



October 2023

TELEHEALTH AND MOBILE FORMS OF DENTAL CARE

Issue Brief addresses how to help children and teens get the school-based services they need



The Association of State and Territorial Dental Directors (ASTDD) has joined the American Mobile & Teledentistry Alliance (AMTA) to provide guidance on developing and implementing a school-based/ school-linked mobile or portable oral health program. According to the issue brief, dental caries (tooth decay) remains the most common chronic disease among children and adolescents in the United States. The Centers for Disease Control and Prevention (CDC) also estimate that more than half of children aged 6 to 8 have decay in at least one primary tooth and more than half of adolescents aged 12 to 19 have at least one decayed permanent (adult) tooth (1).

Even Healthy People 2030 includes a goal to reduce lifetime tooth decay of children and adolescents from 48.4% (baseline 2013 – 2016 data) to 42.9%. (2) Children who come from families with low incomes are twice as likely to experience tooth decay compared to their counterparts from families with high incomes. (1) Limited access to oral health care provided in traditional fixed settings (i.e., brick-and-mortar) remains a driving factor in the poor oral health of preschool and school-age children.

This issue brief has three objectives:

1. Raise awareness about the need for models of care delivery beyond traditional fixed settings.
2. Provide information about challenges MP school-based and school-linked (SB/SL) programs face and suggest strategies to address these challenges.
3. Identify resources and community models that can provide guidance for program development.

The issue brief also discusses considerations for individuals and organizations interested in establishing mobile or portable school-based or school-linked (MP SB/SL) oral health programs for preschool and school-age children, including the community-specific challenges these programs encounter and solutions they might find. A full copy of the brief can be found [here](#)

1. Centers for Disease Control and Prevention. Children's Oral Health. Accessed March 1, 2023. <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>
2. Reduce the Proportion of Children and Adolescents with Lifetime Tooth Decay - OH-01. U.S. Department of Health and Human Services Accessed February 27,

PROMOTING ORAL HEALTH IN SCHOOLS: A RESOURCE GUIDE

A publication from The National Maternal and Child Oral Health Resource Center

Schools are ideal settings to reach children and adolescents about health issues and, because of this, also reach their families. The National Maternal and Child Oral Health Resource Center (OHRC) produced *Promoting Oral Health in Schools: A Resource Guide* to provide information about materials for promoting oral health in schools.

The guide features data and surveillance; policy; professional education, tools, and training; program development; and public education. The guide also includes a toolkit to help improve the quality of school meals alongside best practice reports about school-based dental sealant and fluoride programs, and an oral health curriculum for students in kindergarten through grade 10. OHRC would like to thank Deborah Teixeira and Debra Trybom for their assistance in the development of the guide.

[Promoting Oral Health in Schools: A Resource Guide](#)

Promoting Oral Health in Schools

A Resource Guide

Fifth Edition

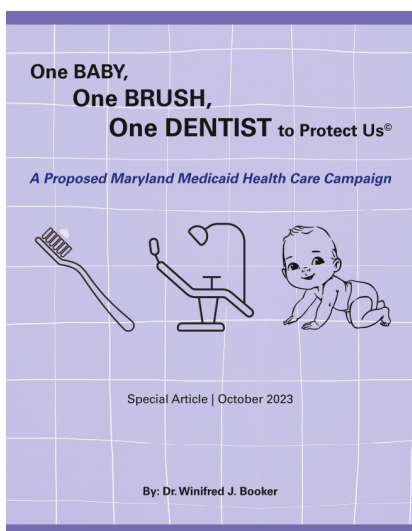


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ONE BABY, ONE BRUSH, ONE DENTIST TO PROTECT US ©

A Proposed Maryland Medicaid Health Care Campaign.

A Special Article by Dr. Winifred J. Booker



The campaign supports the recommendation by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry to have all children seen by the dentist by their first birthday. It is aligned with national efforts to ensure every family has an established dental home. One baby with a toothbrush given to them by one dentist, or dental hygienist, equals one dental home for children and families. This campaign will focus on providing educational techniques and resources to support health caregivers who endear our youngest dental patients. It is a sound initiative aimed at benefiting all of Maryland, from local government to our oral healthcare providers, to the children and families served through our Medicaid benefit. This will be an all-hands-on-deck movement developed to be reciprocal between the provider, the patient, and the Maryland Medicaid Program.

Taking our commitment one step further to help prevent early childhood caries and preserve the dentitions of our youngest patients is more important than ever today. Therefore, it is hopeful that this will be more than just, *A Proposed Maryland Medicaid Health Care Campaign*. The intentions that are outlined seek to convey the significance, relevance, and usefulness of this collaborative initiative. *One Baby, One Brush, One Dentist to Protect Us©* offers practical healthcare resources that can be a vital part of the comprehensive healthcare equation.

A copy of the article in its entirety can be accessed [here](#).

PEDIATRIC ORAL HEALTH PRACTICES

American Academy of Pediatrics issues summary report on survey of hundreds of pediatricians

Pediatric dental disease is largely preventable but continues to impact too many children and families, particularly in underrepresented, marginalized communities. Pediatricians are essential partners in keeping patients' teeth healthy but may lack the knowledge, training, and incentive to incorporate oral health promotion and disease prevention services into care for young children.

The [**Pediatricians and Pediatric Oral Health: Knowledge and Attitudes about SDF in Pediatric Practice**](#) report is based on results from a survey conducted by the American Academy of Pediatrics (AAP) Section on Oral Health (SOOH) in Summer 2023.



The survey sought to 1) better understand pediatricians' provision of preventive oral health services for children ≤5 years of age and 2) assess physician familiarity with a newer tool for treating early dental caries – silver diamine fluoride. The [**Executive Summary**](#) can be found at this link. Through promotion to relevant AAP sections, councils, and committees, over 300 pediatricians completed the survey. Eligibility required that participants be general or subspecialty pediatricians who provide direct patient care.

ORAL HEALTH DISPARITIES PERSIST IN THE US

Recent research reports and articles highlight deficiencies and solutions to equitable access to care

Results from the CareQuest Institute for Oral Health's 2023 State of Oral Health Equity in America annual survey show that oral health disparities persist in the US and that discrimination and socioeconomic factors are two leading contributors.

Key findings, summarized in a research report, include:

- More than half of Black adults (52%) reported having lost one or more permanent teeth due to decay or gum disease, compared with 43% of all adults.
- Adults earning \$100,000 or more a year were much more likely to rate their oral health as excellent, very good, or good (87%), compared with 60% of those making less than \$30,000 per year.
- Homeownership was linked to higher rates of having a dental home, better self-rated oral health, and more regular dental visits compared with renting or occupying a home without payment.
- Among adults with a disability, 14% said they had experienced discrimination in the dental setting, and 27% said they had been denied oral health care due to discrimination.

The findings from this nationally representative survey of more than 5,000 adults emphasize the need to continue working toward an oral health care system that is more accessible, equitable, and integrated, which includes enhanced dental coverage for all adult Medicaid enrollees.



A copy of the press release and report can be accessed [here](#)

Oral health disparities in Medicare beneficiaries in nursing homes

According to a recent study in JAMA Open Network, there exists a pervasiveness of dental problems among Medicare beneficiaries in nursing homes. A group led by Dr. Steffany Chamut, MPH, of the Harvard School of Dental Medicine in Boston analyzed records of dental problems among Medicare beneficiaries living in nursing homes and found significant differences in the prevalence of dental problems across demographic and clinical groups.

In 2020, Dr. Chamut and her team studied reports on approximately 2.4 million Medicare beneficiaries residing in U.S. Centers for Medicare and Medicaid Services-certified nursing homes. According to the findings, non-Hispanic Black beneficiaries had 16% higher odds of having no natural teeth or tooth fragments and 5% higher odds of having cavities or broken natural teeth compared with white beneficiaries. Similarly, American Indian or Alaskan Native beneficiaries had 34% higher odds of having no natural teeth or tooth fragments, 20% higher odds of having cavities or broken natural teeth, and 45% higher odds of having inflamed or bleeding gums or loose teeth compared with white beneficiaries.

"Targeted interventions addressing oral health disparities in this high-risk population are essential to improve overall health and well-being," the group wrote.

In an accompanying commentary on the research, Dr. Bruce Dye of the University of Colorado School of Dental Medicine wrote that rates of untreated oral diseases among older adults will remain high and that oral health disparities will continue to exist. "Incorporating a dental benefit into Medicare could be a mechanism to mitigate continuing and disproportionate challenges that most older Americans encounter with accessing dental care compared with medical care," he noted.

To access the study: JAMA Network Open, September 12, 2023, Vol. 6:9, e2333367

[Oral Health Among Medicare Beneficiaries in Nursing Homes](#)

How to address oral health disparities

In the September 2023 issue of Inside Dentistry (volume 19, issue 9), an integrated approach to effectively address persistent disparities is highlighted as an essential ingredient to equitable care.

[Addressing Disparities in Oral Health](#)

MARYLAND MATTERS: Health Equity Means Healthy Babies and Healthy Moms. Why Every State Should follow Maryland's Lead.

<https://marylandmatters.org>

Guest Commentary October 15, 2023.

By Karla Madera Tejada and Thomas J. Rachko, Jr. The writers descend from immigrant

Today marks Pregnancy and Infant Loss Remembrance Day, an urgent reminder that we need to do everything we can to protect pregnant people and children, including undocumented mothers and their unborn babies. A new policy solution gives this often-overlooked part of the population hope. Last year, Maryland enacted a new law — the Healthy Babies Equity Act — that provides comprehensive health care coverage to pregnant people regardless of immigration status.

Introduced by Del. Joseline A. Peña-Melnyk, an immigrant mother of three from the Dominican Republic herself, this legislation allows pregnant individuals with income up to 250% of the federal poverty level to receive full benefits from Medicaid or the Maryland Children's Health Program, including prenatal, delivery, and postpartum care for up to four months. It covers care for the child as well, up to one-year-old. The coverage also includes dental, lab work, prescription drug services and notably, mental health care.

The bill went into effect on July 1, and the impact has already been tremendous. In its first two months, more than 3,700 pregnant people have been enrolled. The Maryland Department of Health estimates up to 6,000 people will be eligible for the program in its first year.

The bill represents not only a significant investment in community health but also a cost savings for state taxpayers: Del. Peña-Melnyk says the bill could save Maryland upwards of \$120 million — the costs associated with pregnant people having to give birth in the emergency room. In cases where undocumented pregnant people give birth in an emergency room, costs are typically covered by emergency Medicaid funds.

A study conducted in California in 2000, following the approval of a 1994 state proposition that required all publicly funded health care facilities to deny nonemergency care to undocumented immigrants, sought to assess the economic costs of eliminating prenatal care for undocumented immigrants. The study found that the cost of postnatal care without prenatal care was \$2,341 more initially and \$3,247 more when longer-term costs were factored in. For every dollar cut from prenatal care, they expected an increase of \$3.33 in the cost of postnatal care and \$4.63 in incremental long-term cost. Elimination of publicly funded prenatal care for undocumented women was estimated to save the state \$58 million, but could cost taxpayers as much as \$194 million more in postnatal care, resulting in a net cost of \$136 million initially and \$211 million in long-term costs.

Stories are already emerging about the life-changing effects of Maryland's law. It has been celebrated as a victory by immigrants' rights advocates for public health.

Immigrant mothers who previously had limited access to health care can now safely access prenatal care, give birth in a hospital instead of an emergency room, and get medical attention in the critical postpartum period — drastically reducing risks of complications and death. Studies show significant racial disparities in infant and maternal health for Black, brown, Latina, and indigenous populations. For example, women in majority Hispanic communities have a 32% higher rate of severe maternal morbidity than women in white communities. The analysis also shows that Black and Hispanic women have a substantially higher prevalence than white women of the most common factors that put women at risk of severe maternal morbidity. This highlights the incredible need for more nation-wide legislation like Maryland's law to bridge the gap that communities of color face in maternal health.

Medical bills disproportionately affect Latino communities even more compared to other racial and ethnic groups, with the exception of African Americans. The U.S. Census Bureau found that households with a member of Hispanic origin were more likely to hold medical debt (21.7%) than households without (18.6%). The Consumer Financial Protection Bureau found that past-due medical debt is more prevalent among Black (28%) and Hispanic (22%) individuals than white (17%) and Asian (10%) individuals. Medical debt is also more common in the Southeastern and Southwestern U.S., in part because states in those regions have not expanded Medicaid coverage, demonstrating the need for increased access across the board.

The Healthy Babies Equity Act sets a model every state should emulate. Enacting such policies upholds the right to health for all while reducing long-term costs. It is the morally right

thing to do and fiscally responsible as well. Health care should not be determined by immigration status. Everyone benefits when children get a healthy start to life.

State lawmakers around the country should take action to pass their own laws. At the federal level, Congress should incentivize states to provide equitable pregnancy coverage by increasing Medicaid funds. Another possibility is to expand the State Plan Amendment to the Children's Health Insurance Program, which states can use to cover pregnant individuals through the unborn child option; regardless of the mother's immigration status. Currently, only 20 states provide this option.

As Del. Peña-Melnyk shared with us: "Healthcare should know no borders when the lives of mothers and children are on the line. The Healthy Babies Equity Act in Maryland sets a model every state should emulate. It's the morally right thing to do and fiscally responsible as well. On Pregnancy and Infant Loss Remembrance Day, let us remember that everyone benefits when children get a healthy start to life."

Maryland has taken a stand for health care as a human right for everyone in the state — not just a privilege for some. Pregnancy and Infant Loss Remembrance Day serves as a poignant reminder that the United States should put forth lifesaving solutions that prioritize the health and well-being of pregnant people and children, with equity at the forefront..

Maryland Matters is part of States Newsroom, a network of news bureaus supported by grants and a coalition of donors as a 501c(3) public charity. Maryland Matters maintains editorial independence.

Contact Editor Danielle Gaines for questions: dgaines@marylandmatters.org. Follow Maryland Matters on [Facebook](#) and [Twitter](#).

News from MDAC: REQUEST FOR ACADEMIC AWARD APPLICATIONS!

REQUEST FOR ACADEMIC AWARD APPLICATIONS!

The Pathways to Bright Futures Academic Award is based upon the applicant's desire to seek a dental career and work as a dental professional (Dental Assistant, Dental Hygienist or Dentist) in a Maryland Dental Health Professional Shortage Area (Dental HPSA) - geographic regions identified by the Health Resources and Services Commission as an area experiencing an alarming shortage of dental health professionals.

To be eligible for this award, the applicant must be a U.S. citizen, who is in the process of applying for admission to a dental program, and must be from and planning to practice in one of the three HPSA regions in Maryland:

1. Baltimore City
2. Eastern Shore (including: Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties)
3. Western Maryland's Appalachian region (including: Allegany, Carroll, Frederick, and Washington Counties)

This grant is awarded based upon proof of application to a dental program, demonstration of the desire to work in one of the three Maryland Dental HPSA areas, and past academic merit, i.e., GPA. Students who are part of a pre-dental program are eligible to apply. Proof of



The graphic features the MDAC logo at the top, followed by the title 'PATHWAYS TO BRIGHT FUTURES ACADEMIC AWARD' in large, bold letters. Below the title is a yellow box containing '\$2,000.00'. Underneath is the text 'SCHOLARSHIP AWARD FOR ACADEMIC YEAR 2024-2025'. A circular inset image shows a smiling dentist and a patient. To the right of the image is a 'SCAN ME' button with a QR code. Below the QR code is the text 'INTERESTED IN APPLYING? SCAN HERE -->' and 'APPLICATION DEADLINE: FRIDAY, DECEMBER 29, 2023'.

MDAC
Maryland Dental
Action Coalition

**PATHWAYS TO
BRIGHT FUTURES
ACADEMIC AWARD**

\$2,000.00

SCHOLARSHIP AWARD FOR
ACADEMIC YEAR 2024-2025

FOR INDIVIDUALS STUDYING TO BE A:

- Dentist (DDS, DMD)
- Dental Hygienist
- Dental Assistant

INDIVIDUALS MUST BE FROM AND PLANNING TO
PRACTICE IN ONE OF THESE THREE REGIONS:

- Baltimore City
- Eastern Shore (including: Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties)
- Western Maryland's Appalachian region (including: Allegany, Carroll, Frederick, and Washington Counties)

INTERESTED IN APPLYING? SCAN HERE -->

APPLICATION DEADLINE: FRIDAY, DECEMBER 29, 2023

SCAN ME



participation in a pre-dental program is required and should be included with your application.

All applications must be typed and submitted electronically as a single PDF document to the Maryland Dental Action Coalition (MDAC) at info@mdac.us. **Applications must be submitted and received by MDAC by Friday December 29, 2023**, or the application will not be considered. Incomplete or late applications will not receive response or consideration.

All applications submitted by the deadline will be reviewed by the academic award selection committee consisting of dental professionals, academics, and advocates.

To request the application, click here: <https://forms.gle/t3CpkDW3eraE7BVw8>

NEWS & RESOURCES

Access to Care

[You Many states are expanding their Medicaid programs to provide dental care to their poorest residents](#)

[New Report: Discrimination and Socioeconomic Factors Contribute to Persistent Oral Health Disparities in US](#)

[Draft Global Oral Health Action Plan \(2023–2030\)](#)

[CDA supports LGBTQIA+ Oral Health Week with a commitment to inclusive care and shares resources for dentists](#)

Cancer

[Poor oral hygiene linked to cancer and other serious diseases](#)

[Oral Health May Be Linked to Survival in Patients With Head and Neck Squamous Cell Carcinoma](#)

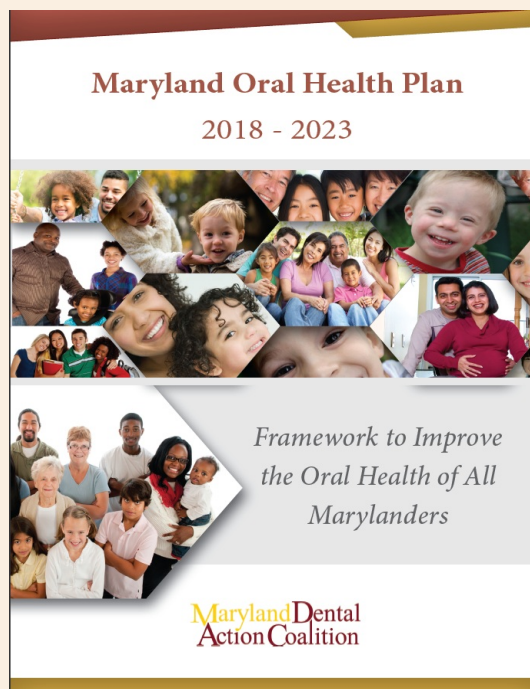
COVID-19

[Study: Oral Health Workers Are Burned Out Too](#)

Diabetes

[Diabetes, Gum Disease, & Other Dental Problems](#)

2018-2023 MARYLAND ORAL HEALTH PLAN GOALS



The 2018-2023 Maryland Oral Health Plan outlines 11 oral health goals in three key areas: access to oral health care, oral disease and injury prevention, and oral health literacy and education.

[DOWNLOAD THE PLAN](#)

The Maryland Oral Health Plan is financially supported by the Maryland Department of Health.

Oral Health Data

[84% Of Women Unaware That Menopause Can Affect Oral Health, New Survey Shows](#)

[5 Common Mouth Problems Found In People With Diabetes](#)

Disease Prevention

[Oral Health in Healthcare Settings to Prevent Pneumonia Toolkit](#)

[Despite good oral hygiene, localised oral inflammation can affect distant healthy areas in mouth](#)

[The Prevalence of Dental Fear and Its Relationship to Dental Caries and Gingival Diseases](#)

[Don't Neglect Oral Health in New US Dietary Guidelines](#)

[Brush your teeth! Bad oral hygiene linked to cancer, heart attacks and renal failure](#)

[Get Ready for National Brush Day on November 1st](#)

Health Equity

[It's All About Relationships: Driving Health Equity by Prioritizing Connections](#)

[Oral Health Policy Equity Tool](#)

[Capturing Patient and Staff Experiences to Assess Complex Care Program Effectiveness](#)

[Report Calls for U.S. to Align Equity and Emerging Science, Technology, and Innovation in Health and Medicine](#)

[Report: Addressing the oral health needs of the US Hispanic population | Dentistry IQ](#)

[Getting to the root of oral health](#)

[NYU Dentistry Hosts UN Side Event on Oral Health & Universal Coverage](#)

Maternal and Child Health

[The Root: Here's How Medicaid Expansion Can Play a Role in Black Maternal Healthcare](#)

[Ohio dental program, data showcases the need for in-school care](#)

[Take care of your teeth and gums. Oral health can affect your brain](#)

Oral Health Policy

[Many states are expanding Medicaid programs to provide dental care to poorest residents](#)

[As Federal Efforts are Underway to Improve Access to Oral Health Care, Let's Work Together to Get it Right](#)

Oral and Overall Health

[Senior Dental and Mental Health: The Powerful Mouth and Mind Connection](#)

[Becker's Healthcare Podcast: Myechia Minter-Jordan, President and CEO, and Kaz Rafia, Chief Health Equity Officer, both from CareQuest Institute for Oral Health](#)

[Oral Health The Missing Pieces in Health Care](#)

[Why Does Oral Health Matter?](#)

[The mounting evidence linking oral health to overall health](#)

Work Force

[WVU Dental School Works Hard to Keep Graduates in the State](#)

[STRATEGIES FOR INCREASING DIVERSITY AND OPPORTUNITY IN HIGHER EDUCATION](#)

[States must untie U.S. hygienists' hands to improve access to care](#)

[An In-Depth Look at the Role of Dental Hygienists in Administering Local Anesthesia](#)

Teledentistry

[Revolutionizing Dental Care: A Comprehensive Review of Artificial Intelligence Applications Among Various Dental Specialties](#)

EVENTS

[Journal Hispanic Dental Association: The Connection Between Women's Oral Health and Cancer](#)

[Pediatric Oral Health Practices Survey Summary August 2023](#)

[INVESTING IN OUR MOMS: THREE WAYS STATE MEDICAID PROGRAMS CAN IMPROVE MATERNAL HEALTH](#)

Medicaid/Medicare

[Study highlights prevalence of dental problems among Medicare beneficiaries](#)

[Oral Health Quality Improvement Resources | Medicaid](#)

Medical/Dental Integration

[Supporting Complex Care Models through Strong Provider-Payer Partnerships: Key Considerations](#)

[Assessing the Impact of Complex Care Models: Opportunities to Fill in the Gaps](#)

[Impact of Oral Health Integration Training on Children's Receipt of Oral Assessment, Fluoride Varnish and Dental Services.](#)

[Expanding Integration and Access for Children's Dental Health](#)

[Medical and Dental Integration A Need for Improved Electronic Health Records](#)

[Medical-dental integration, collaborative health care explored in latest CDA Journal collection](#)

[National Network for Oral Health Access Conference](#)
[November 5–8, 2023](#)
[Denver, CO](#)

[Families USA Health Action Conference 2024](#)
[Our Health. Our Voices. Our Future.](#)
[January 23 - 24, 2024. 1:00 PM - 5:00 PM ET \(Virtual\)](#)

[National Oral Health Conference](#)
[St. Louis, MO for the 2024 NOHC](#)
[April 15-17, 2024](#)
[Weekend workshops April 13-14, 2024](#)

WEBINARS

[Sustainable Oral Health: New Ways of Thinking, New Ways of Working](#)
[October 26, 2023. 8:00 a.m.–4:30 p.m. MT](#)
[In-person at the University of Colorado Anschutz Medical Campus, Aurora, CO, and via Zoom](#)
[Presented by the Center for Oral Disease Prevention and Population Health Research](#)
[Learn more and register](#)

[Oral Health Learning Café](#)

LEGISLATIVE CONTACTS

[U.S. Senators \(MD\)](#)

[U.S. Representatives \(MD\)](#)

[Maryland State Legislators](#)

SUPPORT MDAC

Give a little to make a big impact! Your gifts, both large and small, will be used to promote good oral health behaviors,

prevent oral disease and injury, and improve access to oral health care for all Marylanders, no matter where they live or what their special circumstances might be. Please help us continue this important work.



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Create a great offer by adding words like "free" "personalized" "complimentary" or "customized." A sense of urgency often helps readers take an action, so think about inserting phrases like "for a limited time only" or "only 7 remaining!"



Join us! To become an MDAC member, [click here.](#)

CONTACT

Do you have events or announcements you'd like to share? Contact MDAC, and we'll make every effort to include them in our next newsletter, as space permits.

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JOIN

MDAC is statewide coalition of clinical care providers, governments, non-profits, academic institutions, managed care organizations, foundations and associations working collaboratively to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care.

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