



Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
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PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
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SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Statewide Dental Coalition Support

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
X	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
X	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
X	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
X	10. Conduct and review research for new insights and innovative solutions to oral health problems

[*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>	
X	OH-1	Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
X	OH-2	Reduce the proportion of children and adolescents with untreated dental decay
X	OH-3	Reduce the proportion of adults with untreated dental decay
X	OH-4	Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
X	OH-5	Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
X	OH-7	Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
X	OH-8	Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9	Increase the proportion of school-based health centers with an oral health component
	OH-10	Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11	Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year
	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
X	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training
"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)	

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:

Office of Oral Health, Maryland Dental Action Coalition, policy, Oral Health Plan, access to care, oral disease and injury prevention, oral health literacy and education

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

Provide a brief description of the dental public health activity. Include information on: (1) what is being done; (2) who is doing it and why; (3) associated costs; (4) outcomes achieved (5) lessons learned, both positive and negative.

The Maryland Department of Health, Office of Oral Health has formed a strong partnership with the Maryland Dental Action Coalition, collaborating on numerous initiatives. This collaboration has enabled Maryland to promote and attempt to improve oral health from multiple avenues, increasing the capacity to enact a positive change for Maryland's citizens.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Verdana 9 font.**

Rationale and History of the Activity:

1. What were the key issues that led to the initiation of this activity?

In February 2007, a 12-year old Maryland child passed away as the result of a preventable, but untreated dental infection that spread to his brain. This young boy's death revealed a major weakness in the health system in Maryland – a lack of focus on oral health. This tragic incident served as a catalyst that propelled Maryland forward to become a leader in oral health initiatives, igniting oral health advocates. The efforts of these passionate oral health advocates were harnessed and channeled into the building of a formal coalition.

A few months after the young boy's passing, in June 2007, the then Governor and Maryland Department of Health (MDH) Secretary convened the Dental Action Committee (DAC), broad-based group of stakeholders, to increase access to care for poor and low-income children in Maryland. The DAC reviewed dental reports and data to develop a comprehensive series of recommendations, building on past dental initiatives, lessons learned, and best practices from other states, culminating in a comprehensive report to the Secretary on September 11, 2007. The DAC's report called for establishing a dental home for all Medicaid-covered children. To accomplish this goal, the DAC recommended several changes to the Medicaid program for connecting eligible children with a dentist to receive comprehensive dental services on a regular basis. The DAC also included suggestions to enhance education, outreach, dental public health infrastructure, provider participation, and provider scope of practice.

In June 2009, the DAC formally began its transition from an MDH-based committee to an independent statewide oral health coalition called the Maryland Dental Action Coalition (MDAC). Since its inception, MDAC's mission has been to develop and maintain a statewide partnership of individuals and organizations committed to improving oral health among all Marylanders through increased oral health promotion, disease prevention, education, advocacy, and access to dental care. By March 2010, the MDAC received funding from the DentaQuest Foundation, secured an office, and hired an Executive Director. With the assistance of OOH staff, formal organizational bylaws were developed and eventually approved. After establishing formal governance, enlisting new partners, and electing officers, MDAC evolved into an effective statewide advocacy dental organization, partnering with OOH in taking positions on important oral health legislation.

OOH in partnership with MDAC continue to make efforts to try to improve oral health conditions for children across Maryland. While effectively tackling this issue, OOH and MDAC have taken on the task of improving oral health conditions for adults, specifically the adult Medicaid population.

2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

Maryland's active and instrumental oral health advocates have been able to channel their energy into MDAC. Their passion and energy have made the implementation and sustained efforts of this activity possible.

3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

Since its inception, MDAC has strived for sustainability and advocated innovative approaches to improve oral health care across the state. There have been several activities aimed at achieving sustainability and improving oral health conditions, including the creation of an oral health plan, the implementation of trainings, and the advocating of policies.

Sustainability

Sustainability is a core issue for the MDAC. After achieving 501(c)(3) status in May 2012, MDAC secured a Kaiser Foundation grant to develop a pilot program for the final unfunded DAC report recommendation, a school dental screening and case management program. MDAC also received a competitive one-year planning grant from the DentaQuest Foundation to develop a state oral health alliance, called the Maryland Oral Health Learning Alliance (MOHLA). MDAC also received an operational grant award from the DentaQuest Foundation to fund years two and three of the MOHLA. Additionally, MDAC received grants from the Horizon Foundation to support MDAC's work of enabling the oral health practitioner to become an effective advocate for promoting healthy lifestyles, dietary choices and health equity. The Leonard and Helen R. Stulman Charitable Foundation discretionary grant was awarded in 2014 to support a consultant working to create an options paper as the first step towards developing a four-year adult oral health policy agenda for the State of Maryland. Further, the coalition entered into a strategic alliance with the OOH to support the successful oral health literacy social marketing/media campaign entitled "Healthy Teeth, Healthy Kids (HTHK)." The E. Rhodes and Leona B. Carpenter Foundation discretionary grant was awarded in December 2014 to create, test and print brochures in plain language about the benefits of fluoride and of using fluoridated drinking water for good oral health. This brochure will accompany the Healthy Teeth, Healthy Kids campaign. MDAC was at the center of the March 2012 launch of the campaign, which

featured Lieutenant Governor Anthony Brown, Senator Ben Cardin, and Congressman Elijah Cummings.

Trainings

MDAC has co-sponsored with various partners several pediatric dentistry training courses for general dentists from the public health and private sector who participate with Medicaid as well as dental courses for pediatricians. MDAC also convened an Oral Health Summit in June 2018, whose purpose was to highlight the progress of the state oral health plan such as the various CE training courses coordinated by MDAC and OOH on dental public health and the implementation of the adult pilot program for the dually eligible population. Finally, MDAC also is continuing its strategic partnership with the OOH in extending and maintaining the Healthy Teeth, Healthy Kids (HTHK) campaign.

Maryland Oral Health Plan

On May 17, 2011, officials from the MDAC, the former DHMH Secretary, and Congressman Elijah E. Cummings launched Maryland's first statewide oral health plan. The first Maryland Oral Health Plan (MOHP) outlined 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 were identified so that the public as well as professionals could develop better oral health behaviors and practice standards within the five-year span of the plan (2011-2015). A workgroup for each focus area met regularly to prioritize, guide, and assess the work to ensure that it met the goals and objectives of the plan. The implementation and assessment involved 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.

MDAC again collaborated with OOH to develop and launch the MOHP in 2018. This second statewide five-year plan (2018-2023) provides a blueprint that oral health professionals can follow to ensure that Maryland remains a national leader in improving the oral health of its citizens. This MOHP builds upon the three key areas identified in the first MOHP while employing the use of data, identifying where gaps remain, and sharing innovative strategies to prevent oral diseases and improve the oral and overall health of all Marylanders. This document provides a roadmap to accomplish critical goals and objectives in the three key areas:

1. **Access to Oral Health Care:** A key goal of this plan's proposed actions is to expand access to oral health care. All Maryland residents need access to affordable, comprehensive oral health care to prevent and treat oral disease. The goals and actions in this plan provide strategies to further expand access to oral health care through changes to public and private insurance policies, strengthening the dental workforce, and promoting closer coordination between oral health professionals and other health professionals.
2. **Oral Disease and Injury Prevention:** Oral health programs in Maryland provide many health benefits to the state's residents. However, more can be done to help residents prevent oral diseases and injuries and promote oral health— especially for people with special health care needs or those who have difficulty accessing oral health care. The goals and actions in this plan aim to provide data and establish trends on prevention that inform policymaking and program planning, give providers tools to communicate more effectively with patients, and expand community prevention services.
3. **Oral Health Literacy and Education:** Despite successful oral health literacy and education efforts, the need remains to provide more Maryland residents with accurate, easy-to-understand information to prevent oral disease and access affordable oral health care. The goals and actions in this plan encourage oral health literacy and health education efforts among the public, health professionals, and policymakers, including proven techniques to improve knowledge and engage key stakeholders about the importance of integrating oral health and overall health.

Adult Medicaid

The Maryland story to secure an adult Medicaid dental benefit is characterized by continual progress. Its plot moves forward, steadily advancing from one chapter to another, ultimately progressing toward

an inevitable outcome, the passage of an adult Medicaid dental benefit for all Maryland citizens. The story is being authored in real-time by MDAC, the Maryland State Legislature, and Maryland's many oral health network partners and other stakeholders throughout the state.

In 2014, MDAC, working in Annapolis to create awareness of the need for a Medicaid adult dental benefit, piqued the interest of the House Health & Government Operations Chair, Delegate Hammen and the Senate Finance Chair, Senator Middleton. They wanted to learn more about what an adult Medicaid dental benefit would look like in Maryland. To assist their committees in understanding this Delegate Hammen and Senator Middleton asked MDAC to research the subject and provide a report. MDAC hired a recognized Maryland health care authority and consultant to take on this project and viewed it as the first step towards developing a Medicaid adult oral health plan for the State of Maryland. During the project, it became clear that there were no reliable, population-level data sets to describe the availability, utilization, costs, or results of dental care for adults in Maryland. There was also a lack of data that provided a comprehensive picture of the state of oral health among Maryland's adults. This work was critical in that it provided MDAC leverage to securing additional funding to find answers to these questions and help the effort to make a Medicaid adult dental benefit a reality in Maryland.

In 2016, after a review of project outcomes, the Maryland Legislature asked MDAC to conduct a cost analysis of expanding Maryland Medicaid to include adult dental benefits. The analysis was conducted by the Hilltop Institute on behalf of MDAC. The Hilltop Report assessed service options and costs associated with the implementation of Medicaid dental coverage, examining existing programs in other states (types of coverage and costs associated with each level). The Report presented three Maryland Medicaid adult dental benefit plans and cost options for each. It also outlined costs which would be offset by the inclusion of an adult Medicaid dental benefit, such as hospital emergency department (ED) costs for treating patients presenting with dental pain and oral health conditions.

After presentation of the Hilltop Report, the Maryland Legislature passed Maryland Senate Bill 169, authorizing the inclusion of an adult dental benefit in the Medicaid budget, pending available funds, and instructing MDAC to conduct an evaluation of the cost of ED visits for adults with dental pain/conditions. This study was performed by the DentaQuest Institute Analytics and Publication team on behalf of MDAC. Data from the Maryland Health Services Cost Review Commission (HSCRC) for Fiscal Years (FY) 2013 to 2016 was used to generate the report, "Financial Impact of Emergency Department Visits by Adults for Dental Conditions in Maryland." Findings from the report indicated that in Maryland, many patients visit the ED for treatment of chronic dental conditions every year. In FY 2016, Maryland adults made 42,327 emergency department visits for chronic dental conditions, with an average charge of \$537 per visit, for a total of \$22.7 million. These visits represented almost 2% of overall emergency room costs. Medicaid paid for 53% of those visits, even though Medicaid participants accounted for only 15% of the adult population in Maryland.

The "Financial Impact of Emergency Department Visits by Adults for Dental Conditions in Maryland" study had a substantial impact on the Maryland Legislature. The study, along with the dozens of oral health partners and stakeholder organizations descending on Annapolis during the legislative session to educate and advocate on behalf of oral health, overall health and related issues have helped to increase awareness of the need for an adult Medicaid dental benefit. In addition, representatives from organizations actively participated in the provision of testimony – written and in person delivery – when requested and necessary. During the 2018 legislative session, efforts focused on securing a Medicaid adult dental benefit included active participation by the following local, state and national organizations: Channel Marker Mental Health Services, Chase Braxton Health Care, Chesapeake Health Care, Choptank Community Health Systems, Consumer Health First, Crossroads Community, Inc., DentaQuest Institute, Eastern Shore Area Health Education Center, Elkton Treatment Center, Families USA, Health Care for the Homeless, Health Partners, Maryland Association of County Health Officers, Maryland Hospital Association, Maryland Rural Health Association, Maryland State Dental Association, Maryland Nurses Association, National Council on Alcoholism & Drug Dependence - Maryland Chapter, Oral Health America, and Western Area Health Education Center. In addition, partner organizations wrote op-ed pieces or editorials to call attention to oral health in the district or county of a specific legislative representative (i.e., county ED reports, calling attention Medicaid spending on ER visits in each county to address pain management, and/or a chronic dental condition.

Largely, because of the Financial Impact of Emergency Department... study and the continuous, sizeable, and active participation of oral health, health care and social justice advocates, partners, and stakeholder organizations, the Maryland Legislature unanimously passed bills in both houses of the Maryland General Assembly establishing the Maryland Medical Assistance – Dental Coverage for Adults – Pilot Program. The statewide pilot program will serve individuals between the ages of 21 and 64 who are dually eligible for both Medicare and Medicaid. MDH estimates approximately 38,510 participants

are eligible to gain dental coverage under the pilot. Dually eligible individuals do not currently receive dental benefits through Medicaid and coverage for dental services through Medicare is extremely limited.

On June 1, 2019 Maryland launched the Maryland, Medical Assistance Dental Coverage for Adults – Pilot Program, making dental coverage available to Maryland’s approximately 38,510 dually eligible adults. Immediate uptake into the much-anticipated pilot program was slow and the program was not without its initial challenges. The dental benefit provided for individuals covered by the pilot program was modest while the dental needs of the target population are great. None the less, a benefit now exists where there was none and MDAC is working hard to make significant contributions to the successful implementation of the pilot program through activities such as ensuring the dually eligible population and the people who work with them are aware of this benefit. As the target population became increasing aware of the availability of the new dental care benefit, uptake continued to increase. MDAC is very encouraged with the progress and success of the pilot to-date.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

- OOH and MDAC staff
- Board Members of MDAC
- DentaQuest
- Partnerships with FQHCs and LHDs
- Maryland Legislature, specifically Delegate Hammen and Senator Middleton
- Grants provided by OOH to MDAC to supplement joint efforts

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

- Researching and writing reports illuminating the status of various populations’ oral health in Maryland
- Strengthening existing partnerships and forming new partnerships to ensure successful implementation of goals
- Engaging dentists across Maryland

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

- Maryland Oral Health Plan
- Trainings
- Statewide Convening
- Pilot program covering dental costs for the adult, dually eligible population

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

The outcomes that OOH hopes to achieve through its continued partnership with MDAC are as follows:

- Short-term:
 - All Medicaid eligible adults' dental needs are covered through insurance.
 - This will be achieved when Maryland Legislature passes a bill mandating adult dental coverage for all adults covered by Medicaid.
- Intermediate:
 - Increase in the proportion of children, adolescents, and adults who use the oral health system each year.
 - This will be measured through information Medicaid receives and through surveys.
- Long-term:
 - Reduction in the proportion of children, adolescents, and adults who have untreated dental decay.
 - This will be measured through the various Basic Screening Surveys (BSS) that OOH implements.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?

The annual budget for this activity varies each year.

2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)

The costs associated with this activity vary each year.

3. How is the activity funded?

MDAC is funded through grants and donations. OOH has also provided MDAC with grants to support various joint efforts.

4. What is the plan for sustainability?

MDAC continues to search for sustainable funding through many different avenues, including grants and donations.

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

Coalition Formation: Having early buy-in from the original state government convened DAC members facilitated its transition into the independent statewide dental coalition (MDAC). During the planning

stages of MDAC, OOH hired a coalition consultant to guide the development of the coalition. It was extremely helpful to have someone with expertise guiding the process.

2. What challenges did the activity encounter and how were those addressed?

Maryland Oral Health Plan: Prior to writing the MOHP, OOH and MDAC did not have a clear vision or mission for the state oral health plan. OOH started to write concept papers to provide guidance on the development of the state oral health plan, but after sharing the papers with MDAC, it seemed the papers lack focused. Then they decided on a systematic approach and surveyed CDC funded states with existing plans to see the various ways state oral health plan were developed. After OOH's analysis, we formed three committees to focus outlining and developing the three focus areas of the state oral health plan. Those focus areas were the following: 1) Access to Care; 2) Oral Disease and Injury Prevention; and 3) Oral Health Literacy and Education. Once the 3 committee chairs reported their sections to the Chairperson overseeing the MOHP, an advisory committee met to discuss the sections, materials, structure, edits, comments and additional content to begin preparing a more detailed written MOHP. MDAC needed to be in place and functioning as an independent entity to have an effective MOHP.

Adult Medicaid: The challenges of achieving an Adult Medicaid Dental Benefit are many. This goal requires changes in the state's legislative mandate which requires implementation of a strategic plan to build momentum for and to propose and modify state law. This process occurs over a sustained period with progress towards the proposed legislative goals occurring slowly in incremental stages over a period of years which can be frustrating and challenging. Additionally, for this to occur, representatives within the state legislature must be persuaded to introduce and champion the cause and advocates must be identified and rallied to support and testify on the behalf of the proposed legislation. Although goals for legislative efforts are often expected to be ideal, results of legislative actions are sometimes disappointing which presents challenges and potential setbacks. For example, the dental benefit provided for individuals covered by the pilot program in Maryland is modest whereas the dental needs of the target population are great which necessities changes expectations for the initiative.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

OOH: <https://phpa.health.maryland.gov/oralhealth/Pages/home.aspx>

MDAC: <http://www.mdac.us/>

MOHP: http://www.mdac.us/2018_01_14/MD_OHP_2018_0102.pdf

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	23010
Associated BPAR:	Developing Workforce Capacity in State Oral Health Programs; State and Territorial Oral Health Programs and Collaborative Partnerships

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