



Dental Public Health Activity Descriptive Report

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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: State Oral Health Program Infrastructure		
Public Health Functions: Assessment – Use of Data Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Organizational Structure and Resources Assurance – Oral Health Communications Assurance – Building State and Community Capacity for Interventions Assurance – Program Evaluation for Outcomes and Quality Measurement		
Healthy People 2020 Objectives: OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year 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		
State: Maryland	Federal Region:	Key Words for Searches: Infrastructure, staff development, workforce, Office of Oral Health, Maryland Department of Health and Mental Hygiene
Abstract: Upon receipt of Centers for Disease Control and Prevention (CDC) grant funds, the Office of Oral Health (OOH) at the Maryland Department of Health and Mental Hygiene (DHMH) started working on building up its infrastructure by assessing its resources and recruiting key individuals identified by the grant, which had an important factor to contribute to a sustainable, comprehensive and effective strong oral health program. Program planning took approximately two years and implementation of the activities began in 2010. As a result of a decrease in CDC funds in the latest funding cycle, OOH organized a grant writing committee that aggressively seeks grants that are both beneficial, cost effective and are in sync with the goals of the organization. Since 2010, the grant writing team successfully secured \$3,179,777.80 in grant funds. A significant portion of these grant funds acquired will be to streamline current processes and enhance the current internal infrastructure and the State Oral Health Program. These grants help stabilize its funding, maximize staff retention, and minimize disruption due to staff loss, and created a shared resources environment through program collaborations. The activities included in building State Oral Health Infrastructure included training and cross training of employees, written recruiting efforts, collaboration and sharing of resources with other CDC-funded programs, and performance appraisals. Collectively, these actions established appropriate infrastructure to ensure OOH functions remained sustainable, feasible, and efficient. The OOH needs to continue providing professional development opportunities to the OOH staff in order to gain more experience and knowledge about their field through trainings and conferences. OOH also needs to cross-train staff in order to ensure all workforce gaps within the OOH infrastructure are covered to sustain the office long-term. Quarterly 1-on-1 meetings have provided an opportunity for OOH management to meet with OOH staff individually to listen to the staff's interests and concerns. These meetings have provided tremendous value to OOH management and staff in understanding the work environment and supporting staff's professional development interests and other resources for OOH staff.		

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

After being named a recipient of a five-year cooperative agreement from the CDC in 2008 for a State-Based Oral Disease Prevention Program, the OOH has grown substantially from a six person operation to one comprised of seventeen employees. Upon receipt of this CDC grant, the OOH started working on building its infrastructure and oral health programs by assessing its resources and recruiting key individuals identified by the grant (e.g., Epidemiologist, Evaluation Specialist, Fluoridation Engineer, etc.), which was important to contributing to a sustainable, comprehensive and effective strong oral health program. Program planning took approximately two years and implementation of the activities began in 2010. To build a sustainable, feasible, and efficient program, OOH formed a grant writing team to help diversify funding sources, maximize staff retention, and minimize disruption due to staff loss, and created a shared resources environment through program collaborations. With this funding, OOH is able to provide support to state and local oral health programs in order to have an impact on the oral health status of Maryland.

Justification of the Practice:

State Oral Health Program Infrastructure was established through the training and cross training of employees, written recruiting efforts, collaboration and sharing of resources with other CDC-funded programs, and performance appraisals. All of these developments were made in order to secure a more effective and efficient State Oral Health Program. By training and cross training staff members, OOH staff were able to take time off without affecting the office's capability to continue functioning as normal, and a training management tool allows OOH Management to view who has been trained on which processes and allows for reporting on all employees and training items. The Written Recruitment SOP was developed in order to provide the necessary information the administrative support staff would need to know in order to recruit and interview a potential candidate. Collaboration and sharing of resources with other CDC-funded programs allows OOH to collect readily-available data related to ongoing activities. Performance appraisals were implemented to gain a perspective of the employee's work habits, qualifications, job description, and any other concerns. Collectively, these actions established appropriate infrastructure to ensure OOH functions remained sustainable, feasible, and efficient.

Inputs, Activities, Outputs and Outcomes of the Practice:Training and Cross-Training

When an employee starts at the OOH, they are provided the OOH's Orientation Manual. This manual introduces new staff to the Office, its infrastructure, partners and provides insights to what we do annually. It also includes office logistics information that staff members need to get started including but not limited to: timesheets, leave requests, parking at the state office complex, booking conference rooms and using the telephones. While the orientation manual is used for start-up training, the OOH has initiated drafting and utilizing Standard Operating Procedures (SOPs) as the primary method for cross-training staff. The OOH had a goal to draft all SOPs by July 1, 2013 which was accomplished. These documents describe the OOH standard method for completing office processes. There are some procedures that apply to all staff members (i.e. - Expense Reports) and others that are position specific (i.e. - Grant Logistics).

In order to cross-train individuals on these processes, the IT Program Analyst and Strategic Coordinator developed a Training Management Tool using Microsoft Access. This tool assigns and tracks training progress of OOH staff. Each employee is assigned 3 SOPs as well as any external training monthly. External training includes mandatory DHMH courses; certificate programs and approved elective training courses employees choose to take.

The tailored training plans are coordinated by the Strategic Coordinator and emailed out to each employee monthly in the form of a spreadsheet with links to three SOPs they are required to review. In addition, the spreadsheet includes links to an evaluation confirmation, which serves as an accountability measure to provide feedback on each process. Employees are given a month to complete all assigned trainings and are required to email back their training plan sheet and any required evaluation sheets to the Strategic Coordinator. An annual report provides an opportunity to assess the cross-training process to acknowledge any strengths or weaknesses for future improvements.

Written Recruiting Efforts

The Recruitment SOP was developed in order to provide the necessary information the administrative support staff would need to know in order to recruit and interview a potential candidate. Although, the purpose of the SOP was recruiting a potential candidate for hire it seems the SOP wasn't successful in thoroughly providing adequate information for this process based on the multiple scenarios associated with recruitment. For instance, the process didn't seem strong enough to filter through the number of applications received in order to conduct interviews in a timely manner. In addition, the oral interviews with potential candidates didn't assess the skills and abilities the candidates expressed during the interview.

Collaboration and Sharing of Resources

Over the last few years OOH has worked with several other CDC-funded programs to cross share their resources. The most coordinated effort has been with the DHMH Cancer and Chronic Diseases Bureau regarding cross sharing health education materials. This collaboration is on-going and will likely continue after this grant cycle. Another collaboration effort is with the Center for Cancer Prevention and Control, from which most of OOH's cancer related data are collected.

Performance Appraisals

The first OOH Performance Appraisals were conducted in late April and early May 2011. OOH management met with each OOH staff member employed for at least 6 months to gain a perspective of the employee's work habits, qualifications, job description, and any other concerns. Overall, the OOH Performance Appraisals went well and received exceptional feedback from OOH staff on their interest and concerns associated with the work environment.

The second OOH Performance Appraisal process was changed in FY 2012 to more informal Quarterly 1-on-1 meetings, as most of the staffing infrastructure included contractual employees through the Maryland Institute of Policy Analysis and Research (MIPAR) and limited the capabilities of incentivizing staff members for an exceptional performance appraisal. These meetings allowed OOH staff to consistently communicate with management about interests, concerns, and any feedback to help overall operations. At the end of the fiscal year, OOH management and individual OOH staff members discuss the staff member's job description in order to agree upon an updated version as needed. Afterwards, OOH decided to incorporate updated job descriptions annually in sync with the OOH Quarterly 1-on-1 process. Consistently communicating allowed OOH management to remain informed on OOH operations and any issues that need to be addressed that could impact the oral health status of Maryland due the efficiency of state oral health programs.

Budget Estimates and Formulas of the Practice:

The OOH has funds diversified over state general and federal funds. Much of the funding has been comprised primarily from the State of Maryland and is recognized as the General Fund. During the fiscal year 2009, the General Fund amounted to \$2.7M (or 95%) of the total budgeted funds (\$2.8) for OOH. Therefore, OOH has been taking an initiative to diversify its revenue sources over the years, and in fiscal year 2014 the General Fund amounted to \$2.5M (or 75%) of the total budget (\$3.3M) allocated for OOH.

As a result of a decrease in CDC funds in the latest funding cycle, OOH organized a grant writing committee that aggressively seeks grants that are both beneficial, cost effective and are in sync with the goals of the organization. A significant portion of these grant funds acquired will be to streamline

current processes and enhance the current internal infrastructure. In order to research possible funding opportunities, OOH enrolls in list serves to receive notification of funding opportunities, uses standard search engines to locate resources available, researches organizations that may have similar interests or partnership opportunities, and reviews incoming referrals to the OOH Funding Opportunity Management Tracking System. When selecting funding opportunities, the grant writing team creates a summary document of the funding opportunity to share with OOH management and subject matter experts and brainstorms project ideas with or without external partners.

Centers for Disease Control (CDC)

The CDC provides grants to 21 states to strengthen their oral health programs and improve the oral health of their residents. Through this program, OOH received \$310,600 in FY14 (the first year of a 5-year grant 2013 - 2018) to maintain strategies funded under our previous cooperative agreement, and expand evidence-based intervention community and clinical preventive interventions to reduce oral diseases.

OOH has completed all Year 1 activities (September 1, 2013 through August 31st, 2014) which include retaining key staff members as required under the cooperative agreement, the development of an evaluation plan (focusing on 3 areas: 1) Partnerships, 2) Fluoride Varnish Program; and 3) Dental Sealant Program) and expansion and coordination of the dental sealants program. Implementation of Year 2 activities began on September 1, 2014, which included collaborations with statewide dental sealant coordinators to discuss best practices for dental caries prevention and adherence to CDC infection control guidelines in dental healthcare settings and providing training manuals to dental sealant coordinators of local health departments. Year 2 of the CDC grant also included activities that continued and maintained current positions within OOH, conducting an evaluation of OOH's partners and preparing the Fluoride Varnish evaluation and progress of the oral health programs.

Health Resources and Services Association (HRSA)

In 2012, the OOH was awarded a 3-year \$1.5 million grant from the Health Resources and Services Administration (HRSA), entitled "the Grants to States to Support Oral Health Workforce Activities." This funding supported OOH program infrastructure and state oral health programs such as dental sealants, community water fluoridation and the Oral Health Literacy Campaign. OOH also created partnerships with other programs throughout the state providing oral health care services and education including the Deamonte Driver Dental Van Project, the Eastern Shore Area Health Education Center, (ESAHEC), the Maryland Dental Action Coalition, and various local health departments. Between September 1, 2012 and December 31, 2014, the Deamonte Driver Dental Van Project provided 3,453 dental sealants to 3,904 children in Prince George's County schools. Between September 1, 2012 and December 31, 2014, the ESAHEC WIC oral health initiative provided health education to over 23,000 children and adults residing on Maryland's Eastern Shore. In addition, over 1,200 children have received fluoride varnish applications during their WIC visits. To date, the MDAC has hosted 6 continuing education courses that were attended by over 600 various medical and dental professionals total.

These programs increase access to community-based education and preventive dental services including dental sealants and fluoride varnish for high risk children in Maryland by increasing the number of clinical and school-based or school-linked public health programs providing these strategies. These activities also increase the proportion of children receiving dental services in Title I schools and increase community water fluoridation water operations workforce and infrastructure in order to increase the percentage of Marylanders receiving optimally fluoridated water. Between September 1, 2012 and December 31, 2014, the OOH, in coordination with the Maryland Rural Water Association has hosted 2 water fluoridation courses for 45 Maryland water operators in different regions of the state.

Lessons Learned and/or Plans for Improvement:

The Office of Oral Health needs to continue providing professional development opportunities to the OOH staff in order to gain more experience and knowledge about their field through trainings and conferences.

The Office of Oral Health needs to cross-train staff in order to ensure all workforce gaps within the OOH infrastructure are covered to sustain the office long-term.

Quarterly 1-on-1 meetings have provided an opportunity for OOH management to meet with OOH staff individually to listen to the staff's interests and concerns. These meetings have provided

tremendous value to OOH management and staff in understanding the work environment and provided professional development and other resources for OOH staff.

Available Information Resources:

[Maryland Office of Oral Health Website:](http://phpa.dhmh.maryland.gov/oralhealth/SitePages/Home.aspx)

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SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The creation of State Oral Health Program Infrastructure helped establish more effective internal operations which in turn allowed for positive outcomes for the state as a whole. For example, the formation of a grant writing team at OOH helped secure \$3,179,777.80 in grant funds, and a significant portion of these grant funds acquired were used to streamline current processes and enhance the current internal infrastructure. 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 activities were either directly or indirectly impacted by a more efficient and effective program infrastructure overall.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

Internal and external collaboration among OOH staff members and outside organizations created an infrastructure of shared responsibility and accountability in order to contribute to a sustainable, comprehensive and effective oral health program. Cross training staff members ensured OOH had reasonable staffing and time requirements to complete oral health activities. Cross sharing resources with other CDC-funded programs and the public shapes a collaborative and efficient effort to provide health education materials for a variety of audiences, as well as establish a resource for readily-available data related to ongoing activities.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

To build a sustainable, feasible, and efficient program, OOH formed a grant writing team to secure diversified funding, maximize staff retention, and minimize disruption due to staff loss, and created a shared resources environment through program collaborations. Since 2010, the grant writing team has successfully secured \$3,179,777.80 in grant funds. A significant portion of these grant funds acquired will be to streamline current processes and enhance the current internal infrastructure.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Collaboration is at the core of establishing a new State Oral Health Program Infrastructure. In order to ensure adequate staffing to meet the various demands of oral health projects and issues, OOH cross trains staff members to encourage internal collaboration and shared responsibility. OOH integrates and shares health education materials and available data with other CDC-funded programs and the public (online) in the state of Maryland. This allows for a sustainable and integrated collaboration of State Oral Health Programs.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

Establishing infrastructure to ensure a fully functioning State Oral Health Program helps build the capacity of the state to provide oral health services. Through increased oversight, education, collaboration, and funding to Local Health Departments, the proportion of children, adolescents, and adults who used the oral health care system in the past year increased, as did the proportion of low-income children and adolescents who received any preventive dental service during the past year and the proportion of school-based health centers with an oral health component. Building a State Oral Health Infrastructure helped establish a more effect workforce to provide services that impact the health status of Maryland.