

COMMUNITY HEALTH WORKERS PROVIDE LINK TO BETTER HEALTH Education, in-home visits provide insights that can lead to positive health outcomes

Although western Maryland is one of the most beautiful areas of the state, it is also one of the poorest. The overwhelming number of low-income uninsured/underinsured adults who are either unable to access care or are unaware of health programs in the region is daunting. Despite a strong cross-county network and the support of community organizations, private practitioners and safety net providers, the need is great.

To help address the issue, in 2013 AHEC (Area Health Education Center) West, through its Mountain Health Alliance, began to utilize the state's first oral health community health worker (CHW), Dorian Birkholz, to provide oral health education and help individuals navigate the pathway to improved oral health.

Dorian is just the type of person you'd want to have in your corner – enthusiastic, deeply committed to the community she serves, and passionate about helping individuals improve their oral and overall health. To her clients, Dorian is a trusted peer who has their best interests at heart, and who can connect them to needed resources that will enable them to live happier, healthier and more productive lives.

Oral health CHWs, like all CHWs (an umbrella term for patient navigators, outreach coordinators, and family health advocates) provide a critical link to better health. They work with individuals in their homes to improve health behaviors, address social determinants of health, and facilitate access to needed services. They also conduct workshops to help individuals manage chronic diseases and participate in outreach events to educate the public on the benefits of good health behaviors. Oral health CHWs can also benefit private dental practices by addressing no-shows – something dental office personnel may not have the time to do - to make the practice more efficient.



Lisa Widmaier, the Community Health Worker Lead Trainer at AHEC East, notes that there are more than 1,500 CHWs in Maryland – and the field is growing. CHWs work in health departments, clinics, senior centers, hospitals, area health education centers, and community organizations. The only difference between an oral health CHW and a CHW is the referral channel. Oral health CHWs typically receive referrals from emergency departments, from denture programs, or from other health care providers for patients who presented with oral pain.

The job of a community health worker requires core competencies including cultural humility; strong communication, interpersonal, observational, and organizational skills; and a solid foundation in care coordination, health education, outreach, and capacity building. In Maryland, CHWs have 120 hours of didactic training, utilizing the Maryland Area Health Education Center Statewide Curriculum, and another 40 hours shadowing an established community health worker.

CHWs connect with their community in many ways. They may provide oral health education in venues as varied as GED classes, senior centers, churches, grocery store parking lots, or Mission of Mercy events. They teach parents how to teach their children to care for their teeth (which also teaches the parent!). They use stories and analogies to demonstrate the importance of proper oral hygiene, such as how a failure to brush and floss can cause food to rot between the teeth, much like food rots if left too long in a refrigerator.

A big part of an oral health CHW's job is working with individuals to improve their oral and overall health. When oral health CHWs like Dorian receive a referral, they often set up an appointment to meet the individual in their home. This helps a CHW look at a client's everyday life to see what might be keeping them from taking care of their mouths. Clients may miss dental appointments due to stressors such as eviction notices, utility shut-offs, or other financial pressures. They may need education on how to properly brush, floss, reduce sugary drinks, and choose healthy foods, or they may need help finding transportation or resources for lower-cost dental care and a dental home.

A CHW looks at all aspects of an individual's life and works with them to address the immediate needs. For example, a client missed several dental appointments due pain in his leg. The CHW got him to see a doctor, who found and removed a blockage. The patient was no longer in pain, so his oral health issues could then be addressed.

Catie Wampole, Program Coordinator at Mountain Health Alliance, has seen firsthand the positive impact CHWs can have on a community. When Western Maryland Regional Medical Center first began to use oral health CHW services in 2013, approximately 62% of Maryland Medicaid patients' visits to the emergency department were for chronic dental conditions. Within six months, follow-up by the CHW to educate patients on the need for preventive care and the importance of regularly visiting the dentist resulted in a drop in emergency department visits by Medicaid patients for oral pain to 39%. Individualized action plans prepared by CHWs resulted in a 78% patient increase in positive oral health behaviors, and a 23% decrease in hospital visits.

MDH SUBMITS §1115 WAIVER AMENDMENT TO CMS

Adult dental pilot program to go into effect January 1, 2019, subject to approval

As directed by Senate Bill 284 - *Maryland Medical Assistance Program – Dental Coverage for Adults – Pilot Program*, signed into law by Governor Hogan in May, the Maryland Department of Health submitted a proposed amendment to its §1115 HealthChoice demonstration waiver on July 2. If approved by the Centers for Medicare and Medicaid, the pilot program will go into effect on January 1, 2019.

The pilot will serve the approximately 38,000 dual eligibles ages 21-64 in Maryland. The proposed dental benefits include coverage for diagnostic, preventive, and restorative services as well as extractions. MDAC will provide more information as it becomes available.

[Read the department's letter to CMS and the waiver application.](#)

SURGEON GENERAL COMMISSIONS REPORT ON ORAL HEALTH

Will document progress since landmark report in 2000

The U.S. Department of Health and Human Services, the Office of the Surgeon General, the National Institutes of Health (NIH), and the U.S. Public Health Service's Oral Health Coordinating Committee have announced the commission of a Surgeon General's Report on oral health.

The purpose of this report will be to document progress in oral health since publication in 2000 of the first Surgeon General's Report focusing on this topic, "Oral Health in America." The new report will also describe key issues that currently affect oral health, identify challenges and opportunities that have emerged since publication of the first report, articulate a vision for the future, and call upon all Americans to take action.

The NIH National Institute of Dental and Craniofacial Research will serve as the main federal organization working with the Surgeon General to produce the report.

For more information, see the [Federal Register Notice \(July 27, 2018\)](#).

YOU HAVE THE POWER TO PREVENT CANCER

Talk to your patients about the HPV vaccine

The National HPV Vaccination *Cancer Roundtable's Power to Prevent HPV Campaign* is spotlighting dentists, dental hygienists, and dental teams as part of the HPV Super Six Hero Team of healthcare professionals working together to defeat HPV cancers. Dental professionals have a unique role in HPV cancer prevention, as they have the opportunity to see pre-teens and educate parents of age-eligible patients about the risks of HPV and the importance of getting the HPV vaccine.



The Human Papillomavirus (HPV), a common virus that can cause cancers affecting men and women, including cervical, penile, anal, and throat cancers, infects about 14 million people a year. Although the HPV vaccine is very effective because it provides protection before exposure to the virus, only about half of preteen boys and girls in Maryland get the vaccine at age 11 or 12 as recommended by the CDC.

Howard Haft, MD, MMM, CPE, FACPE, Deputy Secretary, Public Health Services at the Maryland Department of Health, in an August 3 letter, encouraged physicians, dental hygienists, dentists, local health departments and parents of children to take part in increasing HPV vaccination coverage in Maryland.

Summer is the hottest time to increase HPV vaccination rates. Back-to-school appointments peak in August and HPV vaccination rates increase five-fold. However, those rates can be increased by ensuring all age-eligible boys and girls are put on the path to long-lasting cancer protection. Dentists, dental hygienists, and those that support them are encouraged to help create a world free from HPV cancers.

[Read the letter](#) from Deputy Secretary Howard Haft regarding the importance of HPV vaccinations and [download the MDH HPV toolkit](#).

Join the [HPV Super Six Hero Team](#) and download [Cancer Prevention through HPV Vaccination: An Action Guide for Dental Health Care Providers](#).

Follow the National HPV Vaccination Roundtable on [Facebook](#) and [Twitter](#) for the next 4 weeks as they share more tips on how to increase HPV vaccination rates.

BALTIMORE CITY WINS NAACHO AWARD

Named 2018 Local Health Department of the Year



Pugh.

The Baltimore City Health Department (BCHD) has been awarded the 2018 Local Health Department of the Year – Large Category from the National Association of City and County Health Officials (NACCHO). This prestigious annual award recognizes local health departments for outstanding achievements in demonstrating innovative ways to improve public health and safety.

“This prestigious recognition rightly acknowledges what we already know – Baltimore has the finest and most effective Health Department in the nation, due in no small measure to the superb leadership of Commissioner Dr. Leana Wen. I commend Dr. Wen and the entire Health Department team which consistently finds ways to improve the health and well-being of all Baltimore residents, and for using sound public health policies and practices to create a better quality of life in our communities,” said Baltimore City Mayor Catherine

The award was announced at the NACCHO Annual Conference, held from July 10-12 in New Orleans. Health departments received this accolade for demonstrating innovative ways to improve public health and safety. BCHD was recognized for its work in reducing health disparities, combatting the opioid epidemic, addressing violence as a public health issue, targeting upstream interventions to end the city’s cycle of violence and poverty, and for reducing infant mortality by improving birth outcomes and health for the city’s most vulnerable babies and young children.

NACCHO’s award recognized several key initiatives that BCHD has led:

- Healthy Baltimore 2020, a strategic blueprint outlining key priorities designed to promote health and well-being in Baltimore City with one overarching vision: to cut health disparities in Baltimore by half over the 10 years;
- Aggressive, multi-sector approach to the opioid epidemic, including issuing a blanket prescription to all residents for naloxone in 2015, opening a Stabilization Center – a 24/7 “ER” for addiction, and launching the Levels of Care initiative for hospitals in the City in 2018;
- Vision for Baltimore program, an upstream intervention helping connect students in need with free glasses during kindergarten and elementary school; and
- B’More for Healthy Babies citywide collaborative, which has cut infant mortality in the city by nearly 40 percent since 2009, and has reduced the disparity between African-American and white infant mortality by half.

“I am so proud to work with incredibly dedicated public health professionals who work every day to reduce health disparities and deliver critical health services to our residents,” said Dr. Leana Wen. “Our team accomplishes a great deal despite scarce resources. Health is integrally tied to social justice and our city’s future, and we will continue fighting to ensure that health is a fundamental human right.”

NACCHO represents the nation’s nearly 3,000 local governmental health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, visit www.naccho.org. For more information about BCHD, visit health.baltimorecity.gov.

UPDATE: DENTISTS SCREEN 22,000 MARYLANDERS FOR HYPERTENSION

Campaign lets Marylanders know that dentists play important role in overall health

Thanks to a [grant](#) from the Centers for Disease Control and Prevention (CDC), more dentists are screening Marylanders for high blood pressure (hypertension) than ever before. Hypertension is a common risk factor for heart disease. The grant funds a pilot program to encourage dental professionals to screen patients for hypertension at every visit and refer cases of elevated and high blood pressure to medical professionals and community resources for further services. A healthy blood pressure reading is less than 120 for the systolic (upper number) and less than 80 for the diastolic (bottom number) – <120/<80. The pilot is overseen by the Maryland Department of Health (MDH) Office of Oral Health and the Center for Chronic Disease Prevention and Control.

To promote the pilot, MDH launched a campaign, titled “Two Minutes With Your Dentist Can Save Your Life.” The campaign educates Marylanders about the critical role dentists play in identifying undiagnosed hypertension as well as reminds dentists of the critical role they can play in a patient’s overall health. As a part of the campaign, a traveling banner exhibit, coupled with a discussion explaining the importance of good oral health for better health, recently kicked off at the Enoch Pratt Free Library Orleans Street Branch in Baltimore and the Carroll County Public Library North Carroll Branch in Hampstead. Additional banner exhibits will be announced throughout the year.



2 MINUTES WITH YOUR DENTIST

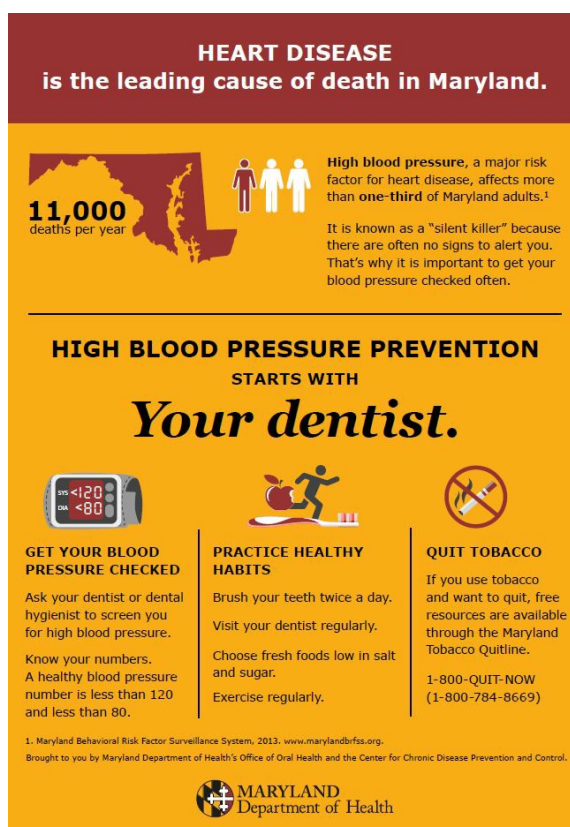
2

CAN SAVE YOUR LIFE

Ask your dentist

TO SCREEN YOU FOR HIGH BLOOD PRESSURE TODAY.

www.health.maryland.gov/oral-health



HEART DISEASE
is the leading cause of death in Maryland.

11,000
deaths per year

High blood pressure, a major risk factor for heart disease, affects more than **one-third** of Maryland adults.¹

It is known as a “silent killer” because there are often no signs to alert you. That’s why it is important to get your blood pressure checked often.

HIGH BLOOD PRESSURE PREVENTION
STARTS WITH
Your dentist.

GET YOUR BLOOD PRESSURE CHECKED
Ask your dentist or dental hygienist to screen you for high blood pressure.
Know your numbers. A healthy blood pressure number is less than 120 and less than 80.

PRACTICE HEALTHY HABITS
Brush your teeth twice a day.
Visit your dentist regularly.
Choose fresh foods low in salt and sugar.
Exercise regularly.

QUIT TOBACCO
If you use tobacco and want to quit, free resources are available through the Maryland Tobacco Quitline.
1-800-QUIT-NOW
(1-800-784-8669)

1. Maryland Behavioral Risk Factor Surveillance System, 2013. www.marylandbrfss.org.
Brought to you by Maryland Department of Health’s Office of Oral Health and the Center for Chronic Disease Prevention and Control.

MARYLAND
Department of Health

“Heart disease is the leading cause of death in Maryland, killing more than 11,000 Marylanders each year,” said Howard Haft, MD, Deputy Secretary for Public Health Services, Maryland Department of Health. Our goal is to encourage dentists to screen their patients for hypertension at every visit while empowering Marylanders to ask their dentist for hypertension screenings. We believe this will ultimately save lives.”

According to Debonny Hughes, DDS, Director, Office of Oral Health, “Dentists can become the first point of contact for many Marylanders to help them identify undiagnosed high blood pressure and get them into care for follow-up screenings and treatment. As we take our campaign on the road in 2018, we are looking forward to educating the public and involving more dentists in the program.”

A Life Saved

In one remarkable case, a 41-year-old man was visiting the Baltimore City Health Department (BCHD) Eastern Dental Clinic, a pilot program participant, for an oral exam when he was screened for hypertension by the dental assistant. The patient’s reading was 147/101—high blood pressure. The dentist urged the patient to see his primary care provider as soon as possible since he had not reported a previous history of hypertension.

Concerned about his health, the patient immediately visited a local emergency room (ER). While at the ER, physicians determined that he had an undiagnosed heart condition. Today, the patient is doing well and gives credit to the Eastern Dental Clinic staff for saving his life.

“All too often we see patients who don’t understand the critical role oral health plays in their overall health,” said Patricia Bell-McDuffie, DDS, Director, Oral Health Services, Baltimore City Health Department. “Bacteria found in the mouth can travel through the blood vessels that carry blood throughout the body. If not managed properly, this bacteria can create unwanted inflammation that can affect the body, including the heart. We always encourage patients to visit the dentist regularly. That way we can conduct frequent screenings for hypertension and, if necessary, encourage people to stop smoking—all in an effort to increase overall health and well-being.”

To learn how “Two Minutes With Your Dentist Can Save Your Life,” please visit www.health.maryland.gov/oral-health.

About the Hypertension Screening in the Dental Setting Program

The Office of Oral Health and the Center for Chronic Disease Prevention and Control in the Maryland Department of Health launched a unique program to integrate oral health and primary care in Maryland. The pilot program, “Hypertension Screenings in Dental Settings,” launched in May 2017, is raising awareness among Marylanders and oral health providers about the important role dentists play in identifying undiagnosed hypertension.

The pilot project is coordinated by county health departments, select private dental practices, and Federally Qualified Health Centers (FQHCs) in 14 Maryland jurisdictions. Maryland jurisdictions participating in the pilot include: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Garrett, Queen Anne’s, Somerset, Washington, Wicomico, and Worcester counties, as well as Baltimore City.

About the Hypertension Screening in the Dental Setting Campaign

The “Two Minutes with Your Dentist Can Save Your Life” campaign educates Marylanders about the vital role dentists can play in identifying undiagnosed hypertension as well as reminds dentists of their duty to each patient’s overall health. The campaign uses video advertising in movie theaters, gas station pump TV screens and cable TV as well as social media advertising on Facebook and the internet to motivate viewers to talk to their dentist about hypertension. In addition, materials such as posters, postcards, and prescription pads were distributed to dental practices to help dentist educate their patients on the importance of knowing your blood pressure numbers and controlling hypertension. Watch the video [here](#).

Read the March 2018 edition of the MDAC newsletter to [learn how](#) the Charles County Health Department’s dental clinic, one of the first in the state to screen for hypertension, implemented the program.

IT’S TIME TO INCLUDE ORAL HEALTH IN HEALTH CARE

Medicare Dental Coverage Would Benefit 59 Million Seniors

59 million seniors and people with disabilities rely on Medicare for their health care, but it doesn’t cover part of the body that causes all kinds of health problems—the mouth.

Families USA, Oral Health America, American Dental Association, DentaQuestion Foundation, Santa Fe Group, Center for Medicare Advocacy, Justice in Aging and others have come together to produce a white paper, [An Oral Health Benefit in Medicare Part B: It’s Time to Include Oral Health in Health Care](#). This paper offers a blueprint for Medicare oral health coverage that would allow millions of Americans live healthier lives.

The paper explains not only the need for a Medicare benefit and its popularity, but also lays out for the first time exactly what that coverage could look like and what it would cost.

Oral health is a vital part of overall health, but it is not covered and treated in the same way as other health issues. This paper, along with Families USA’s [accompanying infographic](#) can be used to call for much needed dental coverage in Medicare and raise awareness of oral health issues.

BRING ORAL HEALTH TO FOREFRONT OF PUBLIC DISCUSSIONS

Families USA recommends questions to ask your candidate



The 2018 midterm elections provide a chance to bring oral health issues to the forefront of policymaker and public discussions—an important opportunity for an issue that is often forgotten, left behind, or misunderstood. One way to ensure candidates are thinking about oral health is to ask them questions about their positions on oral health policies.

Families USA’s new resource [Oral Health Questions to Ask Your Candidate](#) can help you do just that. Asking candidates such questions at forums, town halls, and other events helps to not only raise the issue, but also ensures that oral health remains a part of the conversation once they are elected.

Number of seats are up for election this year, including the full U.S. House of Representatives, a third of the U.S. Senate, 36 governorships and many seats in state and local governments. Building relationships with the candidates running for each of these positions and exposing them to oral health issues from the outset is an important step to building the policymaker support and oral health champions that will help us reach our goal of oral health for all.

NIH-FUNDED NEIGHBORHOOD ATLAS IS NEW HEALTH RESEARCH TOOL

Maps neighborhoods according to socio-economic disadvantage

The [Neighborhood Atlas](#), a new research tool funded by the National Institutes of Health and housed at the University of Wisconsin, ranks and maps neighborhoods ([Census Block Groups](#)) at the state or national level according to socioeconomic disadvantage.

Use of the tool enables researchers to visualize socioeconomic data at the community level, including income, education, employment and housing quality, to determine the effects of these factors on overall health. The Neighborhood Atlas can be merged with other data to study the fundamental social-biological mechanisms of health and disease, determine the impact of health policy and social interventions, and better align resources.

JOURNAL OF RURAL HEALTH SEEKS ARTICLES FOR SPECIAL SECTION

Integration of U.S. rural oral health care into primary care

The Journal of Rural Health is soliciting articles on the integration of U.S. rural oral health care into primary care for a special section of an upcoming issue.

Topics may include rural oral health-related access to care and/or quality of care, rural oral health care integration into primary care, and innovation in reimbursement or collaboration models, among others.

Examples of potential article titles:

- Effect of water fluoridation on rural pediatric cavity levels
- Impact of rural health clinics applying fluoride varnish during pediatric primary care visits
- Improving integration of oral health referrals from emergency rooms

The deadline for submissions is August 15, 2018.

All manuscripts will be evaluated according to the journal's standard review process and must be submitted electronically at <http://mc.manuscriptcentral.com/jrh>. New users will need to create an account.

Authors should state in their cover letters and on the submission checklist that they are submitting in response to this call for papers on rural oral health integration into primary care to be considered for this special section.

Author guidelines on required format may be found at [the JRH website](#).

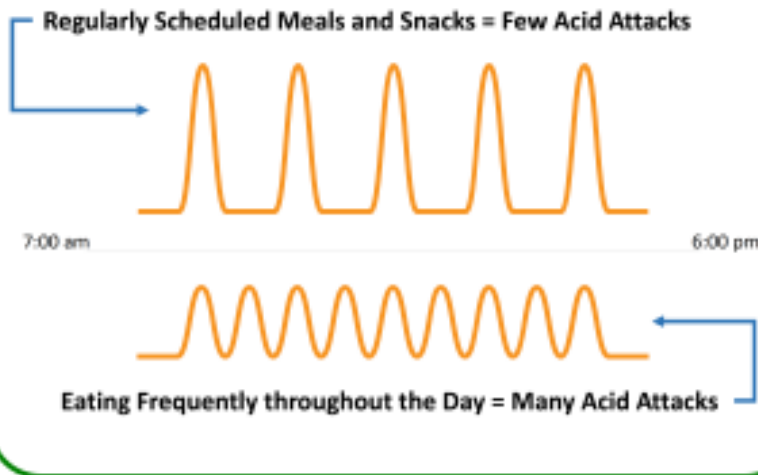
SUGAR AND CHILDREN'S ORAL HEALTH

How often children consume foods and drinks with sugar during the day matters

Sugar plays a key role in tooth decay. Most foods, like milk and milk products, fruit, vegetables, grains, and processed and prepared foods, contain sugar. Children who consume foods and drinks containing natural and/or added sugar frequently (for example, every hour) during the day are more likely to develop tooth decay than those who consume them less often. Parents may not know that many of the foods and drinks they give children contain sugar.

Bacteria that cause tooth decay breaks down foods and drinks that contain sugar to form acid. Each time a person consumes foods or drinks containing sugar, acid is in the mouth for 20 to 40 minutes. Children who are fed meals and snacks at scheduled times are at lower risk for developing tooth decay than children who are fed often during the day.

Eating and Drinking Frequently Matters



The peaks in the top graph (Regularly Scheduled Meals and Snacks = Few Acid Attacks) show that acid is in the child's mouth five times during the day, for a total of a little more than one and half hours. The peaks in the bottom graph (Fed Often During the Day = Many Acid Attacks) show that acid is in the child's mouth nine times during the day, for a total of three hours (about twice as long as for children who are fed meals and snacks at scheduled times). If a child consumes food and drinks containing sugar often, over time the child is more likely to develop tooth decay.

Many foods and drinks contain added sugar. Sugar in foods can be listed by many different names. The best place to check for sugar is in the ingredients list on the food label. Look for words like:

- Beet sugar
- Brown sugar
- Cane sugar
- Corn sweeteners
- Corn syrup
- Cane juice
- High fructose corn syrup
- Honey
- Malt syrup
- Maple syrup
- Molasses
- Raw sugar
- White sugar

Ingredients: Whole Grain Oats (includes the oat bran) Sugar, Modified Corn Starch, Honey, Brown Sugar Syrup, Salt, Tripotassium Phosphate, Canola and/or Rice Bran Oil, Natural Almond Flavor. Vitamin E (mixed tocopherols) Added to Preserve Freshness.

Tips to Help Parents Limit Their Child's Sugar Intake

- Explain to parents the role sugar plays in the tooth decay process and that how often a child consumes foods and drinks containing sugar can make a big difference.
- Show parents how to identify sugars listed on ingredient labels.
- Work with parents to set up a schedule for serving meals and snacks. Encourage parents not to feed their child or graze on foods and drinks often throughout the day, especially those containing natural or added sugar.

"Good dental care doesn't make you a good student, but if your tooth hurts, it's hard to be a good student."

-Geoffrey Canada, President, Harlem Children's Zone

NEWS

[Toothless in Virginia: Pain Relief for the Uninsured of America](#)

[In Cynical Move, Kentucky Governor Bevin Cuts Vision and Dental Care to Retaliate](#)

2018-2023 MARYLAND ORAL HEALTH PLAN GOALS

[Against Court's Medicaid Ruling](#)

[Seniors Show Voting Teeth by Urging Candidates to Make Medicare Cover Dental](#)

[Treating Dental Care as an Afterthought has Dangerous Consequences](#)

ARTICLES

[To Ensure Healthy Communities, We Must Invest in Dental Care](#)

[For People with Disabilities, Oral Health Care Remains a Challenge](#)

[The Return on Investment of Public Health System Spending](#)

[Breaking News! Water Fluoridation Helps Reduce Decay in U.S. Kids and Teens](#)

[Two Decades of Persisting Income-Disparities in Dental Caries Among US Children and Adolescents](#)

[2017 Hypertension Guidelines: New Opportunities and Challenges](#)

[Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015–2016](#)

[The Prospective Role of Charity Care Programs in a Changing Health Care Landscape](#)

[Medical-Dental Integration in Public Health Settings: An Environmental Scan](#)

[Dental Pain and Opioid Use: Latest Findings](#)

[ADA FAQs on Opioid Prescribing](#)

[Periodontitis in U.S. Adults: National Health and Nutrition Examination Survey 2009-2014](#)

[Treating Pain Is Not Enough: Why States' Emergency-Only Dental Benefits Fall Short](#)

[Action for Dental Health: Emergency Department Referrals](#)

[Controlling Caries in Exposed Root Surfaces with Silver Diamine Fluoride](#)

[Open Wide: Medical Education With Real Teeth](#)

[Fluoride is Effective: A Summary of the Research](#)

Maryland Oral Health Plan

2018 - 2023



*Framework to Improve
the Oral Health of All
Marylanders*



**MarylandDental
ActionCoalition**

The 2018-2023 Maryland Oral Health Plan outlines 11 oral health goals in three key areas:

Access to oral health care:

- All Maryland children have comprehensive dental insurance coverage through public (Medicaid/MCHP) or private insurance.
- All Maryland adults have comprehensive dental insurance coverage through Medicaid or private insurance.
- All Maryland residents have a dental home.
- Strengthen the oral health safety net provider system.
- Integrate the oral health care system within the medical health care system.

Oral disease and injury prevention:

- Use data to advance optimal oral health for all Marylanders.
- Improve public awareness of oral disease and injury prevention.
- Promote community-based oral disease and injury prevention programs.

Oral health literacy and education:

- Increase understanding of the relationship between oral health and overall health, and promote good oral health practices and access to oral health care.
- 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.
- Educate medical professionals and students about the importance of the

[Is Sparkling Water Bad for My Teeth?](#)

[Seriously, Juice Is Not Healthy](#)

EVENTS

[31st Annual National Academy for State Health Policy Conference, August 15-17, 2018](#)

[AADR Oral Health Effects of Tobacco Products: Science and Regulatory Policy, September 14, 2018](#)

[Public Health Law Conference 2018, October 4-6, 2018](#)

[9th National Summit on Smokeless Tobacco Prevention, October 16-18, 2018](#)

[2018 Rural Health Conference - MD's Rural Health Roadmap: Pathways to Creating Healthier Communities, October 22-23, 2018](#)

[American Public Health Association Annual Meeting, November 10-14, 2018](#)

[NNOHA Annual Conference, November 11-14, 2018](#)

[Gerontological Society of America Annual Scientific Meeting, November 14-18, 2018](#)

WEBINARS

[Oral Health Coalitions Engaged in Civic Action, August 21, 2018](#)

[Silver Diamine Fluoride: Science, Practice, Potential, August 30, 2018](#)

oral/systemic connection and foster collaboration between medical and dental disciplines and communities.

[Download the plan now!](#)

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

WEBCASTS

[What is the Defining Line Between Policy and Advocacy?](#)

[Reinventing Oral Health: A Midwest Collaborative Initiative: Oral Health Coalitions Engaged in Civic Action Webcast, August 21 1088](#)

[One Nation Overdosed: Unmasking Opioid Addiction Webcast, August 21, 2018](#)

CONTINUING EDUCATION

[How to Conduct and Publish Systematic Reviews and Meta-Analyses: An Interactive Workshop, November 8-10, 2018](#)

[Maintaining Your Sanity and Practice Viability as a Medicaid Provider: Embracing Program Integrity](#)

[Health and Wellness @ the Library: The Essentials of Providing Consumer Health Services](#)

[OHRC: School-Based Dental Sealant Programs](#)

[Community Engagement for Public Health](#)

ORAL HEALTH RESOURCES

ACCESS TO ORAL HEALTH CARE

[Improving Rural Oral Healthcare Access](#)

Medicaid

[Medicaid and Children's Health Insurance Program \(CHIP\) Scorecard](#)

[Medicaid Provider Reference Guide](#)

[State Strategies to Incorporate Oral Health into Medicaid Payment and Delivery Models](#)

ORAL DISEASE AND INJURY PREVENTION

[ASTDD Best Practice Approach Report: Use of Fluoride in Schools](#)

ORAL HEALTH LITERACY AND EDUCATION

[Fluorosis Facts \(English\)](#)

[Datos Sobre la Fluorosis \(Spanish\)](#)

[for People with Chronic Medical Conditions](#)

Medicare

[An Oral Health Benefit in Medicare Part B: It's Time to Include Oral Health in Health Care](#)

[America's Seniors Deserve Dental Coverage in Medicare: Martha's Story](#)

[Oral Health America Medicare Dental Toolkit](#)

Policy

[Four Ways Our Health Care Is at Risk in the Supreme Court Nomination Fight](#)

[Trump Administration 'Public Charge' Rule Threatens Health Care for Immigrant Families, Including U.S. Citizen Children](#)

RURAL HEALTH

[NRHA Policy Brief: Improving Rural Oral Healthcare Access](#)

[Maryland Rural Health Plan](#)

[CMS Rural Health Strategy](#)

[The Rural Primary Care Practice Guide to Creating Interprofessional Oral Health Networks](#)

[Common Questions About Fluoride \(English\)](#)

[Preguntas Comunes Sobre el Fluoruro \(Spanish\)](#)

[Success with CHWs: Oral Health Road Map](#)

[ASTDD: Oral Health Educational Resources for Home Visitors and Families: Environmental Scan](#)

[Oral Health Care During Pregnancy: Practice Guidance for Maryland's Prenatal and Dental Providers](#)

LEGISLATIVE CONTACTS

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

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

[Maryland State Legislators](#)

**Support
Maryland Dental
Action Coalition Inc.**

When you shop at smile.amazon.com,
Amazon donates.

[Go to smile.amazon.com](https://smile.amazon.com)

amazonsmile



MDAC is pleased to welcome the following new members:

- Darcy Allen, D.D.S., Aspen Dental
- Gretchen Graves
- Jasmine Joseph, RDH
- Donald Reuther, Baltimore Medical System
- Kelsey Smith, RDH
- Janet Taff, RDH - South County Huddle Women's Advocacy Group
- Catie Wampole, AHEC West
- Sr. Roberta Treppa, Seton Center/DePaul Dental Program
- LaTasha McLee, RDH, MSDH

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

CONTACT

JOIN

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.

[Contact MDAC](#)

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.

[Join MDAC](#)

www.mdac.us

FOLLOW US

