The 5-Year Oral Health Plan for the
Maryland Department of Health & Mental Hygiene
Facilitated by the Office of Oral Health

Mission
The mission of the Office of Oral Health, within the Department of Health and Mental Hygiene, is to improve the oral health status of Maryland residents through a variety of public oral health initiatives and interventions, characterized by a focus on health promotion and disease prevention. The Office of Oral Health develops and supports statewide cost-effective preventive and educational programs and policies that demonstrate and define the role of oral health as part of overall health. The Office of Oral Health partners with other State agencies, local health departments, schools, community agencies, and private providers in developing policies, programs and activities.

Dental Public Health Goals
Dental public health addresses disparities in oral health and dental care by:
- Assessing, analyzing, and evaluating the prevalence, distribution, and severity of conditions;
- Implementing or replicating successful community-based preventive programs (e.g., fluoridation and school sealant programs);
- Promoting oral health public education;
- Building coalitions that can encourage reforms and improve oral health; and
- Addressing the need for the development of community-based ‘safety net’ care delivery systems.

Problem – Kids
The 2000-2001 Survey of the Oral Health Status of Maryland School Children found:
- 42% of all children (K, 3rd, 9th, 10th grade) had untreated decay.
- 53% of children in kindergarten and 3rd grade had untreated decay in their primary teeth.
- The Eastern Shore had the highest percentage of untreated dental decay (54%) followed by the Central Baltimore region (48%). The Southern Region had the lowest percentage of untreated dental decay (14%)

The 2000 Survey of Oral Health Status of Maryland’s Head Start Children found:
- Approximately 55% of the Head Start children surveyed had decayed or filled tooth surfaces.
- The majority of caries experience among these Head Start Children was represented by untreated decay (96%).
- Of those children with decay, almost 17% had complained of pain to a parent or guardian.
Problem – Oral Cancer in Maryland

- The oral cancer mortality rate in Maryland is among the highest (8th) in the United States and ranks sixth for African-American males.
- Maryland’s oral cancer death rate is 15 percent higher than the national rate and the number of new cancer cases in Maryland also is higher than the national average.
- Conservative cost estimates regarding the average inpatient and outpatient treatment for a survivor of oral cancer at the University of Maryland Medical System is roughly $100,000 per case.
- 2002 Survey of Maryland Adults’ Knowledge of Oral Cancer found:
  - 42% of Marylanders report having an oral cancer exam.
  - 73% of Marylanders have never heard of an exam for oral cancer.
  - 77% of those who had an oral cancer exam had it conducted by a dentist.

Problem – Capacity

- Lack of dental providers in rural areas.
- Lack of public health clinics to serve the uninsured and underinsured.
- Lack of dental providers accepting Medical Assistance.

Priority Areas

Over the next five years the Office of Oral Health will focus its resources in the following areas:
  I. Improving Access to Oral Health Services and Improving Dental Public Health Capacity
  II. Oral Health Policy Analysis and Development - Local and State Level
  III. Oral Health Education for Patients, Providers and Others
  IV. Establishing Linkages and Ensuring Coordination on Oral Health
Priority One
Improving Access to Oral Health Services and Improving Dental Public Health Capacity

Why: Oral diseases are not self-limiting and increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. Adverse oral health conditions have been shown to affect aspects of daily living such as quality of life, economic productivity, and work or school performance and attendance including readiness to learn. Future contributions to society and the workplace also may be affected by the poor self-esteem, physical well being, and quality of life generated by oral health problems.

How:
• Address the three (3) components of dental public health: assessment, policy, and assurance.
• Assess the clinical dental public health programs that currently exist to determine why a certain population is targeted, what services are provided, what gaps exist, if there are overlaps to other programs, what programs work well and what is efficient.
• Identify and evaluate models that provide direct care to low-income populations such as the University of Maryland Baltimore College of Dental Surgery’s Dental Fellows Program and the Maryland Dent-Care Loan Assistance Repayment program to determine what resources are necessary to expand them and what is the value of expanding them.
• Develop guidelines to define a dental public health clinic and specify what services must be provided to be designated as a dental public health clinic.
• Increase the number of dentists and dental hygienists practicing in Maryland who serve low-income and other vulnerable populations.
• Increase the number, quality, and capacity of dental care safety net clinics in FQHCs and in other clinics, including local health departments.
• Build a network of dental professionals that have the skills to treat children, individuals with special health care needs (children and adults), adults and the elderly.
• Increase the number of Dental Health Professional Shortage Area Designations.
• Develop a standardized oral health case management process that can be easily duplicated.
• Develop a data driven evaluation of dental public health to determine effectiveness and to help define success.
• Seek funding for new initiatives.

Potential Partners: Maryland Department of Health and Mental Hygiene – Family Health Administration, Maryland Dental Society, Maryland State Dental Association, University of Maryland Baltimore College of Dental Surgery, Maryland Dental Hygienists Association, Judy Centers, Maryland Higher Education Commission, Maryland Dental Society, Academy of General Dentistry, Local Health Departments, FQHCs/MQHCs, Chronic Hospitals, Area Health Education Centers, University of Maryland Statewide Health Network, Maryland State Department of Education, Maryland Medicaid, Maryland Department of Aging, Governor’s Office of Children, Youth and Families, Social Services – Caseworkers
Priority Area II
Oral Health Policy Analysis and Development - Local and State Level

Why: Good oral health is more than clinical services. The development of clear and relevant policy ensures the efficient and appropriate use of funding to address oral health issues for all Marylanders.

How:
- Advise the Department of Health and Mental Hygiene on oral health issues that affect specific target populations.
- Create and maintain an oral health surveillance system for use by policy makers and program planners.
- Disseminate scientifically proven policies and oral health interventions that prevent oral diseases to the public, healthcare providers, legislators, and others interested in oral health.
- Provide technical assistance to communities seeking to implement community water fluoridation or fluoride rinse, tablet or varnish programs.
- Assess, evaluate and disseminate information about successful local oral health programs so that they can be replicated in other communities.
- Integrate oral health promotion in existing programs, both inter and intra agency, that engage individuals at high-risk for oral diseases.
- Collaborate with State partners to develop policy to increase oral health services.
- Conduct an annual review of Behavioral Risk Factor Surveillance Survey (BRFSS) to determine functionality
- Conduct a study to determine the financial benefit gained from dental public health activities and use these results to guide policy decisions.
- Seek funding for new initiatives.

Potential Partners: Maryland Department of Health and Mental Hygiene – Family Health Administration, Maryland Dental Society, Maryland State Dental Association, University of Maryland Baltimore College of Dental Surgery, Maryland Dental Hygienists Association, Academy of General Dentistry, Local Health Departments, Maryland Medicaid, Local Government, Administration on Aging.
Priority Area III
Oral Health Education for Patients, Providers and Others

Why: Since dental disease occurs frequently and treatment is more expensive than prevention, educating patients and providers on proven intervention strategies has both health and economic benefits for children and adults. Educating the public on good oral hygiene and nutrition behaviors, community water fluoridation, tobacco cessation programs, and examinations for oral cancers can result in improved oral health for all individuals.

How:
- Develop a comprehensive statewide oral health education and awareness program for children and adults.
- Strengthen and expand the Maryland Oral Cancer Prevention, Education and Training Initiative.
- Provide prenatal oral health education to all pregnant women.
- Provide Anticipatory Guidance/Risk Assessment tools to non-dental professionals.
- Develop and evaluate a comprehensive oral health school health curriculum for all grades, including Head Start.
- Provide training to organizations working with children and families.
- Link oral health messages to routine medical appointments for children and adults such as immunizations and physicals.
- Develop a speakers bureau to educate non-dental professionals about oral health.
- Develop, implement, and evaluate oral health education programs for at risk groups including but not limited to the elderly, individuals with special health care needs, medically challenged, HIV/AIDS, African American men, adults, homeless, and the undocumented.
- Seek funding for new initiatives.

Potential Partners: Maryland Dental Hygienist Association, Maryland State Dental Association, University of Maryland Baltimore College of Dental Surgery, Maryland Higher Education Commission, Office of Primary Care and Rural Health, Maryland Dental Society, Academy of General Dentistry, Local Health Departments, FQHCs/MQHCs, Area Health Education Centers, University of Maryland Statewide Health Network, Maryland State Department of Education, Maryland Medicaid, Med Chi, Nurses, Nurse Practitioners, Physicians, Physician Assistants, Maryland Department of Human Resources, Head Start, Office of the Maryland WIC Program, Governor’s Office of Children, Youth, Families, Obstetricians/Gynecologists, faith based organizations
Priority Area IV
Establishing Linkages and Ensuring Coordination of Oral Health

**Why:** The creation of strong and diverse partnerships ensures that oral health messages will be introduced and incorporated into a wide variety of pre-existing programs designed to reach those individuals most at risk.

**How:**
- Identify and actively pursue additional funding sources to support oral health activities and programs.
- Establish and maintain working relationships with key partners in the dental community both within DHMH and outside of DHMH.
- Serve as a coordinator for distributing information to advocates via newsletter, email, and website.
- Provide guidance to the Oral Health Advisory Committee.
- Develop and strengthen state and local coalition building.
- Recruit and retain qualified Office of Oral Health staff for program support.
- Work to incorporate non-dental groups in the promotion of oral health.
- Establish partnerships with private industry and corporations.
- Seek funding for new initiatives.

**Potential Partners:** Maryland Dental Hygienist Association, Maryland State Dental Association, University of Maryland Baltimore College of Dental Surgery, Maryland Dental Society, Academy of General Dentistry, Local Health Departments, FQHCs/MQHCs, Area Health Education Centers, University of Maryland Statewide Health Network, Maryland State Department of Education, Maryland Medicaid, Med Chi, Nurses, Nurse Practitioners, Physicians, Physician Assistants, Maryland Department of Human Resources, Head Start, Office of the Maryland WIC Program, Governor’s Office of Children, Youth, Families, Obstetricians/Gynecologists, funding organizations, faith based organizations