

Fiscal Year 2014

Office of Oral Health

Annual Report



Office of
Oral Health

Maryland Department of Health and Mental Hygiene



Helping Maryland Smile

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Introduction to the Office of Oral Health

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

Mission

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.

Vision

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 school

Office of Oral Health (OOH) Programs

Educational Materials: Development and Distribution

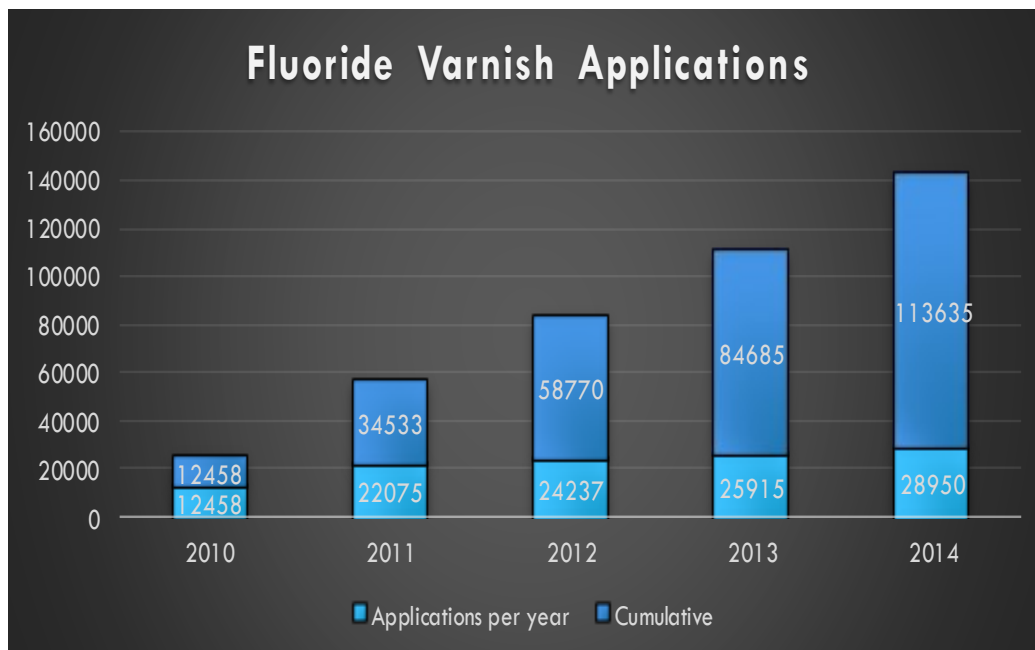
In order to increase oral health literacy and promote wellness, the OOH develops printed materials for distribution. Local health departments, clinics, schools, and private citizens all have access to these materials through the office website or inquiring via phone, email or fax.

In Fiscal Year 2014 (FY14), the OOH received nearly 1,100 requests for materials. Over **121,000** brochures and fact sheets were distributed (this number includes the Healthy Teeth, Healthy Kids brochures in English and Spanish which were sent out to a variety of stakeholders). In FY14, the OOH offered 24 different brochures and fact sheets. There were 9 brochures available in both English and Spanish.

Fluoride Varnish and Oral Health Screening Program for Kids

Fluoride varnish is a protective coating that is painted on teeth. Over a period of time, the varnish releases fluoride which strengthens teeth and prevents tooth decay. 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, 2014, there were 792 providers who completed the training program, and 456 of these EPSDT medical providers have enrolled with DentaQuest as fluoride varnish providers. As of June 30, 2014, 113,635 fluoride varnish treatments have been provided to children aged 9-36 months as part of their scheduled well-child visits.



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.

To ensure that a high percentage of Marylanders continue to enjoy access to fluoridated water, the Office of Oral Health (OOH) maintained its proactive approach in FY 2014. OOH continued its 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 12 fluoridation stations across 10 water systems were surveyed. The surveys continued to identify two key items that need to be addressed to ensure that properly fluoridated water continues to be provided to a high percentage of Marylanders:



1. Fluoridation equipment maintenance, repair and replacement
2. Fluoridation training for water operators

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) and as a separate grant from the Health Resources and Services Administration (HRSA), OOH was able to continue 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. In May 2014, after two years of planning, the partnership with the MRWA resulted in the first full-day fluoridation training course for water operators. The course, developed jointly by OOH and MRWA, has been approved by MDE and provides continuing education (CE) credits for water operators that complete the course. As the CE credits are required for water operators to maintain their state certification, all water operators have an incentive to take the course. The first course was held in Frederick, MD in May 2014 and was attended by 23 operators from across the state. A second course was held on November 18th in Cambridge, MD with 20 water operators in attendance. OOH plans to offer the course at least twice annually for the foreseeable future.

The 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 each 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.

In January 2014, five new MDC-LARP dentists started the program; these providers will work with the program through December 2016. During CY 2013, MDC-LARP dentists treated 16,348 unduplicated Medicaid patients, and had 40,870 dental visits by Medicaid recipients. MDC-LARP dentists have seen 113,739 unduplicated Medicaid patients through 284,347 patient visits since the inception of the program in 2001.

The Maryland Statewide Dental Sealants Program

Dental sealants have been established as one of two evidence-based practices for preventing tooth decay (the other being water fluoridation). In 2010, the Office of Oral Health completed a statewide school-based dental sealant demonstration project funded by the Centers for Disease Control and Prevention (CDC). Third graders in 10 elementary schools received dental screenings and sealants. The OOH leveraged this demonstration project to create a statewide school-based/school-linked dental sealant program. In 2012, the OOH received a 3-year (\$500,000/year) Health Resources and Services Administration (HRSA) *State Oral Health Workforce* grant to support direct school-based or school-linked dental sealant services. This award is being used to fund grants for local health departments to develop statewide school-based or school-linked dental sealant programs for their own jurisdictions.

Of the 24 Local Health Departments (LHD) in Maryland, 12 received OOH awards to implement some form of a dental sealant programs in FY 2014. Local health departments receiving these grants are: Allegany, Anne Arundel, Baltimore, Calvert, Cecil, Charles, Howard, Kent, Prince George's, Somerset, Washington and Wicomico Counties. FY 2014 results for these programs as of June 30, 2014 are: 8,550 children screened, 3,041 referred for further treatment, 36,056 received oral health education, and 11,374 dental sealants were applied to 4,119 children.

The OOH school dental sealants grant program has been well-received. It has grown from 5 counties operating dental sealant programs in FY 2009 and will expand to 13 counties receiving grant awards for dental sealant programs by FY 2015. In addition to the LHDs, Federally Qualified Health Centers (FQHC), proprietary Mobile programs, and School-based Health Centers (SBHC) also administer school-based/linked dental sealant programs. Using a mobile dental team, school-based oral health access programs have been operating in 10 schools in Kent and Queen Anne's Counties since FY 2010. This program serves at-risk children in a dental health professional shortage area. In total, these programs serve over 75% of high-need public elementary schools in Maryland.

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 2014 visited 20 Prince George's County Schools and 1 Montgomery County School. 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.

| | |
|--------------------------|-------|
| Title I Schools | 20 |
| Children Screened | 1,671 |
| Referrals | 613 |
| Sealants | 1,410 |

During FY 14, an unduplicated total of 1,671 children were screened in the 20 selected Title I schools during the school year. Of those children, 613 were referred for immediate care. Additionally, 1,410 sealants were applied.



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 7 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 1,214 students participating in 2 different counties (Wicomico and Dorchester Counties) in 13 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:

Children with Special Needs

The OOH collaborates with a number of state and local organizations, especially the Office of Genetics and People with Special Health Care Needs, the Maryland Consortium for Children with Special Health Care University of Maryland's Perryville Dental Center, to address dental needs of children and adults with special health care needs in Maryland. A priority of this initiative is to provide adaptive oral health supplies to encourage daily preventive oral health care. The OOH provides case management, as well as oral health education and resources, to parents of children with special health care needs through local Special Education Citizen's Advisory Committee (SECAC) meetings.

Head Start

The Office of Oral Health provides support for oral health prevention and intervention programs through Early Head Start with a goal to continue care through Head Start into pre-Kindergarten and Kindergarten. OOH has been an active liaison between the Maryland Head Start Association and several local and state organizations, including the Baltimore City Health Committee, the Maryland Dental Hygienists Association and the Maryland State Department of Education. In FY 14, it successfully recruited students from 4 dental hygiene schools in Maryland to provide oral health education to Head Start parents, students and staff in Baltimore City and Baltimore County.

Oral Health Literacy Campaign: Healthy Teeth, Healthy Kids

During FY 14, the strategic alliance between the Maryland Dental Action Coalition (MDAC), which is the statewide oral health coalition, the OOH continued to prosper in its mission to promote the statewide Oral Health Literacy Campaign, “Healthy Teeth, Healthy Kids (HTHK).” The campaign is designed to reduce oral disease in children by increasing healthy behaviors and improving access to care. HTHK includes TV, radio and transit advertising as well as social media, media relations and the distribution of campaign brochures and posters. These social marketing tactics are designed to reach women with young children and provide them with the skills they need to help keep their children cavity free. The campaign also provides pregnant women guidance for proper oral health care during pregnancy.

Media Relations

During FY 14, OOH renewed its contract with a public and media relations firm to provide expertise and continue to promote the HTHK campaign and its messaging in the media. During this contract period, OOH received nearly double the amount of media coverage that was achieved in the previous contract period. From October 15, 2013 to June 30, 2014, the OOH received 53 unique media hits on behalf of the OHLC in print, TV, radio and online outlets across the state, resulting in more than 12 million media impressions at an estimated ad value of more than \$169,000.

Dientes Sanos, Niños Sanos

The HTHK campaign and the OOH in cooperation with Maryland Oral Health Learning Alliance (MOHLA), a sharing and learning resource consisting of traditional and nontraditional partners from across the state, began work to create a Spanish language oral health baseline pre- and post-campaign survey. The survey will be implemented prior to running the Dientes Sanos, Niños Sanos campaign that is planned for FY 15. The pre- and post-campaign surveys will measure oral health awareness and behaviors, as well as the awareness and impact of the Dientes Sanos, Niños Sanos campaign.

National Reach

Word of the HTHK campaign’s scope, creative approach and success in Maryland has spread nationally. Oral health professionals at the Virginia Oral Health Coalition, the Rhode Island Oral Health Commission and the Pennsylvania Chapter of the American Academy of Pediatrics have requested permission to use the HTHK campaign materials as a means of social marketing within their own states. Most recently, oral health professionals in West Virginia and Kentucky have expressed interest in the campaign. We are excited to receive these inquiries and requests from our colleagues, and we have begun investigating funding opportunities to extend the reach of the Campaign and its messages beyond Maryland’s borders during FY 14.



Oral Health Events

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. In Children's Dental Health Month 2014, the Office of Oral Health showcased a new educational bulletin board titled "Love That Smile". The free bulletin board highlights proven ways to prevent tooth decay including proper brushing and flossing, oral injury prevention, nutrition, and the importance of fluoride and sealants. The Office of Oral Health's interactive games can be found on the OOH website, <http://phpa.dhmd.maryland.gov/oralhealth>. Additionally, educational materials were distributed; these included oral health activity worksheets, posters and a website resource list. For a complete overview of what was offered for CDHM 2014, please visit: http://phpa.dhmd.maryland.gov/oralhealth/SitePages/CDHM_2014.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 May 3rd, 2014, the 6th Annual Baltimore Cancer 5K walk/run was held at Druid Hill Park. The walk/run included a health fair offering free oral cancer screenings.

Continuing Education Day

The OOH sponsored the 4th Annual Ava Roberts Advanced Pediatric Dentistry Seminar on August 23, 2013, at the Ten Oaks Ballroom in Clarksville, MD. Our highest attendance to date with 106 dental public health professionals, including dentists and dental hygienists, attended and were provided training by Drs. Norman Tinanoff, Danielle Bisesi, Natalia Chalmers, Jim Coll and Vineet Dhar on the following topics:

- ◆ Fluoride Guidelines Update
- ◆ First Dental Visit
- ◆ Dental Care for those with Special Health Care Needs
- ◆ Caries Removal & Vital Pulp Therapy in Primary Teeth
- ◆ Non-Vital Pulp Therapy in Primary Teeth
- ◆ Finer Points Regarding Intercoronal Restorations

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. This particular session we were able to offer Infection Control and PANDA which are mandatory license renewal requirements for the providers.

Significant Legislation from the 2014 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.

HB 100, HB 101

Historically, a dental hygienist in Maryland has practiced under the indirect supervision of a dentist. However, more recently, dental practices in Maryland have trended toward permitting hygienists to work under less restrictive supervisory requirements. In the 2014 legislative session, the General Assembly passed House Bill 100, which makes permanent the authority of a licensed dental hygienist to practice in a long-term care facility under the general supervision of a dentist, and House Bill 101, which does likewise for the monitoring of a patient to whom nitrous oxide has been administered.

HB 301 (SB 413), HB 303 (SB 412)

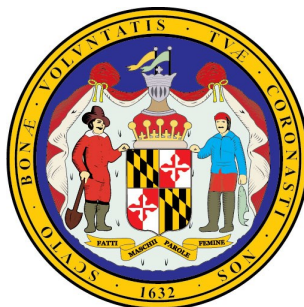
During the 2014 legislative session, the General Assembly passed House Bills 301 and 303 in order to make exclusions for licensed dentists under the Maryland Pharmacy Act.

House Bill 301, “Health Occupations – Dentists with Permits Dispense Dental Products – Exclusion from Maryland Pharmacy Act”, provides that the Maryland Pharmacy Act does not apply, under specified circumstances, to a licensed dentist who obtains a specified permit from the State Board of Dental Examiners and who personally prepares and dispenses specified products or rinses; and providing that specified provisions of law do not apply to a licensed dentist who obtains a specified permit under a specified provision of the Act.

House Bill 303, “Health Occupations – Licensed Dentists Who Prepare and Dispense Antibiotics – Exclusion from Maryland Pharmacy Act”, provides that the Maryland Pharmacy Act does not prohibit, under certain circumstances, a licensed dentist from personally preparing and dispensing a full course of treatment of antibiotics to a patient for infection control; and generally relating to the exclusion of licensed dentists from the Maryland Pharmacy Act.

HB 657

During the 2014 legislative session, the General Assembly passed House Bill 657: “State Board of Dental Examiners – Dentists and Dental Hygienists – Grounds for Discipline”. Essentially, this bill adds grounds for discipline against licensed dentists and dental hygienists who violate professional standards of care. Regardless of whether actual injury to the patient occurs, the bill authorizes the State Board of Dental Examiners to deny a license to an applicant or take disciplinary action against a licensee if the applicant or licensee fails to comply with generally accepted professional standards.



Oral Health Summit

OOH collaborated with MDAC on planning and coordinating the 2013 Maryland Oral Health Summit, which was held on December 6, 2013 at the Riverhill Interfaith Center in Clarksville, Maryland. Attendees included over 150 oral health professionals who are working to improve oral health for Maryland residents, especially those from vulnerable populations. This event built on the 2011 Maryland Oral Health Summit by bringing together oral health professionals to review progress Maryland has made toward achieving the goals of the Maryland Oral Health Plan (MOHP).

A panel of experts, including OOH's Dr. Harry Goodman, provided attendees with updates on the Maryland Oral Health Plan and the Maryland Oral Health Literacy Alliance. Opening remarks were given by Ralph Fuccillo, CMO of DentaQuest and President of the DentaQuest Foundation. Dr. Rima Rudd spoke to attendees about action for oral health literacy in Maryland. Dr. Alice Horowitz from the University of Maryland School of Public Health and John Welby from the Office of Oral Health led a discussion of the Oral Health Literacy Model, followed by a discussion of the Maryland Health Benefit Exchange by Tequila Terry. The Maryland State Board of Dental Examiners approved 7 Continuing Education credits for Summit attendees.



**Maryland Dental
Action Coalition**

State Oral Health Initiatives

Maryland Oral Health Learning Alliance (MOHLA)

In FY 10, the OOH utilized federal grant funds to provide financial support and technical assistance to transform the DAC into an independent coalition, which was renamed the Maryland Dental Action Coalition (MDAC). Since its inception, the Coalition has recommended several changes to the Medicaid program that would improve access to comprehensive dental services among eligible children. The Coalition also included suggestions to enhance education, outreach, dental public health infrastructure, provider participation and provider scope of practice.

During FY 2013, OOH provided support to MDAC in preparing the grant proposal to submit to DentaQuest Foundation's Oral Health 2014 grant initiative. In October 2012, MDAC received funding to plan and implement the Maryland Oral Health Learning Alliance (MOHLA), a sharing and learning resource consisting of traditional and nontraditional partners from across the state. The MOHLA has three focus areas: oral health literacy, medical/dental collaboration, and policy. Its vision is to reduce disparities in oral health in Maryland for 400,000 underserved pregnant women, mothers/caregivers and their children under age 6. The group has established community-level resources and built provider support to adopt evidence-based approaches in oral health.

In FY 14, the OOH and MDAC/MOHLA prepared the Spanish Language *Healthy Teeth, Healthy Kids* campaign for its re-launch scheduled for September 2014. The campaign will focus on reaching Hispanic mothers of at-risk children ages 0 – 6 in Maryland and include radio and transit advertising. The Literacy & Education committee will support the campaign through brochure distribution, social media and community outreach.

The OOH began its collaboration with other members of the Literacy & Education Committee to create and implement a Hispanic language baseline oral health survey. The Hispanic language survey sub-committee reviewed the existing HTHK pre-post campaign survey, which will be used as a basis for the new survey. The purpose of this survey is to measure oral health awareness and behaviors among Hispanic mothers of at-risk children in Maryland.

Maryland Oral Health Reform Efforts & Progress Report

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.

Current Dentist Enrollment: Maryland Healthy Smiles Program

Action Taken: DentaQuest has been actively enrolling new dentists in the Maryland Healthy Smiles Program since its implementation in 2009. Through DentaQuest, providers can now participate with Medicaid via a single vendor Administrative Services Organization (ASO), rather than contracting with each HealthChoice MCO. The Department has received positive feedback from providers who have worked with DentaQuest. Due to the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013. As of August 2014, there were 1,354 individual providers enrolled, resulting in a dentist-to-child enrollee ratio of approximately 1:489. Based on the slight decline in provider enrollment between 2013 and 2014, the Department recommends focusing on creating incentives to improve the dental provider network. Because of the increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013.

Dentists Participating in DentaQuest²

| Regions¹ | DentaQuest | | | | |
|---------------------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|
| | August 2009 | August 2011 | August 2012 | August 2013 | August 2014 |
| Baltimore Metro | 242 | 410 | 384 | 408 | 437 |
| Montgomery/Prince George's Counties | 208 | 365 | 358 | 374 | 435 |
| Southern Maryland | 29 | 51 | 49 | 51 | 55 |
| Western Maryland | 65 | 128 | 94 | 91 | 92 |
| Eastern Shore | 43 | 84 | 68 | 77 | 81 |
| MD Bordering States | 62 | 152 | 362 | 370 | 254 |
| Unduplicated Total³ | 649⁴ | 1,190 | 1,315 | 1,371 | 1,354 |

1 Baltimore Metro includes Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard Counties. Southern Maryland includes Calvert, Charles, and St. Mary's Counties. Western Maryland includes Allegany, Frederick, Garrett, and Washington Counties. The Eastern Shore includes Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties.

2 Some dentists may not be accepting new referrals and many dentists limit the number of new referrals that they accept. These numbers only reflect the availability of practitioners.

3 This table indicates the total number of unduplicated dentists in each region and does not include fluoride varnish providers.

4 The transition between the HealthChoice MCOs and DentaQuest resulted in the loss of several providers at the start of implementation in July 2009.

Maintain and Enhance the Dental Public Health Infrastructure

Action Taken: The Governor’s FY 2015 budget for the Office of Oral Health included \$1.5 M to bolster clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are being used statewide, they have been specifically targeted to provide dental services in Calvert, Kent, Queen Anne’s, and Worcester counties—jurisdictions previously identified as not being served by a clinical public health dental program.

| Table 3: 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 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% | 49.2% |
| CY 2013 | 405,873 | 277,272 | 68.3% | N/A |

Develop a Unified, Culturally and Linguistically Appropriate Oral Health Message

Action Taken: Based on the encouraging results from the original “Healthy Teeth, Healthy Kids” oral health literacy campaign launched March 2012, a Spanish-language version of the campaign, called “Dientes Sanos, Niños Sanos”, was launched in February 2013. The campaign targeted low-income Hispanic women ages 18-34. The campaign included a new Spanish-language website, www.DientesSanosNinosSanos.org, and a nine-week Spanish language radio campaign. The campaign reached more than 50 percent of Hispanic women between the ages of 18-34 in the radio station’s target region, with each hearing the advertisement an average of ten times resulting in more than a million views. The campaign was so successful that a second, eight-week Spanish language “Healthy Teeth, Healthy Kids” radio and transit advertising campaign is planned for September and October 2014.



Provide Training to Dental and Medical Providers

Action Taken: As of September 30, 2014, approximately 1,146 public health and private sector general dentists have received training in didactic and clinical pediatric dentistry so that they may competently treat young children. The OOH helped to facilitate three separate pediatric dentistry courses that were offered to public health and private sector Medicaid general dental practitioners in FY 2014, including the annual Ava Roberts Advanced Pediatric Seminar for the dental public health workforce.

Maryland Oral Health Plan

In FY 14, the OOH continued to provide assistance and support to the development and implementation of Maryland's first statewide 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

Beginning in the Fall of 2011, the OOH collaborated with the MDAC and the Prince George's County Health Department to develop and implement 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.

The Office of Oral Health has played an integral role throughout this process by crafting the grant to fund the pilot project and by providing in-kind support to evaluate the dental screening program. In March 2014, a subcommittee met to discuss the findings of the demonstration project in Prince George's County, and to develop a plan for a similar program statewide. The OOH presented its findings at the MDAC membership meeting in June 2014.

Oral Health Status of Students in Targeted Schools

A total of 3,091 students were screened and provided access to care. The students screened were in Kindergarten, 1st, 3rd, 5th, 7th and 9th grades. During the screening, children were categorized according to their need: Category A indicates immediate need (abscess/pain); Category B indicates decay present or some other treatment required; Category C indicates that routine preventive care was needed (see table below):

| Categories | A | B | C | Totals |
|-------------------------------|----------|----------|----------|---------------|
| Bladensburg Elementary School | 64 | 136 | 522 | 722 |
| Bladensburg High School | 71 | 396 | 810 | 1277 |
| William Wirt Middle School | 18 | 131 | 182 | 331 |
| Port Towns Elementary School | 42 | 205 | 514 | 761 |
| Totals | 195 | 868 | 2028 | 3091 |

Recommendations:

- ◆ Increase communication between project staff, school administrators and school staff. Additionally, more frequent communication among project staff to address the many challenges and opportunities encountered during the implementation of a new program would be helpful.
- ◆ To facilitate the implementation process, provide parents with project information at the beginning of the school year.
- ◆ Design a data collection tool during the planning phase of the project to allow consistency and continuity.
- ◆ The case manager role should be separate from the role of the dental assistant. Due to challenges with the different student populations, the case manager needed to be available full time to deal with those issues.
- ◆ Make educational materials available in several different languages.
- ◆ Have a dentist available for students who are experiencing a significant amount of pain and/or have questions.

OOH Grants to Local Health Departments

In FY 2014, 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 more than 41,000 children's clinical dental visits in FY14. 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), 27,043 children were seen statewide at local health department dental programs in FY14. Almost 1,600 more children were seen in FY 14 compared to FY 13.

Sealants

In FY14, Maryland local health department dental programs continued to provide pit and fissure dental sealants for children, through onsite clinics and school-based or school-linked programs. 5,478 children received services at onsite clinics, and an additional 4,119 received them at school-based or school-linked programs.

Fluoride Treatments

In FY14, 40,570 children received fluoride treatments through local health department programs.

School-based Education

In FY14, 58,777 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 20,496 adult clinical dental visits in FY14. 11,847 adults were seen statewide at local health department dental programs in FY14, and 3,425 adults received emergency treatment.



Maryland Oral Cancer Prevention and Education

Since 2001, the OOH has awarded grants to local health departments to develop oral cancer programs. In FY14, 18 counties received funding for oral cancer programs. The mission of the Maryland Oral Cancer Prevention and Education Initiative is to provide:

- ♦ 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

Oral Cancer Screenings

In FY14, **7,735** individuals were screened for oral cancer. Of the individuals screened, **10** were referred for a biopsy and **13,861** individuals were educated on oral cancer. Additionally, **276** providers were educated on oral cancer and how to perform an oral cancer exam.



| Oral Cancer Service | # Adults |
|---------------------|----------|
| Screenings | 7,735 |
| Biopsy Referrals | 10 |
| Education | 13,861 |
| Providers Trained | 276 |

OOH Funding Opportunities

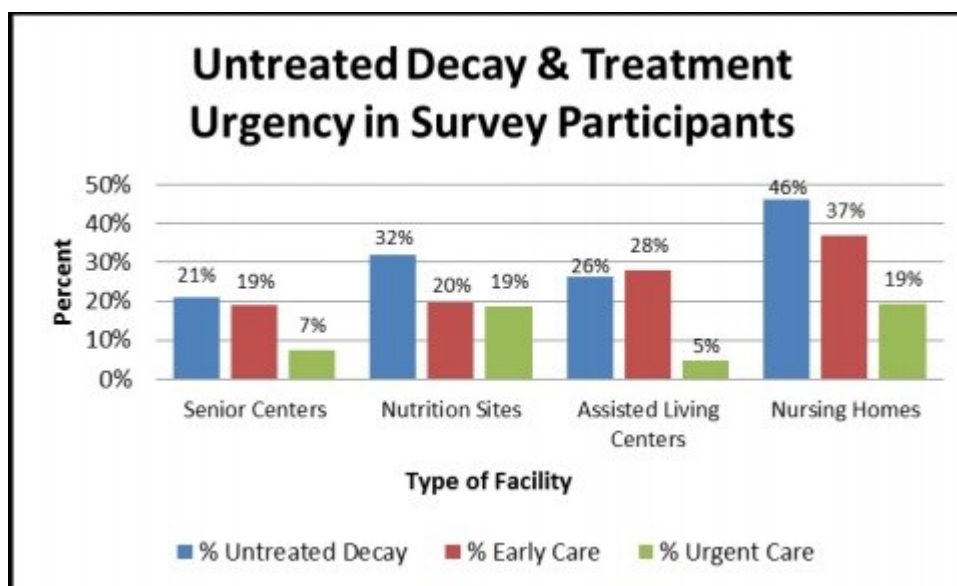
National Association of Chronic Disease Directors (NACDD)

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 supported OOH's collaboration with the Maryland Department of Aging to conduct the Maryland Basic Screening Survey of Older Adults in FY 2014.

Older adults were surveyed in the following Maryland venues: senior centers, nutrition sites, assisted living sites and nursing homes. Approximately 80% of the senior centers, 50% of nursing homes and nutrition sites, and a third of assisted living sites from the sample participated in the survey. According to the results from the oral health screenings, older adults in nursing homes had the highest rate of untreated decay at 46% and were more likely to require follow-up (early care and/or urgent care) than any other type of venue. Participants at senior centers had the lowest rate of untreated decay and required less follow-up than the other long-term care facilities.

The results of this pilot survey will be used to provide baseline data for surveillance of the older adults' population. In addition, this pilot helped identify areas of highest needs throughout the state where dental programs and treatment policies are needed. In some cases, participants provided qualitative information on the factors that inhibit access to oral health care for the older population. Finally, assessing the oral health status of older adults in Maryland will better enable the OOH to address their specific oral health needs and develop related programmatic and policy priorities.



Centers for Disease Control (CDC)

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 \$310,600 in FY14 (the first year of a 5-year grant 2013 - 2018) to maintain strategies funded under a previous cooperative agreement, and expand evidence-based intervention community and clinical preventive interventions to reduce oral diseases.

OOH has completed all year one activities (September 1, 2013 through August 31st, 2014) which include retaining key staff members as required under the cooperative agreement, the development of an evaluation plan and expansion and coordination of the dental sealants program. Implementation of year two activities began on September 1, 2014.

Health Resources and Services Association (HRSA)

In 2012, the OOH was awarded a 3-year \$1.5 million grant from HRSA, titled “the Grants to States to Support Oral Health Workforce Activities.” 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.



Partnerships & Evaluation

Survey of the Oral Health Status of Maryland School Children

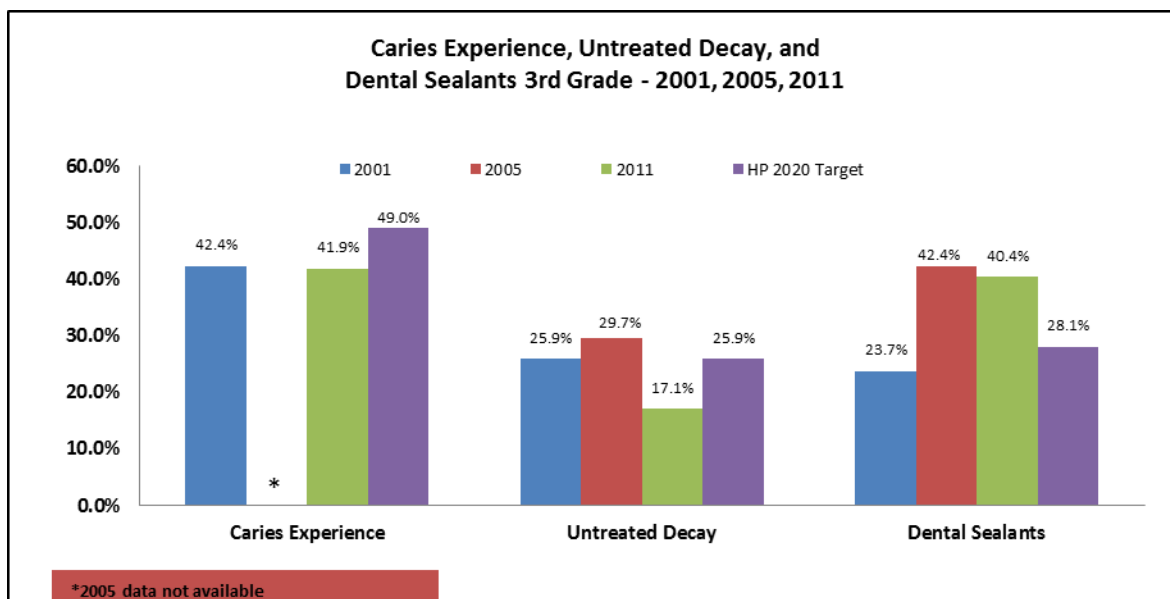
The Office of Oral Health collaborated with the Department of Health Promotion and Policy at the University of Maryland, School of Dentistry to conduct the Oral Health Survey of Maryland School Children, 2011-2012. The Oral Health Survey for 2011-2012 was a follow-up to earlier oral health surveillance projects conducted in 1994-1995, 2000-2001 and 2005-2006.

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.

The goal of the statewide oral health assessment is to appraise oral health status and access to dental care for kindergarten and third grade public school students in the State. A total of 1,723 students in 52 schools participated in the survey, and 1,486 in the oral health screening examinations. The data represents Central Baltimore, Central D.C. (except Montgomery County), Eastern Shore, Southern (Maryland), and Western (Maryland).

In FY 14, the Office of Oral Health released its final report on the results of the Oral Health Survey. Overall the population surveyed exceeded the national averages for percentage of dental visits, dental sealants, and untreated tooth decay over the past decade. The number of children with untreated tooth decay in Maryland decreased by approximately 41 percent between 2001 and 2011. In addition, Maryland has exceeded by 12 percent the target recommended by Healthy People 2020, an initiative of the U.S. Department of Health and Human Services that provides science-based, 10-year national objectives for improving the health of all Americans. Other findings include:

- ◆ 83 percent of school children in the State reported seeing a dentist within the last year, compared with 77 percent at the national level
- ◆ 75 percent of school children in the State reported having a usual source of dental care;
- ◆ 40 percent of third grade school children in the State had at least one dental sealant on a permanent first molar, compared with 32 percent nationwide
- ◆ About 14 percent of school children in the State had untreated dental caries, compared with 23 percent in 2000-2001



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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