

Dental Public Health Activity Descriptive Report

Practice Number: 23011
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SECTION I: PRACTICE OVERVIEW		
Name of the Dental Public Health Activity: Partnerships with Academia		
Public Health Functions: Assessment – Acquiring Data 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 – Oral Health Communications Assurance – Building Linkages and Partnerships for 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-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 OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth		
State: Maryland	Federal Region:	Key Words for Searches: Partnerships, collaboration, partnership with academia, Office of Oral Health, Maryland Department of Health and Mental Hygiene,
Abstract: <p>The Office of Oral Health (OOH), at the Maryland Department of Health and Mental Hygiene (DHMH) works in partnership with the University of Maryland, School of Dentistry (UMSD) and the University of Maryland, School of Public Health at College Park (UMSPH) to develop and implement strategies and initiatives that impact critical state oral health issues, including pediatric dental capacity. OOH partnered with UMSD on the Pediatric Dental Fellowship Program to increase the number of dentists who participate in the state Medicaid program. OOH also partnered with UMSD to conduct the Oral Health Survey of Maryland School Children since 1995. In the most recent iteration, conducted in 2011 and 2012, the survey assessed the oral health status of more than 1,700 students in 52 schools across the state.</p> <p>In addition, in 2009-2010, the OOH collaborated with UMSD to organize a school-based dental sealant demonstration project; this particular collaboration was instrumental to the development of the Mighty Tooth Dental Sealant brand and website, which is aimed at increasing use of dental sealants in private and public dental offices and in school-based and school-linked programs.</p> <p>UMSPH also supports OOH and the statewide oral health coalition, the Maryland Dental Action Coalition (MDAC – www.mdac.us), in offering continuing education for dental and public health professionals and continuing to maintain and expand the Maryland Oral Health Literacy Campaign.</p>		

The MDAC's membership represents a diverse group of organizations, including (but not limited to) the Maryland Dental Hygienists' Association, the Maryland State Medical Society, the UMSD, as well as the OOH and UMSPH.

For additional information on the organizations represented in the MDAC, visit <http://mdac.us/membership/organizational-profiles/>.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Pursuant to Maryland Health-General Code Ann. § 13-2506, the Department of Health and Mental Hygiene is required to conduct a statewide survey of the oral health status of school children in Maryland. The sample for the study, consistent with the Basic Screening Survey (BSS) methodology from the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Dental Directors (ASTDD), was selected so that the resulting samples would be representative of all Maryland public school children in kindergarten and third grade.

The Oral Health Survey for 2011-2012 was a follow-up to earlier oral health surveillance projects conducted in 1994-1995 (1), 2000-2001 (2), and 2005-2006 (3). The present project utilized methodology that was adapted from the earlier studies. The consistency in approach allowed for temporal oral health surveillance. However, the 2005-2006 project did not calculate caries experience. Therefore, data for caries experience is not available for 2005-2006.

Justification of the Practice:

The oral health status of Maryland school children has improved over the last decade. This progress may be attributable to many factors, including a series of reforms instituted after the death of a 12 year-old Maryland child due to an untreated dental infection. This tragic event prompted a statewide expansion of public health preventive programs and increased community awareness through programs such as Maryland's Healthy Teeth, Healthy Kids campaign, which offers culturally literate oral health information to high-risk, low-income families. The partnerships between the OOH and the state's academic institutions (i.e., UMDS and UMSPH) are critical to the development and assessment of new and existing evidence-based policies and programs designed to improve access to care. Improvements in the oral health of school children indicate the effectiveness of the OOH's academic partnerships and the collective impact of these efforts, which have earned Maryland recognition as a national leader in oral health.

Oral Health Survey of Maryland School Children

Maryland measures the oral health status of its public school children every five years so that public programs and funding can be properly determined. Findings from the Oral Health Survey are needed to facilitate personnel and public program planning, as well as funding allocations. In addition, findings are critical for the purpose of assessing the current status of oral health and other health-related issues, including access to preventive and treatment services.

Inputs, Activities, Outputs and Outcomes of the Practice:

Pediatric Dental Capacity

Pediatric Dental Fellows Program

The Pediatric Dental Fellows Program, administered by the Division of Pediatric Dentistry at UMSD in partnership with the OOH, had been in existence from 2000 –2011. The goal of the program was to

place trained pediatric dentists in public safety net clinics (i.e., local health departments and federally qualified health centers) throughout Maryland, where they provide direct clinical dental services to underserved Maryland children, especially those who are eligible for Medicaid. The pediatric dental fellows committed two years of public service to providing comprehensive clinical oral health care services three to four days a week, including care for children with special needs and behavioral problems. For the remainder of each week, the fellows would teach or conduct research at UMSD. Fellows attended case conference seminars, formal presentations, and other meetings with departmental faculty and residents.

In addition to providing treatment at local health departments, some dental fellows also provided treatment in hospital operating rooms and health education to parents at Head Start programs. Most of these dental fellows are foreign dental graduates who had successfully completed U.S. pediatric dental residency programs. By Maryland State law, Pediatric Dental Fellows are eligible for a Maryland State License upon completion of their two year experience, as well as the appropriate Board examinations.

Unfortunately, because of difficulties in obtaining U.S. visas, there have been no pediatric dental fellows actively participating in the program since 2011. A change in the job classification regulations for an employment-based immigrant visa would have required a substantial increase in salaries paid to dental fellows. As a result of the new regulations, the program became cost-prohibitive. The UMSD challenged the immigration decisions, but ultimately, the issue was out of the program's control.

Despite the current situation, it is important to note that two pediatric dental fellows who successfully completed the program continue to provide dental care services to Medicaid patients in FQHCs in Montgomery and Washington Counties. Another fellow is a part-time employee of the Frederick County's local health department. Other fellows have established successful private dental practices in other locations and continue to treat Medicaid patients.

Oral Health Survey of Maryland School Children

The OOH contracted with the Department of Health Promotion and Policy at the UMSD to conduct the Oral Health Survey of Maryland School Children 2011-2012 (Oral Health Survey). A Memorandum of Understanding dated July 1, 2010, indicated that services were to commence on or about September 1, 2010 and terminate on June 30, 2013.

The survey period spanned three years and included: (1) a health questionnaire that was sent to parents to assess the child's oral health and access to dental services; (2) an in-person screening (oral examination) to determine the current oral health status of the child; and (3) a follow-up report sent to parents with the child's screening results.

The goal of the statewide oral health assessment is to appraise oral health status and access to dental care for kindergarten and third grade public school students in the State. A total of 1,723 students in 52 schools participated in the survey, and 1,486 in the oral health screening examinations. The difference in these numbers is attributed to families completing the survey form and not granting consent for their child to participate in the screening. The student sample represented all five regions in the State: Central Baltimore, Central D.C. (except Montgomery County), Eastern Shore, Southern (Maryland), and Western (Maryland).

In FY 14, the OOH released its final report on the results of the Oral Health Survey. Overall the population surveyed exceeded the national averages for percentage of dental visits, dental sealants, and untreated tooth decay during the past decade. The number of children with untreated tooth decay in Maryland decreased by approximately 41 percent (from 23.1 to 13.7%) between 2001 and 2011. In addition, Maryland has exceeded by 12 percent the target recommended by Healthy People 2020, an initiative of the U.S. Department of Health and Human Services that provides science-based, 10-year national objectives for improving the health of all Americans. Other findings include:

- 83 percent of school children in the State were reported by their parents/caregivers to have seen a dentist within the last year, compared with 77 percent at the national level
- 75 percent of school children in the State were reported by their parents/caregivers to have a usual source of dental care
- 40 percent of third grade school children in the State had at least one dental sealant on a permanent first molar, compared with 32 percent nationwide
- About 14 percent of school children in the State had untreated dental caries, compared with 23 percent in 2000-2001

School-Based Dental Sealant Services

In 2008, the OOH received a five year grant award from the Centers for Disease Control and Prevention (CDC) for a State-Based Oral Disease Prevention Program. This grant built upon the efforts of the OOH to plan, implement, and evaluate population-based oral disease prevention and promotion programs. As part of this grant, the OOH partnered with UMDS to develop a demonstration project to examine the logistics and cost-effectiveness of school-based dental sealant services. The Task Force on Community Preventive Services

(<http://www.thecommunityguide.org/oral/supportingmaterials/RRschoolsealant.html>) recommends school dental sealants are one of two evidence-based oral disease prevention services (along with community water fluoridation) and, as such, are highly recommended by federal agencies (CDC and HRSA). The OOH partnered with UMSD because of its expertise and experience in statewide dental assessment, surveillance, and prevention activities.

The statewide demonstration program was conducted at 10 elementary schools that were selected according to sampling needs. Dental screenings and sealants, when indicated, were provided to third graders in public elementary schools from 2009-2010. There were potential benefits to the children who were screened for oral health and those who had sealants placed on their teeth. Sealants provide a barrier and prevent tooth decay. The National Institute of Dental and Craniofacial Research states that "having a sealant placed on teeth before they decay will, also, save time and money by avoiding fillings, crowns or caps used to fix decayed teeth"

(<http://www.nidcr.nih.gov/oralhealth/Topics/ToothDecay/SealOutToothDecay.htm>). Further, the information obtained will help the Office of Oral Health's future program development and policy. One outcome of this effort was the development of a website devoted to dental sealants called "Mighty Tooth: Seal Away Decay"; this website can be found at: <http://mightytooth.com/>. OOH and UMSD continue to support and maintain this website and OOH plans to enhance the site to include information for the public and health providers.

The quantitative and qualitative findings from this demonstration program gave the OOH a greater understanding and perspective on how to conduct a statewide school-based dental sealant program. The following section describes the findings from the Dental Sealant Demonstration Project of the State-based Oral Disease Prevention Program:

Caries Prevalence and Average of Numbers of Decayed Teeth per Student:

- Students residing in a rural municipality, eligible for free/reduced meals, whose caregiver's education was less than college, and who were boys, had a higher prevalence of caries than their counterparts.
- Students without dental insurance had the highest prevalence of caries; those with private dental insurance had the lowest prevalence of caries.
- Students with caries prevalence from high to low respectively were non-Hispanic Whites, non-Hispanic Blacks, Hispanics and non-Hispanics.

Sealant Prevalence and Average of Numbers of Sealed Teeth per Student:

- Students residing in an urban municipality, not eligible for free/reduced meals, whose caregiver's education was less than college, and who were girls, had a higher prevalence of sealants than their counterparts.
- Students without dental insurance had the lowest prevalence of sealants; those with Medicaid coverage had the highest prevalence of sealants.
- Students with sealants prevalence from high to low respectively were non-Hispanic others, non-Hispanic Whites, non-Hispanic Blacks, and Hispanics.

Non-traditional Setting:

We found that conducting screenings and placing sealants can be done in settings other than in traditional locations. This was demonstrated by the highly successful visit to the National Museum of Dentistry by students at Gwynn's Falls Elementary School, which is located in Baltimore City. The portable dental office was set up with little more effort than in a school site, and the event was very successful. This was a win-win situation because the children (1) had their teeth screened and sealants applied, where indicated; and (2) had the benefit of a field trip that might not otherwise have occurred. The success of this program suggests that this visit can be replicated with additional schools and the possibility of using other non-traditional settings for future sealant projects.

Increased Awareness about Sealants:

As a result of this project, awareness about sealants was increased through a number of sources including the Mighty Tooth billboard, outreach efforts, communications with school officials, teachers

and staff, children who received sealants, parents who received the permission packets, and others in the community.

Prevention and Early Detection of Childhood Caries: The Maryland Health Literacy Model

In 2011, the DentaQuest Foundation provided a grant to the UMSPH to conduct an assessment of what Maryland adults with young children know and do about preventing dental caries. In addition to caregivers and parents, the project also assessed the knowledge, opinions and practices of health care providers and policymakers. The OOH participated as a partner by providing technical support throughout the development of the proposal. The grant funding was used to establish essential baseline information about levels of oral health literacy in the target populations, to provide visibility to dental caries prevention and early diagnosis and to frame key actions and knowledge for the target population. The final outcome of this project was an evidence-based foundation for building the content of a statewide oral health literacy education program.

The results of the assessment revealed a low overall level of knowledge about preventing dental caries among the target population. Parents with higher levels of education were more likely to have correct information regarding prevention and early detection of dental caries. Nearly all respondents (97.9%) reported they were aware of fluoride, but only 57.8% knew its purpose. More than one-third (35.1%) of the respondents were not aware of dental sealants. Parents with lower levels of education were significantly less likely to drink tap water, as were their children, and significantly less likely to have had a dental appointment in the preceding past 12 months.

The findings from this project informed the next steps for one of the Dental Action Committee's recommendations--to develop a statewide, multicultural oral health messaging campaign to educate parents and caregivers of young children about the importance of oral health and the prevention of oral disease.

Healthy Teeth, Healthy Kids Campaign

In 2010, the Office of Oral Health received a grant from the CDC to fund a project entitled "Maryland Oral Health Literacy Campaign." As a central part of this project, the Office of Oral Health wished to build on research conducted by the UMSPH on oral health literacy and implement the findings of that research. The OOH entered into an MOU with UMSPH to assure that the research findings were effectively implemented, supported and evaluated.

According to the MOU, the OOH's role in the project was to:

- (1) Develop curricula for (a) health care providers, and (b) health navigators that will educate these professionals on appropriate messages to communicate with their serving populations;
- (2) Collaborate with UMSD to evaluate educational curricula in case management settings;
- (3) Consult with social marketing firm to assure oral health literacy messages are communicated accurately and effectively during social marketing campaign;
- (4) Provide advice, consultation, and oral health literacy technical assistance as needed to Office of Oral Health, selected social marketing firm, UMSD, and Oral Health Literacy Campaign (OHLC) Advisory Board;
- (5) Participate on Oral Health Literacy Campaign Advisory Board;
- (6) Conduct a pre- and post-intervention survey of target populations; and
- (7) By June 30, 2012, prepare a final report that provides an analysis of successes and challenges of implementing research results and includes recommendations for future oral health literacy campaigns.

A statewide Oral Health Literacy Campaign that contains culturally sensitive and age-specific messages was successfully launched March 23, 2012. Healthy Teeth, Healthy Kids, (HTHK) is a highly successful oral health literacy social marketing campaign. HTHK has achieved significant results over the past three years in building awareness and changing the oral health behavior of parents of young at-risk children.

When the campaign launched in 2012, it consisted of TV, radio, direct mail and transit advertising as well as brochure distribution, social media, media relations, community outreach and a website and call center. It ran for six months and achieved encouraging results in that 63 percent of target audience was aware of the campaign and a significant number of women that heard or saw the campaign were aware of specific campaign messaging after the campaign ran. Post campaign surveys also showed a seven percent increase in dental visits after the campaign.

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 we would achieve better results in a more cost effective manner if we targeted our audience more specifically. Since the initial campaign, we have focused our efforts on reaching the Spanish-speaking population ages 18 – 36 with young children ages 0 – 6.

In September 2014, in collaboration with MDAC, OOH implemented a Spanish Language version of the campaign, Dientes Sanos, Niños Sanos, (Healthy Teeth, Healthy Kids). Dientes Sanos, Niños Sanos was a nine-week social marketing campaign designed to educate Spanish-speaking women with young children about the importance of oral health and teach them the basic oral hygiene skills needed to care for their child's mouth.

The campaign utilized radio advertising (a 30 second PSA) as a primary communication tool to target the Latina women. The messaging was evidence based, focus group tested and communicated in plain language. Messages included in the ad were:

- Give your child a healthy mouth for life
- Brush your child's teeth twice a day using fluoride toothpaste
- Take your child to the dentist before their first birthday
- Dental health is important for overall health
- Contact www.dientessanosninossanos.org for more information or to find a dentist

The campaign ran 612 paid & promotional thirty-second ads over a nine-week time period on WLZL radio, the largest and most listened to Spanish language radio station in Maryland. The station also provided added value that included 60-second evening/overnight/weekend radio ads at no charge, 10-second promos and :05 live sponsorship mentions, as well as a 15-minute interview with an oral health expert that ran on their Sunday morning public affairs program. The radio campaign created 347,500 impressions reaching 51% of Hispanic population age 18-36 with an average frequency of 5.2x (meaning that on average, women 18-36 heard the radio ad 5.2x over the course of the nine week time period.)

Before and after the campaign, MDAC, supported by OOH, conducted pre- and post-campaign surveys to measure the campaign's effectiveness. Specifically OOH and MDAC wanted to know if the campaign messages reached the intended audience and if the messaging influenced the oral health perceptions and behaviors of the Latina women living in the campaign's target geography. More than 400 Latina women with children participated in each round of the survey.

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 preventive oral health behaviors for themselves

Comparative results of the pre- and post-campaign surveys indicated that almost all mothers (91.5 percent) heard about the Dientes Sanos, Niños Sanos campaign, with 90.6 percent recalling at least one of the campaign's messages unaided. After the campaign, significantly more mothers (92.2 percent) believed children should go to the dentist before their first birthday, and 92.8 percent of mothers believed that dental health is an important part of overall health—both key campaign messages.

Following the campaign, more mothers (18.7 percent) had heard of fluoride and 71 percent more mothers understood its purpose; twice as many mothers had heard of fluoride varnish after the campaign; and there was a 210 percent increase in mothers who had their children receive fluoride varnish.

This increase in awareness and change in behaviors exceed the results obtained from the initial HTHK campaign supporting our thesis that by targeting the audience of the campaign more specifically, the campaign will have a greater impact and achieve more significant results.

The results provide evidence that shows:

- The campaign reached its target audience and had a positive effect on Latina mothers' attitudes perceptions and behaviors regarding oral health and the oral health of their children
- Social marketing is an innovative and effective tool that can positively influence oral health awareness, perceptions and behavior
- Using plain language to communicate evidence-based oral health messaging works
- Focusing on a single population, i.e., narrowly targeting the campaign to Latina women with young children, contributed significantly to the campaign's increased success and cost effectiveness

Utilizing a proven and effective media tool, i.e., radio, in this case the most listened-to Hispanic radio station in Maryland, to reach this specific target audience, delivered the message successfully and in a cost-effective manor

Budget Estimates and Formulas of the Practice:

This program was essentially budget neutral. Dental fellows were paid approximately \$70,000 for each of the two years spent in the program. This cost was compensated through Medicaid reimbursements for clinical care provided by the fellow.

The Oral Health Survey of Maryland School Children, 2011-2012 was funded by the OOH, using CDC and state general funds.

In 2008, the Department's OOH received a five-year grant award from the CDC for a State-Based Oral Disease Prevention Program.

OOH received a \$1.2 million federal grant from the CDC in 2010 for approximately two years to develop a multicultural oral health message campaign to educate parents and caregivers of young children about the importance of oral health and the prevention of oral disease. OOH used a portion of the CDC grant for the OHLC to start a MOU with UMSPH from March 2011 to June 2012 for \$220,000.

Lessons Learned and/or Plans for Improvement:

Keeping partners and stakeholders informed quarterly on oral health projects is a great way to get their buy-in when needed for future projects.

Identify areas where partners are needed to diversify OOH's reach for future projects.

Continue building and maintaining existing partnerships and identify ways to keep them informed.

Need to increase oral health literacy regarding caries prevention and early detection.

This increase in awareness and change in behaviors exceed the results obtained from the initial HTHK campaign supporting our thesis that by targeting the audience of the campaign more specifically, the campaign will have a greater impact and achieve more significant results.

Available Information Resources:

Office of Oral Health Website:

<http://phpa.dhmh.maryland.gov/oralhealth/SitePages/reports-docs.aspx>

(Includes the School Surveys and the Maryland OHLC reports.)

<http://phpa.dhmh.maryland.gov/oralhealth/SitePages/dental-sealants.aspx>

(Provides information on dental sealant and the Dental Sealant Demonstration Project report.)

MDAC website: <http://mdac.us/maryland-oral-health-plan/>

(Reference the MOHP)

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 OOH's partnership with UMSD and UMSPH has enhanced the capacity of Maryland's oral health program to address gaps in the state's oral health workforce and infrastructure. The data collected through the Oral Health Survey of Maryland School Children, the Dental Sealant Demonstration Project and the Maryland Oral Health Literacy Campaign has improved the capacity of the OOH to develop

effective oral health policies and programs, ultimately leading to improved dental care access and outcomes for Maryland's vulnerable populations.

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.

The OOH's partnership with UMSD and UMSPH has enabled the organizations to maximize cost and resource efficiency by leveraging technical and financial support to acquire data, develop statewide interventions and evaluate programs. The efficient use of resources ultimately enhances the long-term sustainability of Maryland's public dental health infrastructure.

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?

The partnership between the OOH and UMSD has been instrumental in building state and community capacity for interventions by providing data to inform the development and implementation of sustainable oral health programs and policies, especially those outlined in the Maryland Oral Health Plan. Additionally, the partnership has made possible programs like the Dental Sealant Demonstration Project which provided best practice guidelines for oral health program organizational structure and resources (i.e., the Might Tooth initiative).

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?

The OOH's partnerships with the UMSD and UMSPH have promoted collaboration and integration between traditional and non-traditional partners on a variety of initiatives. For example, OOH's partnership with the UMSPH to develop a multicultural oral health message campaign led to further integration with the MDAC and the DentaQuest Foundation.

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?

OOH's partnerships with UMSPH and UMDS have enabled it to address a number of Healthy People 2020 Objectives:

- Reduce the proportion of children and adolescents with untreated dental decay
 - The number of children in Maryland with untreated tooth decay decreased by approximately 41 percent between 2001 and 2011
 - About 14 percent of school children in the State had untreated dental caries, compared with 23 percent in 2000-2001
- Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
 - 83 percent of school children in the State reported seeing a dentist within the last year, compared with 77 percent at the national level
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
 - 75 percent of school children in the State reported having a usual source of dental care
 - Results from the pre- and post-campaign survey indicate that the Maryland Oral Health Literacy Campaign has been highly effective in improving oral health knowledge and promoting preventative oral health behaviors among mothers and their young children
- Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

- 40 percent of third grade school children in Maryland had at least one dental sealant on their permanent first molars