

# Helping Maryland Smile



The FY 2012 | Office of Oral Health  
Annual Report



# ANNUAL REPORT

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## Promoting Oral Health for Marylanders

Oral health is an integral and significant component of health. Dental caries is the number one chronic disease in children. 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. This report is a synopsis of efforts in Maryland to address the State's oral health needs. The OOH is proud of how far the state has come, but acknowledges there is still more to be done.



Harold Goodman  
Director, Office of Oral Health

## FY 2012 Annual Report

*Maryland Department of  
Health and Mental Hygiene*

◆  
*Prevention and Health  
Promotion Administration*

**Vision:** The Office of Oral Health (an agency in the Department of Health and Mental Hygiene or DHMH) 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 OOH is to improve the oral health status of Maryland residents through a variety of public oral health initiatives and interventions. The 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

# Office of Oral Health Programs

## OOH Educational Materials: Development and Distribution

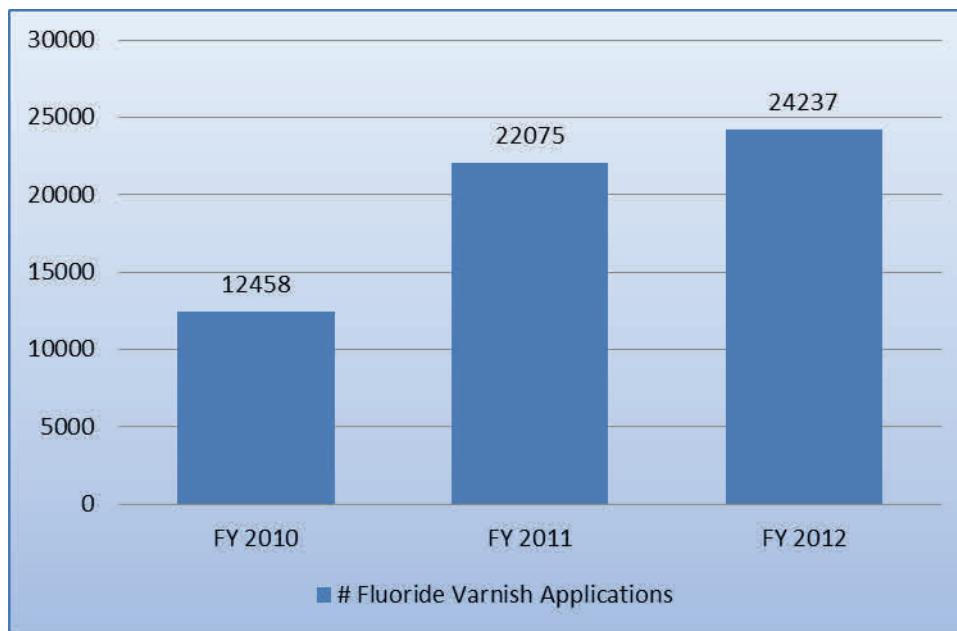
In order to increase oral health literacy and promote wellness, the OOH develops printed materials for distribution. Local health departments, clinics, schools, and private citizens all have access to these materials through the office website or inquiring via phone, email or fax. In Fiscal Year 2012 (FY12), the OOH received over **950** requests for materials. Over **50,000** brochures and factsheets were distributed.

In FY12, the OOH offered 24 different brochures and factsheets. There were 9 brochures available in both English and Spanish.

## Fluoride Varnish and Oral Health Screening Program for Kids

The Maryland's Mouths Matters: Fluoride Varnish and Oral Health Screening Program for Kids for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid medical providers began in July 2009 with in-person trainings. 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. In March 2010, the training became available online.

As of June 30, 2012, there were 686 providers who completed the training program, and 385 of these EPSDT medical providers have enrolled with DentaQuest, the state's Medicaid dental administrator for children, as fluoride varnish providers. As of June 30, 2012, **58,770** fluoride varnish treatments have been provided to children aged 9 – 36 months since the start of this program.



## 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 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 2020 objective is to increase the percentage of persons on public water receiving fluoridated water to 79.6%. In Maryland, **93.1%** of the population on public water receives fluoridated water.

To ensure that a high percentage of Marylanders continue to enjoy access to fluoridated water, the OOH maintained its proactive approach in FY12. The OOH entered into a partnership with the Maryland Rural Water Association (MRWA) in order to survey community water systems with the goal of providing technical assistance while gathering information on equipment needs, operator training levels and a variety of other data that play a part in the water fluoridation process. A total of 27 fluoridation stations across 14 water systems were surveyed. The surveys identified two key items that need to be addressed to ensure that properly fluoridated water continues to be provided to a high percentage of Marylanders:

- Fluoridation equipment maintenance, repair and replacement
- Fluoridation training for water operators

*In Maryland, 93.1% of the population on public water receives fluoridated water.*

Almost all water systems surveyed had fluoridation equipment that needed maintenance, repair and replacement. Unfortunately, these systems have limited budgets and available funds are typically used for more pressing concerns. Utilizing funding available through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), the OOH was able to begin providing replacement fluoridation equipment to systems in need.

In addition to equipment maintenance, repair and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Most operators surveyed have had some training on water fluoridation but expressed a desire for more. The two current providers of water operator training in Maryland currently offer only one abbreviated fluoride class between them. Moving forward, the OOH is working to expand their partnership with the MRWA to include offering a full day fluoridation training class for water operators on a quarterly basis at strategic locations throughout the state.



## 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 per year to the Medicaid recipient population.

The OOH, in partnership with the Maryland Higher Education Commission, administers the MDC-LARP. The 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.

What sets this program apart from other loan forgiveness programs is that participating dentists can practice at any site they choose, including private practice, group practice and public health entities. They are also allowed to practice anywhere in the state and are not limited to workforce shortage areas.

In calendar year 2011, a total of 15 dentists participated in the program, 5 of whom completed their obligation in December 2011. In January 2012, 5 new MDC-LARP dentists committed to three years of service. During calendar year 2011, MDC-LARP dentists treated **61,180** Maryland Medical Assistance Program (MMAP) patients. MMAP participants comprise 63.86 % of the caseload for MDC-LARP dentists.

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# THE MARYLAND STATEWIDE DENTAL SEALANT PROGRAM

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**T**hrough Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) cooperative agreements, the OOH was able to develop, coordinate and implement a school-based or school-linked dental sealant program for kindergarten through 6<sup>th</sup> grade Maryland school children. Dental sealants have been established as one of two evidence-based practices for preventing tooth decay (the other being water fluoridation). Early intervention is critical, thus administering the program to 2<sup>nd</sup> and 3<sup>rd</sup> graders is an ideal time to offer this program in schools.

There are 24 Local Health Departments (LHD) in Maryland, 14 of which have dental sealant programs. Currently, the OOH administers grants to 6 LHDs that have school-based/school-linked dental sealant programs. In addition to the LHDs, Federally Qualified Health Centers (FQHC) and School-based Health Centers (SBHC) also administer school-based/school-linked dental sealant programs. Of the 16 FQHCs in the State of Maryland, 12 offer dental services and 4 offer a school-based or school-linked dental sealant program.

## Deamonte Driver Dental Project

The OOH provides the principal support for the Deamonte Driver Dental Project (DDDP) in partnership with the Prince George's County Health Department.

The DDDP provides diagnostic, preventive, and simple restorative dental services to low-income students in a state of the art mobile dental unit that in FY 2012 visited 10 Prince George's County Schools. 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 FY12, over 20 dentists volunteered 257 hours screening children in the 10 selected Title I schools during the school year. As of FY11, **2,993** children were screened, of which 367 required urgent or immediate care. The DDDP participated in a five year commemoration of Deamonte's tragic death, attended several community health fairs, press conferences, 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.

## *Lower Eastern Shore (Wicomico, Worcester and Somerset Counties)*

- Provides 9 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 **1,825** students participating in 3 different counties (Wicomico, Worcester, and Dorchester Counties) in 17 schools.
- Provides outreach and support to the Local Health Departments, Boards of Education, Women, Infants and Children (WIC), and the community-at-large with oral health supplies and resource materials developed by the OOH.
- In the process of developing a technological data collection system that will be better positioned to analyze and use the data from Head Start programs in Somerset, Wicomico, and Worcester Counties.
- Provides support to the Eastern Shore WIC Pilot Program to help establish preventive dental services, knee to knee dental screenings, and fluoride varnish placements in WIC centers. This program also enables referrals for regular follow-up dental care to establish dental homes for WIC participants.

## *Upper and Mid Eastern Shore (Cecil, Kent, Queen Anne, Talbot, and Caroline Counties)*

The OOH has been working in the local counties to provide case management for agency clients and individuals (children and adults) for urgent or routine dental services. Cases are individually evaluated, and multiple options for dental service options are explored to pursue a successful outcome.

The OOH also provides support for Local Health Departments, Boards of Education and other agencies by serving on health advisory boards to provide opportunities to present dental education sessions, provide referrals for clients needing dental services and develop programs that promote the concept of the healthy child (including options for mental, medical and dental homes).



- Provides options for dental services for children and adults with Special Health Care Needs in their local/extended communities by utilizing public dental service clinics, private providers and ambulatory hospital services. Provides preventive, adaptive oral health home care kits for this outreach.
- Collaborates with early oral health prevention and intervention programs such as Early Head Start, with a goal to continue case management through Head Start into pre-Kindergarten and Kindergarten for reduction in dental caries.
- Establishes interprofessional relationships with dental, hygiene, nursing and medical providers to provide education, outreach and case management for dental needs as part of the total treatment plan for patients with acute/chronic systemic disease.
- Coordinates services that are available through networking with the DHMH Office for Genetics and Children with Special Health Care Needs, University of Maryland Dental School (UMDS – Baltimore Campus and Perryville Dental Center), and Eastern Shore Area Health Education Center (Cambridge).

# HEALTHY TEETH, HEALTHY KIDS

## ORAL HEALTH LITERACY CAMPAIGN

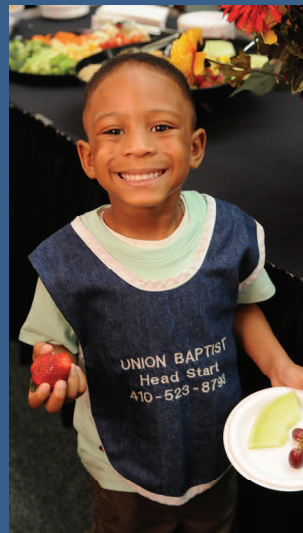
**O**n March 23, 2012, the **Maryland Dental Action Coalition (MDAC)** (see page 9) in strategic alliance with the OOH and PRR, Inc., a contracted social marketing firm, launched the first statewide Oral Health Literacy Campaign. "Healthy Teeth, Healthy Kids" aims to help Medicaid-eligible children access dental care by targeting pregnant women and children from birth to 6 years old. The launch was held at the National Museum of Dentistry in Baltimore, MD, and was attended by more than 150 people including special guests **Maryland Lt. Governor Anthony G. Brown, U.S. Senator Ben Cardin, and U.S. Congressman Elijah Cummings.**

"Healthy Teeth, Healthy Kids" targets parents and caregivers of these youngsters through a comprehensive social marketing campaign utilizing television, radio, online and transit advertising as well as social media and community outreach through organizations such as Federally Qualified Health Centers, Local Health Departments, WIC programs

and Head Start.

The campaign website ([www.HealthyTeethHealthyKids.org](http://www.HealthyTeethHealthyKids.org)) provides extensive information and tips to drive awareness for critical stages of pediatric oral health care. Tips include: 1) if you are a mom-to-be, visit the dentist during your pregnancy because the health of your mouth can affect your unborn child; 2) take your child to the dentist by age one; and 3) brush your child's teeth twice a day with fluoride toothpaste.

The "Healthy Teeth, Healthy Kids" campaign's free hotline (1-855-45-TEETH), available in English and Spanish, provides residents with the convenience of speaking with a person who can answer oral health questions, or get them help finding a dentist. The program's educational brochures and posters are available at community centers and health care facilities around the state and by requesting them directly at [info@healthyteethhealthykids.org](mailto:info@healthyteethhealthykids.org).





### National Children’s Dental Health Month

February is National Children’s Dental Health Month (CDHM). The OOH partnered with the National Museum of Dentistry and the American Dental Association to kick off Children’s Dental Health Month by providing educational materials. For CDHM in FY12, the OOH created “Advanced Dental Jeopardy”, an interactive electronic game that is appropriate for high school-aged children. Based on the popular television game show, “Advanced Dental Jeopardy” contains questions about oral health. Topics include oral hygiene, mouth safety, oral piercings, nutrition, and the National Museum of Dentistry’s “Your Spitting Image” online program which explores DNA, forensics, bioengineering and saliva. This game, along with “Who Wants a Million Dollar Smile” and “Beginner Dental Jeopardy!” can be found on the OOH website, <http://fha.dhmh.maryland.gov/oralhealth>. Additionally, educational materials were distributed; these included oral health activity worksheets, posters and a website resource list.

### Oral Cancer Awareness Month

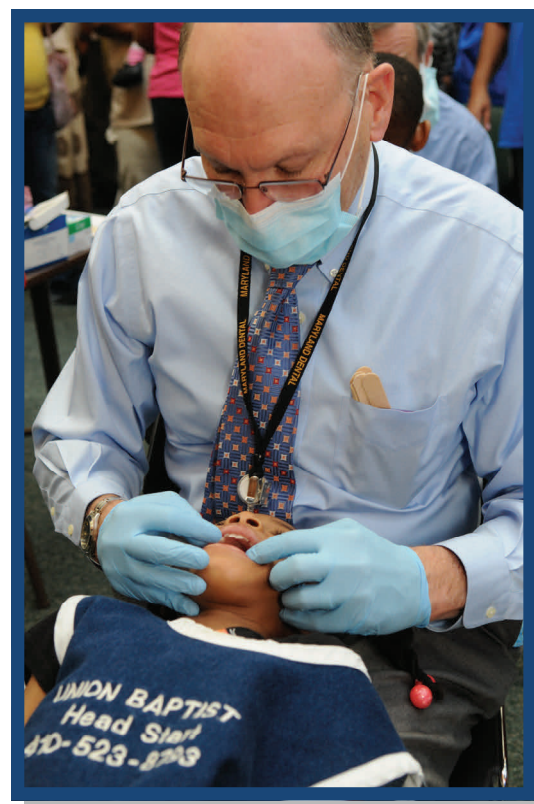
Governor Martin O’Malley declared April as Maryland Oral Cancer Awareness Month (OCAM). The OOH partnered with the DHMH Tobacco Prevention Program and provided Quit Line information to local partners as well as educational materials about oral cancer. On April 14, 2012, the 4<sup>th</sup> Annual Baltimore Cancer 5K walk/run was held at Druid Hill Park. The walk/run included a health fair offering free oral cancer screenings.

### CE Day

The OOH sponsored the 2nd Annual Ava Roberts Advanced Pediatric Dentistry Seminar on August 12, 2011, at the MSDA in Columbia, MD. Over 75 dental public health professionals, including dentists and dental hygienists, attended and were provided training by Drs. Norman Tinanoff and Howard Strassler, from University of Maryland School of Dentistry, on the following topics:

- *Using “Care Paths” to Manage Dental Caries*
- *Posterior Composites: Not as Easy as it Looks*
- *Treating Deep Caries and Dental Emergencies*
- *Controversies Regarding Topical and Systemic Fluoride*
- *Update on Early Childhood Caries*
- *Case Presentation: Putting it all together*

Through this seminar, dental professionals were able to earn continuing education (CE) credits. The Maryland State Board of Dental Examiners requires that all dentists and dental hygienists earn a minimum number of CE credits by attending trainings each year. Not only is this required to maintain licensure, but it ensures that dental professionals remain current on evidence-based practices and continue to provide the highest quality of care to patients.



## 2012 General Assembly

### Significant Legislation

Every year, the OOH and the MDAC monitor and participate in the legislative sessions of the Maryland General Assembly to ensure that the oral health agenda remains aligned with state priorities. During the 2012 legislative session, the General Assembly passed House Bill 172 which authorizes dental hygienist to administer specified local anesthesia by inferior alveolar nerve block under specified circumstances which was supported by OOH. The bill requires dental hygienists to complete specified education and examination requirements before performing such specified functions.



### Oral Health Summit

On October 20 – 21, 2011, the MDAC, in partnership with the Santa Fe Group, OOH, and others, hosted the Maryland Oral Health Summit in Columbia, MD. This event brought together approximately 140 local and national oral health professionals to reflect and build on the strong collaborative partnerships established in the state and develop an action-oriented policy agenda based on the state's oral health plan. Challenges, successes, and lessons learned since the release of the Dental Action Committee's recommendations in 2007 were also examined. The Summit included a celebration of the 2011 Maryland Oral Health Heroes, which honored individuals for their commitment and demonstrated leadership in improving the oral health of all Marylanders.

A series of invited papers and commentaries prepared for the Summit were released in the winter of 2012 as a Special Supplement to the *Journal of Public Health Dentistry*. Providing a wider perspective on issues, a wealth of new information to consider, and a broader landscape of experiences and ideas, these resources offer a base for expanding the conversation about oral health at the state and national levels.



# State Oral Health Initiatives

## Maryland Oral Health Reform Efforts & Progress Report

### Access to Care: Reform Efforts

In June 2007, the Governor and former 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 a 12-year-old Maryland child who passed away as the result of an untreated dental infection that spread to his brain. Since that time, access to dental care for underserved Maryland children has significantly improved. Governor O'Malley, the Maryland General Assembly, DHMH and oral health partners 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 provides more simplicity and higher accountability for dental providers and the public achieving the following program results:

- Medicaid-enrolled children ages 4-20, enrolled for at least 320 days in the Medicaid program, accessing at least one dental service increased from 29.6% in CY05 to 43.8% 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, nearly 1,000 new dental providers have joined the Medicaid Maryland Healthy Smiles Dental Program since August 2009.

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS™ National Medicaid Average*
CY 2005	267,633	117,473	43.9%	41.0%
CY 2006	267,376	117,532	44.0%	42.5%
CY 2007	263,742	130,112	49.3%	43.5%
CY 2008	278,063	149,673	53.8%	44.2%
CY 2009	304,907	184,563	60.5%	45.7%
CY 2010	335,214	214,265	63.9%	47.8%
CY 2011	363,465	241,149	66.4%	N/A

\*Mean for the Annual Dental Visit (ADV) measure, total age category (ages 2-21 years), as of HEDIS™ 2006. The 2-3 year age cohort was added as of HEDIS™ 2006.  
 \*\* To track DentaQuest's progress as the sole dental services administrator for children enrolled in the Medicaid program, the Department's methodology for CY 2010 and future calendar years analyzes all children enrolled in Medicaid managed care and FFS programs, instead of children's managed care enrollment alone (e.g. CY 2005 – CY 2009).

Source: Maryland's 2012 Annual Oral Health Legislative Report

Regions	DentaQuest			
	August 2009	July 2010	August 2011	August 2012
Baltimore Metro	242	344	410	765
Montgomery/Prince George's Counties	208	296	365	695
Southern Maryland	29	39	51	90
Western Maryland	65	97	128	222
Eastern Shore	43	53	84	168
MD Bordering States	62	110	152	281
<b>Unduplicated Total</b>	<b>649<sup>4</sup></b>	<b>939</b>	<b>1,190</b>	<b>1,616</b>

# RECOMMENDATIONS

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

Continued funding support in the State budget enables the OOH 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. The impact of this legislation is currently being evaluated by the OOH and will be completed in January, 2013.

## **Recommendation #5: Develop a statewide, unified oral health message – IMPLEMENTED**

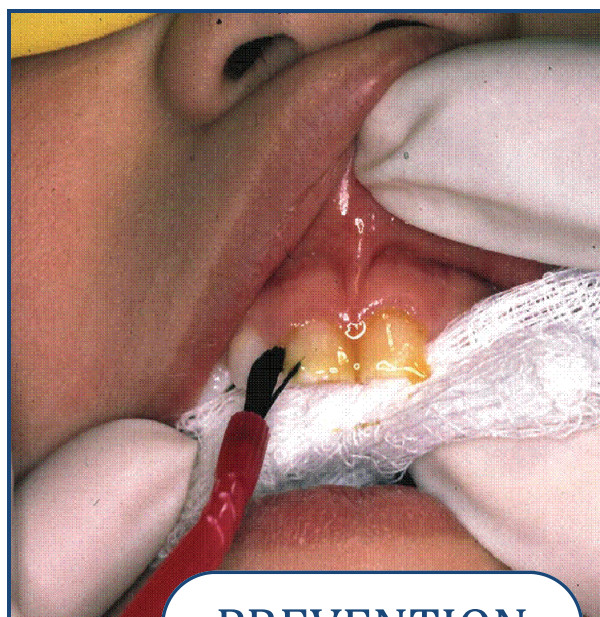
In collaboration with the MDAC, the DentaQuest Foundation provided a \$331,343 grant to the University Of Maryland School of Public Health to initiate a program of oral health messaging in Maryland. Moreover, the OOH received a \$1.2 million federal grant to develop a multi-cultural oral health message 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 launched in early 2012 (see page 6).

## **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 MDAC developed an implementation model for statewide oral health screenings and case management in the public school setting. A pilot project, *Improving Oral Health in Prince George's County Public Schools: Demonstration Project* (see page 12) that demonstrates the utility of such a program in an urban area is being implemented and will be evaluated in FY2013.

## **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 School of Dentistry in oral screenings, risk assessments, and fluoride varnish treatments. By the end of CY 2011, nearly 58,000 fluoride varnish applications have been provided to Medicaid children by medical providers (see page 2).



## PREVENTION

A physician applies fluoride varnish to a child's teeth to protect against dental caries.

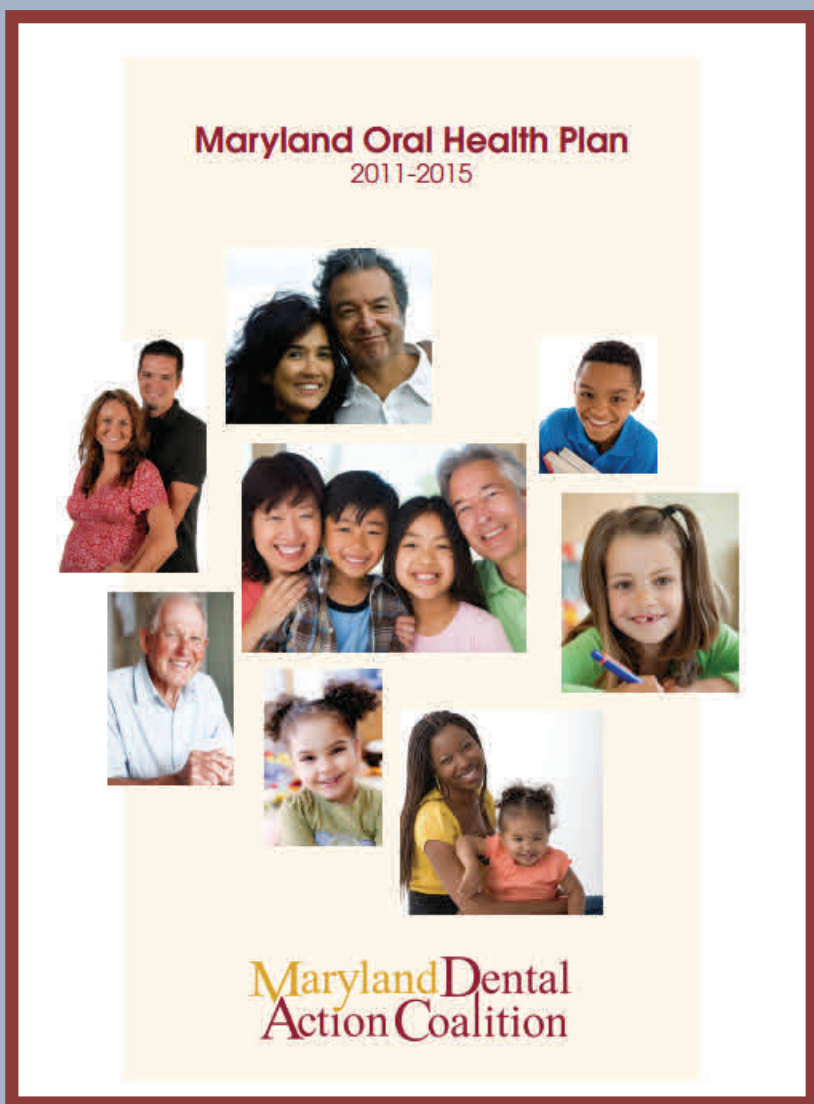
## Maryland Oral Health Plan

On May 17, 2011, officials from the **Maryland Dental Action Coalition**, as well as Dr. Joshua M. Sharfstein, DHMH Secretary, and United States Congressman Elijah E. Cummings launched Maryland's first statewide oral health plan. This plan is intended to provide a blueprint that oral health professionals can follow to insure that Maryland remains a national leader in improving the oral health of its citizens.

The Maryland Oral Health Plan (MOHP) outlines a vision of improved oral health for all Marylanders by focusing on three key areas:

- Access to Oral Health Care
- Oral Disease and Injury Prevention
- Oral Health Literacy and Education

For each of these three areas, specific goals, objectives and activities are identified so that the public as well as professionals can develop better oral health behaviors and practice standards within the five-year span of the plan (2011-2015). A workgroup for each focus area meets regularly to prioritize, guide and assess the work that will meet the goals and objectives of the plan. The implementation and assessment involves many key individuals working in state and local government health care agencies, academic institutions, professional dental organizations, private practice, community-based programs, the insurance industry, and advocacy groups, as well as other important stakeholders and organizations. More information and an electronic copy of the MOHP can be found at <http://www.mdac.us/maryland-oral-health-plan/>.



## **Improving Oral Health in Prince George’s County Public Schools: Demonstration Project**

In the fall of 2011, the MDAC began implementation of a pilot project funded by Kaiser Permanente of the Mid-Atlantic States. The purpose of the project is to determine the feasibility of integrating a school-based oral health screening and risk assessment, case management, and oral health care delivery program into an existing school-based wellness center. It provides these services to low-income children in six grades at four Prince George’s County public schools, including a school-based health center.

Specific objectives are to:

- Plan, implement, and conduct a school-based oral health screening and risk assessment, case management, and oral health care delivery program;
- Establish strong local and community public and private partnerships;
- Identify and address project challenges, successes, and lessons learned;
- Assess the time, effort, cost, and other metrics required to successfully complete all aspects of the project; and
- Develop a systematic framework for a statewide school-based oral health screening and risk assessment program that facilitates the early identification and management of oral health risk in Maryland school children.

The project is expected to conclude on August 31, 2012, after which a project evaluation will be issued.

## **Maryland Oral Health Learning Alliance (MOHLA)**

In October 2011, the MDAC received a grant from the DentaQuest Foundation, as part of its Oral Health 2014 Initiative, to plan the development and implementation of the Maryland Oral Health Learning Alliance (MOHLA). A function of the MDAC, the MOHLA is a sharing and learning resource for optimizing oral health across Maryland.

The MOHLA’s vision is to reduce disparities in oral health in Maryland for 400,000 underserved individuals. In the first year of implementation, the goal is to reach at least 40,000 underserved pregnant women, mothers and/or caregivers and their children under age 6 with oral health information and education. Its two focus areas are oral health literacy and medical-dental collaboration. The MOHLA’s approach is to identify and mobilize traditional and non-traditional partners to establish community-level resources and build provider support to adopt evidence-based approaches in oral health. MDAC recently learned that it will receive additional funding for 2 years of implementation.

# OOH GRANTS

## TO LOCAL HEALTH DEPARTMENTS

In FY 2012, 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.

### Children's Dental Clinical Care Services

#### Clinical Appointments

The OOH grants contributed to **41,864** children's clinical visits in FY12. 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), 30,055 children were seen statewide at local health departments in FY12. Almost 2,669 more children were seen in FY12 compared to FY11.

#### Sealants

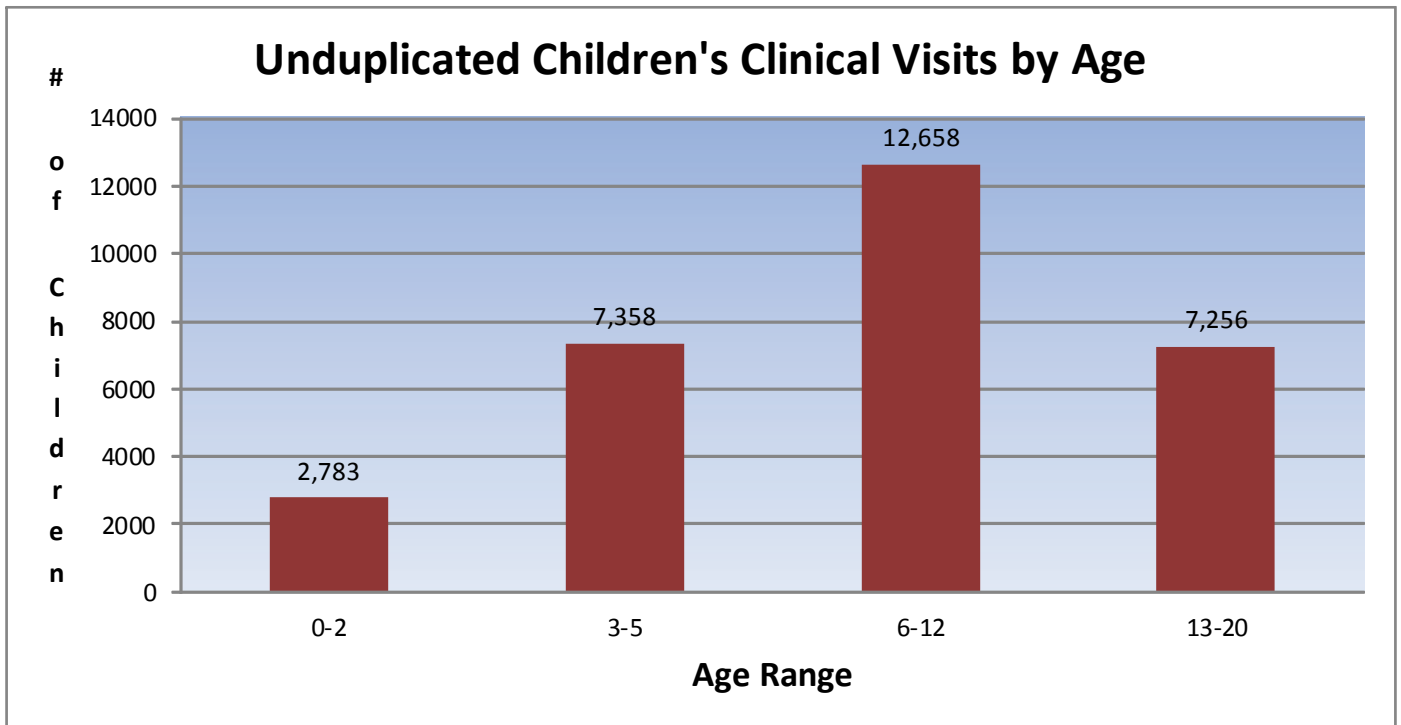
In FY12, **8,818** children received pit and fissure dental sealants through local health department programs in both clinics and schools.

#### Fluoride Treatments

In FY12, **37,011** children received fluoride treatments through local health department programs.

#### School-based Education

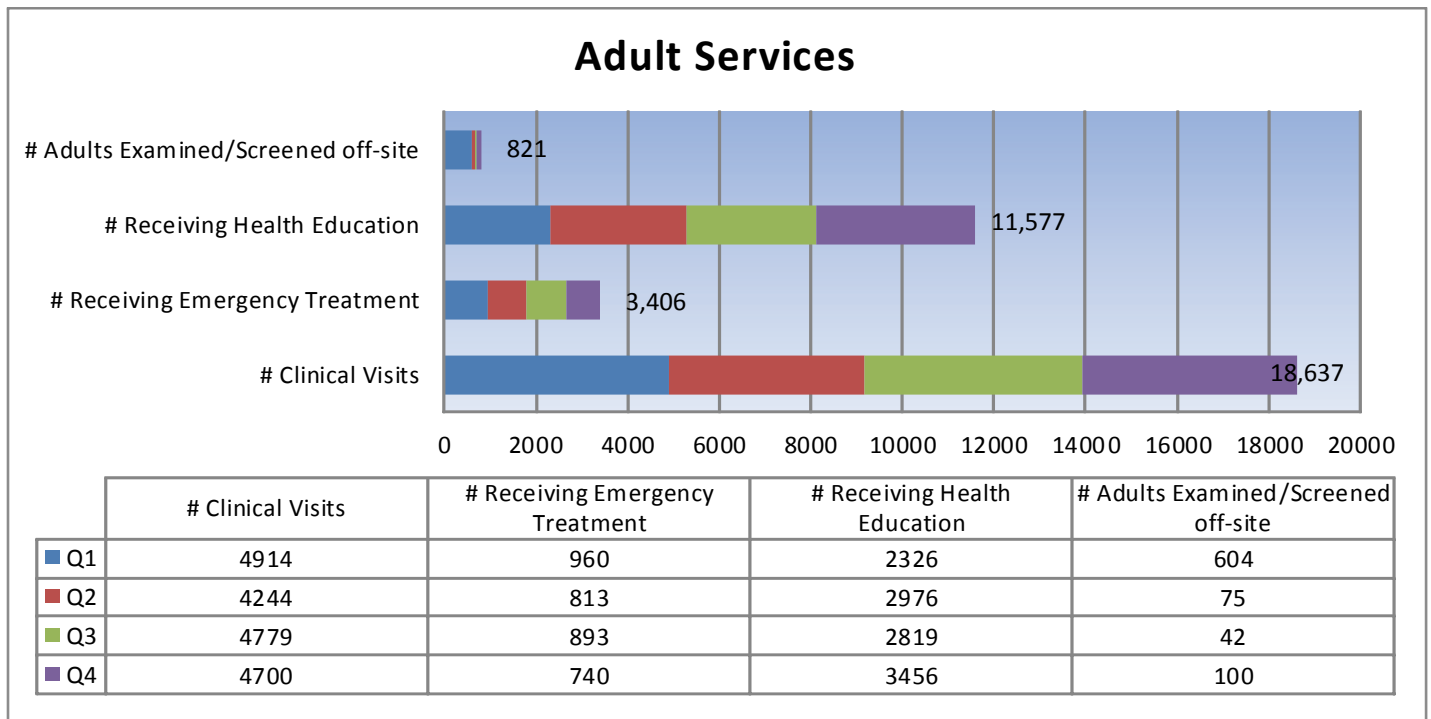
In FY12, **53,912** children received oral health education in school settings as a result of OOH funding.



# Adult's Dental Clinical Care Services

## Clinical Appointments

The OOH grants contributed to **18,637** adult clinical visits in FY12. 11,520 adults were seen statewide at local health departments in FY12, and 3,406 adults received emergency treatment.



## Maryland Oral Cancer Prevention and Education

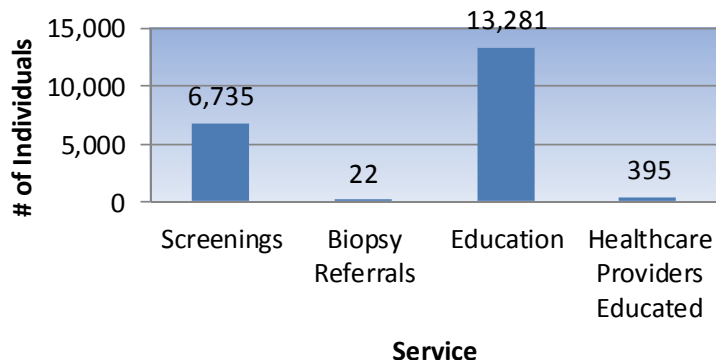
The Maryland Oral Cancer Prevention and Education Initiative is a multifaceted program that establishes the following:



- Educational programs to instruct healthcare providers about how to perform an oral cancer exam
- Oral cancer screening programs designed to detect oral cancer lesions early

Since 2001, the OOH has awarded grants to local health departments to develop programs based on the two programmatic goals listed above. In FY12, 6 counties received funding for oral cancer programs.

### Oral Cancer Services



#### Oral Cancer Screenings

In FY12, 6,735 individuals were screened for oral cancer. Of the 6,735 individuals screened, 22 were referred for a biopsy and over **13,281** individuals were educated on oral cancer. Additionally, 395 providers were educated on oral cancer and how to perform an oral cancer exam.



*In conjunction with its Strategic Plan, the OOH has looked for opportunities to diversify its funding sources. In addition to successfully assisting partners, such as the MDAC, the OOH has been able to receive the following grants:*

### **American Public Health Association (APHA)**

In March, 2012, the OOH was one of six health departments, out of a pool of 121 applicants, to receive funding from the American Public Health Association for its Policy Innovation Award. The OOH received approximately **\$40,000** to evaluate the Public Health Dental Hygiene Act, a 2008 state law that expanded the role of dental hygienists in providing basic dental care with the goal of providing an effective way to deliver treatment to children who are underserved by reducing health care disparities for low-income Maryland populations. For this project, the OOH hired a part-time evaluator who will be responsible for interviewing all parties potentially affected by this bill in order to determine the impact. This project is expected to be completed in January 2013.



### **Health Resources and Services Administration (HRSA)**

In April, 2012, the OOH submitted a grant proposal in response to the Health Resources and Services Administration's Grants to States to Support Oral Health Workforce. If awarded, the OOH would receive up to **\$1.5 million** over three years to strengthen the infrastructure of the department and create partnerships with other programs in the state. Notification is expected by September, 2012.



## Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) provides grants to 20 states to strengthen their oral health programs and improve the oral health of their residents. Through this program, the OOH received **\$383,279** in FY12 to continue developing the following recipient activities as stipulated in the cooperative agreement:

### *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 fully staffed per the requirements of this recipient activity. In addition to developing standard operating procedures the OOH has also established a grant writing team, which has successfully acquired additional funding to support and expand OOH program activities and increase sustainability and diversity of funding sources. PROGRESS: MET

### *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 OOH updates “The Burden of Oral Disease” document to ensure that it includes current data. The OOH continues to enhance its surveillance system to ensure that all relevant data is collected and housed within an easily accessible database. The OOH intends to link the database to its website to enable availability of oral health data to the public. PROGRESS: MET

### *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 MDAC to create and disseminate this plan (see page 11). The goals of the plan are to:

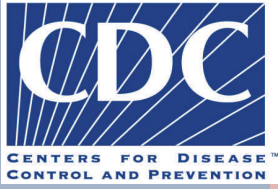
- Improve access to care, especially for vulnerable populations
- Decrease oral disease and injury through education, prevention and improved care
- Increase awareness of how to achieve good oral health and find care

The plan is now in its implementation stage and the OOH has partnered with the MDAC and formed three committees to prioritize the objectives of the three goals of the plan. PROGRESS: MET

### *4A. Partnerships*

The OOH identifies and involves partners inside and outside the state health department. Partners help in addressing areas critical to developing state-level and community-based programs to promote oral health and prevent disease. In FY12, the OOH engaged three groups to assist in the development and launch of the Oral Health Literacy Campaign: a 13 member working group to help provide strategic council and access to others with the ability to leverage the resource of the campaign; a 25-member advisory group to help provide strategic council, access to others with the ability to leverage the resources of the campaign, and policy guidance; and a Strategic Partnership Council consisting of more than 110 health industry professionals from a cross-section of disciplines, to further validate the information received through previous activities and to identify and confirm additional campaign partnerships and resources.





**(4A. continued)** The OOH continues to identify, consult with, and involve partners, inside and outside the state health department, to address areas critical to developing state-level and community-based programs to promote oral health and prevent disease. PROGRESS: MET

#### ***4B. Statewide Oral Health Coalition***

This recipient activity focuses on developing a statewide independent coalition that is active in helping Maryland achieve its oral health goals. The Maryland Dental Action Coalition (MDAC) was established in FY10. It is a diverse coalition with representatives from public and private organizations. The MDAC held its first Annual Oral Health Summit in October 2011 (see page 8). The goal of the summit was to promote Maryland's State Oral Health Plan. PROGRESS: MET

#### ***5A. Dental Sealant Program***

In FY12, the OOH began implementing the Maryland Statewide Dental Sealant Program Plan (see page 4). This new statewide school-based/school-linked dental sealant program plans to continue supporting existing Local Health Departments school sealant programs and also encourage other LHDs to apply under the new programmatic guidelines which will encourage compliance, program consistency, program expansion and program cost effectiveness. PROGRESS: MET

#### ***5B. Community Water Fluoridation***

To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of Environment (see page 3). Together, OOH creates fluoridation plans, share fluoridation data, monitor fluoride levels and generate annual reports. In FY12, the OOH strengthened its partnership with the MRWA to train water operators so that they can continue to maintain fluoridation equipment. PROGRESS: MET

#### ***6. Policy Development***

The OOH regularly tracks, evaluates, and provides positions on oral health legislation and policy. The OOH conducts periodic assessments of laws, regulations, and administrative policies that have the potential to reduce oral disease. PROGRESS: PARTIALLY MET

#### ***7. Evaluation***

The OOH has created an evaluation plan and is in the process of implementation. Each year the OOH submits at least 2 success stories to CDC. PROGRESS: PARTIALLY MET

#### ***8. Program Collaboration***

The OOH continues to find opportunities to partner with other CDC-funded programs within DHMH including the Office of Maternal and Child Health, the Office of Chronic Disease, and the Office for Genetics and Children with Special Health Care Needs. PROGRESS: MET

## Survey of the Oral Health Status of Maryland School Children, 2005-2006

The OOH 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 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% of all children (K and third grade) were treated for dental decay
- 27% of children in kindergarten and third grade had at least one tooth with a dental sealant
- 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, WIC and preventive school-linked dental services. Further, in FY12, the OOH continued to fund efforts to increase services to underserved and at-risk patients in Baltimore City and the Eastern Shore.

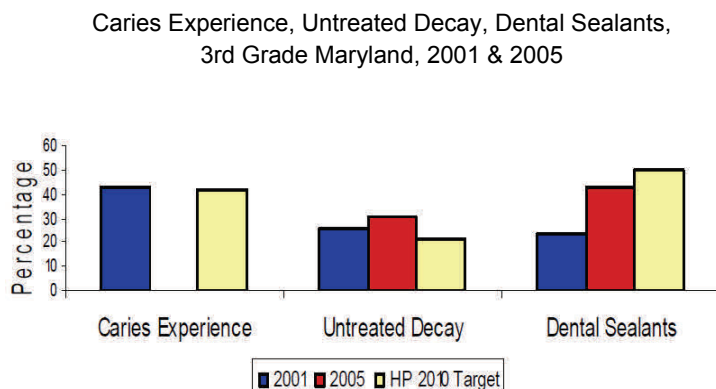
In FY12, the OOH completed the Survey of the Oral Health Status of Maryland School Children, 2011-2012. Findings are expected to be available in the winter of 2012.

## Survey on Maryland Dental Sealant Programs

The OOH surveyed ten Federally Qualified Health Centers (FQHC), twenty-four Local Health Departments (LHD), and three mobile units in order to assess the percentage of high-risk schools that have school-based or school-linked sealant programs. For the purposes of the survey, OOH defined high-risk as those that meet the Maryland Title I criteria (targeted assistance schools that have at least 35% of their population eligible for Free and/or Reduced Meals (FARMS), or school wide programs in which at least 40% of the students are eligible for FARMS). As of May 30, 2012 there are 369 Title I schools in Maryland.<sup>1</sup>

Based on the responses, 278 of the 369 Title I schools (75.3%) have a sealant program. Of these 278 Title I schools, 273 receive a school-based program and five receive a school-linked program. The 278 schools are serviced by fifteen organizations (FQHCs, LHDs and mobile units). Fourteen of these 15 organizations provide school-based services and one provides school-linked services. Three school-based organizations (one FQHC and two LHDs) provide screenings/exams as well as dental sealants. The remaining 11 school-based organizations provide a mixture of screenings/exams, education, fluoride varnish, cleanings, and/or comprehensive care in addition to sealants.

<sup>1</sup>Maryland Title I Schools. (2012, May 31). Retrieved from <http://www.marylandpublicschools.org/MSDE/programs/title1/title1sch/>



# MARYLAND RECEIVES AN “A”

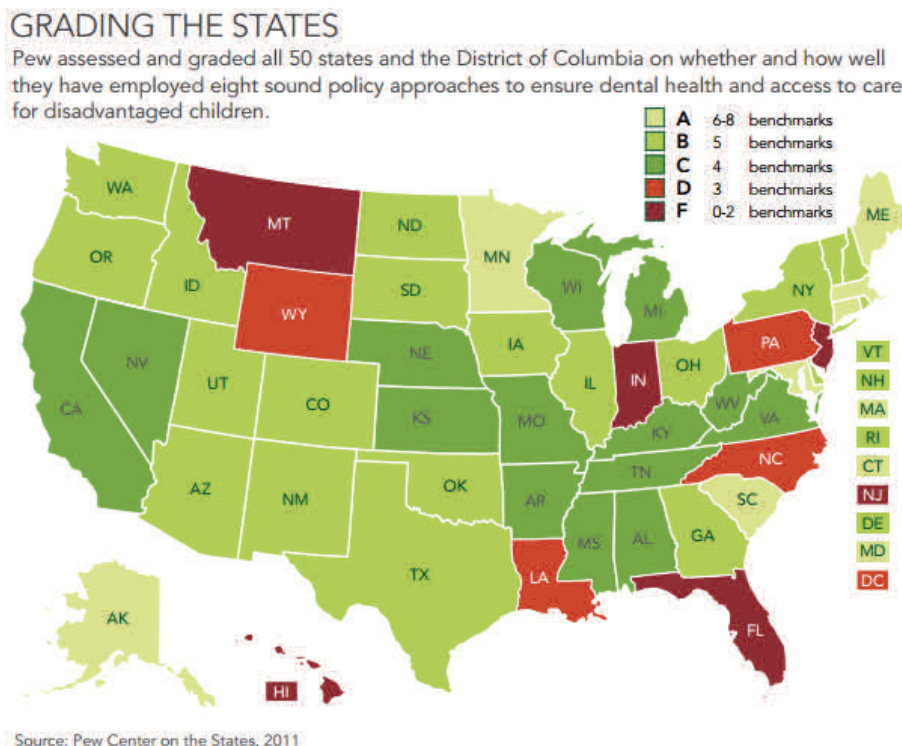
## THE PEW CENTER ON THE STATES: 2011 STATE DENTAL POLICIES

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 7 of the 8 policy benchmarks in FY 2011, and was rated highest in the country. Since 2007, Maryland has made many improvements in enacting the recommendations of the Dental Action Committee. The state has significantly advanced 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, more still needs to be done in order to advance the status of all residents in the state.



You can find the full Pew report at: [http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2011/The\\_State\\_of\\_Childrens\\_Dental\\_health.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2011/The_State_of_Childrens_Dental_health.pdf)



Office of Oral Health  
201 W. Preston Street, 4th Floor  
Baltimore, MD 21201  
Phone: 410-767-5300  
<http://fha.dhmh.maryland.gov/oralhealth>



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**Maryland Department of Health and Mental Hygiene**

Martin O'Malley, Governor • Anthony G. Brown, Lt. Governor • Joshua M. Sharfstein, Secretary

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