



Dental Public Health Activity Descriptive Report

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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: <b style="color: blue;">Statewide Dental Coalition Support		
Public Health Functions: Assessment – Use of Data Policy Development – Collaboration and Partnership for Planning and Integration Policy Development - Use of State Oral Health Plan Policy Development – Oral Health Program Organizational Structure and Resources Assurance - Population-based Interventions Assurance – Building State and Community Capacity for Interventions Assurance - Access to Care and Health Systems Interventions Assurance – Program Evaluation for Outcomes and Quality Measurement		
Healthy People 2020 Objectives: OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage 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-10 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		
State: Maryland	Federal Region:	Key Words for Searches: Oral health coalition, Office of Oral Health, Maryland Department of Health and Mental Hygiene
Abstract: The assistance and support of the Maryland Dental Action Coalition (MDAC) has been fundamental in creating an environment of success for oral health in Maryland. The Office of Oral Health (OOH) helped establish the coalition in 2010, and as a member of the America Network of Oral Health Coalitions (ANOHC), MDAC has supported OOH through collaborative opportunities and the sharing of key ideas and developments in oral health programs. MDAC and OOH collaborated to develop the Maryland Oral Health Plan in 2011, a five-year plan to promote awareness of and address the state’s most critical oral health needs, and co-manage the Oral Health Literacy Campaign which produced the award-winning Healthy Teeth, Healthy Kids campaign. MDAC also holds a bi-annual Oral Health Summit which brings together a diverse group of participants, including practitioners, educators, social services directors, and policy makers. The full BPAR submission will include further examples of the partnership between MDAC and OOH and its role in supporting the state oral health workforce.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In June 2007, the then Governor and Department of Health and Mental Hygiene (DHMH) Secretary convened a Dental Action Committee (DAC), broad-based group of stakeholders, 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. 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 a Department-based (DHMH) committee focused on improving dental access for underserved Maryland children to an independent statewide oral health coalition, called the Maryland Dental Action Coalition (MDAC). MDAC's mission is to develop and maintain a statewide partnership of individuals and [organizations](#) committed to improved health among all Marylanders through increased oral health 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, the MDAC evolved into an effective statewide advocacy dental organization, and has partnered with OOH in taking positions on important oral health legislation. The MDAC also worked with several partners, including Medicaid and OOH, to develop and launch a State Oral Health Plan in May 2011. This plan was highlighted at an Oral Health Summit that the MDAC co-sponsored in October 2011, and its proceedings were published in 2012 in a special issue of the Journal of Public Health Dentistry.

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.

MDAC has co-sponsored with various partners a number of 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 a second Oral Health Summit in December 2013, 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 expansion of the Healthy Teeth, Healthy Kids campaigns in English and Spanish. Finally, MDAC also is continuing its strategic partnership with the OOH in extending and maintaining the HTHK. More detailed findings about the SOHP are included below.

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. This plan provided a blueprint that oral health professionals can follow to ensure that Maryland remains a national leader in improving the oral health of its citizens.

Justification of the Practice:

The Maryland Oral Health Plan (MOHP) outlines 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 are identified so that the public as well as professionals can develop better oral health behaviors and practice standards within the five-year span of the plan (2011-2015). A workgroup for each focus area meets regularly to prioritize, guide and assess the work that will meet the goals and objectives of the plan. The implementation and assessment involves 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.

Access to Oral Health Care

In order to improve oral health for all Marylanders, we must first improve access to oral health services. The goal under MOHP is for an integrated partnership of general health professionals and oral health professionals and private, nonprofit, and government organizations will provide a seamless system of oral health care. Primary care health professionals, understanding the importance of oral health and its relationship with overall health, will participate in early identification and assessment of individuals' oral health needs. MOHP envisions that by 2015, Maryland will be a leader in access to oral health services. All Marylanders—children, adolescents, adults, and older adults, including those with special health care needs—will be able to locate and access a local oral health professional who will see them in a timely manner.

Oral Disease and Injury Prevention

MOHP works to develop and implement an oral-disease- and injury-prevention system. Through an integrated partnership of private, nonprofit, and government stakeholders, oral-disease- and injury-prevention programs will become standardized, institutionalized, and commonplace throughout Maryland. Evidence-based strategies will target services to populations at risk for oral disease and injury, ensuring that preventive services are accessible to all. This system will provide standards drawn from best practices in oral disease and injury prevention.

Oral Health Literacy and Education

The purpose of the Oral Health Literacy Campaign was to inform parents and caregivers of low-income families about the importance of oral health for their children, how to prevent cavities, and how to access the oral health care delivery system. The campaign was informed by the results of a study that showed limited knowledge among adults about how to prevent tooth decay in children; the lowest understanding of the importance of oral health care existed among those with lower levels of education, without dental insurance, and enrolled in Medicaid.

Inputs, Activities, Outputs and Outcomes of the Practice:

To make the process effective and efficient, three groups were formed—a small workgroup (planning team), a 20-person committee (writing team), and a large stakeholder group (review team). The workgroup coordinated the development of the plan; the committee drafted components of the plan; and the stakeholder group, with representatives from a wide range of organizations throughout

Maryland, provided input on drafts. Throughout the process, MDAC members also offered guidance and input.

The first step in the process was conducting a comprehensive review of the current oral health status of Marylanders and of available data and resources. This activity led to the identification of three key focus areas: (1) access to oral health care, (2) oral disease and injury prevention, and (3) oral health literacy and education. Based on this information, the group developed a vision statement and identified essential goals for each focus area.

Access to Oral Health Care

Goal 1: Ensure continuously accessible, coordinated, affordable, and effective oral health care (dental home) for all Marylanders through an integrated state oral health and health care system.

Goal 2: Build an optimal oral health work force to ensure the availability of oral health services for all Marylanders.

Goal 3: Strengthen the integration of oral health care and overall health care.

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

Oral Disease and Injury Prevention

Goal 1: Regularly assess the oral health status of all Marylanders, including those living in nursing homes, assisted-living facilities, group homes, and shelters; those who are homeless; those with disabilities; and those who are migrants or immigrants.

Goal 2: Increase the use and adoption of best practices to prevent oral disease and injury in all settings, including public health and private practice.

Goal 3: Promote the public's awareness of risk factors for oral cancer, its symptoms, and ways to prevent it.

Goal 4: Ensure that communities have access to oral disease and injury prevention programs.

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

Oral Health Literacy and Education

Goal 1: Enhance individuals' awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence-based practice.

Goal 2: Enhance individuals' ability to navigate the oral health care system and to establish dental homes.

Goal 3: Promote primary care health professionals' and specialists' awareness and knowledge of the importance of oral health interventions for medically compromised individuals.

Goal 4: Enhance oral health professionals' ability to work with diverse populations.

Budget Estimates and Formulas of the Practice:

The Maryland Oral Health Plan (MOHP) outlines a vision of improved oral health for all Marylanders by focusing on three key areas:

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It is considered a living document that is reviewed annually and modified as needed. The effort is funded by the DentaQuest Foundation, CDC, and OOH. Each focus area in the plan provides vision statements, goals, objectives, and activities. The goals for each focus area include:

Access to Oral Health Care

Goal 1: Ensure continuously accessible, coordinated, affordable, and effective oral health care (dental home) for all Marylanders through an integrated state oral health and health care system.

Goal 2: Build an optimal oral health work force to ensure the availability of oral health services for all Marylanders.

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Goal 1: Regularly assess the oral health status of all Marylanders, including those living in nursing homes, assisted-living facilities, group homes, and shelters; those who are homeless; those with disabilities; and those who are migrants or immigrants.

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Goal 3: Promote the public's awareness of risk factors for oral cancer, its symptoms, and ways to prevent it.

Goal 4: Ensure that communities have access to oral-disease- and injury prevention programs.

Oral Health Literacy and Education

Goal 1: Enhance individuals' awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence-based practice.

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Goal 3: Promote primary care health professionals' and specialists' awareness and knowledge of the importance of oral health interventions for medically compromised individuals.

Goal 4: Enhance oral health professionals' ability to work with diverse populations.

In 2010, with the support of U.S. Senators Mikulski and Cardin, the OOH secured \$1.2 million in federal funds to develop a statewide Oral Health Literacy Social Marketing and Media Campaign for the public.

Lessons Learned and/or Plans for Improvement:

Coalition Formation:

Having early buy-in from the original state government convened Dental Action Committee (DAC) members facilitated its transition into the independent statewide dental coalition (MDAC).

During the planning stages of MDAC, OOH hired a coalition consultant (Fran Butterfoss of Coalition Works) to guide the development of the coalition. It was extremely helpful to have someone with expertise guiding the process.

Maryland Oral Health Plan (MOHP):

Prior to writing the state oral health plan, 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 Maryland Oral Health Plan, an advisory committee met to discuss the sections, materials, structure, edits, comments and additional content to begin preparing a more detailed written MOHP.

The MDAC needed to be in place and functioning as an independent entity to have an effective MOHP.

Available Information Resources:

[Office of Oral Health Website](#)

[MDAC: Maryland Oral Health Plan](#)

[MDAC: Organizational Profiles](#)

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)?

Statewide Dental Coalition Support has had a positive impact on the state of oral health in Maryland, as identified by key outcomes:

- Each of the 24 local health departments throughout Maryland received a grant from OOH to provide oral health services to children and adults. These services include clinical services, dental sealants, oral cancer screening, and fluoride treatments.
- The number of children with untreated tooth decay in Maryland decreased by approximately 41 percent between 2001 (23.1%) and 2011 (13.7%). In addition, Maryland has exceeded by 12 percent the target recommended by Healthy People 2020. Healthy People 2020 Oral Health 2.2 target is to reduce the proportion of children 6-9 years of age with untreated decay in their primary and permanent teeth to 25.9 percent; Maryland's rate is 12 percent.
- A U.S. Healthy People 2020 objective is to increase the percentage of persons on public water receiving fluoridated water to 79.6%. In Maryland, 93.1% of the population on public water receives fluoridated water.
- From July 1, 2009, through December 31, 2010, the Maryland Medicaid Program reimbursed EPSDT medical providers for 22,182 fluoride varnish applications.

Oral Health Literacy

In October 2012, contracted marketing firms reported results from pre- and post-campaign surveys conducted to examine whether the target audience was aware of the campaign brand and messaging, and whether oral health habits, behaviors and attitudes were influenced by the campaign. Surveys were conducted by telephone, with 400 individuals surveyed in each wave of the survey. Participants were selected at random from a list of women 18-34 years of age who were identified as at-risk and caring for a child between 0-6 years of age and/or pregnant. Pre-campaign surveys took place in spring of 2012, and post-campaign surveys were conducted in the summer of 2012 and results were self-reported. The post-campaign survey revealed an increase in concern about oral health issues, increased awareness of the overall message, visits to the dentist increased, and twenty-five percent recalled receiving the program brochure, with nearly fifty percent recalling receiving an oral health kit from their health center. Of those receiving Oral Health Kits, 100% reported using it.

Since the initial HTHK campaign, continuation of HTHK has occurred incrementally and in a more targeted way. After reviewing the results from the initial campaign we theorized that if we could target our audience more specifically we would achieve better results in a more cost effective manner. Thus, since the initial campaign, we have focused our efforts on reaching the Spanish-speaking population ages 18 – 36 with young children ages 0 – 6. Results showed that Dientes Sanos, Niños Sanos campaign was extremely effective. Latinas better understood the importance of oral health, showed significant improvements in oral health knowledge and were taking action to practice more preventative oral health behaviors for themselves, and their children.

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.

Through Statewide Coalition Support, OOH and MDAC are able to leverage resources, infrastructure, partnerships to carry out the activities of the SOHP in order to improve access to oral health care and health education. Improving efficiency is at the core of collaboration among organizations and contributes to a culture of inclusiveness among oral health care networks and improved healthcare outcomes.

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?

Sustainability is a core issue for the MDAC and thus the organization works to secure diverse funding and sustainable partnerships. 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. In addition, MDAC received grants from The Horizon Foundation, The E. Rhodes and Leona B. Carpenter Foundation, and the Leonard and Helen R. Stulman Charitable Foundation.

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?

MDAC has supported OOH through collaborative opportunities and the sharing of key ideas and developments in oral health programs. MDAC and OOH collaborated to develop the Maryland Oral Health Plan in 2011, a five-year plan to promote awareness of and address the state's most critical oral health needs, and co-manage the Oral Health Literacy Campaign which produced the award-winning Healthy Teeth, Healthy Kids campaign. MDAC also holds a bi-annual Oral Health Summit which brings together a diverse group of participants, including practitioners, educators, social services directors, and policy makers. MDAC has been the network leader by guiding the planning processes, supporting implementation of the past and ongoing projects and assuring measurement and evaluation of the collaborative work.

A key element of each focus area in the MOHP is the diversity of workgroup members from varying organizations. In many cases, these organizations represent of a cross-section of disciplines related to supporting improved oral health care in Maryland. These organizations represent private and public partnerships including non-profit, governmental, and academic organizational members. Statewide Dental Coalition Support has demonstrated effective outcomes for improving oral health in Maryland.

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?

The HP2020 objective is to reduce the proportion of children and adolescents with untreated dental decay. The Maryland Oral Health Plan developed by OOH in collaboration with MDAC outlines 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, and oral health literacy and education

The HP 2020 objective is to increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component. Each of the 24 local health departments throughout Maryland received a grant from OOH to provide oral health services to children and adults. These services include clinical services, dental sealants, oral cancer screening, and fluoride treatments. This is also reflected in the MOHP vision of increased access to oral health care.

The HP 2020 objective is to increase the proportion of children and adolescents who have received dental sealants on their molar teeth. MDAC has used the highly successful Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Children as a gateway to increased inter-professional collaboration among medical and dental providers in Maryland. This is a training program developed by the MD OOH for medical practitioners to conduct oral health risk assessments and apply fluoride varnish to children ages 9 months to 3 years old enrolled in Medicaid during their regularly scheduled medical well-child visits. The Survey of the Oral Health Status of Maryland School Children 2005- 2006 conducted by OOH reported that 42.4 percent of students in third grade had dental sealants.

In 2009, CDC reported that 93.1 percent of the population on public water supplies was served by supplemental and naturally fluoridated water systems. Maryland has surpassed the Healthy People 2020 national health objective target of 79.6 percent of the U.S. population served by community water systems with optimally fluoridated water. This reflects the MOHP goal of oral disease and injury prevention.