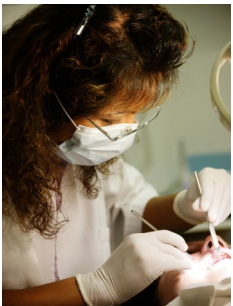


Fiscal Year 2016

# Office of Oral Health

## Annual Report





# Table of Contents

<b>INTRODUCTION TO THE OFFICE OF ORAL HEALTH.....</b>	<b>3</b>
MISSION, VISION, & FOCUS.....	4
<b>OFFICE OF ORAL HEALTH PROGRAMS.....</b>	<b>5</b>
OOH EDUCATIONAL MATERIALS.....	6
FLUORIDE VARNISH AND ORAL HEALTH SCREENING PROGRAM .....	7
COMMUNITY WATER FLUORIDATION.....	8
THE MARYLAND STATEWIDE DENTAL SEALANTS PROGRAM.....	9
MARYLAND DENT-CARE LOAN ASSISTANCE REPAYMENT PROGRAM.....	10
DEAMONTE DRIVER DENTAL PROJECT.....	11
EASTERN SHORE ORAL HEALTH EDUCATION AND OUTREACH PROGRAM.....	12
ORAL HEALTH LITERACY CAMPAIGN.....	13
ORAL HEALTH EVENTS.....	15
<b>STATE ORAL HEALTH INITIATIVES.....</b>	<b>16</b>
MARYLAND DENTAL ACTION COMMITTEE.....	17
MARYLAND ORAL HEALTH REFORM EFFORTS & PROGRESS REPORT.....	20
<b>OOH GRANTS TO LOCAL HEALTH DEPARTMENTS.....</b>	<b>22</b>
CHILDREN’S DENTAL CLINICAL CARE SERVICES.....	23
ADULTS’ DENTAL CLINICAL CARE SERVICES.....	23
MARYLAND ORAL CANCER PREVENTION AND EDUCATION.....	24
<b>OOH FEDERAL GRANT FUNDING.....</b>	<b>25</b>
CENTERS FOR DISEASE CONTROL AND PREVENTION.....	26
HEALTH RESOURCES AND SERVICES ADMINISTRATION GRANT.....	27
PERINATAL AND INFANT ORAL HEALTH QUALITY IMPROVEMENT.....	28
<b>PARTNERSHIPS AND EVALUATION.....</b>	<b>29</b>
SURVEY OF THE ORAL HEALTH STATUS OF MARYLAND SCHOOL CHILDREN.....	30
<b>CONCLUSION &amp; POINTS OF CONTACT.....</b>	<b>31</b>

## Acronyms

OOH	Office of Oral Health
DHMH	Department of Health and Mental Hygiene
PHPA	Prevention and Health Promotion Administration
LHD	Local Health Department
FQHC	Federally Qualified Health Center
HPSA	Health Professional Shortage Areas
MDAC	Maryland Dental Action Coalition
MOHP	Maryland Oral Health Plan
HTHK	Healthy Teeth, Healthy Kids
DDDP	Deamonte Driver Dental Project
CDC	Centers for Disease Control and Prevention
HRSA	Health Resources and Services Administration
MDE	Maryland Department of the Environment
MRWA	Maryland Rural Water Association
MHEC	Maryland Higher Education Commission



# Introduction to the Office of Oral Health

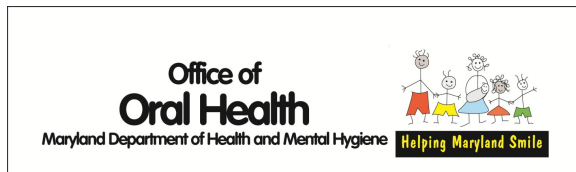
## Promoting Oral Health for Marylanders

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 is proud of how far the state has come, but acknowledges there is still more to be done.



A handwritten signature in blue ink that reads "Gregory B. McClure".

Gregory McClure, DMD, MPH  
Director, Office of Oral Health



# Mission

The mission of the Office of Oral Health (OOH), an office in the Prevention and Health Promotion 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; and
- ◆ Reducing oral injuries in Maryland, with a focus on sports-related oral injuries in Maryland school children.



# Office of Oral Health Programs



# OOH Educational Materials

## Increasing Oral Health Literacy and Promoting Wellness

14 brochures available in English,  
8 available in Spanish and  
4 fact sheets in English

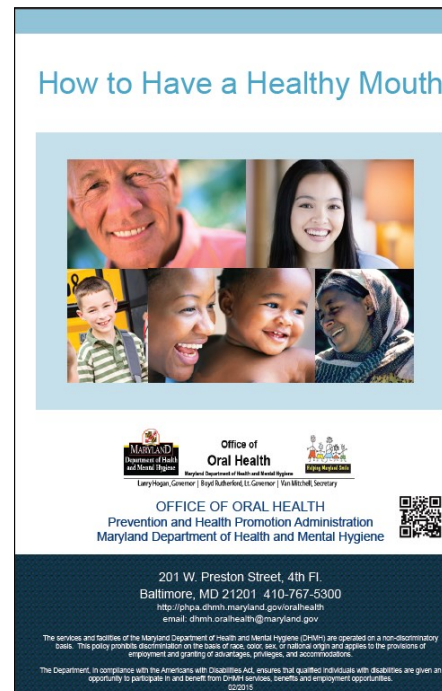


935 requests  
for materials



74,698 brochures and fact  
sheets distributed

Local health departments (LHDs), clinics, schools, and private citizens all have access to these materials through the office website or inquiring via phone, email, or fax.



# Fluoride Varnish and Oral Health Screening Program

## Maryland's Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids for Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Established July 1, 2009, Maryland's Mouths Matter provides Medicaid reimbursement to medical providers for applying fluoride varnish to children's teeth ages 9 to 36 months. Medical providers see young children earlier and more frequently than oral health providers, so they play a key role in establishing optimal oral health. When an EPSDT medical provider successfully completes the online training, OOH notifies the MD Medicaid Program and Scion Dental that they are eligible to receive reimbursements.

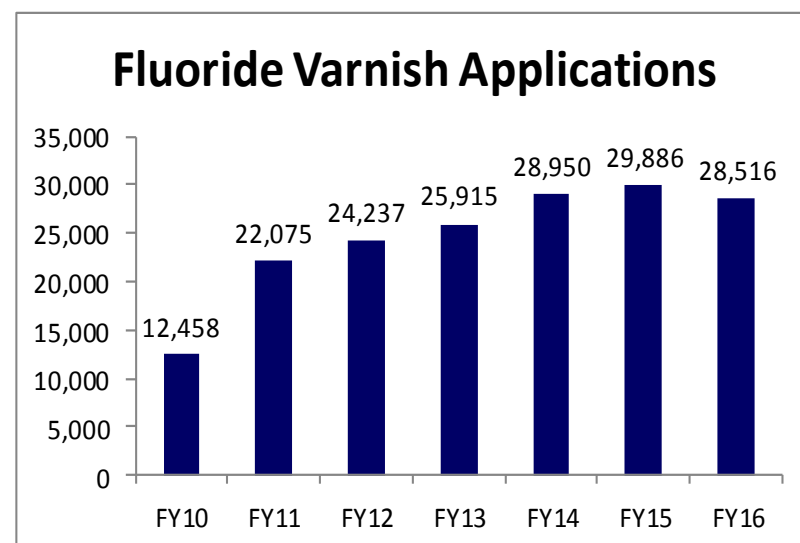


**What is fluoride varnish?** A protective coating that is painted on teeth.

**Why apply it?** Over a period of time, the varnish releases fluoride which strengthens teeth and prevents tooth decay.

**For who?** Children ages 9 to 36 months.

**How?** The MD Medicaid Program reimburses EPSDT medical providers who apply fluoride varnish.





# Community Water Fluoridation

Through a Partnership with the Maryland Rural Water Association (MRWA)



Fluoridation **equipment** maintenance, repair, and replacement:

- OOH provided replacement fluoridation equipment to systems in need utilizing funding available through a cooperative agreement with the CDC as well as a separate grant from HRSA

Technical assistance and fluoridation **training** for water operators:

- In May 2014, partnership with MRWA resulted in first fluoridation training for water operators;
- 8-hour course covering technical aspects of water fluoridation in addition to health and cost benefits — developed jointly by OOH and MRWA;

- The course has been approved by the Maryland Department of the Environment (MDE) and provides continuing education (CE) credits for water operators that complete the course;
- The course is held twice a year at varying locations across the state and is free to attendees; and
- To date, 6 classes have been held—*Frederick / Cambridge / Havre De Grace / Cumberland / Millersville / Centreville* and a total of **113** water system personnel have received training.

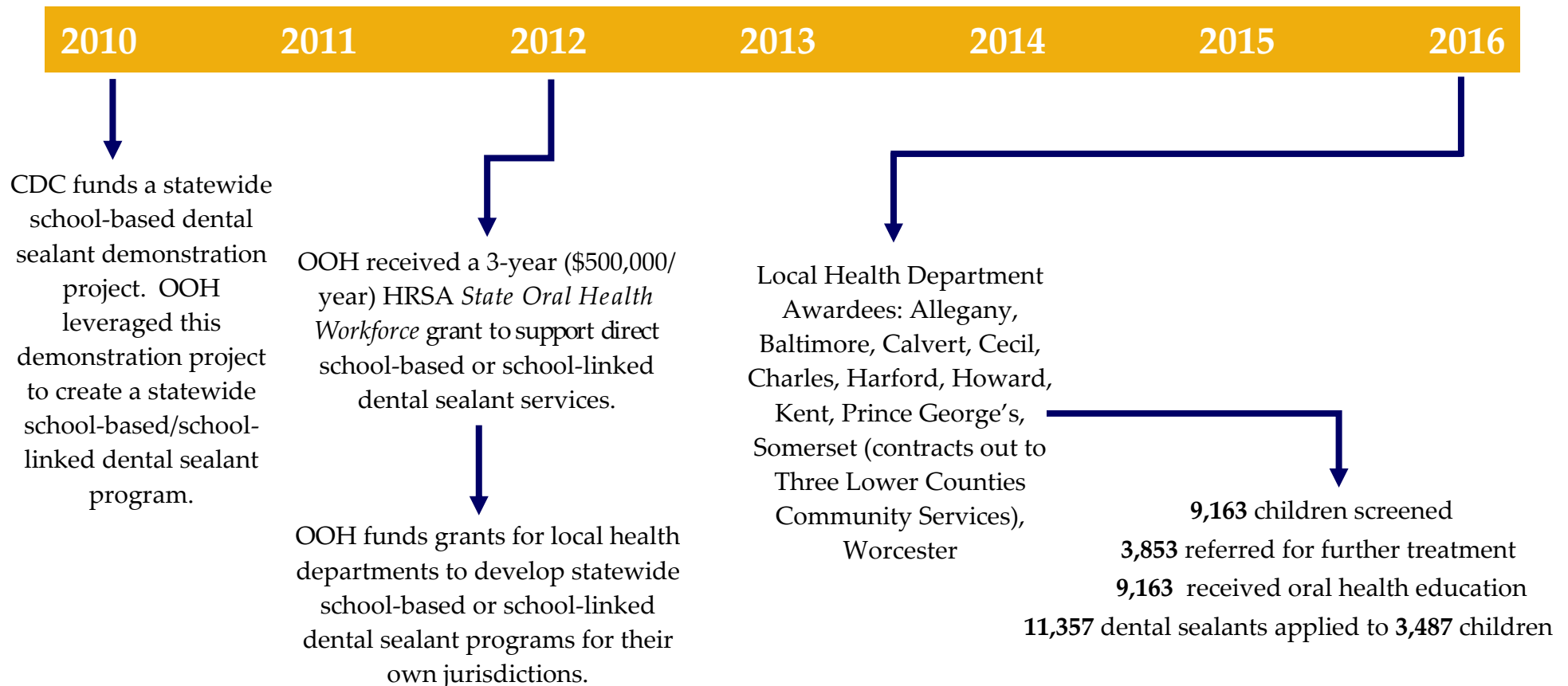
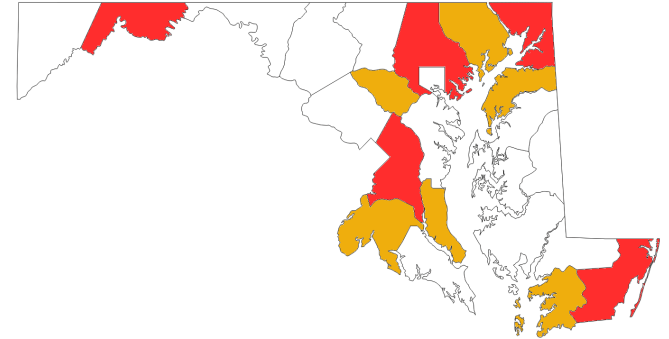
For every dollar spent on community water fluoridation, up to \$38 is saved in treatment costs for tooth decay. In MD, 93.1% of the population on public water receives fluoridated water.

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.

# The Maryland Statewide Dental Sealants Program

## An Evidence-Based Practice for Preventing Tooth Decay

School-based dental sealant programs target schoolchildren from low-income backgrounds at high risk for dental caries who are generally less likely to receive oral health services from a private practice dental care provider. These programs are not intended to compete with private dental practitioners and instead serve to offer a needed safety net service for those children without a current dental home. School-based dental sealant programs have been successfully implemented throughout the country and have been shown to reduce the risk of pit-and-fissure dental caries, as well as racial and economic disparities in dental sealant prevalence among children.



# Maryland Dent-Care Loan Assistance Repayment Program

## MDC-LARP

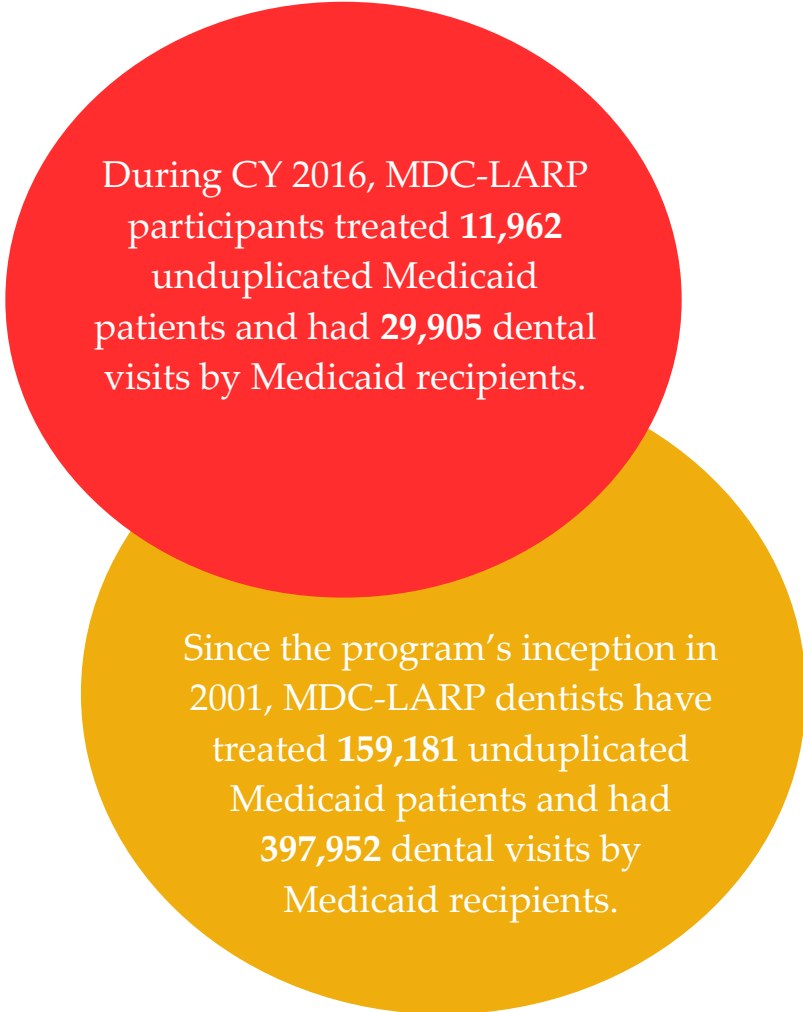
**What:** Loan repayment program for dentists created by the MD General Assembly in 2000.

**Purpose:** To increase the number of dentists providing oral health care services to Medicaid recipients.

**Who:** Up to 5 Maryland dentists selected each year to participate for a period of 3 years.

**How:** Dentists in the program work at any site (private practice, group practice, public health entity) anywhere in the state. They commit to provide at least 30% of their patient services to the Medicaid population. Dentists receive \$23,740 per year in loan repayment assistance over a 3 year period.

**How:** OOH, in partnership with the Maryland Higher Education Commission (MHEC), administers MDC-LARP. OOH reviews applications, monitors participants on a monthly basis, and conducts initial and yearly site visits.



During CY 2016, MDC-LARP participants treated 11,962 unduplicated Medicaid patients and had 29,905 dental visits by Medicaid recipients.

Since the program's inception in 2001, MDC-LARP dentists have treated 159,181 unduplicated Medicaid patients and had 397,952 dental visits by Medicaid recipients.

# Deamonte Driver Dental Project (DDDP)

## 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 2016 visited 22 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 underserved areas, improving oral health literacy, and eliminating disparities.

### In FY16:

<b>Title I schools</b>	22
<b>Children screened</b>	1,516
<b>Referrals</b>	739
<b>Children that received at least one sealant</b>	520
<b>Total sealants placed</b>	2,021



# Eastern Shore Oral Health Education and Outreach Program

Serving Vulnerable Populations Residing on Maryland's Eastern Shore

## Lower Eastern Shore

*Wicomico, Worcester, and Somerset Counties*

Using the Eastern Shore Oral Health Program Data Management Tool, provide oral health screening, fluoride varnish applications, oral health education, and case management 3 times a year to:

- 9 Early Head Start and Head Start Centers.
- 7 Judy Centers in Wicomico and Worcester Counties.

Provides outreach and technical support to:

- LHDs, Boards of Education, WIC Programs, and the community.

## Upper and Mid-Eastern Shore

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

- Individual case management for agencies and individuals with urgent or routine dental services.
- Serve on local 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*

**Who:** Collaboration with Office of Genetics and People with Special Health Care Needs, Maryland Consortium for Children with Special Health Care, and University of Maryland's Perryville Dental Center.

**What:** To address the dental needs of children and adults with special health care needs in Maryland.

**Priority:** To provide adaptive oral health supplies and encourage daily preventive oral health care.

**How:** OOH provides case management, 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*

**Who:** Partner with the Maryland Head Start Association, Baltimore City Head Start Health Advisory Committee, Maryland Dental Hygienists Association, and Maryland State Department of Education.

**What:** OOH provides support for oral health prevention and intervention programs through Early Head Start with goal to continue care through Head Start and beyond.

**How:** 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, Allegany, Garrett, and Montgomery Counties.



# Oral Health Literacy Campaign

## Healthy Teeth, Healthy Kids

During FY16, the strategic alliance between the OOH and Maryland Dental Action Coalition (MDAC) continued to promote the statewide Oral Health Literacy Campaign: Healthy Teeth, Healthy Kids (HTHK). The campaign focuses on reducing oral disease in children by increasing healthy behaviors and improving access to care by using social marketing tactics to reach out to women with young children and provide them with the skills they need to help keep their children cavity free.



## Dientes Sanos, Niños Sanos

OOH and MDAC partnered with United Healthcare 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 surveyed several groups of up to 400 Latina mothers with young children to measure oral health awareness, behaviors, and awareness.

Following the campaign, more mothers had heard of fluoride and had their children receive fluoride varnish. The survey also found that significantly more mothers drank tap water after the campaign. The results of the campaign are delineated in the adjacent box.

Healthy Teeth, Healthy Kids and its Spanish version Dientes Sanos, Niños Sanos advertising included:

- TV
- Radio
- Transit advertising
- Social media
- Campaign brochures and posters



The results of the Dientes Sanos, Niños Sanos campaign showed that:

- 92% heard about the *Dientes Sanos, Niños Sanos* campaign
- 91% recall at least one of the campaign's messages (unaided)
- 92% children should go to the dentist by their first birthday, after the campaign
- 93% more mothers believed that dental health is an important part of overall health—both key campaign messages



## Media Relations

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.

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

February is National Children's Dental Health Month (NCDHM). OOH partnered with the American Dental Association to kick off Children's Dental Health Month by providing educational materials such as games, worksheets and website resources onto the CDHM section of the OOH website.

## National Children's Dental Health Month

## Oral Cancer Awareness Month

April is Oral Cancer Awareness Month (OCAM). OOH partnered with the Tobacco Prevention Program and provided Quit Line information to local partners as well as educational materials about oral cancer. Every year the Annual Baltimore Cancer 5K walk/run is held at Druid Hill Park. The walk/run included a health fair offering free oral cancer screenings.

OOH sponsored the 6th Annual Ava Roberts Advanced Pediatric Dentistry Seminar on July 24, 2015 in Howard County, MD. 111 dental public health professionals, including dentists and dental hygienists, attended and earned 6 continuing education credits and were trained in Integrating Nutrition into Dental Practices, Early Childhood Caries, Special Needs Patients.

## Continuing Education Day



# State Oral Health Initiatives

# Maryland Dental Action Coalition

## MDAC

In June 2007, the Governor and former DHMH Secretary John Colmers convened a Dental Action Committee (DAC) to increase access to care for poor and low-income children in Maryland. This was in response to the death of a 12-year old Maryland child who passed away as the result of an untreated dental infection that spread to his brain. In FY10, 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.



### Focus

The primary goal of MDAC is to ensure all Marylanders have access to quality oral health care. MDAC hopes to reduce disparities and improve oral health equity. MDAC's diverse partner network collaborates in three focus areas:

- 1. Oral health literacy and education**
- 2. Inter-professional collaboration**
- 3. Policy and advocacy**

### Policy and Advocacy

In the 2016 Maryland Legislative Session, OOH and MDAC advocated to:

- Allow dental hygienists to administer nitrous oxide and local anesthesia;
- Establish Medicaid coverage for adult dental;
- Change dental ownership laws to protect safety net providers; and
- Develop network standards for dental plans through establishing a workgroup.



## Oral Health Literacy and Education

OOH and MDAC partnered with United Healthcare 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. The results of the campaign are detailed on page 13 of this document.



## Maryland Oral Health Plan (MOHP)

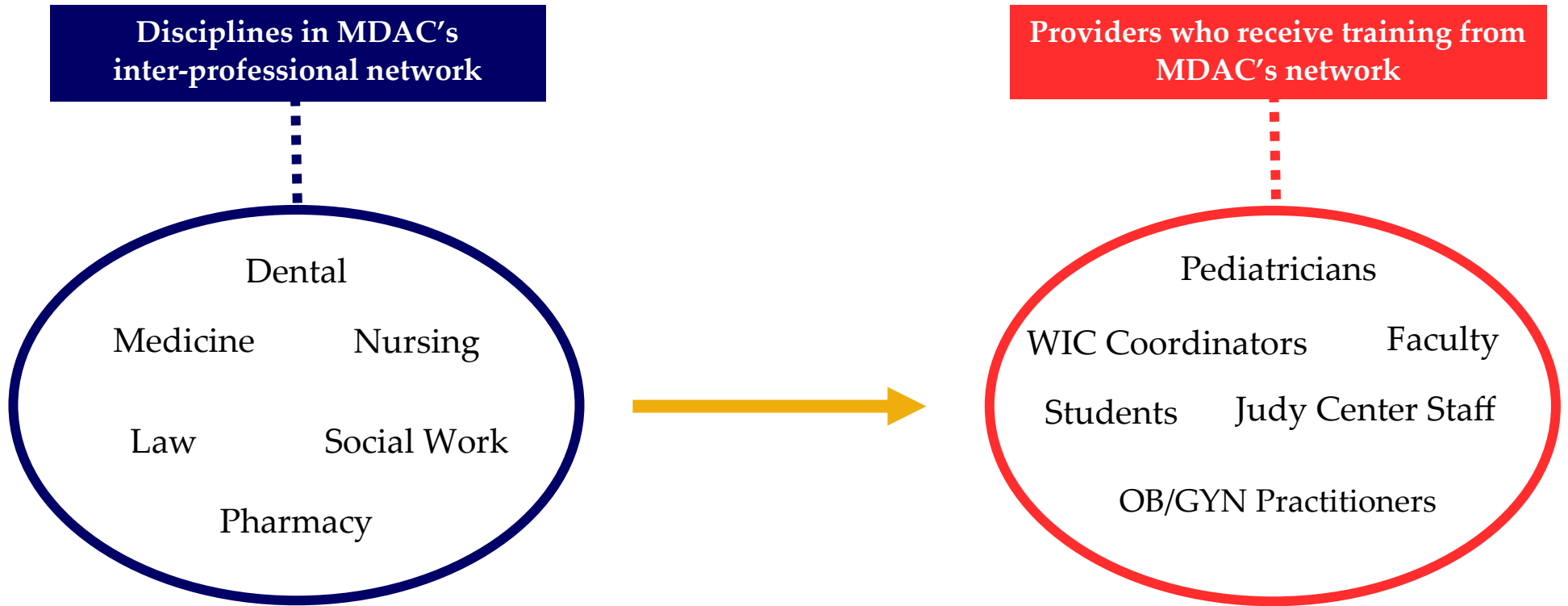
In 2010, MDAC led the development of the first MOHP in collaboration with oral health stakeholders throughout the state. The 5 year plan (2011 – 2015) outlined activities to address access to oral health care, health literacy and oral disease and injury prevention. Oral health stakeholders have used 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.



MDAC is currently in the process of creating an updated 5 year plan for the years of **2017-2021**.

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

## Inter-Professional Collaboration



MDAC's inter-professional network is composed of both traditional and nontraditional partners from an array of disciplines that provide oral health trainings. The network group is dedicated to improving oral health integration into educational, health care, social and community settings.



# Maryland Oral Health Reform Efforts and Progress Report

## 1– 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 Managed Care Organizations (MCO). On January 1, 2016, Scion became the ASO for the Maryland Healthy Smiles Dental Program. The previous ASO, DentaQuest, actively enrolled new dentists in the Maryland Healthy Smiles Dental Program from 2009 to 2015. Because of the overall increase in the provider network since 2009, the Dental Home Program was implemented statewide in December 2013. As of August 2016, there were 1,472 individual providers enrolled.

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

Region <sup>b</sup>	August 2011	August 2012	August 2013	August 2014	August 2015	August 2016
Baltimore Metro	410	384	408	437	459	487
Montgomery and Prince George's Counties	365	358	374	435	504	523
Southern Maryland	51	49	51	55	59	68
Western Maryland	128	94	91	92	114	125
Eastern Shore	84	68	77	81	67	71
MD Bordering States	152	362	370	254	182	198
<b>Unduplicated Total <sup>c</sup></b>	<b>1,190</b>	<b>1,315</b>	<b>1,317</b>	<b>1,354</b>	<b>1,385</b>	<b>1,472</b>

a: 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.

b: 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.

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

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

## 2 – Maintain and Enhance the Dental Health Infrastructure

**Action Taken:** The Governor’s FY 2016 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%	↑ c
CY 2014 <sup>c</sup>	423,625	286,713	67.7%	↑ c
CY 2015	404,118	278,796	69.0%	N/A

<sup>a</sup> The study population for CYs 2009-2015 measured dental utilization for all qualifying individuals in Medicaid, including Fee-For-Service (FFS) 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 National Committee for Quality Assurance 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 and CY 2014,

## 3 – Provide Training to Dental and Medical Providers

**What:** Training in didactic and clinical pediatric dentistry so that providers can competently treat young children.

**Who:** Approximately 1,397 public health and private sector general dentists.

**How:** OOH helped to facilitate two separate pediatric dentistry courses:

- **Pre-diabetes and Oral Health Conference** held in June 2015 and was offered to public health and private sector dental practitioners.
- The annual **Ava Roberts Advanced Pediatric Dentistry Seminar** was held in August 2015 for the dental public health workforce.



# OOH Grants to Local Health Departments

# Children's Dental Clinical Care Services



## Clinical Appointments

Overall clinical appointments for children:

- OOH grants contributed to more than **44,155** children's clinical dental visits in FY16
- **28,120** children were seen statewide at local health department dental programs in FY16

## Sealants

In FY16, 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.

- **9,163** children received services at onsite clinics
- **3,542** children were sealed, totaling **11,511** sealants

## Fluoride Treatments

In FY16, **23,818** children received fluoride treatments through local health department programs.

## School-Based Education

In FY16, as a result of OOH funding, **82,048** children received oral health education in school settings.

# Adults' Dental Clinical Care Services

## Clinical Appointments

OOH grants contributed to **24,290** adult clinical dental visits in FY16.

- **14,351** adults were seen statewide at local health department dental programs in FY16
- **3,854** 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 FY16, 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; and
- ♦ Oral cancer prevention education programs for the public.



## Oral Cancer Screenings

Oral Cancer Service	Adults
Individuals screened for oral cancer	9,120
Referred for biopsy	8
Providers educated on oral cancer	554



# OOH Federal Grant Funding



# Centers for Disease Control and Prevention

CDC

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 FY16 (for year 3 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.

## Year 3 Accomplishments

- Expanded and coordinated dental sealants program.
- Continued collaboration with MRWA and MDE to maintain the Water Fluoridation Program and provide the “Self-Effective Processes, Practices, and Principles” training course.
- Implemented communications activities that promote oral disease prevention through two campaigns targeting:
  - Latinos on the importance of good oral health; and
  - African-American women with young children to promote the Mighty Tooth School-Based Dental Sealant Program.

OOH has completed all year 1-3 activities (September 1, 2013 through August 31, 2016). The OOH is now implementing year 4 activities which run from September 1, 2016 through August 31, 2017.



# Health Resources and Services Administration (HRSA) Grant

## Grants to States to Support Oral Health Workforce Activities

First grant cycle: 3-year  
\$1.5 million grant awarded  
September 2012 – August 2015

Second grant cycle: 3-year  
\$1.5 million grant awarded  
September 2015 – August 2018

2012	2013	2014	2015	2016	2017	2018
<b>Goals:</b> <ol style="list-style-type: none"> <li>1) Increase access to community-based prevention services.</li> <li>2) Decrease health disparities by empowering caregivers.</li> <li>3) Increase medical-dental collaboration.</li> <li>4) Support MDAC.</li> </ol> <p style="text-align: center;">↓</p> <b>Results</b> of first grant cycle: <ol style="list-style-type: none"> <li>1) Provided thousands of Maryland children with dental screenings, dental sealants, and fluoride varnish applications through programs including OOH funded school-based/school-linked dental sealant programs, the Deamonte Driver Dental Van Project, and WIC partnerships through the Eastern Shore Area Health Education Center.</li> <li>2) Supported the Community Water Fluoridation program, benefitting over 56,000 Marylanders through water system equipment upgrades that ensure optimal water fluoridation levels.</li> <li>3) Supported expansion of the Fluoride Varnish and Oral Health Literacy Education Programs by integrating medical dental education courses and resources.</li> <li>4) Enabled MDAC to increase its sustainability by hiring a grant writer and a health education coordinator.</li> </ol>				<b>Focus areas:</b> <ol style="list-style-type: none"> <li>1) Integrate oral and primary care medical delivery systems for underserved communities.</li> <li>2) Implement community-based prevention service programs, such as water fluoridation and dental sealants, for underserved populations.</li> <li>3) Implement programs to establish or expand oral health services and facilities in Dental Health Professional Shortage Areas (HPSA), 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.</li> </ol> <p style="text-align: center;">↓</p> <b>Results</b> in FY16, first year of second grant cycle: <ol style="list-style-type: none"> <li>1) Over 9,000 Maryland children received screenings and 3,542 received dental sealants through the OOH-funded dental sealant programs.</li> <li>2) Continued partnership with Women, Infant, and Children (WIC) Centers through the Eastern Shore Area Health Education Center provided more than 400 children on Maryland's Eastern Shore with fluoride varnish applications and dental screenings.</li> <li>3) In Prince George's County, 1,516 children at 22 Title I schools received dental screenings and education through DDDP.</li> <li>4) Supported multiple social marketing and oral health literacy campaigns, including Spanish-language HTHK campaigns and the development of a Maryland dental workforce study.</li> <li>5) Enabled the OOH to complete the Oral Health Survey of Maryland School Children 2015-2016, in collaboration with the University of Maryland School of Dentistry, which surveyed 7,942 students at 56 schools across the state.</li> </ol>		



# Perinatal and Infant Oral Health Quality Improvement

## PIOHqi

The Maternal and Child Health Bureau (MCHB) of HRSA provided funding OOH with funding to improve maternal and child health. OOH will be receiving **\$250,000** per year over the **4 year grant** period, spanning from **August 1, 2015 to July 31, 2019**.

### Target

Pregnant women and infants

### Goal

Reduce prevalence of oral disease in pregnant women and infants through improved access to high-quality oral health care

### Outcomes

- Reduce prevalence of oral disease in pregnant women and infants, ultimately reducing dental caries throughout early childhood;
- Increase pregnant women's utilization of preventive oral health care;
- Increase the percentage of children who have dental homes by age 1; and
- Reduce oral health care expenditures.

### FY16 Activities

- Convened PIOHqi Project Advisory Board comprised of representatives from various health professional organizations and agencies throughout Maryland;
- Collaborated with the University of Maryland, School of Public Health to conduct surveys and interviews of low-income pregnant women throughout the state;
- Conducted a Spanish language social marketing campaign focused on oral health during pregnancy to Latinas of childbearing age;
- Provided perinatal and infant oral health training to home visiting, administrative care coordination unit staff, and public health dental professionals; and
- Developed a new Healthy Teeth, Healthy Kids: Oral Health During Pregnancy brochure.



# Partnerships and Evaluation



# Survey of the Oral Health Status of Maryland School Children

**What:** Statewide oral health assessment: Oral Health Survey of Maryland School Children, 2015-2016

- Follow-up to earlier oral health surveillance projects conducted in 1994-1995, 2000-2001, 2005-2006, and 2011-2012.

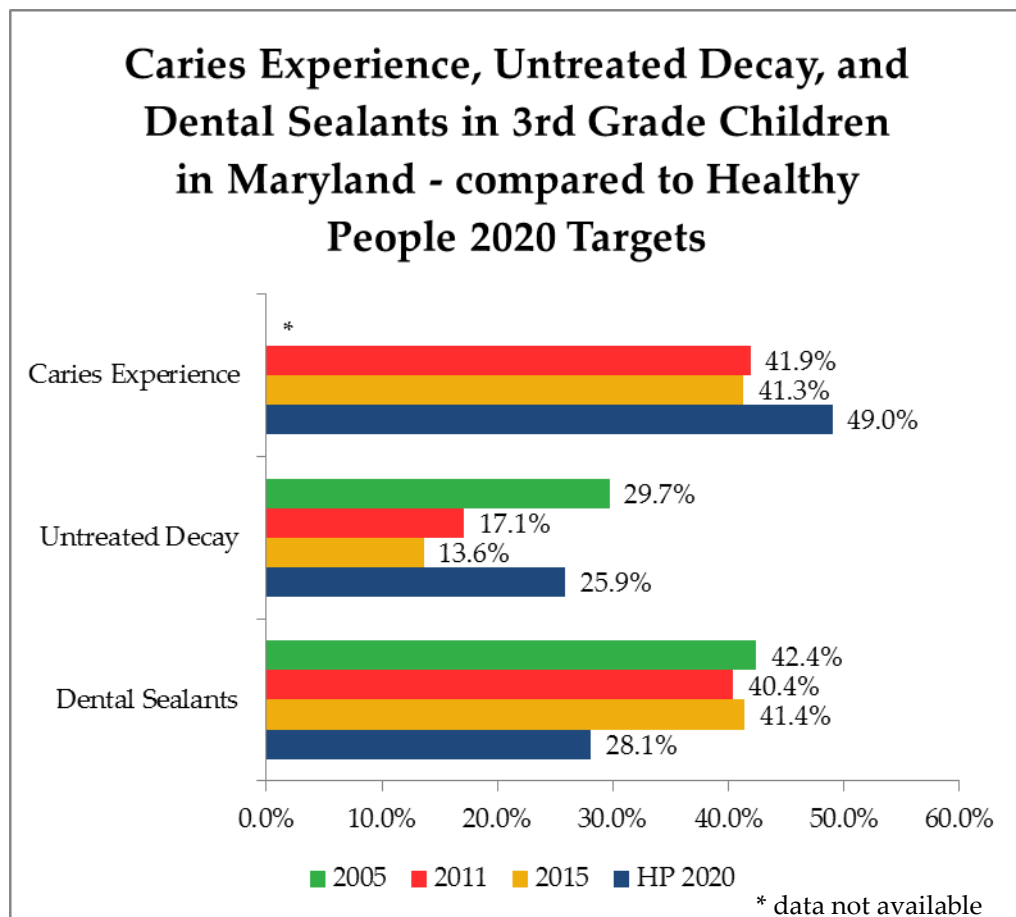
**Who:** Collaboration between OOH and the University of Maryland, School of Dentistry.

**How:** A smile check (oral examination) to determine the current oral health status of the child and a report card with the child's smile check results that will be sent to parents:

- Sample of 60 schools;
- All children in kindergarten and 3rd grade will receive a smile check beginning Fall 2015, unless their parents opt-out.

**Goal:** To appraise oral health status and access to dental care for kindergarten and 3rd grade public school students in Maryland.

**Results:** 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 54% between 2005 and 2015. In addition, Maryland has exceeded by 12% 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.



Source: Oral Health Survey of MD



# Conclusion and Points of Contact



# 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 Centers 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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