

Helping Maryland Smile

The 2010 Office of Oral Health Annual Report

Department of Health and Mental Hygiene
Family Health Administration

Martin O'Malley, Governor



Anthony G. Brown, Lt. Governor



Joshua M. Sharfstein, M.D., Secretary

Office of Oral Health



Helping Maryland Smile

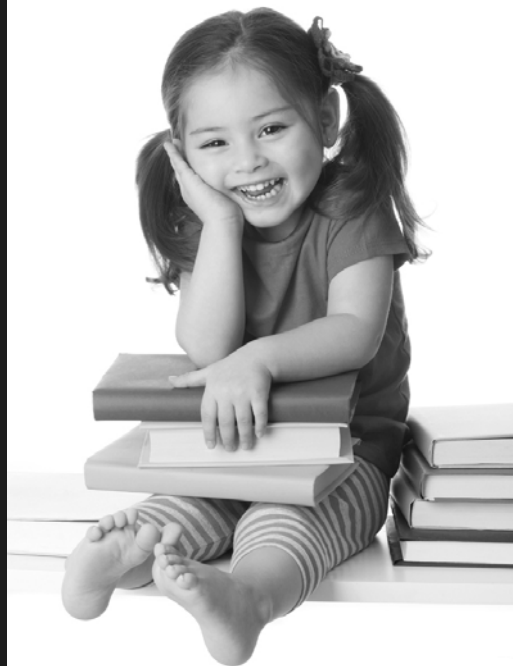


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The Office of Oral Health (OOH)

has built awareness in our community and has made oral health a critical part in the daily lives of the citizens of Maryland. The OOH is a leading public health division that is recognized as a best practice oral health program. Guided by data, we use evidence-based information to serve as an exemplary oral health resource to our stakeholders. Through our activities, initiatives and strong partnerships, all residents regardless of socio-economic status will be freed from tooth decay, and will have timely access to preventive dental services in the State of Maryland.



Mission: The mission of the Office of Oral Health is to improve the oral health status of Maryland residents through a variety of public oral health initiatives and interventions. OOH develops, promotes, and advocates statewide cost-effective preventive and educational activities and policies that demonstrate and define the role of oral health as part of overall systemic health and quality of life. The OOH partners with other State agencies, local health departments, schools, community agencies, and private providers in developing policies, programs, and activities which address access, prevention, education and literacy.



Focus areas include:

- Improving access to oral health care education, treatment and preventive resources for underserved and uninsured Maryland populations
- Enhancing knowledge of evidence-based oral disease prevention strategies
- Reducing morbidity and mortality associated with oral cancer in Maryland residents
- Developing better surveillance systems that address current and unmet oral disease status
- Reducing oral injuries in Maryland, with a focus in sports related oral injuries in Maryland school children



Promoting Oral Health for Marylanders

Oral health is an integral and significant component of health. The medical consequences of poor oral health include infection, pain, and impaired eating ability. These consequences can lead to poor nutrition and poor overall health. In addition to these physical effects, poor oral health can lead to speech difficulties, unpleasant appearance affecting self-esteem, and an inability to concentrate due to pain. For children, this pain negatively impacts their readiness to learn and to succeed in school. Since dental disease occurs frequently and treatment is more expensive than prevention, educating parents and children has health and economic benefits.

Dental Caries is the
number one chronic
disease found in
children.

OOH Educational Materials: Development and Distribution

In order to increase oral health literacy and promote wellness, the OOH develops printed materials for distribution. Local health departments, clinics, schools, and private citizens all have access to these materials through the office website or inquiring via phone, email or fax. In Fiscal Year 2010 (FY10), the OOH received 1,190 requests for materials. Over 87,000 brochures, books, and factsheets were distributed!

In FY10, the OOH offered 25 different brochures. There were 7 brochures available in both English and Spanish. The office also released 5 updated or new brochures. They included:

- ✦ Oral Health for Your Young Child (Spanish)
- ✦ Oral Health Tips for Pregnant Women (English)
- ✦ Oral Health Tips for Pregnant Women (Spanish)
- ✦ Dental First Aid for Children
- ✦ Oral Health Resource Guide 2009

In addition to oral health materials requests from Marylanders, the OOH received 93 requests and sent over 6,000 brochures out of state to Kentucky, Louisiana, Maine, Michigan, North Carolina, New Mexico, New York, Ohio, Pennsylvania, Virginia, and Washington D.C.



Fluoride Varnish and Oral Health Screening Program for Kids

Program Description: The program was designed to reduce the incidence of tooth decay in children ages three and under and contribute to the establishment of a dental home. The Maryland Medicaid Program reimburses medical providers who apply fluoride varnish to children, ages nine months to 36 months. Providers are eligible to receive up to 23% higher Medicaid reimbursement for each well-child visit.

Training sessions have continued for Medicaid medical providers enrolled in the for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. As of March 2010, the training is offered online. A total of 396 providers, including Pediatricians, Family Physicians and Nurse Practitioners have been trained to provide fluoride varnish applications. Of these providers, 307 are eligible to bill and 141 are billing for these services. Services have been provided to 11,845 children.



Community Water Fluoridation:



Health experts endorse community water fluoridation as the single, most effective public health measure to improve oral health by preventing tooth decay. Fluoride added to community drinking water at a concentration of 0.7 parts per million has repeatedly been shown to be a safe, inexpensive, and an extremely effective method for preventing tooth decay. Because community water fluoridation benefits everyone in the community, regardless of age and socioeconomic status, fluoridation is especially important in providing protection against tooth decay in populations with limited access to prevention services. For

every dollar spent on community water fluoridation, up to \$38 is saved in treatment costs for tooth decay. A *U.S. Healthy People 2010* objective is to increase the percentage of persons on public water receiving fluoridated water to 75%. In Maryland, **93.1%** of the population on public water receives fluoridated water.

Maryland Dent-Care - Loan Assistance Repayment Program

In 2000, the Maryland General Assembly created a loan repayment program for dentists known as the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). The purpose of the MDC-LARP is to increase the number of dentists providing oral health care services to Medicaid recipients. Each year, up to five Maryland dentists are selected to participate in the program for a period of three years. The dentists accepted into the program receive \$71,220 in educational loan repayment over a three-year period. In return for the loan repayment, dentists commit to provide at least 30% of their total patient services to the Medicaid recipient population per year.

OOH, in partnership with the Maryland Higher Education Commission, administers the MDC-LARP. OOH monitors participants on a monthly basis to ensure compliance with program goals, reviews applications, convenes the review panel, promotes the program, gathers feedback from award recipients, conducts initial and yearly site visits, and provides orientation for new program participants.

In calendar year 2010, a total of 15 dentists participated in the program, 5 of whom completed their obligation in December 2010. In January 2011, 5 new MDC-LARP dentists have committed to three years of service. During calendar year 2010, MDC-LARP dentists treated 35,249 Maryland Medical Assistance Program (MMAP) patients. MMAP participants comprise 57% of the caseload for MDC-LARP dentists.



Deamonte Driver Dental Project

The Office of Oral Health provides the principal support for the Deamonte Driver Dental Project (DDDP) in partnership with the Robert T. Freeman Dental Society Foundation. The DDDP provides diagnostic, preventive, and simple restorative dental services to low-income students in a mobile dental van that in FY 2010 visited 8 Prince George's County Schools and 1 school in Montgomery County. DDDP was founded as a result of



the untimely death of 12-year-old Deamonte Driver from an untreated dental infection that spread to his brain. The project was designed to increase dental access in underserved areas, improve oral health literacy, and eliminate disparities. During FY10, over 40 dentists volunteered 255 hours screening children in the 9 selected schools in both the fall and winter. Nearly 1,500 students were screened and 292 of them required urgent care. The DDDP participated in numerous health fairs, held presentations and received media coverage on numerous occasions.

Eastern Shore Oral Health Education and Outreach Program

The OOH established this program to serve vulnerable at-risk populations residing on Maryland's Eastern Shore.

The **Lower Eastern Shore** (Wicomico, Worcester and Somerset Co.) outreach program:

- Provides 8 Early Head Start and Head Start Centers with oral health screenings, fluoride varnish applications, oral health education and case management 3 times a year.
- Provides 6 Judy Center schools in two of the Lower Eastern Shore Counties (Wicomico, and Worcester) with oral health screenings, fluoride varnish applications, oral health education and case management.
- Administers a weekly Fluoride Mouthrinse Program with 1,881 students participating in 3 different counties (Wicomico, Worcester, and Somerset Counties) in 18 schools.
- Provides outreach and support to the Local Health Departments, Boards of Education and community at large with oral health supplies and resource materials developed by the Office of Oral Health.



Upper and Mid Eastern Shore (Cecil, Kent, Queen Anne, Talbot, Caroline and Dorchester Co.) activities include:

- Case management for agencies and individuals for urgent or routine dental services. Cases are individually evaluated, and multiple options are explored to pursue a successful outcome.
- Support of local agencies by serving on health advisory boards to provide options for dental education, client services and programs that promote the concept of the healthy child (including options for mental, medical and dental homes).
- Collaborative program development: (1) addressing the use of home oral health adaptive equipment for children with special needs (2) early oral health prevention and intervention program with Early Head Start programs with a goal to continue care through Head Start into pre-Kindergarten and Kindergarten.

National Children's Dental Health Month

February is National Children's Dental Health Month (CDHM). The Office of Oral Health partnered with the National Museum of Dentistry and the American Dental Association to kick off Children's Dental Health Month by providing educational materials. In FY10, the Office of Oral Health for CDHM:

- Linked with public libraries statewide to increase access to mouthpower.org -- the National Museum of Dentistry's website.
- Piloted a new Dental Jeopardy game. The game is available in 2 formats: hard copy for bulletin board use and online. Both versions can be found on the OOH website (<http://fha.maryland.gov/oralhealth/>). Educational materials distributed include oral health activity worksheets, posters and a website resource list.



Oral Cancer Awareness Week

Governor Martin O'Malley declared April 22-28, 2010 as the 10th Annual Maryland Oral Cancer Awareness Week (OCAW). The Office of Oral Health partnered with the Tobacco Prevention Program and provided Quit Line information to local partners as well as educational materials about oral cancer. On April 24th, 2010, the 2nd Annual Baltimore Cancer 5K walk/run was held at Druid Hill Park. The walk/run included a health fair offering free oral cancer screenings.



Oral Health Grants to Local Health Departments

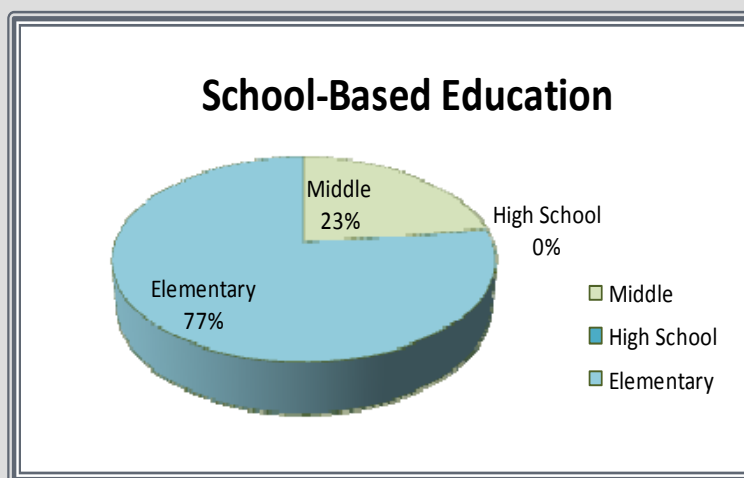
In FY 2010, oral health grants were awarded to Maryland local health departments to develop or support community-based and school-based outreach programs focusing on oral health prevention, treatment, and education services for children and adults.

Clinical Appointments — OOH grants contributed to 26,724 children's clinical visits in FY10. Overall, as reported to State Stat (a performance measurement management tool implemented by Governor Martin O'Malley to make our state government more accountable and more efficient), 40,425 children clinical visits were provided statewide at local health departments in FY10. Almost 7,000 more children were seen in FY10 compared to FY09.



Sealants — In FY10, 16,977 children received pit and fissure dental sealants through local health department programs.

Fluoride Treatments — In FY10, 25,989 children received fluoride treatments through local health department programs. In FY10, 623 Baltimore City children received fluoride treatment supported by OOH funding and 195 individuals attended oral health education sessions. Of the 623 children receiving the fluoride treatments, 352 were considered high risk, from low income families, ages 12 months to 4 years. Of the 352 children, 251 received a re-application of fluoride 3 to 6 months later.



N = 4,624 Children

OOH grants provided oral health education to elementary and middle school students in Maryland.

Adult's Dental Clinical Care Services

Maryland Oral Cancer Prevention and Education

The Maryland Oral Cancer Prevention and Education Initiative is a multifaceted program that establishes the following:

1. Educational programs to instruct healthcare providers about how to perform an oral cancer exam;
2. Oral cancer screening programs designed to detect oral cancer lesions early;
3. Promotion of smoking cessation programs.



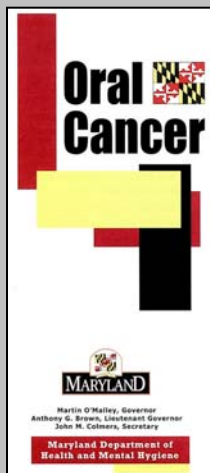
Since 2001, the OOH has awarded grants to local health departments to develop programs based on the three programmatic goals listed above. In FY10, 5 counties received funding for oral cancer programs.

Oral Cancer Education

In Caroline County, 800 people attended community based oral cancer education seminars and 860 attended health fairs. Sixty-five individuals were referred to smoking-cessation programs. In Dorchester County, 20 dentists and 26 dental hygienists were trained to screen for oral cancer.

Oral Cancer Prevention

Dental health professionals screened 604 individuals for oral cancer in 5 counties. Of the 604 individuals screened, 312 were men, 292 were women, 271 were minorities of which 171 were African American males.



SURVEY OF THE ORAL HEALTH STATUS OF MARYLAND SCHOOL CHILDREN, 2005-2006

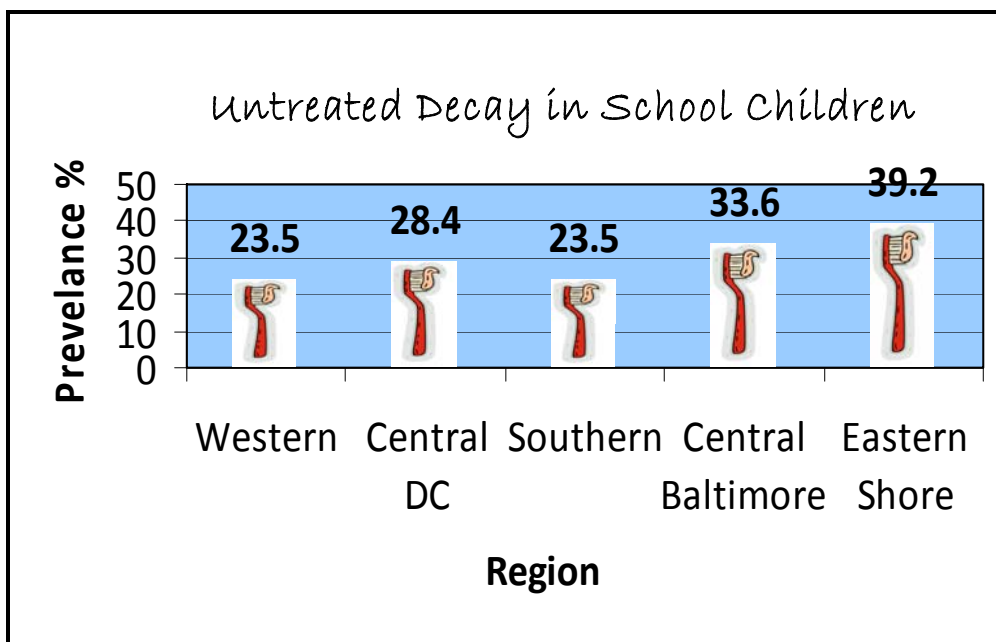
The Office of Oral Health sampled kindergartners and third grade students in 35 schools from 16 counties in Maryland including Baltimore City, representing populations from all 5 designated regions in the State. This survey is completed once every five years. The Office of Oral Health (OOH) undertook its last complete survey of the Oral Health Status of Maryland School Children in 2005-2006, and determined that:

- **31%** of all children (K and third grade) had untreated dental decay; 26 percent of all children (K and third grade) were treated for dental decay
- **27%** percent of children in kindergarten and third grade had at least one tooth with a dental sealant; and

The Eastern Shore had the highest percentage of untreated dental decay (**39%**) followed by the Central Baltimore region (**34%**).



As a result of the Survey of the Oral Health Status of Maryland School Children, 2005-2006 findings, the OOH has focused recent efforts to ensure that there is an adequate safety net system of education, prevention and treatment services available through public health dental clinics. The office also has emphasized outreach services at programs such as Head Start and preventive school-linked dental services. Further, in FY10, OOH continued to fund efforts to increase services to underserved and at-risk patients in Baltimore City and the Eastern Shore.



The Eastern Shore had the highest rate of untreated decay in school children (Survey of the Oral Health Status of Maryland School Children, 2005-2006)

Centers for Disease Control and Prevention (CDC):

The Centers for Disease Control and Prevention (CDC) provides grants to Maryland communities to improve chronic illnesses specifically associated with Healthy People 2010 objectives. The OOH received \$300,819 in FY10 to continue developing the following recipient activities:



1. Program Infrastructure

This recipient activity focuses on ensuring staffing for the OOH in order to carry out oral health programs in the state. The OOH is also developing standard operating procedures and seeking external funding sources to increase sustainability and diversity. The OOH works to obtain and retain appropriate staff to maximize our proficiency as an office and in improving oral health in Maryland.

2. Data Collection and Surveillance

The OOH has developed a surveillance plan and employs an epidemiologist to identify data sources and create a plan for reporting. Each year The Burden of Oral Health document is produced which describes the status of oral health in Maryland.

3. State Oral Health Plan

The goal of this recipient activity is to produce a plan to better Maryland's Oral Health. The OOH partnered with the Maryland Dental Action Coalition to create and disseminate this plan. The goals of the plan are to:

- Improve access to care, especially for vulnerable populations
- Decrease oral disease and injury through education, prevention and improved care
- Increase awareness of how to achieve good oral health and find care

4A. Partnerships

The OOH values its 34+ partnerships. The Office works with many groups that have common goals and missions to increase Oral Health for all Marylanders.

4B. Statewide Oral Health Coalition

This recipient activity focuses on developing a coalition in Maryland that is dedicated to improving the oral health status of all Marylanders. During FY10 the Dental Action Committee was transformed into the Maryland Dental Action Coalition (MDAC). The MDAC held its first meeting in August 2009.



Centers for Disease Control and Prevention Grant (continued):

5A. Dental Sealant Program

In FY10, the Office of Oral Health in partnership with the University of Maryland Dental School, created a [Mighty Tooth Dental Sealant](#) campaign and demo project. The project was tested in Maryland elementary schools and a report was completed. In FY10, 16,977 children received pit and fissure dental sealants through local health department programs.

5B. Community Water Fluoridation

To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of Environment. Together, we create fluoridation plans, share fluoridation data, monitor fluoride levels and generate annual reports.

6. Policy Development

The Office of Oral health regularly tracks, evaluates, and provides positions on oral health legislation and policy.

7. Evaluation

The Office of Oral Health has created an evaluation plan and is in the process of implementation. Each year the OOH submits at least 2 success stories to the Centers for Disease Control and Prevention.

8. Program Collaboration

The Office of Oral Health works to share staff positions with other CDC funded programs. During FY10, the OOH partnered with numerous organizations to promote oral health and address health issues within the community.



Maryland Dental Action Coalition

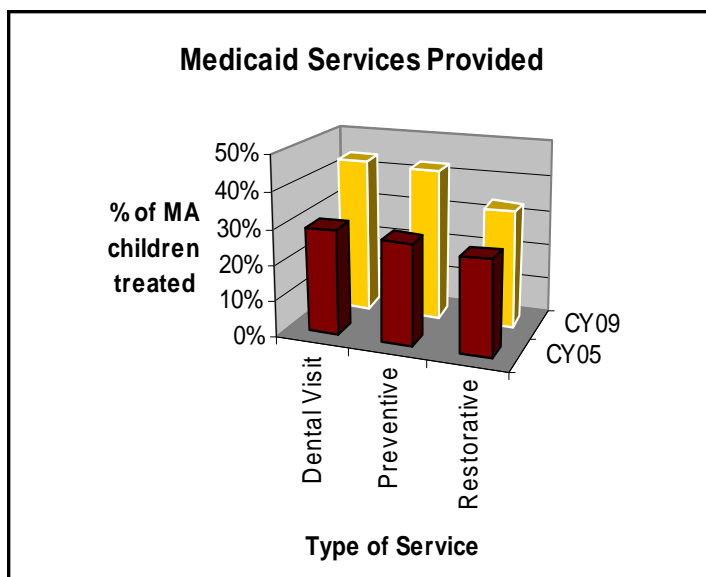
Access to Care: Reform Efforts

In June 2007, the Governor and former Department of Health and Mental Hygiene (DHMH) Secretary John Colmers convened a Dental Action Committee (DAC) to increase access to care for poor and low-income children in Maryland. This was in response to the death of Deamonte Driver, the 12 year old Maryland child, who passed away as the result of an untreated dental infection that spread to his brain. Access to dental care for underserved Maryland children has significantly improved. Governor O'Malley, the Maryland General Assembly, and DHMH have implemented many of the major DAC recommendations. In FY10, the DAC became an independent coalition and was renamed the Maryland Dental Action Coalition (MDAC).

Progress Report

Recommendation #1: Move to a single statewide vendor to administer Medicaid dental services – IMPLEMENTED

The contract was awarded to a single dental administrator, DentaQuest Inc., formerly Doral Dental Services, in July 2009 with a re-branded Medicaid dental program called Maryland Healthy Smiles Dental Program. The new program provided more simplicity and higher accountability for dental providers and the public achieving the following:



- Medicaid-enrolled children accessing at least one dental service increased from 29.6% in CY05 to 43.8% in CY09.
- Medicaid-enrolled children accessing a preventive visit increased from 28.2% in CY05 to 42.7% in CY09.
- Medicaid-enrolled children receiving a restorative visit increased from 26.4% in CY05 to 33.2% in CY09.



Recommendation #2: Increase Medicaid dental reimbursement to enable more dentists to participate without incurring losses. Set the rate at the 50th percentile of the American Dental Association's South Atlantic region charges, indexed to inflation, for all dental codes – FIRST OF THREE YEAR PLAN IMPLEMENTED

In the FY09 State budget, the first of a three-year plan to increase rates was funded. The Governor re-affirmed his commitment to fund the remaining two increments once State revenues permit. To date, over 400 new dental providers have joined the Medicaid Maryland Healthy Smiles Dental Program.

Recommendation #3: Enhance the dental public health infrastructure – IMPLEMENTED

Continued funding support in the State budget enables the DHMH Office of Oral Health to maintain its ability to expand the existing public dental safety network for low income and uninsured populations. The funding ensures that residents in every Maryland county can access either a local health department or community health center for oral health care.

Recommendation #4: Establish a public health level dental hygienist to provide screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings – IMPLEMENTED

The legislature enacted a new law, effective October 1, 2008, which increased oral health services that dental hygienists can perform in public settings. Many public health agencies have begun to utilize public health dental hygienists to provide services within their scope of practice.

Recommendation #5: Develop a statewide, unified oral health message -- IN PROCESS

In collaboration with the Maryland Dental Action Coalition, the DentaQuest Foundation provided a \$331,343 grant to the University of Maryland School of Public Health to initiate a program of oral health messaging in Maryland. Moreover, OOH received a \$1.2 million federal grant to develop a multicultural oral health message campaign to educate parents and caregivers of young children about the importance of oral health and the prevention of oral disease. A statewide Oral Health Literacy Campaign that contains culturally sensitive and age-specific messages will launch in early 2012.



Recommendation #6: Incorporate dental screenings and case management with vision and hearing screenings for public school children or require dental exams prior to school entry -- IN PROCESS

The Maryland Dental Action Coalition developed an implementation program for statewide oral health screenings and case management in the public school setting. A subcommittee is in the process of developing a pilot project grant proposal that demonstrates the utility of such a program.

Recommendation #7: Provide dental training for dental and medical providers to increase access to care for Medicaid-enrolled children -- IMPLEMENTED

To date, 500 dentists have been trained to enhance their skills in providing care for young children. As of July 2009, medical providers can be reimbursed by Medicaid for fluoride varnish applications for children between the ages of 9 and 36 months. Nearly 400 of these providers have been trained by DHMH and the University of Maryland Dental School in oral screenings, risk assessments, and fluoride varnish treatments. By the end of CY 2010, nearly 12,000 Medicaid-enrolled children have received fluoride varnish applications by medical providers.

Next steps and appreciation:

The Maryland Dental Action Coalition (MDAC):

- Has just released a [new 5-year State Oral Health Plan](#) that develops a roadmap for oral health needs of both children and adults; and
- Is organizing an [Oral Health Summit to be held in October 2011](#).

The leadership of Governor O'Malley and his administration, the Maryland General Assembly, and the Maryland Congressional Delegation have been instrumental in achieving successful reform. All stakeholders look forward to continuing this collaboration to ensure that Maryland remains a leader in oral health care policy and services.



Maryland Receives an A

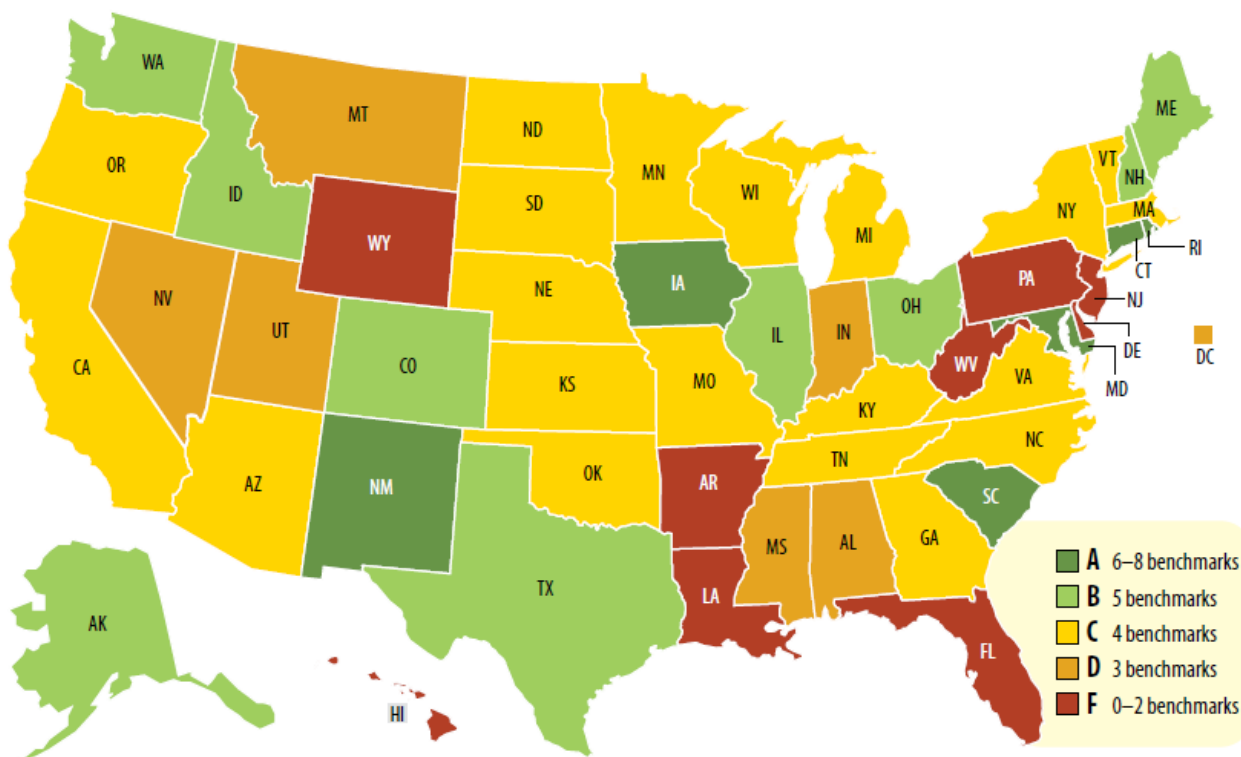
The Pew Center on the States: 2010 State Dental Policies

The Pew Center on the States grades all states and the District of Columbia on how well they employ 8 proven approaches to ensuring oral health and access to care for disadvantaged children. The 8 policies are as follows:

1. Providing Sealant Programs in high risk schools
2. Adopting new rules for hygienists in school sealant programs
3. Fluoridating community water supplies
4. Providing care to Medicaid enrolled children
5. Improving Medicaid reimbursement rates for dentists
6. Reimbursing medical providers for basic preventive care
7. Authorizing new primary care dental providers
8. Tracking basic data on children's dental health

Maryland received a grade level A along with five other states by meeting 6 of the 8 policy benchmarks in FY 2010. Since 2007, Maryland has made many improvements in enacting the recommendations of the Dental Action Committee. The state has significantly advanced in the following priority areas: (1) Medicaid reimbursements and alternate models; (2) public health strategies; (3) oral health education and outreach to parents and caregivers; and (4) provider participation, capacity, and scope of practice. While we are proud of our achievements, we will not rest on our laurels; more clearly still needs to be done.

Pew assessed and graded states and the District of Columbia on whether and how well they are employing eight proven and promising policy approaches at their disposal to ensure dental health and access to care for disadvantaged children.



Source: The Pew Center on the States, *The Cost of Delay: State Dental Policies Fail One in Five Children*, February 2010