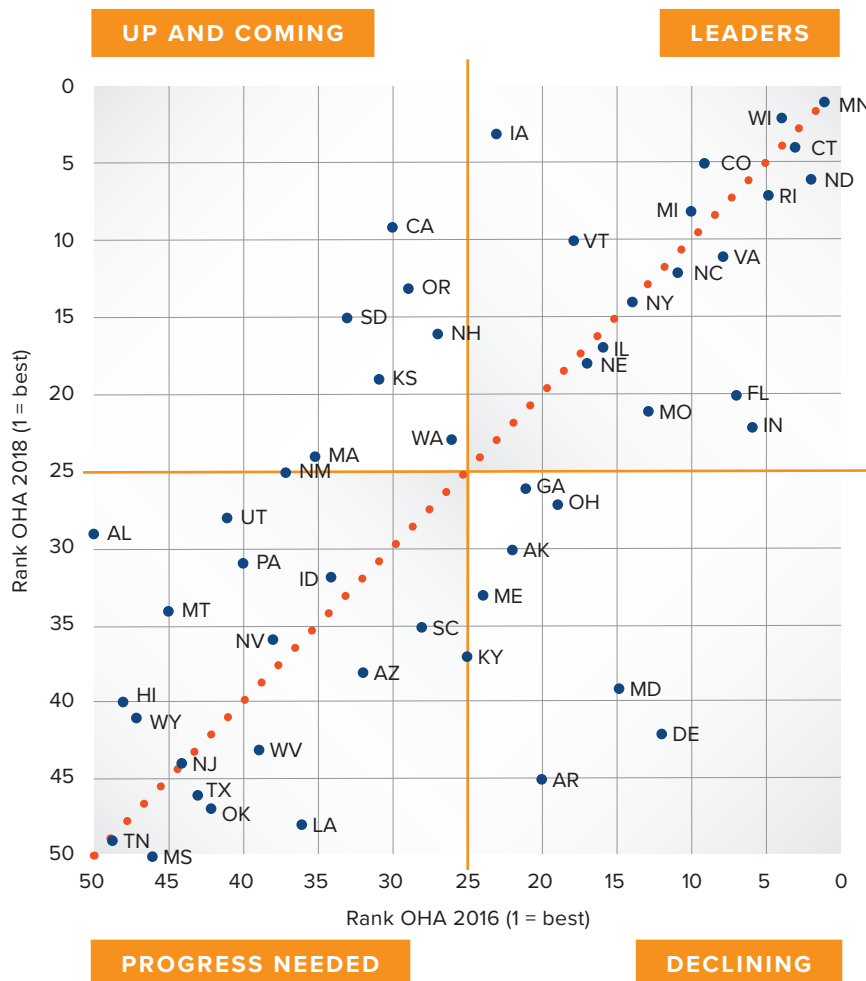
As in 2013 and 2016, Minnesota remains the top-ranked state. In fact, seven of the top 10 from 2016 repeated in the new rankings. In addition to Minnesota, they are Wisconsin (number 4 in 2016), North Dakota (2), Connecticut (3), Rhode Island (5), Michigan (10), and Colorado (9).

State rankings from 2016 and 2018 are displayed graphically in Figure 2. Most states' overall performances were similar to their 2016 scores, as reflected in the bunching of states along the line going from bottom left to upper right. The closer states are to this line, the closer they were in the two rankings. Those in the upper right quadrant were consistent leaders, while those in the lower left were in the bottom half of the rankings in both volumes. Up-and-coming states are in the upper left, and those falling between 2016 and 2018 are in the lower right quadrant.

Iowa and California, whose stories are shared on pages 14 and 15, jumped from middle-of-the-pack positions into the top 10 at numbers 3 and 9, respectively. Other states whose scores changed by more than 20 places include Alabama (jumping from 50th to 29th; see page 16), Arkansas (falling from 20th to 45th), and Delaware (falling from 12th to 42nd).

Near the lower left end of the red line in Figure 2 are states that placed in the bottom 10 in both volumes. Despite the ingrained challenges these states face in oral health, the scores do not tell the entire story. As described on page 17, Mississippi has challenges and has scored low in the rankings, but much work is going on there to improve the outcomes in older adults.

FIGURE 2. COMPARISON OF STATE RANKINGS BETWEEN 2016 AND 2018 A STATE OF DECAY VOLUMES



Notes: Ranking excludes the District of Columbia, which lacked complete data for 2016. States above the red diagonal line improved in ranking; those below the line ranked lower in 2018. States in the upper right quadrant were in the top half of states in both 2016 and 2018, and those in the upper left quadrant moved from the lower to the upper half. States in the lower right quadrant fell from the top half to the bottom half, and those in the lower left quadrant were in the lower half in both volumes.

**LEADERS**

**MINNESOTA** Leading the "Leaders": This state repeated as number 1 for 2018, keeping it at the top of seven consistently high-performing states.

**UP AND COMING**

**SOUTH DAKOTA** Addition of Medicaid coverage for 11 of the 13 scored services fueled a jump from 33rd to 15th place in this "Up-and-Coming" state.

**DECLINING**

**ARKANSAS** Exemplifying situations in "Declining" states, not keeping the SOHP updated and poor severe tooth loss/dental visit scores were responsible for a fall from 20th to 45th in 2018.

**PROGRESS NEEDED**

**NEW JERSEY** Lack of CWF at the local level and planning at the state level (SOHP, BSS) combined to keep rankings low in this "Progress Needed" state.