

Fiscal Year 2015

# 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*

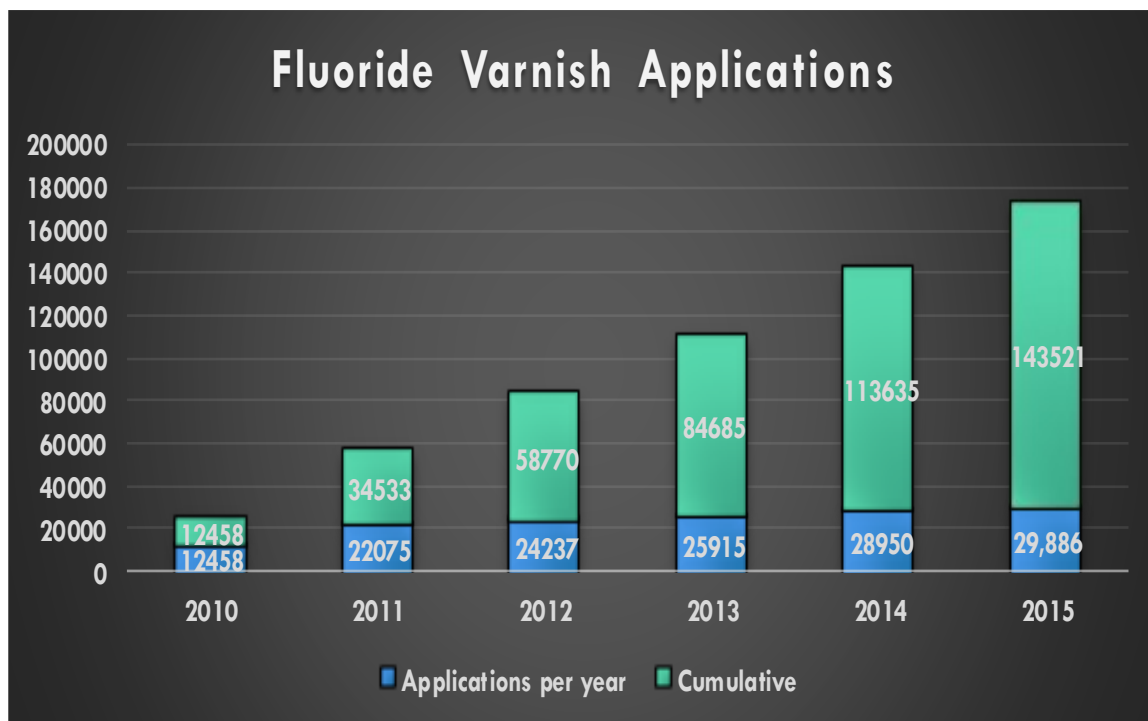
In order to increase oral health literacy and promote wellness, the OOH develops printed materials for distribution. Local health departments, clinics, schools, and private citizens all have access to these materials through the office website or inquiring via phone, email or fax.

In Fiscal Year 2015 (FY15), the OOH received nearly 841 requests for materials. Over **81,019** 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 FY15, the OOH offered 25 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, 2015, there were 848 providers who completed the training program, and 481 of these EPSDT medical providers have enrolled with DentaQuest as fluoride varnish providers. As of June 30, 2015, 143,521 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 2015. 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 21 fluoridation stations across 13 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.

Five new dentists began the MDC-LARP program in January 2015 and will work with the program through December 2017. During CY 2014, MDC-LARP dentists treated 14,513 unduplicated Medicaid patients, and had 36,283 dental visits by Medicaid recipients. MDC-LARP dentists have seen 128,252 unduplicated Medicaid patients through 320,630 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, 14 received OOH awards to implement some form of a dental sealant programs in FY 2015. Local health departments receiving these grants are: Allegany, Anne Arundel, Baltimore, Calvert, Cecil, Charles, Harford, Howard, Kent, Prince George's, Somerset, Washington, Wicomico and Worcester Counties. FY 2015 results for these programs as of June 30, 2015 are: 9,037 children screened, 3,940 referred for further treatment, 37,072 received oral health education, and 12,162 dental sealants were applied to 4,150 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 12 counties receiving grant awards for dental sealant programs by FY 2016. 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 2015 visited 20 Prince George's County Title I Schools. The 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. DDDP was implemented with the goals of increasing dental access in under-served areas, improving oral health literacy, and eliminating disparities.

<b>Title I Schools</b>	20
<b>Children Screened</b>	1,6781
<b>Referrals</b>	601
<b>Sealants</b>	746

During FY 15, an unduplicated total of 1,681 children were screened in the 20 selected Title I schools during the school year. Of those children, 601 were referred for immediate care. 746 children received dental sealants.



## ***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 3 times a year, 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.
- ◆ Provides outreach and technical support to the Local Health Departments, Boards of Education, WIC Programs and community at large with oral health tools and resource materials developed by the OOH.
- ◆ Implement and utilize the Eastern Shore Oral Health Program Data Management Tool. An electronic data collection system that collects and analyzes data from Head Start programs in Somerset, Wicomico, and Worcester Counties.
- ◆ Designs and conducts presentations on various oral health topics to communities at large.

### **Upper and Mid-Eastern Shore**

#### *Cecil, Kent, Queen Anne, Talbot, Dorchester, 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 partner with the Maryland Head Start Association, the Baltimore City Head Start Health Advisory Committee, the Maryland Dental Hygienists Association and the Maryland State Department of Education. In FY 15, 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, Baltimore County, Allegany County, Garrett County and Montgomery County. The OOH provides support and educational information to all of the dental hygiene programs throughout Maryland and encourages their continued relationship with Head Start programs.



## Oral Health Literacy Campaign: Healthy Teeth, Healthy Kids

During FY 15, the strategic alliance between the OOH and the Maryland Dental Action Coalition (MDAC), the statewide oral health coalition, 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.

### *Dientes Sanos, Niños Sanos*

Much activity in FY 2015 focused on reaching out to Latinas with young children. MDAC partnered with United Health to support the implementation of the Spanish language HTHK campaign, *Dientes Sanos, Niños Sanos*. The campaign ran from September through November 2015 and included radio and transit advertising as well as community outreach.

Prior to implementing this campaign, MDAC and OOH developed a Spanish language pre- and post-campaign survey designed to measure oral health awareness and behaviors, as well as awareness of the *Dientes Sanos, Niños Sanos* campaign and its impact on these oral health measures. The pre-campaign survey was implemented before running the *Dientes Sanos, Niños Sanos* campaign and the post campaign survey was conducted immediately after the campaign. Each wave consisted of 400 Latinas with young children. The surveys were conducted one on one using the intercept method.

The results showed that the *Dientes Sanos, Niños Sanos* campaign had a statistically significant impact on the intended audience. Almost all mothers surveyed (92 percent) heard about the *Dientes Sanos, Niños Sanos* campaign, with 91 percent recalling at least one of the campaign’s messages (unaided). After the campaign, significantly more mothers (92 percent) believed children should go to the dentist by their first birthday, and 93 percent more mothers believed that dental health is an important part of overall health—both key campaign messages. In addition, following the campaign, more mothers had heard of fluoride and fluoride varnish and had their children receive fluoride varnish. The survey also found that significantly more mothers drank tap water after the campaign.



## *Media Relations*

During FY 15, OOH continued to work with a media relations firm to promote the HTHK campaign and its messaging about the importance of children's oral health in the media throughout Maryland. This resulted in continued TV, radio, print, and online news coverage. To date, OOH has been able to generate 240 oral health news stories resulting more than 35 million media impressions and more than \$500,000 of advertising value since the campaign launched in 2012.

## *National Reach*

The HTHK campaign has made its mark on Maryland and has been recognized throughout the healthcare, communications and social marketing sectors for its creativity and effectiveness in reaching its target audience. As the OOH looks to the future, it plans to make the HTHK campaign available throughout the United States so its results can be replicated by organizations committed to improving the health of children. To reach this goal, the OOH and MDAC are working together to seek funding for this purpose so that organizations can obtain the campaign at no charge.

The OOH and MDAC believe that by making this campaign available nationally and helping new users implement it effectively, they can improve the public perception of oral health, aid in creating a national oral health network and contribute significantly to eradicating dental disease in children.



# Oral Health Events

## *National Children's Dental Health Month*

February is National Children's Dental Health Month (CDHM). The OOH partnered with the American Dental Association to kick off Children's Dental Health Month by providing educational materials. The Office of Oral Health's interactive games can be found on the OOH website, <http://phpa.dhmdh.maryland.gov/oralhealth>. Additionally, educational material such as oral health activity worksheets, posters, and a website resource list were distributed. For a complete overview of what was offered for CDHM 2015, please visit: [http://phpa.dhmdh.maryland.gov/oralhealth/SitePages/CDHM\\_2015.aspx](http://phpa.dhmdh.maryland.gov/oralhealth/SitePages/CDHM_2015.aspx).

## *Oral Cancer Awareness Month*

Governor Larry Hogan 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 11th, 2015, the 7th 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 5th Annual Ava Roberts Advanced Pediatric Dentistry Seminar on August 8, 2014, at The Gathering Place in Clarksville, MD. 117 dental public health professionals, including dentists and dental hygienists, attended and were provided training by Drs. Norman Tinanoff, Gary Hack, Janet Yellowitz and Melissa Mulreany on the following topics, respectively:

- ◆ Restorative Dentistry in Primary Teeth
- ◆ Diabetes Screening in the Dental Office
- ◆ Aging Population and Dental Concerns
- ◆ 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. This particular session we were able to offer Infection Control, which is a mandatory license renewal requirement for the providers.

## State Oral Health Initiatives

### *Maryland Dental Action Coalition (MDAC)*

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

During FY 2015, OOH provided support to MDAC in preparing their DentaQuest Foundation's Oral Health 2020 grant proposal. MDAC's diverse partner network collaborates in three focus areas: oral health literacy and education, interprofessional collaboration, and policy/advocacy.

### *Oral Health Literacy & Education*

In FY 15, the OOH and MDAC implemented the Spanish language HTHK campaign, *Dientes Sanos, Niños Sanos*. The campaign ran from September through November 2015 and included radio and transit advertising as well as community outreach.

Prior to implementing the *Dientes Sanos, Niños Sanos* Campaign, MDAC and OOH developed and implemented a Spanish language pre- and post-campaign survey designed to measure oral health awareness and behaviors, as well awareness of the, *Dientes Sanos, Niños Sanos*, campaign and its impact on these oral health measures. Results showed that the *Dientes Sanos, Niños Sanos* campaign had a statically significant impact on its Latina audience. Almost all mothers surveyed (92 percent) heard about the *Dientes Sanos, Niños Sanos* campaign, with 91 percent recalling at least one of the campaign's messages (unaided). After the campaign, significantly more mothers (92 percent) believed children should go to the dentist by their first birthday, and 93 percent more mothers believed that dental health is an important part of overall health—both key campaign messages. In addition, following the campaign more mothers had heard of fluoride and fluoride varnish and had their children receive fluoride varnish. The survey also found that significantly more mothers drank tap water after the campaign.





## *Interprofessional Collaboration*

MDAC's interprofessional network is composed of both traditional and nontraditional partners from an array of disciplines including medicine, dental, social work, law, pharmacy, and nursing. MDAC's interprofessional work has included oral health training to pediatrician, WIC coordinators and nutritionists, Judy Center and Child Care Center coordinators and staff, OB/GYN practitioners, students and faculty. In 2015, an interprofessional group of MDAC members finalized a list of recommended oral health books for children under the age of seven. The list garnered national attention and was presented at the National Medical Library Association's annual meeting in Texas in May 2015. The interprofessional collaboration work group is dedicated to improving oral health integration into educational, health care, social and community settings.

## *Policy & Advocacy*

MDAC has begun to develop a comprehensive, four year plan targeting adult oral health in Maryland with an emphasis on older adults. During the 2015 Maryland General Assembly session, MDAC gained support for extending Medicaid dental coverage for postpartum women for the same time period they are covered for medical benefits. Though unsuccessful, MDAC will continue its advocacy efforts to extend coverage for postpartum women during the 2016 legislative session. In 2014, MDAC spearheaded a successful campaign to increase Medicaid rates for certain pediatric oral health procedures. MDAC's work on behalf of all Marylanders for access to high quality, affordable health care has allowed the organization to identify strong legislative oral health advocates both locally and nationally.

# Maryland Dental Action Coalition





# 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 Hogan, 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 2015, there were 1,385 individual providers enrolled, resulting in a dentist-to-child enrollee ratio of approximately 1:489.

### Dentists Participating in the Maryland Healthy Smiles Dental Program<sup>a</sup>

Regions <sup>b</sup>	Maryland Healthy Smiles Dental Program					
	August 2009	August 2011	August 2012	August 2013	August 2014	August 2015
Baltimore Metro	242	410	384	408	437	459
Montgomery/Prince George's Counties	208	365	358	374	435	504
Southern Maryland	29	51	49	51	55	59
Western Maryland	65	128	94	91	92	114
Eastern Shore	43	84	68	77	81	67
MD Bordering States	62	152	362	370	254	182
<b>Unduplicated Total<sup>c</sup></b>	<b>649<sup>d</sup></b>	<b>1,190</b>	<b>1,315</b>	<b>1,371</b>	<b>1,354</b>	<b>1,385</b>

<sup>a</sup> 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.

<sup>b</sup> 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.

<sup>c</sup> This table indicates the total number of unduplicated dentists in each region and does not include fluoride varnish providers.

<sup>d</sup> 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.

### Number of Children Receiving Dental Services Children Ages 4-20, Enrolled for at Least 320 Days in Medicaid<sup>a</sup>

Year	Total Number of Enrollees	Enrollees Receiving One or More Dental Service	Percent Receiving Service	HEDIS® National Medicaid Average <sup>b</sup>
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 <sup>c</sup>	405,873	277,272	68.3%	↗
CY 2014	423,625	286,713	67.7%	N/A

<sup>a</sup> The study population for CYs 2008-2014 measured dental utilization for all qualifying individuals in Maryland’s Medical Assistance program, including fee-for-service and HealthChoice MCO enrollees. Recipients with partial benefits were excluded from the analysis.

<sup>b</sup> Mean for the Annual Dental Visit measure, total age category (ages 2-21 years), as of HEDIS® 2006. The 2-3 year age cohort was added as of HEDIS® 2006.

<sup>c</sup> Due to NCQA licensing restrictions beginning with CY 2013, the National HEDIS® Mean can no longer be displayed in Table 3. An arrow has been added to indicate if Maryland’s performance score is above, below, or equal to the National HEDIS® Mean. In CY 2013, Maryland’s performance score is above the National HEDIS® Mean



## Provide Training to Dental and Medical Providers

**Action Taken:** As of September 30, 2015, approximately 1,397 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 two separate pediatric dentistry courses. The Prediabetes and Oral Health Conference was held in June 2015 and was offered to public health and private sector Medicaid general dental practitioners. In August 2014, the annual Ava Roberts Advanced Pediatric Seminar was held for the dental public health workforce.

## *Maryland Oral Health Plan*

In 2010, the Maryland Dental Action Coalition (MDAC) led the development of the first Maryland Oral Health Plan (MOHP) in collaboration with oral health stakeholders throughout the State. The 5 year plan (2011 – 2015) outlines activities to address access to oral health care, health literacy and oral disease and injury prevention. Oral health stakeholders have used the MOHP as a road map to improve oral health for all Marylanders. MDAC, OOH and other groups have monitored progress against the plan and established initiatives to reach the goals outlined in the MOHP. As the MOHP is in its final year, MDAC and OOH are in the process of planning for the development of a new Maryland Oral Health Plan to guide oral health professionals, public health entities and stakeholders throughout the State. Once completed, the new Maryland Oral Health Plan will be printed and distributed to local, state and national oral health stakeholders. The OOH, MDAC and other stakeholders will implement and track Maryland Oral Health Plan activities.

More information and an electronic copy of the current MOHP can be found at <http://www.mdac.us/maryland-oral-health-plan/>.



# OOH Grants to Local Health Departments

In FY 2015, 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 44,500 children's clinical dental visits in FY15. Overall, as reported to State Stat (a performance measurement management tool), 28,009 children were seen statewide at local health department dental programs in FY15. Almost 1,000 more children were seen in FY15 compared to FY14.

### **Sealants**

In FY15, 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. 5,085 children received services at onsite clinics, and an additional 4,150 received them through school-based or school-linked programs.

### **Fluoride Treatments**

In FY15, 41,667 children received fluoride treatments through local health department programs.

### **School-based Education**

In FY15, as a result of OOH funding, 76,059 children received oral health education in school settings.

## *Adult's Dental Clinical Care Services*

### **Clinical Appointments**

OOH grants contributed to 20,663 adult clinical dental visits in FY15. 13,438 adults were seen statewide at local health department dental programs in FY15, and 3,936 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 FY15, 13 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 FY15, **6,719** individuals were screened for oral cancer. Of the individuals screened, **14** were referred for a biopsy. Approximately 21, 799 individuals were educated on oral cancer, and **959** health care providers were educated on oral cancer and how to perform an oral cancer exam.



<b>Oral Cancer Service</b>	<b># Adults</b>
Screenings	6,719
Biopsy Referrals	14
Education	21,799
Providers Trained	959



# OOH Funding Opportunities

## *Centers for Disease Control (CDC)*

The Centers for Disease Control and Prevention (CDC) provides grants (State Oral Disease Prevention Program Cooperative Agreement) 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 FY15 (for the second 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 1 and year 2 activities (September 1, 2013 through August 31st, 2015). Completed year 2 activities include retaining key staff members as required under the cooperative agreement, the evaluation of OOH partners, expansion and coordination of the dental sealants program and maintain the water fluoridation program. In addition, during year 2 OOH continued to explore ways to increase the number of Title I schools with dental sealant programs. The Dental Sealants Program Coordinator attended all School Based Health Center Policy Advisory Council meetings and sat on various committees. The OOH also completed an older adults Basic Screening Survey. The results of this survey have been added data to the surveillance system. All completed activities have been reported to CDC through the Chronic Disease Management Information System which is a tool designed for funded states to report their program progress to CDC.

The OOH is now implementing year 3 activities which run from September 1, 2015 through August 31<sup>st</sup> 2016.



## *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.” The goals of the Oral Health Workforce grant were to (1) increase access to community-based prevention services; (2) decrease health disparities by empowering caregivers; (3) increase medical-dental collaboration; and (4) support the Maryland Dental Action Coalition. As a result of HRSA funding, over 24,00 children received screenings and 11,468 received dental sealants through OOH funded school-based/school-linked dental sealant programs. On Maryland’s Eastern Shore, 1,505 children received fluoride varnish applications during their regularly scheduled WIC visits through a sub award to the Eastern Shore Area Health Education Center.

HRSA support for the Community Water Fluoridation program benefitted over 56,000 Marylanders through water system equipment upgrades that ensure optimal water fluoridation levels. In Prince George’s County, 5,557 children at 20 Title I schools received dental screenings and education through the Deamonte Driver Dental Van Project. HRSA funding also supported expansion of the Fluoride Varnish and Oral Health Literacy Education Programs by integrating medical dental education courses and resources. Finally, HRSA funding enabled the Maryland Dental Action Coalition to increase its sustainability by hiring a grant writer and a health education coordinator.

In September 2015, the OOH began a second round of Grants to States to Support Oral Health Workforce Activities. The \$1.5 million grant will support oral health workforce initiatives through August 31, 2018. The 3 focus areas of the grant are to: (1) integrate oral and primary care medical delivery systems for underserved communities; (2) implement community-based prevention service programs for underserved populations, such as water fluoridation and dental sealant programs; and (3) implement programs to establish or expand oral health services and facilities in Dental Health Profession Shortage Areas, such as the establishment or expansion of community-based dental facilities, free-standing dental clinics, school-linked dental facilities, and mobile or portable dental clinics.

In 2015, OOH was awarded the Perinatal and Infant Oral Health Quality Improvement Program Grant (PIOHQI) funded by HRSA. Maryland OOH has been striving to reduce the prevalence of oral disease in both pregnant women and infants most at risk for disease through improved access to quality oral health care. Specifically, the project aims to: 1) reduce prevalence of oral disease in pregnant women and infants, reducing early childhood caries; 2) increase preventive care utilization for pregnant women; 3) establish a dental home for infants by age 1; and 4) reduce dental expenditures. OOH will utilize multiple strategies to improve the oral health literacy and awareness of low-income pregnant women and the oral health behaviors of health care practitioner groups to increase oral health care utilization for the mother and her child throughout their lifespan.



## Partnerships & Evaluation

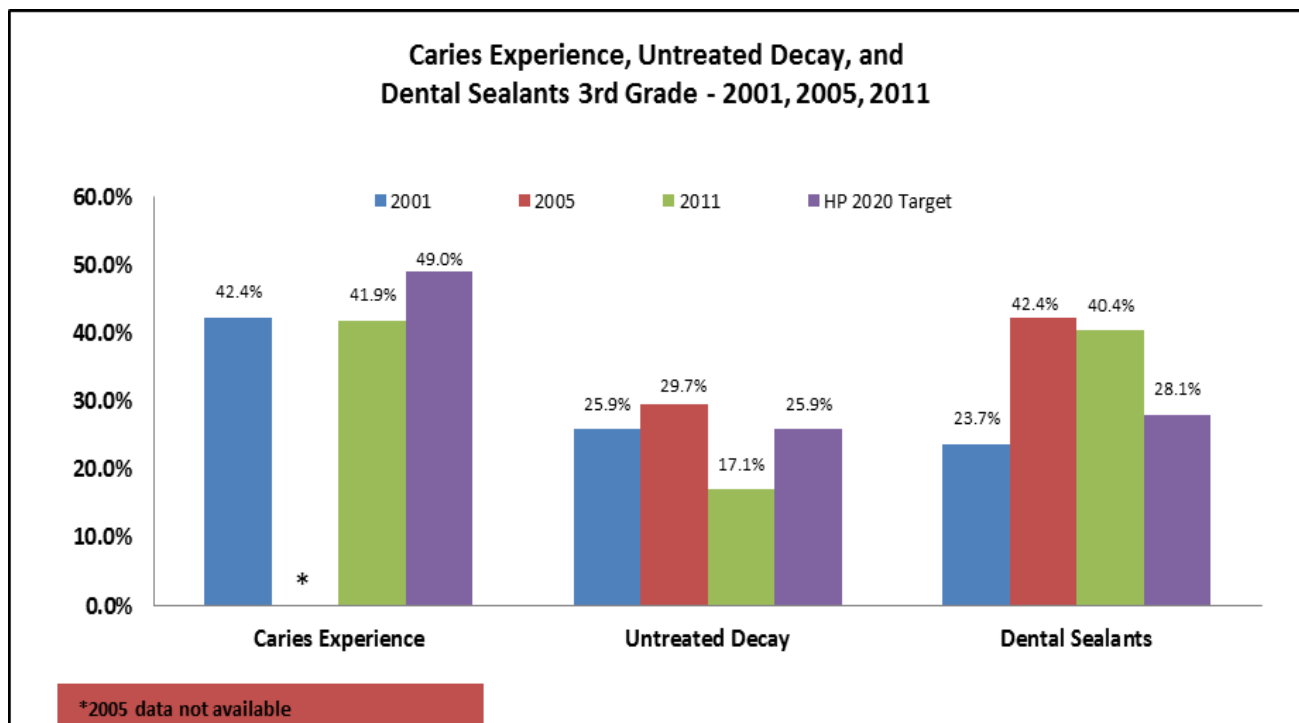
### *Survey of the Oral Health Status of Maryland School Children*

The Office of Oral Health in collaboration with the University of Maryland, School of Dentistry will be conducting the Oral Health Survey of Maryland School Children, 2015-2016 this school year. The Oral Health Survey for 2015-2016 is a follow-up to earlier oral health surveillance projects conducted in 1994-1995, 2000-2001, 2005-2006, 2011-2012.

The survey includes: (1) a smile check (oral examination) to determine the current oral health status of the child; and (2) a report card, that will be sent to parents with the child's smile check 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. The 2015-2016 survey will include a sample of 60 schools. The data will be representative of all the counties in Maryland. All children in Kindergarten and third grade will receive a smile check beginning Fall 2015, unless their parents opt-out. Results will be finalized and published in the spring of 2016.

In FY 14, the Office of Oral Health released its final report on the results of the 2011-2012 Oral Health Survey of Maryland School Children. Overall, results from this Survey (see table below) found that the population surveyed exceeded the national targets for dental caries experience, untreated decay and dental sealants 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. Of equal note, the number of children with untreated tooth decay in Maryland decreased by approximately 41 percent between 2001 and 2011.



## 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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