

Fiscal Year 2013

Office of Oral Health

Annual Report



Office of
Oral Health

Maryland Department of Health and Mental Hygiene



Helping Maryland Smile

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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. This report is a synopsis of efforts in Maryland to address the State's oral health needs. The Office of Oral Health (OOH) is proud of how far the state has come, but acknowledges there is still more to be done.

Harry Goodman, DMD, MPH

Harry Goodman, DMD, MPH
Director, Office of Oral Health

Vision

The mission of the OOH, an office in the Public Health and Prevention Administration (PHPA) at the Department of Health and Mental Hygiene (DHMH), 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.

Mission

The 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.

Focus Areas

- Improving access to oral health care, education, treatment and prevention resources for underserved and uninsured Maryland populations
- Enhancing knowledge of evidence-based oral disease prevention strategies
- Reducing morbidity and mortality associated with oral diseases, including 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 on sports related oral injuries in Maryland

Office of Oral Health (OOH) 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 (<http://phpa.dhmh.maryland.gov/oralhealth/SitePages/Home.aspx>) or inquiring via phone, email or fax.

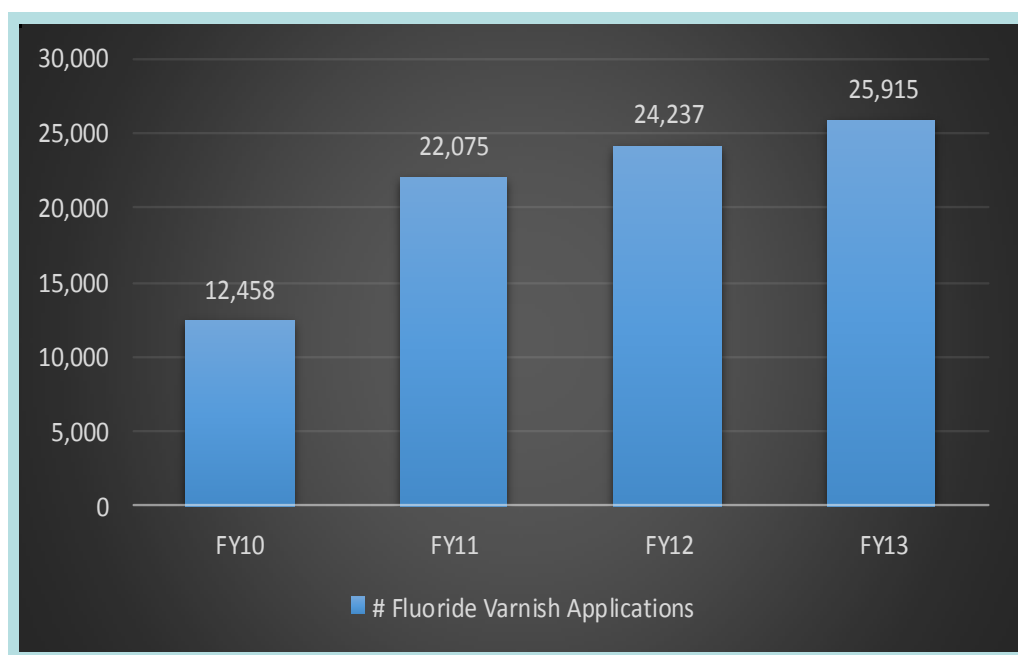
In Fiscal Year 2013 (FY13), the OOH received over 1,100 requests for materials. Over **155,000** brochures and factsheets were distributed (this number includes the Healthy Teeth, Healthy Kids brochures in English and Spanish which were sent out to a variety of stakeholders).

Fluoride Varnish and Oral Health Screening Program for Kids

The Maryland's Mouths Matter: 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, 2013, there were **751** providers who completed the training program, and **441** of these EPSDT medical providers have enrolled with DentaQuest as fluoride varnish providers. As of June 30, 2013, **84,685** fluoride varnish treatments have been provided to children aged 9-36 months as part of their scheduled well-child visits.

Fluoride Varnish Applications (FY10-FY13)



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 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.



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 federal grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Association (HRSA), OOH was able to begin providing replacement fluoridation equipment to systems in need. OOH provided hardware for four (4) complete replacement water fluoridation systems in FY 2013.

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. OOH is currently working with MRWA to offer a full day fluoridation training class for water operators on a quarterly basis at strategic locations throughout the state. An experienced trainer was recruited, and he has attended the three (3) day "Water Fluoridation: Principles and Practices" course provided by the CDC prior to assisting in the development and presentation of the fluoridation training course for Maryland water operators.

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.

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.

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.

The Maryland Statewide Dental Sealant Program

Through the CDC and HRSA grant awards, the OOH was able to develop, coordinate and implement a school-based or school-linked dental sealant program for 2nd and 3rd 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 2nd and 3rd graders is an ideal time to offer this program in schools.

Of the 24 Local Health Departments (LHD) in Maryland, **11** received OOH awards to implement some form of a dental sealant programs in FY 2013. Local health departments receiving these grants were: Allegany, Baltimore, Calvert, Cecil, Charles, Howard, Kent, Prince George's, Somerset, Washington and Wicomico Counties. By the end of FY 2013 (June 30, 2013) screening results for school children at these eleven health departments achieved the following results for schoolchildren: **7,180** screened, **3,254** referred for further treatment, **22,820** received oral health education, and **3,194** received dental sealants. The OOH school dental sealants grant program has been well-received, and consequently is to be expanded in FY 2014 with 12 grant awards to local health departments. 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.

According to the 2012 Annual Oral Health Legislative Report, there are 16 FQHCs in the State of Maryland, with **12** offering dental services; of these, **4** offer a school-based or school-linked dental sealant program.

Deamonte Driver Dental Project

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.

OOH provides the principal support with additional funding from HRSA for the Deamonte Driver Dental Project in partnership with the Prince Georges 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. In FY 2013, the mobile unit visited **20** schools in Prince George's County and screened **2,359** children. Of those children, **327** of them were referred for immediate care.

Measure	FY 13
# of Schools Visited	20
# of Children Seen	2,359
# of Sealants Applied	1,851
# of Referrals	327

The goal for the DDDP in Year 2 is to expand usage by **10%** by collaborating with the school administration and nurses to increase the number of consent forms returned to schools by parents.



Eastern Shore Oral Health Education and Outreach Program

OOH established this program to serve vulnerable 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 and community at large with oral health supplies and resource materials developed by the OOH.
- In the process of developing an electronic data collection system that will be better able to collect and analyze data from Head Start programs in Somerset, Wicomico, and Worcester Counties.

Upper and Mid-Eastern Shore

Cecil, Kent, Queen Anne, Talbot, and Caroline Counties

- 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:

- Addressing the use of home oral health adaptive equipment for children with special needs
- 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.



Oral Health Literacy Campaign: Healthy Teeth, Healthy Kids

During FY 13, the strategic alliance between the Maryland Dental Action Coalition (MDAC), the OOH and PRR, Inc., a social marketing firm, prospered in its mission to promote the statewide oral health literacy campaign, “Healthy Teeth, Healthy Kids.” The campaign aims to help Medicaid-eligible children access dental care by targeting pregnant women and children from birth to 6 years old.

Starting January 2013, OOH employed the public and media relations firm, Profiles, Inc., to provide expertise and to continue promoting the campaign. During the eight-month contract period, Profiles implemented a strategic media relations plan to generate **27** unique media hits on behalf of the OHLC in print, TV, radio and online outlets across the state, resulting in more than **5,560,032** media impressions at an estimated ad value of more than **\$120,441.08**.

“Healthy Teeth, Healthy Kids” continues to target parents and caregivers of these youngsters through a comprehensive literacy campaign utilizing outreach through community organizations such as federally qualified health centers, local health departments, Women, Infants and Children (WIC) programs; Head Start, and television, radio, online and public transit ads.

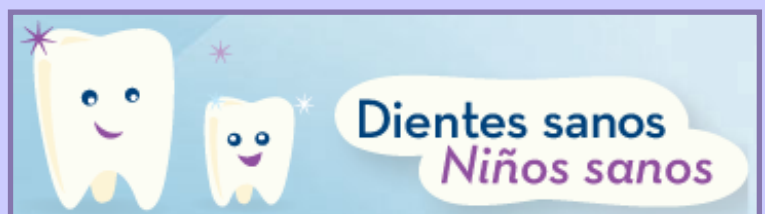
The campaign website – **www.HealthyTeethHealthyKids.org** – provides extensive information and tips to drive awareness for critical stages of pediatric oral health care. In February 2013, the first Spanish version of the campaign website, **www.DientesSanosNinosSanos.org**, was launched and provided an opportunity for the extensive information to reach the Spanish-speaking population.

The “Healthy Teeth, Healthy Kids” website now features plug-in buttons that allow visitors to easily access the Facebook page, or to share content on their own Pinterest pages. The campaign’s Facebook page is updated daily with Maryland oral health news, tips and recipes. Facebook enables “Healthy Teeth, Healthy Kids” to share in a supportive, social media network with other public health-minded organizations through sharing and ‘liking’ posts and activities. Coming soon are “Healthy Teeth, Healthy Kids” Twitter and Pinterest pages!



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 are also available at community centers and health care facilities around the state.

Tips encourage moms to: 1) keep up with dental visits and overall oral health maintenance during pregnancy 2) take young children to the dentist by age one, and 3) brush children’s teeth twice a day with fluoride toothpaste.



Oral Health Events

National Children's Dental Health Month

February is National Children's Dental Health Month (CDHM). The OOH partnered with the University of Maryland Dental School's National Museum of Dentistry and the American Dental Association to kick off Children's Dental Health Month by providing educational materials. In FY13, the OOH showcased their 3 Interactive Media Games: Dental Jeopardy! (Beginner); Who Wants A Million Dollar Smile (Intermediate) and Dental Jeopardy! (Advanced). The National Museum of Dentistry's "Your Spitting Image" online program was also made available. The OOH's interactive games can be found on the OOH website, <http://phpa.dhmh.maryland.gov/oralhealth>. Additionally, educational materials were distributed including oral health activity worksheets, posters and a website resource list. For a complete overview of what was offered for CDHM 2013, please visit: <http://phpa.dhmh.maryland.gov/oralhealth/SitePages/cdhm.aspx>.

Oral Cancer Awareness Month

Governor Martin O'Malley declared April as Maryland Oral Cancer Awareness Month (OCAM). The OOH partnered with the Tobacco Prevention Program and provided Quit Line information to local partners as well as educational materials about oral cancer. On April 20, 2013, the 5th 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 3rd Annual Ava Roberts Advanced Pediatric Dentistry Seminar on September 7, 2012, at the Ten Oaks Ballroom in Clarksville, MD. OOH achieved its highest attendance to date with **104** dental public health professionals, including dentists and dental hygienists. The training was provided by Drs. Norman Tinanoff, Melissa Mulreany and James Coll, as well as Ms. Giselle Thelemaque.

- Principles of Clinical Pediatric Dental Care
- P.A.N.D.A. (Prevent Abuse and Neglect Through Dental Awareness)
- Active and Passive Restraints and Determining Local Anesthetic Dosage
- Pulpal Diagnosis and Treatment for Primary and Immature Permanent Teeth
- Infection Control

Through this seminar, the dental professionals had the opportunity 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. In this particular session we were able to offer Infection Control and PANDA which are mandatory license renewal requirements for the providers.

Significant Legislation from 2013 General Assembly

Every year, the Office of Oral Health and the Maryland Dental Action Coalition 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 2013 legislative session, the General Assembly passed House Bill 1121/Senate Bill 459: “Health Occupations - Dental Hygienists - Community Oral Health and Wellness Act.” Essentially, this bill authorizes a licensed dental hygienist, without the supervision of a dentist, to volunteer without compensation to provide the following services in community health fair settings: (1) oral health screenings and risk assessments for dental caries, periodontal disease, and head and neck cancer; (2) oral health education; (3) basic wellness services; and, (4) a referral to a dental home, and follow-up when possible, that serves all populations, including low-income or special needs populations.

Oral Health Summit

In FY13, the OOH and the MDAC began planning efforts for the 2013 Maryland Oral Health Summit. This event will build on the 2011 Maryland Oral Health Summit, bringing together oral health professionals to review progress Maryland has made toward achieving the goals of the Maryland Oral Health Plan (MOHP). Expected attendees include over 150 oral health professionals who are working to improve oral health for Maryland residents, especially those from vulnerable populations. The event will take place on December 6, 2013 at the Riverhill Interfaith Center in Clarksville, Maryland.



Maryland Dental Action Coalition

**2013 Oral Health Summit
& Oral Health Heroes Awards Ceremony**

State Oral Health Initiatives

Maryland Oral Health Reform Efforts & Progress Report

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 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

Status: 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 program results:

Table 4: Number of Children Receiving Dental Services				
Children Ages 4-20, Enrolled for at Least 320 Days in Medicaid**				
Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS™ National Medicaid Average*
CY 2008	260,488	142,193	54.6%	44.2%
CY 2009	301,582	183,648	60.9%	45.7%
CY 2010	333,167	213,714	64.1%	47.8%
CY 2011	362,197	241,365	66.6%	45.4%
CY 2012	385,132	261,077	67.8%	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.

** The study population for CYs 2008-2012 measured dental utilization for all qualifying individuals in Maryland's Medical Assistance program, including fee-for-service (FFS) and HealthChoice MCO enrollees. The following coverage groups were excluded from the analysis: S09, X02, W01, and P10.

- Medicaid-enrolled children ages 0-20 accessing at least one dental service increased from 35.8% in CY08 to 52.3% in CY12.
- Medicaid-enrolled children ages 0-20 accessing a preventive visit increased from 34.7% in CY08 to 51.3% in CY12.

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

Status: First of 3-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. As of August 2013, over **640** new dental providers have joined the Medicaid Maryland Healthy Smiles Dental Program since August 2009.

Regions	Dentists Participating in DentaQuest		
	August 2011	August 2012	August 2013
Baltimore Metro	410	765	652
Montgomery/Prince George's Counties	365	695	588
Southern Maryland	51	90	64
Western Maryland	128	222	171
Eastern Shore	84	168	158
MD Bordering States	152	281	232
Unduplicated Total	1,190	1,616	1,865

The 2012 Annual Oral Health Legislative Report stated the DentaQuest network contained a total of 1,616 providers in August 2012. This count included 392 fluoride varnish providers erroneously. The 2012 total now reflects the correct number of dentists, excluding the fluoride providers, to conform with previous and future yearly data.

Recommendation #3: Enhance the dental public health infrastructure

Status: Implemented

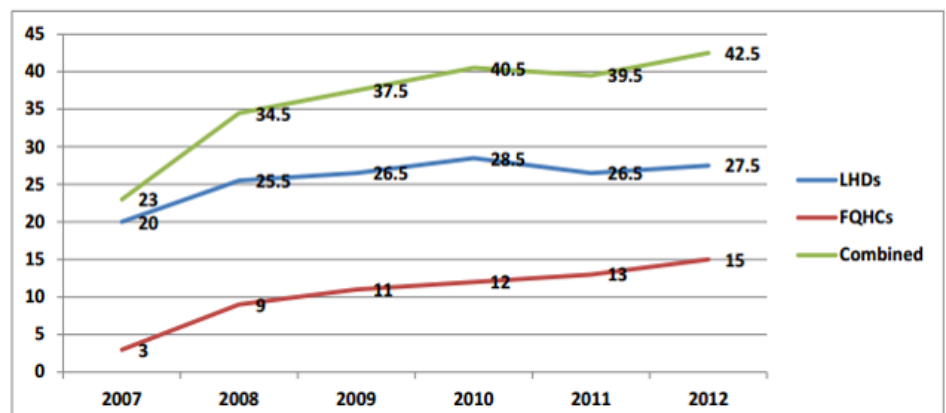
Continued funding support in the State budget enables the DHMH Office of Oral Health to maintain its ability to expand the existing public dental safety network for low income and uninsured populations. The funding ensures that residents in every Maryland county can access either a local health department or community health center for oral health care. The impact of this legislation was evaluated by the OOH and completed in January, 2013.

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

Status: Implemented

The legislature enacted a new law, effective October 1, 2008, which allows dental hygienists to work in public settings without a dentist present on the premises or having to see the patient first. Many agencies have begun to utilize public health dental hygienists to provide services. The program was evaluated through use of an APHA grant (See pg. 19 for more information).

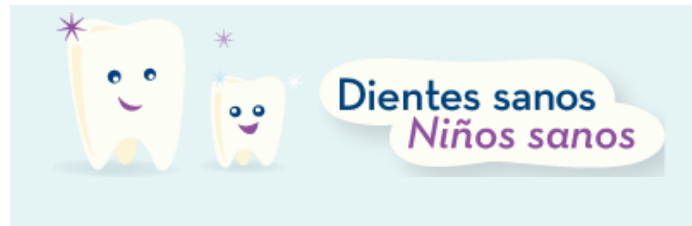
Chart 2: Number of Hygienists Employed at Public Health Dental Facilities in Maryland from 2007-2012 (N=20)⁸



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

Status: Implemented

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 in 2011 to initiate a program of oral health messaging in Maryland. Moreover, OOH received a **\$1.2 million** federal grant from the CDC in 2010 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 was successfully launched March 23, 2012 (*see page 3 for more information*).



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

Status: In Process

The Maryland Dental Action Coalition 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 16 for more information*) that demonstrated the utility of such a program in an urban area was implemented in FY2013, and its evaluation will be completed by the close of CY2013.

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

Status: Implemented

To date, **882** 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 **450** of these providers have been trained by OOH and the University of Maryland Dental School in oral screenings, risk assessments, and fluoride varnish treatments. As of FY 2013, **84,685** Medicaid enrolled children have received fluoride varnish applications by medical providers.



Maryland Oral Health Plan

On May 17, 2011, officials from the Maryland Dental Action Coalition (MDAC), Dr. Joshua M. Sharfstein, Secretary of the Maryland Department of Health and Mental Hygiene (DHMH), 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 ensure 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

In the fall of 2011, 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 local 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
- 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 schoolchildren

The project concluded in February 2013 and a project evaluation was issued in December 2013.

Maryland Oral Health Learning Alliance (MOHLA)

In October 2012, MDAC received additional grant funding from the DentaQuest Foundation as part of its Oral Health 2014 Initiative to implement the Maryland Oral Health Learning Alliance (MOHLA). A function of MDAC, the MOHLA is a sharing and learning resource for optimizing oral health across Maryland with a vision 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/caregivers and their children under age 6 with oral health information and education.

MOHLA's two focus areas are oral health literacy and medical-dental collaboration. MOHLA has mobilized traditional and non-traditional partners to establish community-level resources and build provider support to adopt evidence-based approaches in oral health.



OOH Grants to Local Health Departments

In FY 2013, 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

OOH grants contributed to **39,740** children's clinical dental visits in FY13. 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), **29,384** children were seen statewide at local health department dental programs in FY13. Almost **1,600** more children were seen in FY13 compared to FY12.

Sealants

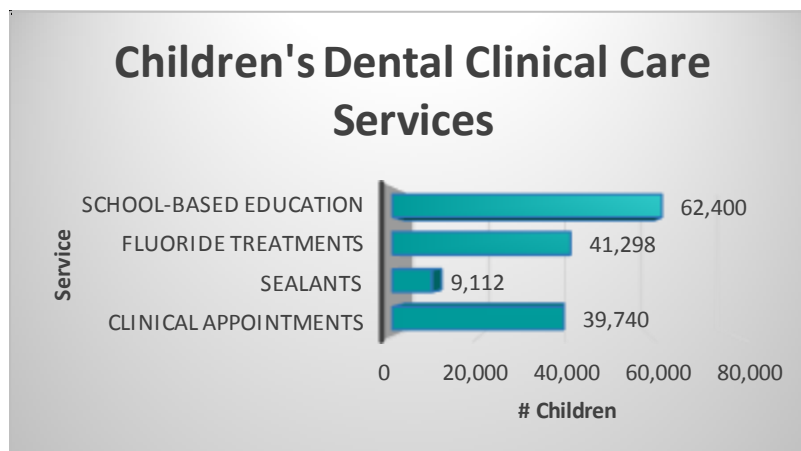
In FY13, **9,112** children received pit and fissure dental sealants through all county local health department dental programs including onsite clinics and offside programs in schools.

Fluoride Treatments

In FY13, **41,298** children received fluoride treatments through local health department programs.

School-based Education

In FY13, **62,400** children received oral health education in school settings as a result of OOH funding.



Adult's Dental Clinical Care Services

Clinical Appointments

OOH grants contributed to **19,359** adult clinical dental visits in FY13. **11,401** adults were seen statewide at local health department dental programs in FY13, and **3,156** 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
- Oral cancer prevention education programs for the public

Since 2001, the OOH has awarded grants to local health departments to develop programs based on the three programmatic goals listed above. In FY13, **18** counties received funding for oral cancer programs.

Oral Cancer Screenings

In FY13, **6,753** individuals were screened for oral cancer. Of the **6,753** individuals screened, **17** were referred for a biopsy and over **21,411** individuals were educated on oral cancer. Additionally, **380** providers were educated on oral cancer and how to perform an oral cancer exam.



Oral Cancer Service	# Adults
Screenings	6,753
Biopsy Referrals	17
Education	21,411
Providers Trained	380

OOH Funding Opportunities

American Public Health Association (APHA) – Public Health Dental Hygiene Act of 2008

The Maryland Office of Oral Health (OOH) was awarded funding by the American Public Health Association (APHA) to evaluate the impact of the Public Health Dental Hygiene Act of 2008. This Act allows public health dental hygienists to provide any procedure allowed under the scope of practice for dental hygienists (as established by the Maryland State Board of Dental Examiners) in public health settings without an examination by a dentist and/or having a dentist on-site. The goals of this Act were to increase oral health prevention and education services to low-income populations and to increase access to care for underserved populations in Maryland.

This study evaluated the law's impact in Maryland. Specifically, the evaluation asked twelve research questions related to the extent to which there has been a change in the number of dental hygienists and dentists working in public health facilities since the bill passed; whether their scope of work within these facilities has changed; the extent to which more children are receiving preventative services now than before the bill passed; whether more patients are being seen by dentists and dental hygienists since the bill passed; what factors, if any, helped facilitate the implementation of the Act, as well as barriers that may have prevented implementation; and, whether or not public health facilities have written internal policies related to the Act.

Findings

Findings from this study show that a majority of public health dental facilities in Maryland did not change their general supervision procedures as a result of the Public Health Dental Hygiene Act. Of the 35 LHDs and FQHCs represented in this study (85.3% of the total), 16 (or slightly less than half) now operate under the law of general supervision. Of those 16, approximately five already had Waivers of Supervision prior to 2008. Interviewees shared some explanations and opinions, a major one being that not many people (including those in the public health dental field) are aware of the Act and what it actually means.

Although the study revealed that many public health facilities do **not** operate under general supervision, those that do unanimously expressed its positive outcomes, including:

- Increase in the number of children screened in schools
- Increase in the number of children in schools who receive sealants and/or fluoride varnish
- Increased sense of value felt by dental hygienists
- Increased value placed on dental hygienists by dentists, administrators, and the general public
- Increased restorative care services provided by dentists
- Increased number of oral cancer screenings conducted for seniors
- Decreased spending on services that can now be administered by hygienists
- Increased number of patients (of all ages) seen by a dentist and/or a dental hygienist

These positive outcomes demonstrate how Maryland's passing of the Public Health Dental Hygiene Act succeeded in achieving the original goals of increasing oral health prevention and education services to low-income populations and increasing access to care for underserved populations.

National Association of Chronic Disease Directors (NACDD)

Healthy Aging Program

In March 2013, the OOH submitted a grant proposal in response to the National Association of Chronic Disease Directors' (NACDD) "Healthy Aging Program." The OOH was successfully awarded an 18-month **\$20,000** grant beginning May 2013. This funding supports OOH's plan and pilot of an oral health basic screening survey for older adults. OOH recognizes the importance of quantifying the specific oral health needs of this population in order to develop data driven programmatic and policy initiatives in Maryland. Through a collaborative effort with the Maryland Department of Aging, NACDD and local Area Agencies on Aging, OOH will conduct oral health screening and will verbally administer questionnaires at select long term care facilities in various regions throughout Maryland.

Health Resources and Services Administration (HRSA)

In April 2012, the OOH submitted a grant proposal in response to the HRSA's "Grants to States to Support Oral Health Workforce Activities." The OOH was successfully awarded a 3-year **\$1.5 million** grant beginning September 2012. This funding supports OOH program infrastructure, including dental sealants, community water fluoridation and the Oral Health Literacy Campaign and creates partnerships with other programs throughout the state. Partnerships include the Deamonte Driver Dental Van Project, the Eastern Shore Area Health Education Center, the Maryland Dental Action Coalition, and various local health departments.



Centers for Disease Control (CDC) : Activities 1-4

The CDC provides grants to 21 states to strengthen their oral health programs and improve the oral health of their residents. Through this program, OOH received \$330,819 in FY13 (the first year of a 5-year grant) to continue developing and maintaining 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. OOH is fully staffed per the requirements of this recipient activity. In addition to developing standard operating procedures, 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 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. 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 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

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

PROGRESS: MET

4A. Partnerships

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 Oral Health Summit in October 2011 and is planning for the second Oral Health Summit in December 2013. The goal of the summit was to promote Maryland's State Oral Health Plan. **PROGRESS: MET**

Centers for Disease Control (CDC) : Activities 5-8

5A. Dental Sealant Program

In FY13, the OOH implemented the Maryland Statewide Dental Sealant Program Plan (see page 6). 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 local health departments 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 to create fluoridation plans, share fluoridation data, monitor fluoride levels and generate annual reports. In FY13, the OOH strengthened its partnership with the Maryland Rural Water Association 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. OOH conducts periodic assessments of laws, regulations, and administrative policies that have the potential to reduce oral disease. **PROGRESS: 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: MET**

8. Program Collaboration

During FY13, the OOH partnered with the American Congress of Obstetricians and Gynecologists (ACOG) to promote good oral health during pregnancy. ACOG released a Committee Opinion (*Oral Health Care During Pregnancy and Through the Lifespan*) in August 2013. The OOH generated a mailing to all dentists and OB/GYNs in Maryland consisting of: a copy of the ACOG committee opinion; a laminated reference guide called *Oral Health Care During Pregnancy*; a magnet with information on how to access a dentist for Medicaid patients; and a signed cover letter.

In addition to this mailing, the OOH worked toward raising awareness on the importance of good oral health during pregnancy by staffing and sharing segments of a WJLA-TV, as well as a Clear Channel Radio interview. **PROGRESS: MET**

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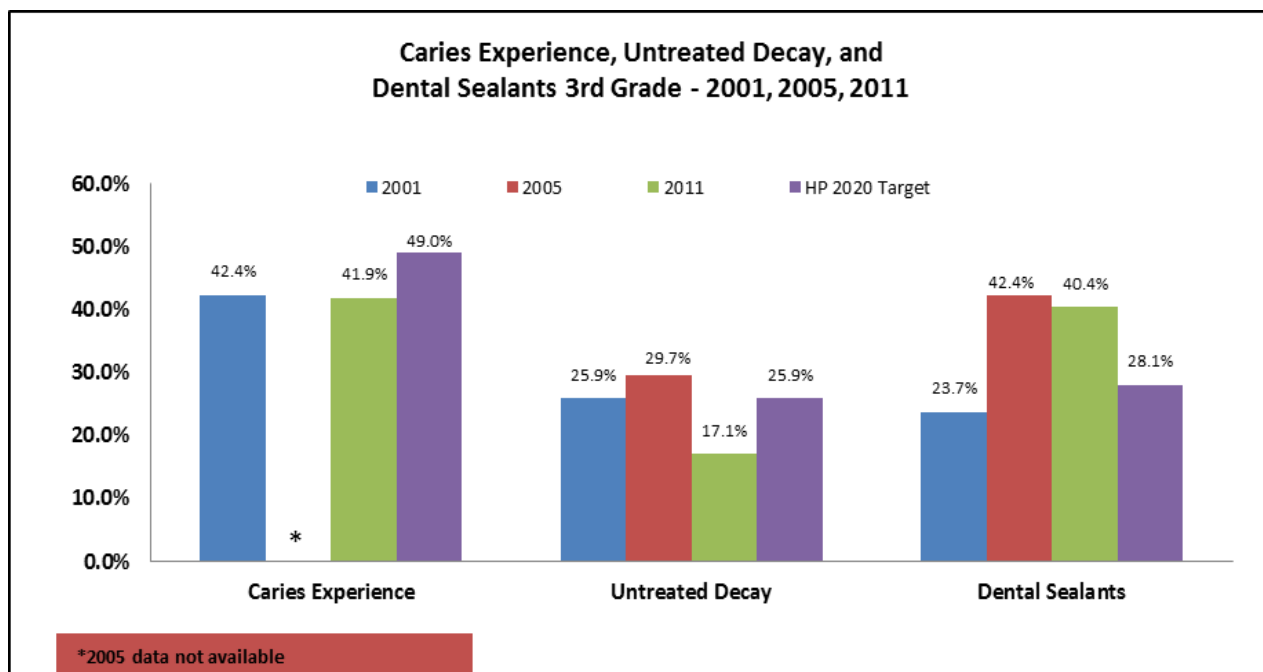
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Partnerships & Evaluation

Survey of the Oral Health Status of Maryland School Children, 2011-2012

The Office of Oral Health sampled **1,732** kindergartners and third grade students in **52** schools from all but one Maryland jurisdiction, including Baltimore City, representing populations from all **5** designated regions in the state. The survey period spanned three years and includes: (1) a health questionnaire that is sent to parents to assess the child's oral health including access to dental services; (2) a screening (oral examination) to determine the current oral health status of the child; and (3) a report sent to parents with the child's screening results.

Overall, the survey results indicate that the oral health status of Maryland school children has improved over the last decade. The number of children with untreated decay decreased by approximately **41%** between 2001 and 2011 (**23.1% to 13.7%**). This decrease may be attributable to many factors, including an increase in access to care, more preventive programs, an increase in community awareness and an increase in the number of children who had at least one dental sealant on a permanent molar.



The 2011-2012 Oral Health Survey of Maryland School Children revealed:

17.1% of third graders had untreated dental caries.

40.4% of third graders had at least one dental sealant on a permanent molar.

41.9% of third graders had experienced dental caries.

Conclusion

The last decade has seen significant progress in improving the oral health status of Maryland's children. Maryland is viewed as a national leader in oral health by organizations such as the Pew Center on the States, the U.S. Department of Health and Human Services, and the national Center for Medicare and Medicaid Services.

Access to oral health care has increased as witnessed by the expansion of safety net clinics and programs and through increased dentist and patient participation in the Maryland Healthy Smiles Dental Program. In addition the Maryland's Mouths Matter: Fluoride Varnish Program has trained significant numbers of pediatricians, family physicians and nurse practitioners and the Maryland Oral Health Literacy Campaign, Healthy Teeth, Healthy Kids has increased awareness about the importance of oral health for parents of at-risk children. These improvements, together with encouraging results from the Maryland Oral Health School Children's Survey, are reasons to approach the next decade with confidence and hopefulness. Much remains to be done, but we can definitively state that the oral health standing of Maryland's children is on the rise.





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