



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 Leadership		
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 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 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-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-3 Reduce the proportion of adults with untreated dental decay OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage 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-10 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth OH-13 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water		
State: Maryland	Federal Region:	Key Words for Searches: Infrastructure, leadership, workforce, Medicaid services, Medicaid reimbursement, Office of Oral Health, Maryland Department of Health and Mental Hygiene
Abstract: The Office of Oral Health (OOH) at the Maryland Department of Health and Mental Hygiene (DHMH) has established itself as a leading public health division and is recognized as a best practice oral health program. It uses evidence-based information to serve as an exemplary oral health resource to its stakeholders.		

Part 1 of this section addresses the OOH's implementation of the recommendations made in 2007 by Dental Action Committee (DAC) for improving access to oral health services in Maryland. These recommendations have encouraged the state's progress in several ways: (1) movement to a single statewide vendor to administer Medicaid dental services; (2) increased Medicaid dental reimbursement; (3) enhancement of the dental public health infrastructure; (4) expansion of public health dental hygienists' capacity to provide care; (5) development of a statewide, unified oral health message; (6) incorporation of dental screenings and case management with vision and hearing screenings for public school children or require dental exams prior to school entry; (7) provision of dental training for dental and medical providers.

Part 2 describes the Oral Health Safety Net Program administered by the OOH, including collaborations between the Department and other stakeholders to strengthen access to comprehensive dental care for low-income, disabled and Medicaid populations through clinical dental programs, school-based oral health services and other initiatives throughout the state. This section also provides a status update on the Department's follow-up survey concerning the oral health status of school children in the state.

Part 3 focuses on progress made by OOH's Oral Cancer Mortality Prevention Initiative. This section documents the initiatives implemented to increase public and professional awareness of the importance of oral cancer screening, the impact of outreach combined with broadening training efforts for dentists to conduct oral cancer screenings, and progress in detecting and treating oral cancer in Maryland residents since the initiative began in 2000.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Senate Bill 590, Chapter 113 of the Acts of 1998 established the Office of Oral Health within the Department's Family Health Administration (now the Prevention and Health Promotion Administration), and required that the Medicaid program offer oral health services to pregnant women enrolled in Medicaid managed care organizations (MCOs). It established a five-year Oral Health Care Plan that set utilization targets for MCOs.

Lack of access to oral health services is both serious and complex in scope, requiring a multi-faceted strategic approach. Maryland House Bill 30 (Ch. 528 of the Acts of 2007) and Senate Bill 181 (Ch. 527 of the Acts of 2007) established the Oral Health Safety Net Program within the Department's Office of Oral Health. The purpose of the program is to support collaborative and innovative ways to expand oral health capacity for low-income, disabled, and Medicaid populations by awarding community-based oral health grants to local health departments, FQHCs, and other non-profit entities providing dental services within state facilities. These organizations use funds to contract with licensed dentists to provide public health expertise throughout the state. Additionally, this program provides continuing education courses to providers that offer oral health treatment to underserved populations.

In June 2007, the Maryland DHMH Secretary convened a Dental Action Committee (DAC) to develop recommendations to improve access to oral health care for vulnerable (disadvantaged and/or underinsured) children. 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. Through actions taken to achieve the goals outlined in the DAC's recommendations, access to dental care for underserved Maryland children has significantly improved. The Governor, the Maryland General Assembly, DHMH and many public- and private-sector partners have collaborated to implement many of the DAC recommendations. In 2010, the DAC became an independent statewide dental coalition and was

renamed the Maryland Dental Action Coalition (MDAC). The OOH actively collaborates with the MDAC to achieve progress on the major oral health recommendations and provides assistance and support to the development and implementation of Maryland's statewide oral health plan.

DHMH requires a licensed dentist to act as the State Dental Director (i.e., OOH Director) to oversee the OOH and provide dental expertise on policy development, legislation, surveillance, protocol evaluation, provider recruitment, and continuing education courses for providers that offer oral health treatment to underserved populations. This legislation has also enabled the OOH to seek out new and creative strategies to enhance the oral health safety net, and to increase access to oral health services for low-income and uninsured individuals, and Medicaid recipients.

Justification of the Practice:

Maryland has been recognized as a national leader in oral health for increasing access to oral health services through changes to the Maryland Medical Assistance Program (Medicaid) and expansion of the public health dental infrastructure. The Pew Center on the States issued oral health report cards for the states and in 2010, the Pew gave Maryland an "A" for its efforts to improve dental care access for low-income Marylanders, especially those who are Medicaid-eligible or uninsured. As the only state to meet seven of the eight dental access policy benchmarks, the Pew Center ranked Maryland first in the nation for oral health. Then Pew revised its report card parameters and performance measures in 2011 to emphasize statewide dental sealant program rather than access, Maryland's "B" grade made the state one of only thirteen to receive a grade higher than a "C."

The Centers for Medicare and Medicaid Services (CMS) have also recognized Maryland's improved oral health service delivery by inviting Maryland to share its story at the agency's 2011 national quality conference, and to participate in the inaugural CMS Learning Lab: Improving Oral Health through Access webinar series. CMS has included Maryland's story and achievements in its best practices guide for states and their Governors through the Medicaid State Technical Assistance Team (MSTAT) process. Additionally, Maryland's oral health achievements were highlighted at a recent U.S. Department of Health and Human Services (HHS) webinar, which for the first time recognized oral health as a Healthy People 2020 Leading Health Indicator.

Inputs, Activities, Outputs and Outcomes of the Practice:

Part 1: DAC Recommendations

Recommendation 1: Move to a single statewide vendor to administer Medicaid dental services

The contract was awarded to a single dental administrator, DentaQuest Inc., formerly Doral Dental Services, in July 2009 with a re-branded Medicaid dental program called Maryland Healthy Smiles Dental Program. The new program provided more simplicity and higher accountability for dental providers and the public achieving the following program results:

- Medicaid-enrolled children ages 0-20 enrolled at any time during the course of the fiscal year accessing at least one dental service increased from 35.8% in CY08 to 53.7% in CY13.
- Medicaid-enrolled children ages 0-20 enrolled at any time during the course of the fiscal year accessing a preventive visit increased from 34.7% in CY08 to 52.9 % in CY12.

Recommendation #2: Increase Medicaid dental reimbursement to enable more dentists to participate without incurring losses. Set the rate at the 50th percentile of the American Dental Association's South Atlantic region charges, indexed to inflation, for all dental procedures.

In the FY 2009 State budget, the first of a three-year plan to increase rates was funded. The Governor re-affirmed his commitment to fund the remaining two increments once State revenues permit. As of August 2013, over 1,000 new dental providers have joined the Medicaid Maryland Healthy Smiles Dental Program since August 2009.

Recommendation #3: Enhance the dental public health infrastructure

The Governor's FY 2014 budget allocated \$1.5 M to continue support for new or expanded dental public health services, especially targeting jurisdictions without public health clinics. With this funding, residents in every county in Maryland now have access to a public health safety net dental clinical program that is located in and/or serves their jurisdiction. In 2007, only half of the state's jurisdictions

had such programs. For more information:
<http://phpa.dhmh.maryland.gov/oralhealth/Documents/2014.pdf>

Recommendation #4: Establish a public health level dental hygienist to provide screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings

The legislature enacted a new law, effective October 1, 2008, which allows dental hygienists to work in public settings without a dentist present on the premises or having to see the patient first. Many agencies have begun to utilize public health dental hygienists to provide services. The program was evaluated through use of an APHA grant. The study found that the number of hygienists working in public health dental settings nearly doubled between 2007 and 2012. In 2007, 23 dental hygienists worked in public health dental settings. As of 2013, as many as 43 dental hygienists worked in public health dental settings. Although this increase cannot be fully attributed to the Public Health Dental Hygiene Act, many public health site administrators indicated that the Act enabled them to increase the number of hygienists they employ and/or increase the number of hours their hygienists work.

For more information: <http://phpa.dhmh.maryland.gov/oralhealth/Documents/EvaluationReport.pdf>

Recommendation #5: Develop a statewide, unified oral health message

In collaboration with the Maryland Dental Action Coalition, the DentaQuest Foundation provided a \$331,343 grant to the University of Maryland, College Park's School of Public Health in 2011 to initiate a program of oral health messaging in Maryland. Moreover, OOH received a \$1.2 million federal grant from the CDC in 2010 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. A statewide Oral Health Literacy Campaign that contains culturally sensitive and age-specific messages was successfully launched March 23, 2012.

For more information: <http://phpa.dhmh.maryland.gov/oralhealth/Documents/HTHKrecap2012.pdf>

Recommendation #6: Incorporate dental screenings and case management with vision and hearing screenings for public school children or require dental exams prior to school entry

The MDAC, in partnership with the Prince George's County Health Department, developed and implemented a pilot project to determine the feasibility of conducting dental screenings in public schools. The project began in August 2011 and ended in December of 2012. During this pilot project, 3,091 students were screened and provided access to care. The students screened were in kindergarten, first, third, fifth, seventh, and ninth grades. The majority (65.6 percent) of the students who were screened required routine preventive care. About 6.3 percent required immediate care and 28.0 percent showed decay present or required some other treatment. All children were referred to the Wellness Center at Bladensburg High School if they did not have a dental home.

The Oral Health Survey of Maryland School Children, 2011-2012 was funded by the Office of Oral Health's CDC and state general funds. For more information:
<http://phpa.dhmh.maryland.gov/oralhealth/Documents/SchoolSurveyFullReport.pdf>

Recommendation #7: Provide dental training for dental and medical providers to increase access to care for Medicaid-enrolled children

To date, 1,146 dentists have been trained to enhance their skills in providing care for young children. As of July 2009, medical providers can be reimbursed by Medicaid for fluoride varnish applications for children between the ages of 9 and 36 months. Approximately 460 of these providers have been trained by OOH and the University of Maryland, School of Dentistry in oral screenings, risk assessments, and fluoride varnish treatments. As of the end of June 2013, over 111,000 fluoride varnish applications have been performed by medical providers.

Part 2: Oral Health Safety Net

The DAC recommended maintaining and enhancing the dental public health infrastructure through actions and efforts of OOH to ensure that residents in each local jurisdiction have access to a local health department dental clinic and/or other community, non-profit oral health safety net clinic. In order for this to occur, the Oral Health Safety Net statute requires funding to fulfill the requirements outlined therein.

In light of DAC's recommendation to the Secretary to strengthen the dental public health infrastructure, the Governor's budgets from FY 2009 through FY 2015 for OOH include \$1.5 M to bolster clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are being used statewide, they have been specifically targeted to provide dental services in jurisdictions previously identified as not being served by a public health dental clinical program (Calvert, Kent, Queen Anne's, St. Mary's, and Worcester Counties).

OOH, in coordination with the Department's Office of Capital Planning, Budgeting, and Engineering Services, had issued capital infrastructure grants to Harford, Charles, and Worcester Counties over the past decade to acquire, design, construct, renovate, convert, and equip dental program facilities. The Worcester County Health Department began operating its dental clinic in April 2011, after receiving a capital infrastructure grant in 2008.

As of the end of FY 2014 (June 30, 2014), OOH grants contributed to 27,043 children and 11,847 adults being seen in local health departments' dental programs, and 41,006 child and 20,496 adult clinical visits. Further, 3,425 adults received emergency treatment in local health departments programs because of these grants. High-need dental public health geographic areas on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly from these grant programs.

Since FY 2009, OOH has continued to fund new and established dental programs to address immediate service needs, and to increase the service capacity of dental practitioners. Since 2008, these grants have provided continued support for both new and established clinical programs to expand oral health services and school-based oral health services.

Support for New Clinical Programs Funded Since 2009

The following projects, selected through a competitive request for proposals (RFP), currently provide and/or facilitate comprehensive clinical dental services for the public, and establish dental homes within communities to ensure the consistent availability of dental services in four counties which previously had no dental public health infrastructure.

Calvert County: Since its inception in September 2009, Calvert Memorial Hospital's project has provided direct services to Medicaid and other low-income children in Calvert and St. Mary's Counties. This dental program is now woven into the fabric of the Lusby community and provides a dental home to many residents. The program also offers school-linked services to a low-income community in Calvert County (Lusby), and offers both risk assessments and preventive services through an arrangement with local Head Start, WIC, and Judy Center programs.

Kent/Queen Anne's Counties: Having begun operations in fall 2009, the goal of the Kent County Local Health Department project is to increase access to comprehensive oral health services and to enhance dental capacity for low-income pre-school and school children in Kent and Queen Anne's Counties. The project currently employs a dental hygienist under the general supervision of a local dentist to oversee a local mobile dental team and establish transportation for patients to regional dental homes through the purchase and operation of a wheelchair-accessible van. The project conducts risk assessments, and in order to ensure patients have dental homes, offers prevention services and links those patients requiring intensive oral health treatment with community dentists or dental programs.

Worcester County: The Worcester County Health Department partners with Worcester County Schools and the Three Lower Counties federally qualified health center to expand school-based dental education and screening services, and to receive referrals for children needing a dental home. In FY 2015, the health department will pursue new partnerships with WIC and Worcester Youth and Family Services to expand the client base. A school-linked program to identify middle school children in dental need and to provide dental sealants and any additional treatment will also begin in FY 2015.

Support to Existing Clinical Dental Programs to Expand Oral Health Services

The following counties receive funds annually from the OOH to expand education, screening, and clinical oral health services (prevention and treatment) to improve access to oral health care:

Baltimore City: Helping Up Mission (HUM), in partnership with the University of Maryland, School of Dentistry, provides dental services to HUM homeless residents to improve their systemic and oral health, enhance their self-esteem and quality of life, and increase prospects for employment.

Caroline, Dorchester, and Talbot Counties: FQHC in this region funds the salary of a dentist to provide services in a hospital operating room at Dorchester General Hospital for children with extensive dental treatment needs.

Carroll County: Carroll County Health Department funds a dentist to provide support for pediatric dental services for Medicaid and other low-income Carroll County children.

Charles County: Charles County Health Department now provides adult dental services for low-income Charles County adults and seniors by supporting the cost of a dentist.

Harford County: Harford County Health Department expanded the space for its dental clinical program in April 2012 and increased the number of dental chairs from three to six. This expansion was necessitated by the program's success in providing access for low-income county residents. The health department can now accommodate more patients.

Howard County: Howard County Health Department began providing pediatric dental services for Medicaid and other low-income children in Howard County by contracting with FQHC, Chase Brexton Health Services and supporting a dentist at that facility.

Prince George's County: Prince George's County Health Department initiated provision of pediatric dental services for Medicaid and other low-income Prince George's County children by supporting bringing a dentist on staff. As of July 2013, the Prince George's County Health Department is now administering and operating the Deamonte Driver Dental Van Project (DDDP), which targets low-income school children.

Worcester County: Worcester County Health Department provides both restorative and preventive dental services for Medicaid and other low-income Worcester County children through an expansion of the fluoride varnish program provided by dental and medical professionals, and provision of clinical and school-based/linked oral health services for children and adults.

School-Based Oral Health Services

New and established school-based funding initiatives from the OOH are ongoing. School-based sites are critical venues for providing children with preventive oral health services, education, oral screening, and access to a dental home. The OOH is supporting the following two school-based oral health models:

Deamonte Driver Mobile Dental Van Project (DDDP)

In February of 2007, Deamonte Driver, a young boy from Prince George's County, Maryland died from a brain infection caused by bacteria from tooth decay. Devastated by the news of his death, a group of Maryland dental and public health professionals mobilized and sprang into action. With the help of many state and community leaders, the Deamonte Driver Dental Project (DDDP) was designed to increase dental access in underserved areas, improve oral health literacy, and eliminate disparities. The DDDP was initially administered by the Robert T. Freeman Dental Society Foundation with the support of a local state senator and the OOH Director.

During its first year of operation, the DDDP obtained funding from OOH, the Aetna Foundation, and the American Dental Association Foundation Give Kids a Smile Fund. In addition, it received in-kind donations from dental companies and community businesses, as well as contributions from individuals. The DDDP is a school based, "hub and spoke" mobile dental clinic program. Elementary schools are at the hub and all other community partners emanate from the schools. The goals of the project are to:

- Increase access to dental care by providing neighborhood "dental homes"
- Increase the number of dental Medicaid providers
- Establish school based mobile dental programs
- Increase the number of eligible children and families who enroll in Medicaid
- Establish a "Children's Dental Hotline"
- Increase awareness about the link between oral health and overall health
- Improve community health literacy

As of SFY 2013, the Prince George's Health Department oversees the DDDP and receives funding from OOH for this program to deliver school-based oral health care services. During the 2013-2014 school year, the DDDVP provided cleanings and fluoride treatments to 1,671 children at 21 schools in Prince George's and Montgomery counties. For this cohort, 1,410 dental sealants were applied to 888 children. A total of 613 children were referred to the local health department or a private dentist for

follow-up care. The DDDP will continue to provide much needed dental services to elementary school children by visiting at least 20 schools throughout the 2014-2015 school year. The DDDP will also work collaboratively with the Colgate Bright Smiles/Bright Future Mobile Dental Unit to provide services to five Title I schools, in which 35 percent or more of the student population is enrolled in free and reduced meal programs.

The DDDP has received a groundswell of support from community partners including the Prince George's County Public Schools, the Prince George's Health Department, the County Executive's Office, Howard University College of Dentistry, University of Maryland, and Morgan State University, local practicing dentists, many civic organizations and the faith-based community. The initiative seeks to engage and empower the community to create a sustainable program for Maryland children.

School-Based Dental Sealant Services

In 2008, the Office of Oral Health received a five year grant award from CDC for a State-Based Oral Disease Prevention Program. This grant built upon the existing efforts of OOH to plan, implement, and evaluate population-based oral disease prevention and promotion programs. As part of this grant, OOH developed a school-based dental sealant demonstration project in partnership with the University of Maryland, School of Dentistry to examine the logistics and cost-effectiveness of school-based dental sealant services. Dental sealants are one of two evidence-based oral disease prevention services (along with community water fluoridation) highly recommended by many federal agencies. 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. 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.

In 2012, the OOH received a 3-year Health Resources and Services Administration (HRSA) State Oral Health Workforce grant that provided support for direct school-based and/or linked school dental sealant services. The OOH uses these funds to issue an RFA exclusively for local health departments to support existing or new statewide school-based and/or school-linked dental sealant programs for their own jurisdictions. Of the 24 Local Health Departments (LHD) in Maryland, 12 received OOH awards to implement dental sealant programs in FY 2014. Local health departments receiving these grants are: Allegany, Anne Arundel, Baltimore, Calvert, Cecil, Charles, Howard, Kent, Prince George's, Somerset, Washington and Wicomico Counties. FY 2014 results for these programs as of June 30, 2014 are: 8,550 children screened, 3,041 referred for further treatment, 36,056 received oral health education, and 11,374 dental sealants were applied to 4,119 children. The school dental sealants grant program has been well-received, and consequently expanded from 11 grant awards to local health departments in FY 2012 to 12 grant awards in FY 2014. In addition, school-based oral health access programs have been operating in 11 schools since FY 2010 in Kent and Queen Anne's Counties using a mobile dental team.

The OOH's dental sealant demonstration project has served as a guide for the development of the Maryland Statewide School-Based/Linked Dental Sealant Program. CDC funds also allowed for the successful recruitment of a Dental Sealant Program Coordinator in March 2011 to develop and administer the program. The Program Coordinator also developed a dental sealant manual to assist local health departments in the implementation of school-based/linked dental sealant programs. The new statewide school-based/linked dental sealant project also includes a website - Mighty Tooth (<http://mightytooth.com/>). The statewide dental sealant program places a special emphasis on vulnerable populations, specifically school children in Title I schools. The high-risk, low-income students that attend Title I schools make these institutions appropriate venues for provision of preventive dental sealant and other prevention services such as topical fluoride modalities to inhibit the onset of dental decay.

For more information: <http://phpa.dhmh.maryland.gov/oralhealth/docs1/Dental-Sealant-Guidelines-Operations-Manual.pdf>

Community Water Fluoridation

Health experts endorse community water fluoridation as the single most effective public health measure to improve oral health by preventing tooth decay. Fluoride added to community drinking water at a concentration of 0.7 parts per million is one of two evidence-based oral disease prevention strategies (along with school-based dental sealants) that has repeatedly demonstrated that it is safe, inexpensive, and extremely effective in preventing tooth decay. Because community water fluoridation benefits everyone in the community, regardless of age and socioeconomic status, fluoridation is an especially important tool in providing protection against tooth decay in populations with limited access

to prevention services. A Healthy People 2020 objective is to increase the percentage of persons on public water receiving fluoridated water to 79.6 percent. In Maryland, 97.2 percent of the population with public water receives fluoridated water.

To address water fluoridation needs in Maryland, the OOH partners with the Maryland Department of Environment (MDE). The agencies work collaboratively to create fluoridation plans, share fluoridation data, monitor fluoride levels, and generate annual reports. The OOH used funding support from its CDC and HRSA grants in FY 2014 to ensure that a high percentage of Marylanders continue to enjoy access to the benefits of optimally fluoridated water contracting with the Maryland Rural Water Association (MRWA). MRWA surveys community water systems with the goal of providing technical assistance while gathering information on equipment needs, operator training levels, and a variety of other data points that play a part in the water fluoridation process. A total of 53 fluoridation stations across 40 water systems were surveyed through FY 2013. The surveys identified two key items that need to be addressed to ensure that properly fluoridated water continues to be provided to the majority of Marylanders: 1) fluoridation equipment maintenance, repair, and replacement; and 2) fluoridation training for water operators.

Almost all water systems surveyed had fluoridation equipment that needed maintenance, repair, and replacement. Unfortunately, these systems have limited budgets and available funds are typically used for what are more perceived to be more pressing concerns. Utilizing funding available through OOH's federal grants, the OOH began providing replacement fluoridation equipment to systems in need. In addition to equipment maintenance, repair, and replacement, the surveys also identified a need for fluoridation-specific training for water operators. Most operators surveyed have some training on water fluoridation, but expressed a desire for more education. The two providers of water operator training in Maryland currently offer only one abbreviated fluoride class between them. Moving forward, utilizing federal grants funding, the OOH is working to expand its partnership with the MRWA to include offering a full day fluoridation training class for water operators on a quarterly basis at strategic locations throughout the state.

Eastern Shore Oral Health Education and Outreach Program

These programs are an outgrowth of the *Oral Health Demonstration Project: Maryland State Children's Health Insurance Program* conducted by the University of Maryland, School of Dentistry from January 1999 through June 2001 in two regions in Maryland. The Eastern Shore Oral Health Outreach Program and the Lower Eastern Shore Dental Education Program expand the success of the earlier demonstration project to all Maryland Eastern Shore counties. One of the goals of these programs is to provide case management oral health services, education, screenings, and fluoride varnish and rinse programs for WIC and Head Start children, and their families on the Eastern Shore. This program is also currently working on a data collection tool to better identify children at risk for oral disease and to coordinate their care through the Medicaid dental administrator with local private and public oral health care resources.

Maryland Dent-Care Loan Assistance Repayment Program

In 2000, the Maryland General Assembly created a loan repayment program for dentists known as the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP). The purpose of the MDC-LARP is to increase the number of dentists providing oral health care services to Medicaid recipients. Each year, up to five Maryland dentists are selected to participate in the program for a period of three years. The dentists accepted into the program receive \$71,220 in educational loan repayment over a three-year period. In return for the loan repayment, dentists commit to provide at least 30% of their total patient services per year to the Medicaid recipient population.

The OOH, in partnership with the Maryland Higher Education Commission (MHEC), administers the MDC-LARP. To apply, individuals must complete an application and provide any additional information required by the MHEC. The MHEC appoints and convenes a review panel of representatives, some of whom are dentists and/or who have experience treating Medicaid and low income patients, to assist in the annual selection of recipients. The Panel reviews eligible applicants and makes recommendations to the MHEC regarding the applicants to whom awards should be given. The MHEC makes the final selection of MDC-LARP recipients.

The service obligation requires that the dentists must participate in MDC-LARP for the full three years and during that period, 30 percent of their base patient population must be Medicaid patients. This requirement is monitored through a monthly reporting process, in which participants must provide OOH with the number of hours worked, and patients seen, as well as the Medicaid-eligible proportion of patients seen.

OOH monitors participants on a monthly basis to ensure compliance with program goals, reviews applications, convenes the review panel, promotes the program, gathers feedback from award recipients, conducts initial and yearly site visits, and provides orientation for new program participants. What sets this program apart from other loan forgiveness programs is that participating dentists can practice at any site they choose, including private practice, group practice and public health entities. They are also allowed to practice anywhere in the state and are not limited to workforce shortage areas.

In CY 2012, a total of 15 dentists participated in the program; five of these dentists completed their three-year service obligation in December 2012. In January 2013, five new MDC-LARP dentists started the program, who will continue working with it through December 2015. During CY 2013, MDC-LARP dentists treated 16,348 non-duplicated patients, and had 40,870 dental visits by Medicaid recipients. MDC-LARP dentists have seen 113,739 non-duplicated patients through 284,387 patient visits since the inception of the program in 2001.

Part 3: Oral Cancer Initiative

Maryland House Bill 1184 (Ch. 308 of the Acts of 2000) and Senate Bill 791 (Ch. 307 of the Acts of 2000) established the Department's Oral Cancer Initiative (Health-General Article, §18-801—802). This statute requires that the Department develop and implement programs to train health care providers on screening and referring patients with oral cancer, and provide education on oral cancer prevention for high-risk, underserved populations. This legislation requires that the OOH develop activities and strategies to prevent and detect oral cancer in the state, with a specific emphasis on high-risk, underserved populations. The major components of this initiative are oral cancer education for the public, education and training for dental and non-dental health care providers, screening and referral, if needed, and an evaluation of the program.

The Oral Cancer Mortality Prevention Initiative (the Initiative), directed by the OOH, enables counties to provide an education and awareness campaign to the public, and to address oral cancer screening training needs among health care providers. Since funds were made available for the Initiative in 2000, 29,115 people have been screened for oral cancer, and 4,936 health care providers have received oral cancer prevention and early detection education through OOH grants to local health departments throughout Maryland.

Additional OOH efforts resulting from the Initiative include the development and distribution of a toolkit to assist local jurisdictions in promoting and facilitating oral cancer prevention activities, the creation of educational materials for low-literacy populations, and the annual observance of Oral Cancer Awareness Month in Maryland.

During this same period, the Maryland General Assembly created the Cigarette Restitution Fund Program (CRFP) (2000), which provides funds for cancer prevention, education, screening, and treatment for seven targeted cancers, including oral cancer. Some local jurisdictions have opted to provide oral cancer screening and/or education to residents. To date there have been 11,253 oral screening exams, and 18,097 health care providers have received oral cancer prevention and early detection education through CRFP grants. Two jurisdictions, Baltimore City and Garrett County, continue to use CRFP funding for oral cancer screening activities. In cooperation with the OOH, the CRFP develops and maintains the Oral Cancer Minimal Clinical Elements for screening, diagnosis, treatment, follow-up, and care coordination to provide guidance for public health programs that screen for oral cancer. In addition, Johns Hopkins University and the University of Maryland use CRFP cancer research funds to conduct oral cancer research.

As a result of these cumulative efforts, thousands of Maryland residents have been screened for oral cancer. More individuals, including dental and medical care practitioners, have received oral cancer prevention messages, information, and strategies, and have been referred to smoking cessation programs. Plans to evaluate the success of these programs are scheduled for the future, and include upcoming public surveys.

Oral cancer mortality rates have decreased from 2006 to 2010. According to data from the CDC's most recent reporting period (2006-2010), Maryland ranks 21st among all states compared to 8th as reported for 1997-2001, and now has a mortality rate (2.3 per 100,000 population) similar to the national average. From 2006 to 2010, oral cancer mortality rates decreased at a rate of 6.0 percent per year for blacks and 4.1 percent per year for whites. The incidence of oral cancer in Maryland increased at a rate of 4.0 percent per year from 2006 to 2010. From 2006 to 2010, oral cancer incidence rates in Maryland decreased at a rate of 1.0 percent per year for blacks, and increased 5.5

percent per year for whites. The 2010 age-adjusted incidence rate for oral cancer (10.6 per 100,000 population) in Maryland is similar to the national average. In 2010, over 43 percent of oral cancer cases were diagnosed at a regional rather than local stage (meaning after the cancer had spread to adjacent areas and tissues, possibly including lymph nodes), rather than the local stage (31 percent) which contributes to a low survival rate. Oral cancer has a far better prognosis when found early and at the local stage.

In 2010, 37.8 percent of persons in Maryland 40 years of age and older reported they had an oral cancer exam in the past year, and 45.6 percent of adults ages 40 and over reported that they received an oral cancer examination at least once in their lifetime. The percent of Maryland residents receiving annual oral cancer examinations since the initial survey in 1996 continues to increase. Despite this progress, there remains considerable room for improvement with respect to the proportion of Marylanders who receive oral cancer examinations. Only 74.5 percent of Marylanders ages 40 and over reported that they had a dental visit of any type in the past year. Some progress in this area has been made for black non-Hispanics in Maryland with 23 percent of those ages 40 and over reporting having an oral cancer examination in the past year, an increase from 20.3 percent in 2002. Because of this progress, some of the oral cancer examination rates surpass the Maryland 2015 target of 48 percent in its Comprehensive Cancer Control Plan.

Current Status

In July 2012, the Department awarded grants to local health departments to implement oral cancer prevention initiatives. County initiatives include providing oral cancer education, oral cancer screenings for the public, and education and training of health care providers on the correct method for conducting an oral cancer exam.

As of June 2014, in FY 2014 7,735 individuals received oral cancer screenings. Of those screened, 10 were referred to a surgeon for biopsy. There were also 13,861 individuals educated on oral cancer, and 276 healthcare providers that received education on oral cancer.

Throughout the month of April, the Department observes Maryland Oral Cancer Awareness Month. The OOH provided updated information to county coordinators, including prevention materials, scripts for public service announcements, and articles for local newspapers. During the month, the OOH had a display in the lobby of 201 West Preston Street, which houses the Department of Health and Mental Hygiene, and utilized the building-wide TV monitors and Department-wide email access to share information on oral cancer, featuring Michael Douglas and his story. The OOH continues to partner with the Tobacco Quitline on all events related to oral cancer and tobacco use. Free incentives were distributed to promote both programs. The Maryland Tobacco Quitline brochure is included in the OOH's oral cancer brochure.

The OOH was a sponsor of the 7th Baltimore Oral Cancer Walk/Run for Awareness at Druid Hill Park in Baltimore, Maryland on April 11, 2015. As a sponsor, the OOH had a display board at the event, and distributed oral cancer brochures, awareness ribbons, and OOH pens to participants.

In keeping with the OOH's efforts to "go green," materials for Oral Cancer Awareness Month were made available online. Every local health department's Tobacco Prevention Coordinator, Cancer Prevention Coordinator, and Oral Health Program Coordinator, along with dentists in the MDC-LARP, received an email notification about the available materials. A Facebook post also announced the availability of materials with the link to the OOH's website. Items available online included a color poster, brochure on oral cancer, a press release, audio and print public service announcements (PSAs), a proclamation, a sample editorial, a bulletin board for local use, a listing of internet resources, and information on the Annual Baltimore 5K Oral Cancer Walk/Run for Awareness.

The OOH will continue to fund local health departments to implement the oral cancer prevention program. Furthermore, the OOH will work with local health departments to identify model programs and best practices. Moving forward, the Maryland Department of Health and Mental Hygiene's Managing for Results (MFR) target is: "By calendar year 2014, reduce the oral and pharyngeal cancer mortality rate in Maryland to a rate of no more than 2.4 per 100,000 persons" with the aim of continuing to decrease the burden of oral cancer in Maryland.

Budget Estimates and Formulas of the Practice:

DAC Recommendations

- In collaboration with the Maryland Dental Action Coalition, the DentaQuest Foundation provided a \$331,343 grant to the University of Maryland at College Park, School of Public Health in 2011 to initiate a program of oral health messaging in Maryland. Moreover, OOH received a \$1.2 million federal grant from the CDC in 2010 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. A statewide Oral Health Literacy Campaign that contains culturally sensitive and age-specific messages was successfully launched March 23, 2012.

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Oral Health Safety Net

- The Governor’s budgets from FY 2009 through FY 2015 include \$1.5 M to bolster clinical dental treatment and preventive services for low-income Maryland children, especially those who are Medicaid-eligible or uninsured, and to support many of the requirements listed in the 2007 Oral Health Safety Net legislation. While these Oral Health Safety Net grant funds are being used statewide, they have been specifically targeted to provide dental services in jurisdictions previously identified as not being served by a public health dental clinical program.

FY	Total Amt. Awarded (\$)
2009	1,438,094
2010	1,300,075
2011	1,327,875
2012	1,052,500
2013	1,155,500
2014	1,439,483
2015	1,542,142

This chart indicates the total amounts awarded to county-based clinical dental programs throughout Maryland between FY 2009 and FY 2015.

- In 2008, the Office of Oral Health received a five year grant award from the CDC for a State-Based Oral Disease Prevention Program to support infrastructure of the Office and prevention oral disease programs. In 2012, the OOH received a 3-year HRSA State Oral Health Workforce grant that provided support for direct school-based and/or linked school dental sealant services. The OOH used these funds to issue a FY 2013 RFA exclusively for local health departments to support existing or new statewide school-based and/or school-linked dental sealant programs for their own jurisdictions.
- The dentists accepted into the MDC-LARP program receive \$71,220 in educational loan repayment over a three-year period. In return for the loan repayment, dentists commit to provide at least 30% of their total patient services per year to the Medicaid recipient population.

Oral Cancer Initiative

- The Cigarette Restitution Fund Program (CRFP) provides funds for cancer prevention, education, screening, and treatment for seven targeted cancers, including oral cancer. To date there have been 11,253 oral screening exams, and 18,097 health care providers have received oral cancer prevention and early detection education through CRFP grants.

Lessons Learned and/or Plans for Improvement:

- Continue to make necessary efforts to ensure all Marylanders have access to oral health care.
- Identify strategies to get more partners and stakeholders involved.
- Identify ways to reach out to the stakeholders to obtain feedback on their usage of the Maryland Oral Health Plan (MOHP).

- In Maryland, training programs for dental and public health professionals and water operators on preventive measures is very beneficial and increases the importance of oral health.
- OOH needs to continue to remain aware of current or potential policies, regulations and legislation that are discussed and reviewed through oral and/or written testimony during the annual Maryland state legislative session in order to continue tracking related oral health policies.
- OOH needs to continue working with the Maryland Dental Action Coalition (MDAC) on identifying any policies that impact the MOHP.
- Identify areas where partners are needed to diversify OOH's reach for future projects.

Available Information Resources:

Office of Oral Health Website:

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

(Includes the School Surveys, the Maryland OHLC reports and other OOH reports.)

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

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

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

(Provides information on the MDAC and MOHP)

<h2>SECTION III: PRACTICE EVALUATION INFORMATION</h2>
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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)?

OOH's leadership has been key to the significant improvements in Maryland's public dental health infrastructure, leading to increasing dental care access for Marylanders. OOH has spearheaded the state's efforts toward achieving the recommendations put forth by the DAC in 2007. OOH's investment in the oral health safety net and preventive programs, like the oral cancer initiative, has yielded measurable improvements in oral health care access and outcomes throughout the state. As of the end of FY 2014 (June 30, 2014), OOH grants contributed to 27,043 children and 11,847 adults being seen in local health departments' dental programs, and 41,006 child and 20,496 adult clinical visits. Further, 3,425 adults received emergency treatment in local health departments programs because of these grants. Moreover, oral cancer mortality rates have decreased from 2006 to 2010. According to data from the CDC's most recent reporting period (2006-2010), Maryland ranks 21st among all states compared to 8th as reported for 1997-2001, and now has a mortality rate (2.3 per 100,000 population) similar to the national average.

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.

Effective leadership has enabled the OOH to facilitate cost effective activities, especially providing services to the public through funds to local health departments. Furthermore, the OOH's leadership capacity has supported its ability to nurture and maintain valuable working relationships with partners, which allow the OOH to leverage funding and personnel in order to maximize the utility of available resources. Additionally, OOH's leadership has promoted efficiency through supervision, guidance and integration of the statewide oral health programs it supports.

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 Oral Health Safety Net program addresses the unique needs of local populations, and provides evidence-based and appropriate educational, diagnostic, preventive, restorative, and emergency care. Some of the clinical programs face barriers to fiscal sustainability, due to being newly established. The OOH has maintained funding for these dental programs in order to assist them in becoming self-sustaining through the receipt of sufficient Medicaid and other insurance revenues.

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 leadership role has been inherently collaborative since its inception under Senate Bill 590, Chapter 113 of the Acts of 1998, which housed the OOH within the Family Health Administration (now the Prevention and Health Promotion Administration), and required that the Medicaid program offer oral health services to pregnant women enrolled in Medicaid managed care organizations (MCOs). Following the tragic death of Deamonte Driver in 2007, the DAC was convened by the DHMH Secretary. Since that time, DHMH's OOH, the Maryland Medicaid Program, and many public- and private-sector partners have made great strides in achieving nearly all of the DAC recommendations. Furthermore, OOH has worked closely with local health departments and FQHCs that provide care to Marylanders throughout the state.

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?

HP 2020 Oral Health Objectives

OH 1-8: The OOH's implementation of the DAC recommendations, especially its efforts to improve the oral health safety net, have addressed the HP 2020 objectives targeted at reducing the dental caries experience and untreated dental decay among children, adolescents and adults, as well as increasing the proportion of Marylanders who receive oral health care. The OOH's Oral Cancer Initiative has addressed the HP 2020 objective to increase the proportion of oral and pharyngeal cancers detected at the earliest stage.

OOH grants to local health departments have contributed to 27,043 children and 11,847 adults being seen in local health departments' dental programs, and 41,006 child and 20,496 adult clinical visits. Further, 3,425 adults received emergency treatment in local health departments programs because of these grants. High-need dental public health geographic areas on Maryland's Eastern Shore and in Southern Maryland have benefitted greatly from these grant programs. The OOH has used Cigarette Restitution Fund Program funds to administer oral cancer screenings to 11,253 adults, as well as oral cancer prevention and early detection education to 18,097 health care providers.

OH 9-11: The OOH has increased the proportion of local health departments, FQHCs and school-based health centers with an oral health component through its ongoing funding initiatives for new and established programs throughout Maryland.

OH 12: The OOH has increased the proportion of children and adolescents who have received dental sealants on their permanent molar teeth. Maryland's school-based dental sealants grant program has been well-received; of the 24 Local Health Departments (LHD) in Maryland, 12 received OOH awards to implement some form of a dental sealant programs in FY 2014. Local health departments receiving these grants are: Allegany, Anne Arundel, Baltimore, Calvert, Cecil, Charles, Howard, Kent, Prince George's, Somerset, Washington and Wicomico Counties. FY 2014 results for these programs as of June 30, 2014 are: 8,550 children screened, 3,041 referred for further treatment, 36,056 received oral health education, and 11,374 dental sealants were applied to 4,119 children.

OH-13: A Healthy People 2020 objective is to increase the percentage of persons on public water receiving fluoridated water to 79.6 percent. In Maryland, 97.2 percent of the population with public water receives fluoridated water.