



Dental Public Health Activities & Practices

Practice Number: 23003
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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

The Maryland Oral Cancer Prevention Coalition's Needs Assessment Efforts

Public Health Functions:

Assessment – Acquiring Data
Assessment – Use of Data
Policy Development – Collaboration and Partnership for Planning and Integration
Policy Development – Oral Health Program Policies

HP 2010 Objectives:

- 21-6 Increase detection of Stage I oral cancer lesions.
21-7 Increase number of oral cancer examinations.

State: Maryland	Region: Mid-Atlantic Region III	Key Words: Oral cancer, prevention, provider behavior, provider attitudes, provider knowledge, public behavior, public attitudes, public knowledge, coalition, needs assessment
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Abstract:

With the release of data from the 1990 CDC oral cancer SEER (Surveillance, Epidemiology and End Results) Program showing a high oral cancer mortality rate in Maryland, the University of Maryland Dental School, National Institute of Dental and Craniofacial Research and the Department of Health and Mental Hygiene (Office of Oral Health) called together other partners from the American Cancer Society, Association of Local and County Dental Health Officers and others and develop the Maryland Oral Cancer Prevention Coalition. The Coalition developed a plan utilizing small grants from each institution to conduct the following needs assessment efforts on oral cancer: 1) assess funds, available educational materials and interested individuals and agencies (e.g., federal and state agencies, schools and universities, ACS, and health care provider associations/societies); 2) review state epidemiological data from the Maryland State Cancer Council/Maryland Cancer Registry; 3) conduct surveys and focus groups of health care providers (surveys of dentists, dental hygienists, nurse practitioners and family physicians) to determine their knowledge, opinions and practices concerning oral cancer prevention and early detection as well as to learn about practitioner's interest in continuing education courses on oral cancer; 4) conduct surveys and focus groups of the public (survey the adult population to determine their knowledge, opinions and practices regarding oral cancer prevention and early detection and to learn what Maryland adults think is the most appropriate manner to educate the public). The results of the Coalition's efforts included publishing and disseminating the survey findings and using the needs assessment as leverage for additional funding and policy to prevent oral cancer. The needs assessment effort has led to four significant developments: a) providing a model for the NIDCR national RFP "State Models For Oral Cancer Prevention And Early Detection"; b) inclusion of oral cancer as one of seven targeted cancers by the Tobacco Settlement Funds Program (called the Cigarette Restitution Fund) in Maryland; c) the first-ever review of oral cancer State epidemiological data by the Maryland State Cancer Council and the Maryland Cancer Registry; and d) passing of legislation to the Oral Cancer Prevention Initiative.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Maryland Oral Cancer Prevention Coalition was formed in 1991 to address the high oral cancer mortality rate in Maryland. The original partners of the coalition consisted of University of Maryland Dental School, National Institute of Dental and Craniofacial Research and the Department of Health and Mental Hygiene (Office of Oral Health), who then recruited other partners to join in the effort (American Cancer Society, Association of Local and County Health Officers, and others). This partnership developed a plan utilizing small local grants from each organization, and the contribution of in-kind efforts, to conduct needs assessment regarding oral cancer prevention for the state.

Justification of the Practice:

Oral cancer prevention is a critically important public health issue in Maryland. The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, the most authoritative source of information on cancer incidence and survival in the United States, reported a high oral cancer mortality rate in Maryland. The State ranks eighth nationally, and African American males in Maryland rank fifth for the highest mortality rate for oral cancer. Maryland's oral cancer death rate is 15 percent higher than the national rate and the number of new cancer cases in Maryland also is higher than the national average. The survival rate for oral cancers is especially low for African Americans and, unlike other major cancers, has not improved over the past forty years. Over two-thirds of African American males in Maryland with oral cancer die within five years of diagnosis. Lack of access for high-risk adult populations, especially African Americans, to early detection and related diagnostic services is the major explanation for Maryland's high oral cancer mortality rate and poor survival rate. To address HP2010 oral cancer objectives, the partnership of diverse groups and agencies is continually needed for input into health promotion interventions designed to increase awareness and earlier detection of oral cancers and thus reduce morbidity and mortality.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

The Maryland Oral Cancer Prevention Coalition initiated needs assessment for oral cancer prevention in the state. Between 1992 and 1997, quantitative surveys (mail and telephone surveys) and qualitative surveys (focus groups) were conducted. Surveys evaluated oral cancer knowledge, attitudes and practices of health care providers and the public. Four distinct health care provider groups were surveyed: dentists, dental hygienists, family nurse practitioners, and family medicine physicians. A professional focus group organization conducted the geographic focus group sessions for dentists and family medicine physicians as well as the public. Focus groups for the providers included asking practitioners their interest in continuing education courses on oral cancer. The focus groups for the public included learning what Maryland adults think would be most appropriate manner to educate the public on this issue. In addition, through a grant facilitated by the Department of Health and Mental Hygiene (DHMH), Office of Oral Health and from the National Institute of Dental and Craniofacial Research to DHMH (Maryland State Cancer Council), the first ever state epidemiological study of oral cancer incidence and prevalence was made in 1997. Further, an assessment was made on the funds, available educational materials and interested individuals and agencies (e.g., federal and state agencies, schools and universities, ACS, and health care provider associations/societies)

Although there was no specific budget for the needs assessment efforts, it is estimated that approximately \$50,000 in direct funds, and in-kind resource and staff contributions was spent over a 5-year period. This was the result of each partner of the Maryland Oral Cancer Prevention Coalition dedicating whatever funds, resources and time they could for this behavioral needs assessment of oral cancer. Every partner played a role, either one of leadership or support, to assure that the activities were accomplished. It is estimated that a representative from each of the three central principals in the partnership, (University of Maryland Dental School, National Institute of Dental and Craniofacial Research and the Department of Health and Mental Hygiene) contributed approximately 10% in-kind of her/his time. Other staff within the respective agencies participating in the Coalition also contributed approximately 1% in-kind time to the assessment projects. The agency principals of the Coalition conducted most of the needs assessment efforts.

The quantitative and qualitative surveys indicated: (1) all health care professional groups had both educational and training needs, (2) the majority of oral cancers are detected at late stages, and (3)

physicians diagnose most lesions. The study of the public also found that only 28% of Maryland adults reported ever having received an oral cancer examination and they are not very knowledgeable about oral cancer prevention and early detection. Prevalence studies led to other investigations by the University of Maryland Dental School, National Institute of Dental and Craniofacial Research and the Department of Health and Mental Hygiene, Office of Oral Health regarding the quality of institutional oral cancer health histories, the degree that oral cancer prevention is taught in medical school curricula and the quality and scope of oral cancer prevention educational materials. These studies found the correct and appropriate emphasis on oral cancer is lacking in all areas. The review of epidemiological data for oral cancer provided a better understanding of oral cancer status in Maryland and related needs for its prevention. The findings of these studies have been published in dental and medical journals and numerous other reports to the legislature and public.

The findings of the needs assessment were also used in legislative hearings in support of a state Oral Cancer Prevention Initiative as well as hearings conducted by the Governor's Staff on the use of the tobacco settlement funds. This led to the eventual inclusion in 2000 of oral cancer as one of seven targeted cancers by the Tobacco Settlement Funds Program (called the Cigarette Restitution Fund in Maryland) and passage of Senate Bill 790 and House Bill 1184 in the Maryland General Assembly in 2000 for the Oral Cancer Prevention Initiative in the Office of Oral Health. Finally, the process of the Coalition and its needs assessment efforts served as a model for the NIDCR national RFP "State Models For Oral Cancer Prevention And Early Detection" in 2000.

Budget Estimates and Formulas of the Practice:

Approximately \$50,000 in funds with the remainder being in-kind contributions from each coalition partner to implement quantitative and qualitative surveys of the oral cancer knowledge, attitudes and practices of both health care providers and the public.

Lessons Learned and/or Plans for Improvement:

It is very difficult to maintain a coalition especially one that was so active with needs assessment of oral cancer prevention. Also, once the Oral Cancer Prevention Initiative was funded through legislation and funds were awarded to the Department of Health and Mental Hygiene for the program, the coalition lost its mission. The Office of Oral Health had to regroup a new set of partners with a newly defined mission. It is planned that the principal three agencies in this effort will eventually regroup to conduct the evaluation of the oral cancer projects conducted by the Department of Health and Mental Hygiene, Office of Oral Health.

Available Resources -Models, Tools and Guidelines Relevant to the Practice:

- Needs assessment tools for both health care providers (dentists, dental hygienists, family nurse practitioners, and family medicine physicians) and the public
- Yellowitz JA, Horowitz AM, Drury TF, Goodman HS. Survey of US dentists' knowledge and opinions about oral pharyngeal cancer. *J Am Dent Assoc* 2000;131:653-666.
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- Horowitz AM, Moon HS, Goodman HS, Yellowitz JA. Maryland adults' knowledge of oral cancer and having oral cancer examinations. *J Public Health Dent* 1998;58:281-287.
- Canto MT, Horowitz AM, Goodman HS, Watson MR, Cohen LA, Fedele DJ. Maryland veterans= knowledge of risk factors for and signs of oral cancers and their use of dental services. *Gerodontol* 1998;15(2): 79-86.
- Canto MT, Goodman HS, Horowitz AM. Latino youths' knowledge of oral cancer and use of tobacco and alcohol. *Am J Health Behavior* 1998;22(6):411-420.
- Yellowitz JA, Horowitz AM, Goodman HS, Farooq NS, Canto MT. Dentists' knowledge, opinions and practices regarding oral cancer: a pilot survey. *J Am Dent Assoc* 1998;129:579-583.
- Horowitz AM, Goodman HS, Yellowitz JA, Parivash NA. The need for health promotion in oral cancer prevention and early detection. *J Public Health Dent* 1996;56:319-330.
- ASTDD Best Practices Collection: "Maryland Oral Cancer Prevention Initiative" (*Practice #23003*)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The Maryland Oral Cancer Prevention Coalition's needs assessment efforts for oral cancer will positively impact the public regarding their oral cancer understanding and awareness. Additionally, it will also have a positive impact on healthcare providers regarding their education and practice. The data from all the survey initiatives were used in legislative hearings in support of a state Oral Cancer Prevention Initiative as well as hearings conducted by the Governor's Staff on the use of tobacco settlement funds. This led to eventual inclusion in 2000 of oral cancer as one of seven targeted cancers by the Tobacco Settlement Funds Program and passage of legislation by the Maryland General Assembly in 2000 to fund the Oral Cancer Prevention Initiative through the Office of Oral Health. The Coalition's efforts were also recognized by NIDCR as the model for their oral cancer prevention RFP issued in 2000 entitled "State Models For Oral Cancer Prevention And Early Detection". Outcomes will be further monitored through the Maryland Cancer Registry and by planned follow-up needs assessments of the public and health care providers.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

The needs assessment was a very low-budget program that was dependent upon the commitment of coalition members for in-kind contributions of time and other resources in addressing oral cancer mortality. Therefore it is difficult to assess resource efficiency since there was no budget per se, and the assessment activities depended on "volunteer" efforts and informal commitments. Obviously, the benefits of this program have proven to be substantial, especially given the small monetary and resource costs for the program.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The practice already contains demonstrated sustainability because it led to (1) the Office of Oral Health Oral Cancer Prevention Initiative; 2) partnerships established will facilitate continued interest in this practice; 3) oral cancer being deemed by the Governor's Office and the Health Secretary as one of 7 targeted cancers for the State and is also being separately covered by funds garnered by the Tobacco Settlement (called Cigarette Restitution Fund in Maryland); 4) the promise of continued grants from NIDCR and most importantly for other states 5) the RFP issued in 2000 entitled "State Models For Oral Cancer Prevention And Early Detection". However, the initiation of this practice was very dependent upon the voluntary contributions of time, resources, and staff by specific individuals committed to oral cancer prevention. In addition, Maryland benefited in this case by having NIDCR being physically located in the State.

Collaboration/Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The practice could not have made advances in legislative advocacy and programmatic services without effective and extensive partnerships established through the Maryland Oral Cancer Preventive Coalition. Prominent partners in this practice include NIDCR, the University of Maryland Dental School and the Department of Health and Mental Hygiene.

Objectives/Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity for state/territorial oral health programs?

The practice addresses two HP 2010 objectives (increasing detection of Stage I oral cancer lesions and increasing the number of oral cancer examinations) and the Surgeon General's Report on Oral Health cites prevention of oral cancer as a priority.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

At the time, no other state had embarked on an initiative of this scope statewide. However, this practice was the model for the NIDCR RFP "State Models For Oral Cancer Prevention And Early Detection" so it is anticipated that other states will soon be replicating this practice.