

Maryland Oral Health Plan

2018 - 2023



*Framework to Improve
the Oral Health of All
Marylanders*

**Maryland Dental
Action Coalition**

The Maryland Oral Health Plan, 2018-2023 is dedicated to Dr. Greg McClure, D.M.D., M.P.H., whose compassion and commitment to the oral health and overall health of all Marylanders will continue to improve the lives of thousands.



MARYLAND
Department of Health

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Glossary of Key Abbreviations

<p>BRFSS _____ Behavioral Risk Factor Surveillance System</p> <p>CDC _____ U.S. Centers for Disease Control and Prevention</p> <p>DAC _____ Dental Action Committee</p> <p>FQHC _____ Federally Qualified Health Center</p> <p>HPSA _____ Health Professional Shortage Area</p> <p>HPV _____ Human Papillomavirus</p> <p>HRSA _____ Health Resources and Services Administration</p> <p>MCHP _____ Maryland Children's Health Program</p> <p>MCO _____ Managed Care Organization</p> <p>MDAC _____ Maryland Dental Action Coalition</p>	<p>MDC-LARP _____ Maryland Dent-Care Loan Assistance Repayment Program</p> <p>MDH _____ Maryland Department of Health</p> <p>Medicaid _____ Maryland Medical Assistance Program</p> <p>MOHP _____ Maryland Oral Health Plan</p> <p>P.A.N.D.A. _____ Prevent Abuse and Neglect through Dental Awareness</p> <p>PIOHQI _____ Perinatal and Infant Oral Health Quality Improvement Project</p> <p>PRAMS _____ Pregnancy Risk Assessment Monitoring System</p> <p>UMSOD _____ University of Maryland School of Dentistry</p> <p>WIC _____ Maryland Women, Infants and Children</p>
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Maryland Dental Action Coalition

December 1, 2017

Dear Colleagues,

On behalf of the Maryland Dental Action Coalition (MDAC), we are pleased to present the 2018-2023 Maryland Oral Health Plan. This document is designed to serve as a guide for improving the oral health of all Marylanders, regardless of where they live or what their special circumstances might be.

This plan is a living document that takes a three-pronged approach, focusing on 1) access to oral health care; 2) oral disease and injury prevention; and 3) oral health literacy and education. The goals, objectives, and recommendations in each priority area are grounded in evidence and best practice. In addition, they are intentionally non-prescriptive, to enable the development of innovative implementation strategies to best meet the needs of Maryland's unique regions and communities.

Since its inception in 2010, MDAC has been the preeminent advocate for optimal oral health for Marylanders. This updated plan builds on the success of MDAC and its coalition partners, and serves as a framework to guide collective efforts. An undertaking of this size is not achieved by the efforts of a single organization or a few individuals. So many from throughout the state have contributed their time, knowledge, expertise, and passion to help put this plan in place. We are eternally grateful to each and every one of them.

Planning without implementation will not produce results. Now the real work begins. We invite you to join us as we move forward to improve the oral health of Marylanders.

Sincerely,

Mary Backley, Executive Director, MDAC
Salliann Alborn, Chair, Board of Directors, MDAC
Carol Caiazzo, Co-Chair, MOHP
Jane Casper, Co-Chair, MOHP
Beth Lowe, Co-Chair, MOHP

MARYLAND ORAL HEALTH PLAN 2018-2023

A Living Plan focusing on:

- *Access to Oral Health Care*
- *Oral Disease and Injury Prevention*
- *Oral Health Literacy and Education*



Executive Summary

Since the publication of the 2011-2015 Maryland Oral Health Plan (MOHP), the Maryland Dental Action Coalition (MDAC)

and its many partners have made significant progress towards its goals and objectives. Many vulnerable populations, particularly Maryland's children, have seen an overall improvement in their oral health status. Stakeholders across the state have developed, implemented, and expanded programs to address the oral health needs of their communities, some receiving national recognition and becoming models for those seeking to improve oral health in other states. However, despite the advancements made, more remains to be done to protect the oral health of Maryland's at-risk populations. Oral health is a critical component of overall health and quality of life. Most oral diseases can be prevented through a combination of individual, community, and professional strategies.¹ These actions are the focus of the MOHP.

MDAC and its many partners have made significant progress towards improving the oral health of all Marylanders.



OVERVIEW OF ORAL HEALTH IN MARYLAND

Oral Health Status in Maryland

Despite progress made since 2011, many Maryland residents still lack access to oral health care and experience preventable oral disease. Certain regions and demographic groups experience these at higher rates than others. The identification of oral health disparities helps stakeholders and communities develop strategies and resources for use where they are most needed and can have greatest impact. Oral health data can also help generate ideas for innovative programs and services to meet the evolving needs of diverse populations, including children, people with special health care needs, adults, older adults, and pregnant women.

Accomplishments in Maryland, 2011 – 2017

MDAC and its partners have made considerable strides to address the needs of all Marylanders since the publication of the 2011-2015 MOHP. Improving access to oral health services is both serious and complex in scope, requiring multiple strategies and participation from a wide network of stakeholders. Programs and interventions have been established, expanded, and strengthened to increase reach and impact. MDAC works in collaboration with a wide and dynamic network of partners, including the Maryland Department of Health (MDH) Office of Oral Health, the University of Maryland School of Dentistry (UMSOD), local health departments, federally qualified health centers (FQHCs), non-profits, academia, philanthropic organizations, and other dental and non-dental stakeholders to address these multifaceted issues.

ORAL HEALTH PLAN FOR MARYLAND, 2018 - 2023

The time has come for an updated MOHP that will inform us with data, identify where gaps remain, and share innovative strategies to prevent oral diseases and improve the oral and overall health of all Marylanders. This document provides a roadmap to accomplish critical goals and objectives in **three key areas: access** to oral health care, oral **disease** and **injury prevention**, and oral health **literacy** and **education**.

1. Access to Oral Health Care

A key goal of this plan's proposed actions is to expand access to oral health care. All Maryland residents need access to affordable, comprehensive oral health care to prevent and treat oral disease. The goals and actions in this plan provide strategies to further expand access to oral health care through changes to public and private insurance policies, strengthening the dental workforce, and promoting closer coordination between oral health professionals and other health professionals.

2. Oral Disease and Injury Prevention

Oral health programs in Maryland provide many health benefits to the state's residents. However, more can be done to help residents prevent oral diseases and injuries and promote oral health—especially for people with special health care needs or those who have difficulty accessing oral health care. The goals and actions in this plan aim to provide data and establish trends on prevention that inform policymaking and program planning, give providers tools to communicate more effectively with patients, and expand community prevention services.

3. Oral Health Literacy and Education

Despite successful oral health literacy and education efforts, the need remains to provide more Maryland residents with accurate, easy-to-understand information to prevent oral disease and access affordable oral health care. The goals and actions in this plan encourage oral health literacy and health education efforts among the public, health professionals, and policymakers, including proven techniques to improve knowledge and engage key stakeholders about the importance of integrating oral health and overall health.

IMPLEMENTATION OF THE MARYLAND ORAL HEALTH PLAN

MDAC will lead statewide implementation of the MOHP through thought leadership workshops held across the state, with the goal of presenting the MOHP, developing robust implementation plans, and building momentum toward achievement of the plan goals. MDAC plans to convene its coalition partners and key oral health stakeholders, during which regions would present the steps that they are taking to implement the plan. Additional MDAC activities in support of the MOHP include media outreach, stakeholder communications through the MDAC website and newsletter, social media campaigns, and surveys to evaluate progress toward the goals and reinforce, support or change approaches as necessary. MDAC believes this approach will create the working relationships and cross-regional synergies needed to improve the oral health of all Marylanders.

More remains to be done
to protect the oral health of
Maryland's
at-risk populations.



This updated MOHP is a living document. As we work to achieve its goals and objectives, challenges will continue to arise as new opportunities to expand oral health access for adults emerge. The ultimate goal is always a healthier, better life for all Marylanders. It is our job to ignite and fuel the passion that engages our stakeholders to build an oral health movement in Maryland that will give rise to optimal oral health for everyone.

Overview of the Maryland Dental Action Coalition

MDAC is a statewide coalition of hundreds of individuals and organizations dedicated to improving the oral health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy, and access to oral health care. Members include public and private sector oral health professionals; representatives from government agencies and educational institutions; advocates; funding agencies; and others who are passionate about MDAC's mission.

MDAC's MISSION



The mission of the Maryland Dental Action Coalition is to develop and maintain a statewide partnership of individuals and organizations working together to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health care.

The coalition is built on the work of the Dental Action Committee (DAC), which was established in 2007 by then-Secretary of the Maryland Department of Health (MDH) John Colmers in response to a lack of access to oral health care for vulnerable children. The problem of insufficient access was brought to national attention that year as a result of the untimely death of 12-year-old Deamonte Driver, of Prince George's County, from an untreated tooth infection that spread to his brain. In September 2007, the DAC put forth seven major recommendations addressing Medicaid reimbursements and alternative models; provider participation, capacity, and scope of practice; public health strategies; and oral health education and outreach.² In 2010, MDAC was established as an independent network of stakeholders whose charge was to monitor the continued progress of DAC's recommendations and to expand access to oral health care for all Marylanders. In 2011, MDAC was incorporated as a 501(c)3 non-profit organization.

Since its founding, MDAC and its partners have made great strides to improve oral health status in the state, and Maryland has become a national model for providing access to oral health care for vulnerable children. MDAC's mission has evolved over the past seven years in response to the accomplishments made and emerging needs in the state, and continues to focus on populations most at-risk for oral disease, including children, pregnant women, adults, older adults, and those with special health care needs. The coalition continues to expand, creating a dynamic and ever-changing network of stakeholders committed to addressing the most urgent oral health needs of all Marylanders.



Overview of Oral Health in Maryland

Maryland has become a national leader in oral health since the development of the 2011-2015 MOHP. Yet many Maryland residents in certain regions and demographic groups still lack adequate access to oral health care and experience preventable oral disease at higher rates than others. Identification of oral health disparities helps stakeholders and communities develop strategies and resources for use where they are needed most. Oral health data can also help generate ideas for innovative programs and services to meet the evolving needs of a diverse population.




ORAL HEALTH STATUS IN MARYLAND

Children

The oral health status of Maryland’s children has improved significantly in recent years. The vast majority of Maryland’s public school children have no unmet dental treatment needs and less than 1% have any type of urgent need.³ The improvements in oral health status are the result of improved access to oral health care, more preventive oral health care programs, statewide oral health literacy campaigns, and higher levels of community awareness. However, while great strides have been made, dental caries remains the most common chronic disease of children and adolescents ages 6 – 19 years.⁴

In 2015 – 2016, the MDH Office of Oral Health and the UMSOD screened 7,877 school children in kindergarten and third grade to obtain information about their oral health status. The resulting survey found:

- For children 6-9 years old, Maryland has less caries experience (41.3%), less untreated decay (13.8%), and more dental sealants (41.4%) than the Healthy People 2020 objectives for these measures at the national level (49%, 26%, 28%)
- Compared to 2011-2012, lifetime caries experience remained unchanged but the amount of untreated decay decreased slightly for children in third grade
- Regionally, Maryland’s Eastern Shore had the highest percentage of caries experience(44%), and Western Maryland had the lowest (29%)
- Children in schools with high proportions of free/reduced meals (low socioeconomic status) have a higher lifetime caries experience and are more likely to have untreated decay
- Children in schools with high proportions of free/reduced meals (low socioeconomic status) are more likely to have dental sealants⁵

 Maryland School Children Exceed Key HP2020 National Targets		
% of Children with:	Maryland	HP 2020 Target
Caries Experience	41.3%	49%
Untreated Decay	13.8%	26%
Dental Sealants	41.4%	28%

ORAL HEALTH STATUS IN MARYLAND

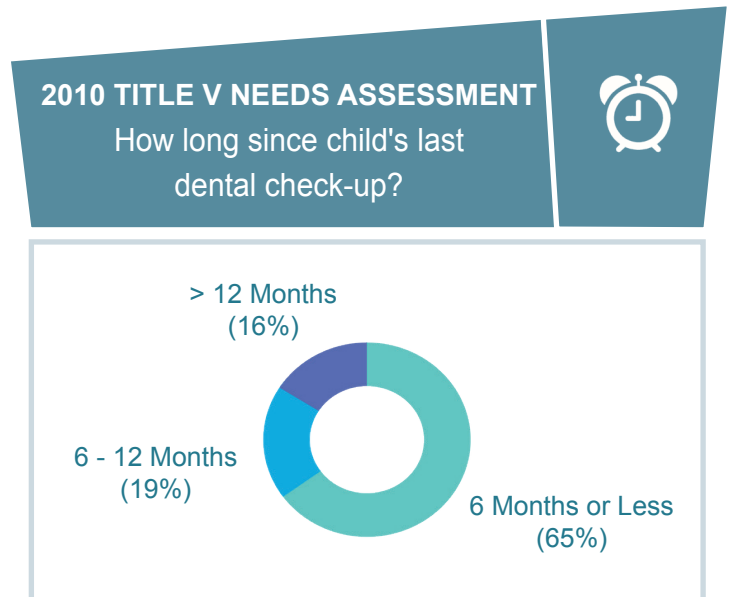
Children (cont'd)

Maryland has also met and exceeded two key Healthy People 2020 objectives related to the oral health of children aged 3-5 years. In 2016-2017, the MDH Office of Oral Health conducted a Maryland Head Start Oral Health Survey at 20 Head Start sites to assess decay experience and treatment urgency in 1,023 children ages 3-5 years old. Survey results showed that while Maryland's Head Start children have a slightly higher prevalence of decay experience (26%) than the current national average (23%), they meet the Healthy People 2020 objective of 30%. The survey also found that the prevalence of untreated decay in Maryland's Head Start children matches the current national average (14%) and is lower than the Healthy People 2020 objective of 21%. Compared to low-income children nationwide,⁶ Maryland's Head Start children have a substantially lower prevalence of untreated decay.⁷

Children with Special Health Care Needs

According to the 2010 Maternal and Child Health Needs Assessment, Maryland has a higher prevalence of children with special health care needs than the nation, with a population of 244,000 in 2010. Only 38% of children with special health care needs were insured, lower than the national rate of 41%. Approximately 42% of those who were insured had private insurance only, 26.5% public insurance only and 27% both public and private insurance.⁸

As part of the 2010 Title V Needs Assessment, the Center for Maternal and Child Health, along with the Parents' Place of Maryland and the Johns Hopkins University School of Public Health, conducted a statewide survey of parents of children with special health care needs to learn their views, perceptions and experiences with using the health care service delivery system. Based on preliminary data, 92% of parents reported that their child's/children's teeth are brushed at least once per day. When asked how long it had been since their child/children last went to a dentist for a check-up, 65% of parents said six months or less, 19% said more than six months but not more than one year, and 16% said more than one year.⁹



One type of special health care need pertains to infants and children with cleft lip and cleft palate; however, data on the prevalence of this condition are limited. Between 2014 and 2016, Maryland received reports of 161 cases of cleft palate and 35 cases of cleft palate with cleft lip. A comparison of data from 2014 and 2016 shows a 63% increase in cleft palate cases, but this increase is likely the result of more detailed coding for this diagnosis.¹⁰

ORAL HEALTH STATUS IN MARYLAND

Pregnant Women

The health of a woman's mouth is an essential part of a healthy pregnancy, and is an important indicator of her future child's risk for developing tooth decay. In 2014, 47% of pregnant women in Maryland did not have their teeth cleaned during their pregnancy.¹¹ Among mothers who gave birth in 2014, lack of teeth cleaning was significantly less prevalent among white non-Hispanic women (42%) than Hispanic (52%), black non-Hispanic (50%), and Asian (53%) women.¹²

In Maryland, only 27% of pregnant women enrolled in Medicaid received a dental service.



All mothers ages 20 to 24 were less likely to have their teeth cleaned than those ages 30 or older. While 19% of mothers with an oral health problem needed to see a dentist during pregnancy, only 15% of them did so.¹³

Various factors can create barriers to accessing oral health care during pregnancy:

- ➔ **24%** said they couldn't afford to go to a dentist
- ➔ **17%** thought it was unsafe to see a dentist during pregnancy
- ➔ **11%** couldn't find a dentist who accepted Medicaid recipients
- ➔ **10%** couldn't find a dentist who accepted pregnant women¹⁴

Pregnant women are one of the few categories of adults that have Medicaid coverage for dental care. Yet, in 2015, only 27.3% of pregnant women 14 years and over enrolled in Medicaid for any period received a dental service in Maryland.¹⁵





ORAL HEALTH STATUS IN MARYLAND

Adults

Dental disease continues to pose threats throughout the lifespan if preventative

measures and good oral hygiene are not practiced. In 2015, 72% of adults ages 18 and older in Maryland reported visiting a dentist, with a higher rate of women than men.¹⁶ Access to oral health care remains a serious issue for low-income adults, and

despite the expansion of eligibility through the Affordable Care Act, availability of dental coverage through Medicaid is limited at best. In 2016, seven of the eight HealthChoice MCOs in Maryland offered varying types of dental coverage to adults, and one MCO did not offer any dental coverage to adults in Maryland.¹⁷

MDAC actively works to expand access to oral health care for all adults. Progress was made, through the extensive efforts of hundreds of statewide partners and policymakers, with the passage of Senate

ACCESS TO ORAL HEALTH CARE



Access to oral health care is a serious issue for low-income adults.

Medicaid dental coverage is extremely limited despite the expansion of eligibility through the Affordable Care Act.

Bill 169, which authorizes the addition of adult dental benefits to Medicaid. A MDAC study will demonstrate the frequency of use of emergency departments by adults with chronic dental conditions and the associated costs. It is hoped the study will show that the addition of adult dental benefits to Medicaid would significantly reduce emergency department utilization and the associated costs, and that a portion of the “saved” dollars could be redirected to underwrite the cost of adding the benefit for Maryland adults. This would allow adults to establish a dental home and obtain preventative and comprehensive oral health care, averting costly chronic dental conditions that arise from postponement of dental care.

Nationally, as of 2015, approximately twenty-seven percent (27.4%) of all adults aged 20-44 report having untreated decay.¹⁸ Based on their own perceptions of oral health, as of 2014, only a little more than 50% of Maryland adults ages 18 and older said their teeth and gums were in excellent or very good health, while 33% said they were in good health.¹⁹ Among the most prevalent oral health issues of Maryland’s adults are tooth loss and periodontal disease.

Data from 2014 and 2015 show it is common for Maryland adults to have one or more teeth removed during their lifetime. With

proper preventative measures most adults are able to keep their teeth for life, but 31.5% of adults in the state have had at least 1 to 5 teeth removed. Almost 50% of adults aged



ORAL HEALTH STATUS IN MARYLAND

Adults (cont'd)

45 to 64 years have had at least one tooth removed, while 11% of adults aged 65 to 74 years have lost all their natural teeth.²⁰

Rates of tooth loss vary across demographic groups, with disparities associated with a person's race/ethnicity, age, income, educational level, and smoking behavior. African Americans are more likely than whites to have their teeth removed, and adults with lower incomes or educational levels are more likely to lose teeth than are those with higher incomes or educational levels. Approximately 71.5% of tooth extractions are in adults aged 65 and over, compared with 10.5% in the 18-24 age group, and 55% of everyday smokers

have had at least one tooth removed.²¹

Periodontal diseases range from simple gum inflammation to more serious diseases that can result in major damage to the soft tissue and bone that support the teeth. Left untreated, periodontal disease can lead to tooth loss. In 2014, 10% of adults ages 18 or older in Maryland said they might have periodontal disease, and 12% said an oral health professional told them they had bone loss around their teeth.²² Only 23% of adults in Maryland report having received treatment that removes bacteria and lowers the chance of developing periodontal disease.²³

Older Adults

The oral health status of older adults has gained more attention in recent years due to a series of national surveys finding that lack of coverage, lack of access to oral health care, and inadequate policies are affecting the general state of oral health among this population.²⁴ Nationally, approximately 37% of adults aged 65 years and older have lost six or more teeth to periodontal disease or decay.²⁵

The MDH Office of Oral Health, in collaboration with the Maryland Department of Aging, conducted a Basic Screening Survey of Older Adults in 2013-2014. Overall, a total of 994 adults aged 55 years and older participated in the survey, and although the survey results are non-representative they provide an important window into the overall oral health status of the state's older adults.

Cost

#1 Reason Dentist Not Visited

1

The older adult survey findings included the following:

- When asked about the primary barriers preventing them from accessing oral health care during the previous year, the most frequent response provided was cost (including a lack of dental insurance coverage)
- Fewer than **50%** of older adults reported having had a **dental visit** during the past year
- Members of minority groups, those who are homebound, and those residing in long-term care facilities are less likely than other older adults to have had a dental visit during the past year
- Almost **50%** of respondents **in nursing homes** had **untreated tooth decay** and needed follow-up care
- Approximately **20%** of respondents **in senior centers** had **untreated tooth decay**²⁶

Overall, the Basic Screening Survey of Older Adults 2013-2014 showed that older adults in long-term care facilities have a range of oral health problems, many of which go untreated.

ORAL HEALTH STATUS IN MARYLAND

Older Adults (Older Adult Conference, June 2017)

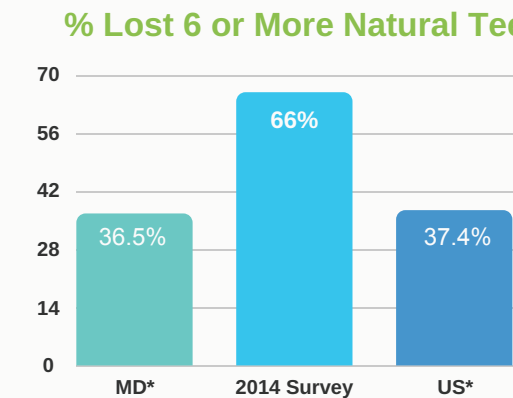
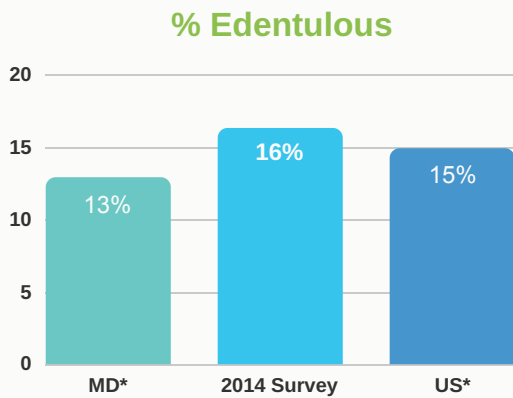
Maryland's 2014 Screening Survey Findings

1

COST - #1 Reason Dentist Not Visited

Source: Maryland Oral Health Survey of Older Adults, 2014

National Oral Health Adult Indicators
Adults Aged 65+



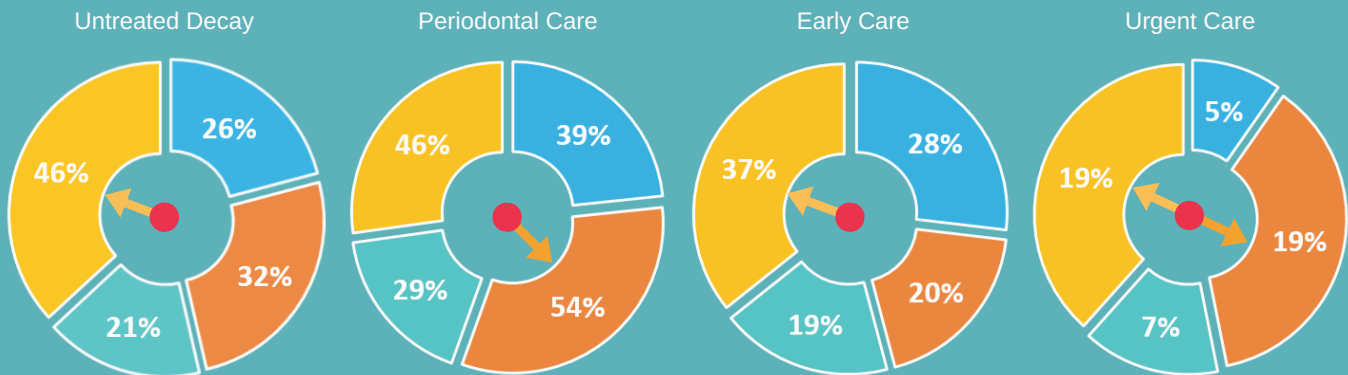
*Source: Behavioral Risk Factor Surveillance System, 2014

Maryland Oral Health Survey Indicators, 2014

2 in 3 Adults Screened Lost 6 or More Natural Teeth

2 in 5 Adults Screened Needed Periodontal Care

1 in 3 Adults Screened had Untreated Decay



■ ASSISTED LIVING SITES
 ■ NUTRITION SITES
 ■ SENIOR CENTERS
 ■ NURSING HOMES

Office of Oral Health, June 2017

ORAL HEALTH STATUS IN MARYLAND

Homelessness

Based on available but limited data, an estimated 50,000 people lack stable housing across Maryland.²⁷ Persons experiencing homelessness face many barriers to accessing oral health care, including cost, transportation, and insufficient dental workforce to address the need.



People who lack stable housing are more likely to have elevated risk factors for oral disease coupled with barriers to accessing care compared to those who are not homeless, and adults who are

experiencing homelessness are more likely to self-report poor oral health. In addition, children who are experiencing homelessness are at higher risk for untreated tooth decay, more likely to have oral pain or an infection, and less likely to visit a dentist than those who have stable housing.

While many community health centers statewide provide services to individuals experiencing homelessness, Health Care for the Homeless, located in Baltimore City, is the only federally qualified health center in Maryland that focuses almost exclusively on services for this population.²⁸

Maryland's Dental Workforce

As of 2016, there were 4,194 active dentists and 3,052 active dental hygienists in Maryland.²⁹ This translates to one dentist for every 1,435 residents and one hygienist for every 1,971 residents. Oral health care is concentrated in six centrally located urban counties. The Eastern Shore and two counties in Western Maryland are designated Health

Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA).³⁰

Maryland is focused on training public and private sector general dentists to treat children, especially those in the Medicaid program. MDAC, the MDH Office of Oral Health, and the UMSOD sponsor courses in didactic and clinical pediatric dentistry so dentists can improve their ability to treat young children. The Maryland State Dental Association holds "Access to Care" events as an opportunity to recruit new dentists as Medicaid service providers.

The MDH Office of Oral Health administers the Maryland Dent-Care Loan Assistance Repayment Program (MDC-LARP) with the purpose of improving access to oral health care services by increasing the number of dentists

that provide services for Medicaid recipients. The service obligation requires that the dentists participate in MDC-LARP for three years, and during that period, 30 percent of their base patient population must be Medicaid patients. In 2016, MDC-LARP dentists treated 24,038 unduplicated Medicaid patients and provided 60,096 dental visits for Medicaid recipients. MDC-LARP dentists have seen 171,184 unduplicated Medicaid patients through 427,960 patient visits since the inception of the program in 2001.

MARYLAND'S 2017 DENTAL WORKFORCE



4,194 Dentists

(1 for every 1,435 Marylanders)

3,052 Hygienists

(1 for every 1,971 Marylanders)

ORAL HEALTH STATUS IN MARYLAND

Oral Cancer

Through the statewide Oral Cancer Initiative, MDH develops and implements programs to train health care providers to screen and refer patients with oral cancer to appropriate treatment services and to educate high-risk, underserved populations about oral

From 2009 to 2013, Maryland ranked twenty-fifth nationally in deaths from oral cancer, with an age-adjusted mortality rate of 2.3 deaths per 100,000. During that time period, the oral cancer mortality rate in Maryland decreased by about 2% for African Americans and 1% for whites.³² Of the 730 new cases of oral cavity and pharynx cancer in Maryland from 2009 to 2013:

- 32% of the people were diagnosed at an early stage, when treatment is less invasive and more likely to be successful
- 44% were diagnosed at the intermediate stage, when regional lymph nodes are involved
- 17.5% were diagnosed at the advanced stage, when the cancer had spread to other parts of the body³³

cancer prevention. In 2012, only 24% of Maryland adults aged 18 years and older reported having had an oral cancer screening examination in the past 12 months. The Maryland Comprehensive Cancer Control Plan 2016–2020 set a four-year goal to increase that proportion to 27%. As of 2015, the percentage of Maryland adults report having an oral cancer screening has increased to 34.5%.³¹

Men develop oral cancer more frequently than women, and they are more likely than women to die from oral cancer. Although African Americans are less likely than whites to develop oral cancer, they are more likely to be diagnosed at intermediate and advanced stages and have a slightly higher mortality rate than whites.³⁴

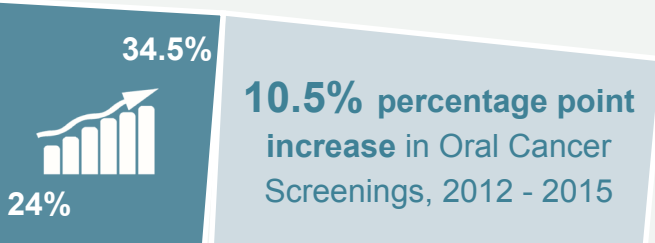
Increasing human papillomavirus (HPV) vaccination rates could help reduce oral cancer. HPV is a group of more than 150 related viruses that are transmitted through intimate skin-to-skin contact. HPV can cause cancers of the oropharynx, including the base of the tongue and tonsils.³⁵ The HPV vaccine is recommended for preteen boys and girls 11 or 12 years old because it provides protection before exposure to the virus and produces a more robust immune response during the preteen years. The HPV vaccine has been shown to be very effective in preventing HPV. Current data show, however, that in Maryland only 44% of girls and 31% of boys receive all HPV vaccine doses.³⁶ Oral health professionals can help to increase these rates by providing information and encouraging family members of age-eligible children to initiate and/or complete the full series of the HPV vaccine.

HPV Vaccine



Dental Providers Can Help Reduce Oral Cancer Rates by:

- ✓ Educating family members of age-eligible children
- ✓ Encouraging them to complete the full series of the HPV vaccine




ACCOMPLISHMENTS IN MARYLAND, 2011 - 2017

Maryland is recognized as a national leader in oral health. This recognition is a direct result of the state's progress in implementing the recommendations of DAC and the goals and actions of the 2011-2015 MOHP, including those related to improving access to oral health care services through changes to Medicaid policies and expanding public health dental infrastructure. Maryland continues to maintain high grades in its oral health initiatives for states because of its resolute efforts to improve dental care access for low-income Marylanders, especially those who are Medicaid-eligible, underserved, or uninsured.

Maryland is Recognized
as National Leader in
Oral Health.



Access to Oral Health Care



UNIVERSITY of MARYLAND
SCHOOL OF DENTISTRY

35,000 Served Annually
Over 122,000 Dental Visits

Improving access to oral health care services is both serious and complex in scope, requiring multiple strategies and participation from a wide network of stakeholders. MDAC works in collaboration with the MDH Office of Oral Health, the UMSOD, local health departments, FQHCs, and other organizations to address this multifaceted issue.

The MDH Office of Oral Health administers several public health programs to improve access to oral health care in the state. These programs, including the Maryland Mighty Tooth School Dental Sealant Program and the Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program, bring oral health care services to children in venues where they would not traditionally receive oral health care. Involving medical professionals and others in oral health care has led to increases in referrals for follow-up oral health

care and establishment of dental homes for children.³⁷ Additionally, the Oral Health Survey of Maryland School Children 2015-2016 found that 41% of third graders in the state had dental sealants, much higher than the national Healthy People 2020 objective of 28% prevalence.³⁸

The MDH Office of Oral Health also provides annual Oral Health Safety Net grant funding to sustain clinical dental treatment and preventive services for low-income Maryland residents, especially those who are Medicaid-eligible or uninsured. Funding in 2016 provided Marylanders in every county access to a public health dental clinic that is either located within or serves their jurisdiction.³⁹

The UMSOD is the largest provider of comprehensive and emergency oral health care in the state for people of all ages and socioeconomic levels. Each year the school serves approximately 35,000 people with more than 122,000 dental visits.⁴⁰ The dental school provides services to all Maryland residents regardless of their jurisdiction of residence. The seven dental hygiene schools in the state also provide preventive services for all Maryland residents.



ACCOMPLISHMENTS IN MARYLAND, 2011 - 2017

Access to Oral Health Care (cont'd)

Both local health departments and FQHCs provide access to oral health care for low-income children and some adults. In 2016, 13 of Maryland's 24 local health departments offered onsite oral health care at 21 sites, providing thousands of children and adults with comprehensive oral health care.⁴¹ Also in the 2015 - 2016 school year, the Deamonte Driver Mobile Dental Van Project provided diagnostic oral health care, dental sealants, and fluoride varnish applications to Prince George's County children, and clinic referrals for immediate restorative or urgent care.⁴²

LOCAL HEALTH DEPARTMENTS



Provide Access to Oral Health Care

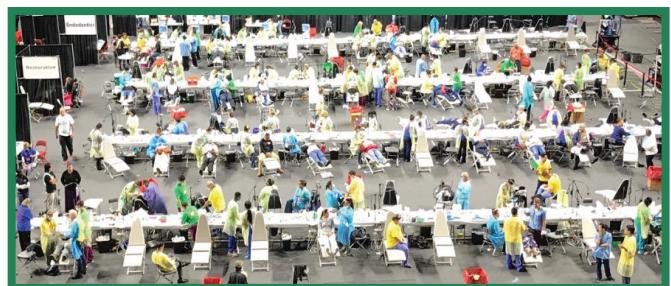
In 2016, 13 Local Health Departments at 21 Sites:

- ✓ Served thousands of Children and Adults
- ✓ Provided Comprehensive Oral Health Care

Mission of Mercy: Uniting to Heal

The Mission of Mercy is a series of free adult dental care clinics at which the dental and health care community provide free dental care to the poor and underserved. In addition to providing free dental services to adult patients in need, some of the events also provide a number of health screenings and services, including blood pressure, glucose and cholesterol checks, flu shots, vision exams, and HIV screenings. Dental services are provided by licensed dentists and hygienists, and include cleanings, x-rays, endodontics/root canals, restorative fillings, and extractions. All dental and health services are completely free and no insurance information is collected.

Mission of Mercy dental clinics perform more than 2,500 dental procedures every year—more than 73,000 dental procedures since 1994. These clinics are lifelines for people who don't have dental coverage, don't qualify for assistance programs, or have low incomes, with some traveling long distances and waiting for hours to receive care.



ACCOMPLISHMENTS IN MARYLAND, 2011 - 2017

Oral Disease and Injury Prevention

MDAC and its partners utilize a number of effective, proven strategies to prevent oral disease and injuries and promote good oral health practices. Maryland has made significant progress in preventing oral disease through evidence-based interventions, benefitting communities statewide.

Community water fluoridation is the single most effective public health measure to improve oral health by preventing tooth decay. A key Healthy People 2020 objective is to increase the percentage of persons on public water systems who receive fluoridated water to 79.6 percent.⁴³ Currently in Maryland, 94.1 percent of the population on public water supply receive fluoridated water.⁴⁴


ORAL CANCER RESULTS

- ✓ 39,583 Screened
- ✓ 6,400 Health Care Providers Educated



Oral cancer screening and prevention is another priority area for Maryland. Directed by the MDH Office of Oral Health, the Oral Cancer Mortality Prevention Initiative 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 first made available in 2000 for the Oral Cancer Mortality Prevention Initiative, 39,583 people have been screened for oral cancer, and 6,400 health care providers have received oral cancer prevention and early detection education through OOH grants to local health departments throughout Maryland.⁴⁵

The Mid-Atlantic P.A.N.D.A (Prevent Abuse and Neglect through Dental Awareness) program offers oral health professionals assistance such as a continuing education course to help them recognize and appropriately report signs of abuse and neglect. As of 2016, the course is part of the curricula at the UMSOD and at all seven dental hygiene schools in the state.

 **Maryland Public Water Systems Exceed HP2020 National Targets**

	Maryland	HP 2020 Target
% of persons on public water systems who receive fluoridated water:	94.1%	79.6%

ALLEGANY COUNTY HEALTH DEPARTMENT DENTAL CLINICS SERVE PEOPLE WHO NEED HELP THE MOST

In 2013, the Allegany County Health Department partnered with Allegany Health Right, a nonprofit organization dedicated to increasing access to oral health care for indigent, uninsured, and underinsured adults. Funded solely through grants and private donations, Allegany Health Right connects needy residents to dental providers, expanding access to comprehensive dental services and oral health education. Since its inception, the partnership has coordinated more than 3,000 dental visits, resulting in positive health outcomes for many county residents.

ACCOMPLISHMENTS IN MARYLAND, 2011 - 2017

Oral Health Literacy and Education

HEALTHY TEETH HEALTHY KIDS

MDAC & MDH OFFICE OF ORAL HEALTH PARTNERSHIP

Campaigns designed to:

- ✓ Communicate key oral disease prevention messages to women with children at risk for oral disease
- ✓ Increase awareness about the importance of oral health and helping women take action to practice oral disease prevention behaviors for themselves and their children

Maryland has made significant progress in improving oral health literacy, especially for women and children. A strategic alliance between MDAC and the MDH Office of Oral Health created a series of social marketing campaigns that have been central to this success. The Healthy Teeth, Healthy Kids/ Dientes Sanos, Niños Sanos campaigns use media strategies and community engagement to communicate key oral disease prevention messages to women with children at risk for oral disease, increasing awareness about the importance of good oral health practices and helping women take action to practice oral disease prevention behaviors for themselves and their children.

The campaigns have gained national recognition and have received numerous awards for their creativity and effectiveness. Proclamations praising the campaigns for their impact on the health of Maryland's Latino community were issued by governing councils in Montgomery and Prince George's Counties, and in the City of Baltimore.

Oral health literacy initiatives targeting pregnant women are working to increase awareness of the Medicaid dental benefit for pregnant women and the importance and safety of dental care during pregnancy. In 2016, MDAC and the MDH Office of Oral Health launched a Spanish-language social marketing campaign to create awareness about the importance of oral health during pregnancy. This campaign was part of the Children's Oral Healthcare Access Program, also known as the Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Project, which is funded by the HRSA Maternal and Child Health Bureau.



Oral Health Plan for Maryland, 2018 - 2023

ACCESS TO ORAL HEALTH CARE

Expanding access to oral health care for all Maryland residents is a key goal of this plan's proposed actions. All Maryland residents need access to affordable, comprehensive oral health care to prevent and treat oral disease, either through private insurance, Medicaid, or the Maryland Children's Health Program (MCHP). The 2011-2015 MOHP goals related to access focused on ensuring a dental home for all Marylanders, building an optimal oral health workforce, and strengthening the integration of oral health care and overall health care. The updated goals described below take these original focus areas and expand them into actions that provide strategies to further expand access to oral health care through changes to public and private insurance policies, strengthening the dental workforce, and promoting closer coordination between oral health professionals and other health professionals.

GOAL: All Maryland adults have comprehensive dental insurance.



GOAL ONE: ALL MARYLAND CHILDREN HAVE COMPREHENSIVE DENTAL INSURANCE COVERAGE THROUGH PUBLIC (MEDICAID/MCHP) OR PRIVATE INSURANCE.

Action One: Ensure all children who are Medicaid/MCHP recipients receive all the oral health services for which they are eligible.

Action Two: Increase the number of children who are covered by dental insurance through commercial carriers.

Action Three: Ensure that children whose coverage moves frequently—between Medicaid and qualified health plans under the Maryland Health Benefit Exchange—have consistent coverage and access to services.

GOAL TWO: ALL MARYLAND ADULTS HAVE COMPREHENSIVE DENTAL INSURANCE COVERAGE THROUGH MEDICAID OR PRIVATE INSURANCE.

Action One: Establish a comprehensive dental benefit for all adults who are Medicaid recipients.

Action Two: Increase the number of adults with dental insurance through commercial carriers.



GOAL: Integrate Oral and Medical Health Care Systems.



ACCESS TO ORAL HEALTH CARE

GOAL THREE: **ALL MARYLAND RESIDENTS HAVE A DENTAL HOME.**

Action One: Ensure a sufficient number of oral health professionals are available to provide oral health care to residents in or near their own communities.

Action Two: Increase the number of dentists participating in Medicaid.

Action Three: Increase the number of dentists participating in commercial insurance plan networks.

Action Four: Develop and support service-delivery models for special populations.

GOAL FOUR: **STRENGTHEN THE ORAL HEALTH SAFETY NET PROVIDER SYSTEM.**

Action One: Expand the safety net provider system to serve more people who are uninsured or underinsured. (Note: This action will also help expand provider networks for Medicaid.)

Action Two: Expand the capacity of private dental practices to provide oral health care to people who are uninsured and underinsured.

GOAL FIVE: **INTEGRATE THE ORAL HEALTH CARE SYSTEM WITHIN THE MEDICAL HEALTH CARE SYSTEM.**

Action One: Increase the number of primary care health care professionals who routinely perform oral health risk assessments, apply fluoride varnish, and refer people to oral health care professionals.

Action Two: Increase the ability and capacity of oral health care professionals to screen for chronic diseases and refer people to health care professionals.

ORAL DISEASE AND INJURY PREVENTION

Oral health programs in Maryland provide many health benefits to the state's residents, however, more can be done to help residents prevent oral diseases and injuries. Preventive oral health care and highly effective population-based solutions, such as community water fluoridation, should be available to everyone in the state. Prevention will also be enhanced if Maryland improves its oral health surveillance systems.

GOAL: Use Data to Advance Optimal Oral Health.



The 2011-2015 MOHP established the regular assessment of the oral health status of vulnerable Maryland populations and the increased use and adoption of best practices to prevent oral disease and injury, and ensured that communities have access to oral disease and injury prevention programs. The updated goals and actions below were developed to leverage the previously established assessments and processes in order to provide data and establish trends on prevention that inform policymaking and program planning, give providers tools to communicate more effectively with patients, and expand community prevention services.

GOAL ONE: USE DATA TO ADVANCE OPTIMAL ORAL HEALTH FOR ALL MARYLANDERS.

Action One: Review key health surveillance data on an ongoing basis to identify opportunities for partnership and action.

Action Two: Review key delivery-systems surveillance data on an ongoing basis to identify opportunities for partnership and action.

GOAL TWO: IMPROVE PUBLIC AWARENESS OF ORAL DISEASE AND INJURY PREVENTION.

Action One: Provide health professionals with tools to help them communicate clearly with their patients, clients, and the public about oral disease and injury prevention. Where needed, help health professionals locate and use resources and training to make communication more comfortable and effective.

Action Two: Partner with schools, religious and charitable organizations, social service organizations, and community groups to take health information “outside the clinic” and spread the word more widely through trusted sources.

Action Three: Continue and expand health information marketing targeted to the people at high risk for oral disease and injury.

ORAL DISEASE AND INJURY PREVENTION

GOAL THREE: PROMOTE COMMUNITY-BASED ORAL DISEASE AND INJURY PREVENTION PROGRAMS.

Action One: Increase public access to fluoride through water fluoridation or fluoride varnish programs.

Action Two: Increase the number of school-based dental screening and sealant programs.

Action Three: Increase the number of community programs with a formal oral health care component.

Action Four: Promote and share information about ongoing prevention programs such as the mouthguard and Mid-Atlantic P.A.N.D.A. programs.

ORAL HEALTH LITERACY AND EDUCATION

GOAL: ORAL HEALTH LITERACY AND EDUCATION

- ✓ Increase understanding of the relationship between oral health and overall health.
- ✓ Promote good oral health practices and access to oral health care.

Despite successful oral health literacy and education efforts, the need remains to provide more Maryland residents with accurate and easy to understand information to prevent oral disease and access affordable oral health care. Maryland's oral health and medical professionals can use proven techniques to provide information and teach good oral health practices clearly and accurately. They can also use these skills to engage other health professionals, policymakers and key stakeholders about the importance of oral health to one's overall health.

In the 2011-2015 MOHP, goals and actions focused on enhancing public awareness of the linkages between oral health and

overall health, and the ability of individuals to navigate the oral healthcare system, as well as promoting knowledge of oral health interventions among primary care professionals. The updated goals and actions below continue these efforts and enhance their focus on diverse populations, encouraging oral health literacy and health education efforts among the public, health professionals, and policymakers.

GOAL ONE: INCREASE UNDERSTANDING OF THE RELATIONSHIP BETWEEN ORAL HEALTH AND OVERALL HEALTH, AND PROMOTE GOOD ORAL HEALTH PRACTICES AND ACCESS TO ORAL HEALTH CARE.

Action One: Provide accurate, consistent, culturally sensitive, relevant and easy to understand oral health messages to the public.

Action Two: Improve the public's understanding of the importance of oral health, the relationship of oral health to overall health, how to prevent oral disease, and how to navigate the oral health care system to access affordable oral health care.

Action Three: Motivate the public to view oral health as integral to their overall health status and persuade them to practice oral disease prevention behaviors for themselves and their families and to seek regular preventative oral health care.

GOAL TWO: IMPROVE COLLABORATION BETWEEN ORAL HEALTH AND OTHER HEALTH AND HUMAN SERVICES PROVIDERS SO THAT PATIENTS UNDERSTAND HOW TO NAVIGATE THE ORAL HEALTH CARE SYSTEM AND ESTABLISH A DENTAL HOME.

Action One: Develop educational materials that help health, human service, and non-traditional support professionals work with people to improve preventative oral health behaviors, better navigate the oral health care system and establish a dental home.

Health, human service, and non-traditional support professionals include, but are not limited to:

- o Case managers
- o Social workers
- o Child care administrators and staff
- o Nursing home and long-term care staff
- o Older adult care providers and staff
- o School nurses and school-based health center staff
- o Librarians, etc.

Action Two: Increase awareness, distribution and use of existing oral health resources that help health, human service, and non-traditional support professionals work with people to better navigate the oral health care system and establish a dental home.

Action Three: Hold symposia and develop educational programs and initiatives to expand collaboration between oral health and health, human service, and non-traditional support professionals so that they can better help individuals maintain good oral health as well as navigate the oral health care system and establish a dental home.



ORAL HEALTH LITERACY AND EDUCATION

GOAL THREE: EDUCATE MEDICAL PROFESSIONALS AND STUDENTS ABOUT THE IMPORTANCE OF THE ORAL/SYSTEMIC CONNECTION AND FOSTER COLLABORATION BETWEEN MEDICAL AND DENTAL DISCIPLINES AND COMMUNITIES.

Action One: Develop programs and materials to educate medical professionals and students about the connection between oral health and overall health.

Action Two: Develop programs to educate medical professionals and students about how to provide simple oral health interventions and guidance, such as screenings and referrals to a dentist for pregnant women, children, adults, older adults, and people who are homeless or have special health care needs.

Action Three: Increase medical professionals' and students' knowledge of why it is important to achieve optimal oral health for individuals who are medically compromised.

Action Four: Increase medical professionals' and students' awareness and use of existing oral health resources, such as the MDH Office of Oral Health's Maryland Oral Health Resource Guide, so they can better help individuals maintain good oral health as well as navigate the oral health care system and establish a dental home.

Action Five: Increase dental professionals' ability to identify and refer patients with undiagnosed chronic health conditions, such as hypertension, diabetes, and obesity to appropriate medical professionals for diagnosis and treatment.

Summary

MDAC expects that Marylanders' oral health will continue to improve as stakeholders implement the proposed actions in this plan. Maryland has made progress in many areas since the 2011-2015 MOHP was published, and achieved many accomplishments of which to be proud, but too many of the state's residents still needlessly suffer due to poor oral health.

Maryland must focus on reaching populations that experience lack of access to oral health care and heightened risk of oral disease at disparate rates, including uninsured or underinsured adults, pregnant women, older adults, and individuals with special health care needs, if it is to improve oral health for all Marylanders. Efforts centering on children have been effective and will remain a priority, but we must broaden our scope and work to improve the oral health of those populations who have not made similar progress.

Our focus must also include the necessity of integrating oral healthcare into primary care. Maryland's health professionals and all Marylanders must view oral healthcare as an integral part of basic healthcare if they are to fully appreciate the importance of preventing oral disease, having a healthy mouth, and being able to access comprehensive oral health care.

MDAC and its partners will recognize and address the ever-changing needs within the state's population by not only maintaining and reinforcing programs that have achieved success, but by developing new and different ways to address the goals and actions outlined in this MOHP. The creation of innovative programs and the contribution of health professionals and policymakers to achieving these goals cannot be overstated. Their support will be essential in helping Maryland residents better understand the importance of oral health,

MOHP

OPTIMAL ORAL HEALTH FOR ALL

MARYLAND'S FOCUS:

Reaching populations that lack access to oral health care and are at heightened risk of oral disease at disparate rates, including:

- o uninsured or underinsured adults
- o pregnant women
- o older adults
- o individuals with special health care needs

Integrating oral healthcare into primary care

develop good oral health practices and access affordable oral health care. By doing what we know works, using evidence-based and innovative strategies to expand access to oral health care, to enhance prevention and early detection of oral disease, and to improve oral health literacy through social marketing and education, we will continue to see progress toward a day when all Marylanders have optimal oral health.

This updated MOHP is a living document. As we work to achieve its goals and objectives, challenges will continue to arise as new opportunities to expand oral health care access for adults emerge. The ultimate goal is always a healthier, better life for all Marylanders. It is our job to ignite and fuel the passion that engages our stakeholders to build an oral health movement in Maryland that will give rise to optimal oral health for everyone.

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Maryland Medical Assistance Program
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Robert T. Freeman Dental Society
Scion Dental, Inc.
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University of Maryland School of Dentistry
University of Maryland School of Nursing
University of Maryland School of Public Health

Oral Health Resources

ORGANIZATIONS

1. **American Academy of Pediatric Dentistry** is the membership organization representing the specialty of pediatric dentistry, which contributes to professional education programs and scholarly works concerning dental care for children (www.aapd.org).
2. **American Dental Association** is the oldest and largest dental association and is an oral health information authority. It provides a wide array of data and information on oral health topics and state oral health resources (www.ada.org).
3. **Centers for Disease Control and Prevention, Division of Oral Health** works to improve the oral health of the nation by promoting oral health surveillance and the use of proven strategies of prevention and control of oral diseases (www.cdc.gov/OralHealth).
4. **Centers for Medicare & Medicaid Services** is responsible for ensuring effective, up-to-date health care coverage and for promoting quality care for beneficiaries (www.cms.hhs.gov).
5. **Health Resources and Services Administration** is the principal federal agency charged with increasing access to health care for those who are medically underserved (www.hrsa.gov).
6. **Maryland Department of the Environment (MDE)** was created to protect and preserve the state's natural resources, including water, and it oversees fluoridation of water supplies. In addition to restoring Maryland's environment and safeguarding the environmental health of Maryland residents, MDE's duties encompass enforcement and regulation, long-term planning and research, and technical assistance to industry and communities for pollution, growth issues, and environmental emergencies (www.mde.state.md.us).
7. **Maryland Medicaid Program (HealthChoice)**, administered by the Maryland Department of Health, is a statewide mandatory managed care program, which provides health care to most Medicaid recipients (<https://mmcp.dhmh.maryland.gov/healthchoice/pages/Home.aspx>).
8. **Maryland Office of Oral Health** was established in 1996 to address a myriad of dental or oral diseases affecting the State's neediest children and adults. The mission of Office of Oral Health is to improve the oral health of Maryland residents through a variety of public oral health initiatives and interventions (<https://phpa.health.maryland.gov/oralhealth/Pages/home.aspx>).
9. **National Center for Health Statistics** conducts surveillance activities and compiles statistical information to guide actions and policies to improve the health of people of the nation (www.cdc.gov/nchs).
10. **Oral Cancer Foundation** is a national public service, nonprofit entity designed to reduce suffering and save lives through prevention, education, research, advocacy, and support activities related to oral cancer (www.oralcancerfoundation.org/facts).

PUBLICATIONS

1. **Cancer Report 2014, Cigarette Restitution Fund Program.** Reports are required to be produced under the Maryland Cigarette Restitution Fund Program (CRF Program) that focus on overall cancer incidence and mortality and on the seven CRF targeted cancers: lung, colorectal, breast, prostate, cervical, skin, and oral. The reports contain information on new cancer cases and deaths, five-year cancer numbers and deaths, cancer rates, maps, screening rates, and recommendations (<http://crf.maryland.gov/statistics.cfm>).
2. **Maryland's 2016 Annual Oral Health Legislative Report** is a comprehensive oral health legislative report that followed the enactment of House Bill 70 during the 2009 legislative session submitted by the Maryland Medicaid Program and the Office of Oral Health within the Department of Health (<https://phpa.health.maryland.gov/oralhealth/Pages/Annual-Legislative-Reports.aspx>).
3. **Maryland Oral Health Resource Guide** is designed to inform and assist children, adults, people with special health care needs, caregivers, consumer groups, and government agencies in finding affordable and appropriate oral health care in Maryland and the immediate surrounding regions (<https://phpa.health.maryland.gov/oralhealth/Documents/OralHealthResourceGuide.pdf>).
4. **Oral Health in America: A Report of the Surgeon General** focuses the nation's attention on oral health (www.nidcr.nih.gov/datastatistics/surgeongeneral/report/executivesummary.htm).

SURVEILLANCE PROGRAMS

1. **Behavioral Risk Factor Surveillance System (BRFSS)** is an ongoing surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. BRFSS data are used to design, implement, and evaluate prevention efforts (www.cdc.gov/brfss).
2. **Healthy People 2020** provides a framework for prevention for the nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats (www.healthypeople.gov).
3. **Pregnancy Risk Assessment Monitoring System (PRAMS)** is a surveillance project that collects and makes available state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy (www.cdc.gov/prams/index.htm).
4. **SEER Cancer Statistics Review** is a premier source for cancer statistics in the United States. Surveillance, Epidemiology, and End Results (SEER) collects information on cancer incidence, survival, and prevalence from specific geographic areas representing 26% of the US population (<https://seer.cancer.gov>).
5. **Oral Health Survey of Maryland School Children** is a survey conducted every five years by the Maryland Department of Health, Office of Oral Health to assess the oral health status of public school children who are in kindergarten and third grade (<https://phpa.health.maryland.gov/oralhealth/Pages/Surveys.aspx>).

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