

Oral Health for Maryland's Kids

Targeted Oral Health Service Systems Project Grant Number H47MC08649

Final Report • September 1, 2007, through December 31, 2011

For the project period September 1, 2007, through August 31, 2011, Oral Health for Maryland's Kids (OHMK) achieved project objectives with two modifications (see goals 1 and 4). A summary of accomplishments follows:

Goal 1. Network of Key Stakeholders. Support an advisory committee to provide guidance on the development, implementation, and evaluation of project activities, and support a workgroup in Baltimore City and in the Eastern Shore to develop an oral health improvement plan to be implemented in their communities, particularly to increase access to oral health care for infants and young children, including those with special health care needs, enrolled in Head Start.

Accomplishments

1. Established an effective and cohesive advisory committee that met 12 times throughout the project period.
2. Established strong working relationships with key partners interested in improving the oral health of Maryland's Head Start population.
 - Education and training community, including the Eastern Shore Area Health Education Center, the Maryland Department of Education, the University of Maryland Dental School, and the University of Maryland School of Public Health.
 - Head Start community, including the Baltimore City Head Start program, the Maryland Head Start Association, the Maryland Rural Development Corporation, the Maryland State Head Start Collaboration Office, and the Shore Up! Head Start program on the Eastern Shore.
 - Oral health care safety net system, including the Baltimore City Health Department, the Choptank Community Health System, the Eastern Shore Oral Health Outreach and Education Program, the Eastern Shore Children's Regional Oral Health Consortium, and the Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health (OOH).
 - Professional medical and dental associations, including the American Academy of Pediatric Dentistry, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Oral Health Association, and the Maryland State Dental Association.

Modification to Project Objective

At the initiation of the project a number of OHMK-relevant activities were being developed and/or implemented in Baltimore City and on the Eastern Shore. Acknowledging these current activities and to avoid duplicating efforts, the advisory committee recommended that OHMK project staff seek guidance from and work in collaboration with existing partners in Baltimore City and on the Eastern Shore on activities of mutual interest, rather than establishing a new workgroup.

Impact

OHMK's advisory committee members provided valuable guidance and support that helped achieve the project's objectives. Members were instrumental in helping to establish key partnerships needed to ensure the project's success. These partnerships brought knowledge and skills needed to help plan and implement programs, develop and review materials, and increase the reach of project activities.

Lessons Learned

Taking advantage of opportunities when they arise was key to the overall success of the OHMK project. The unfortunate death of 12-year-old Deamonte Driver from an untreated dental infection illuminated many of the nation's oral health care financing and delivery systems problems. His death served as the catalyst for candid discussions that led to significant professional, political, and policy changes in Maryland and across the country. These changes in Maryland led to higher Medicaid reimbursement rates, streamlined reimbursement policies and procedures, greater willingness by dentists to provide care to children enrolled in the Maryland Medicaid Program, and creation of prevention programs targeted to children under age 3.

Establishing a cadre of respected advisors and partners from relevant organizations and disciplines made a significant difference in planning and implementing OHMK project activities. Working together toward a common goal, allowed partners to stay abreast of state and national activities that could be tapped into or that could influence the project. It also served a mutual benefit in leveraging the skills, expertise, and resources needed to enhance and support the project. Many pitfalls were avoided as a result.

Relationships with key partners gave the OHMK project greater legitimacy and paved the way for gaining entry into Head Start programs, professional organizations, medical and dental communities, and academia. As a result, OHMK was able to collaborate with these groups and develop products and services that are practical, usable, and effective in improving the children's oral health children.

Working together toward a common goal is important to keep at the forefront of all individuals involved in the project. Because individuals have unique perspective on issues, the perceived program goals can sometimes become skewed or distorted. It is, therefore, important to keep reminding others of the intended program goals to ensure that the project stays on course.

How Accomplishments Responded to Goal

- The advisory committee provided guidance on the development, implementation, and evaluation of project activities in Baltimore City and in the Eastern Shore, which facilitated access to oral health care for infants and young children enrolled in Head Start.
- In lieu of establishing a workgroup in Baltimore City and on the Eastern Shore, the OHMK project worked in collaboration with partners identified in the accomplishments described above. The combined efforts (e.g., case-management services, fluoride varnish training program for EPSDT medical providers) with these partners resulted in increased access to oral health care for infants and young children enrolled in Head Start.

Goal 2. Education and Training for General Practice Dentists. Provide oral health education and training to general practice dentists in Baltimore City and in the Eastern Shore to increase these dentists' willingness to provide care for infants and young children, including those with special health care needs, enrolled in Head Start (thereby establishing their dental homes) and to increase the incidence of dental visits among this population.

Accomplishments

1. Provided materials and staff support for pediatric dental courses and a mini-residency program offered through the University of Maryland Dental School and the Maryland State Dental Association.
2. Provided materials and information to general practice dentists and others attending the Maryland State Dental Association's Access to Care Day in 2008, 2009, and 2010.
3. Provided materials and information to participants attending the Ava Roberts Advanced Pediatric Dentistry Continuing Education Seminar in 2009, 2010, and 2011.

Impact

Through the combined efforts of the Maryland State Dental Association, OHMK, and the University of Maryland Dental School, over 300 oral health providers in Maryland received advanced training on the provision of oral health care services to children under age 3.

Lessons Learned

It is important to learn about and tap into existing activities to make the best use of limited resources. Because OHMK-proposed activities to train general practice dentists to provide oral health care to children under age 3 were being conducted by the University of Maryland School of Dentistry, it was determined that the OHMK project would support these efforts and provide technical assistance, materials, and information to the existing training program. As a result, a strong collaborative relationship with the University of Maryland School of Dentistry was established that proved advantageous in other OHMK-related activities.

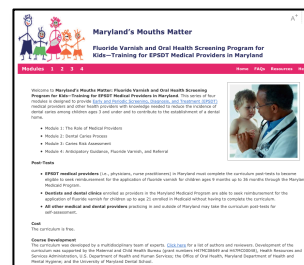
How Accomplishments Responded to Goal

Through the collaboration with the University of Maryland School of Dentistry, a large number of general practice dentists received training on the provision of pediatric oral health care. As of February 2011, over 400 oral health providers have enrolled in the Medicaid Maryland Healthy Smiles Dental Program and are providing care to children eligible for Medicaid throughout the state including in Baltimore City and on the Eastern Shore.

Goal 3. Education and Training for Non-Oral Health Professionals. Provide oral health education and training to non-oral health professionals in Baltimore City and in the Eastern Shore to enable these health professionals to: conduct risk assessments of infants and young children, including those with special health care needs, enrolled in Head Start; provide anticipatory guidance on oral health to parents and other caregivers; and provide referrals to dentists to increase the incidence of dental visits among this population.

Accomplishments

1. Developed *Maryland’s Mouths Matter: Fluoride Varnish and Oral Health Screening Program for Kids—Training for Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) Medical Providers in Maryland (Maryland’s Mouths Matter)* in collaboration with OOH and the University of Maryland Dental School.
2. Conducted 12 regional training sessions throughout Maryland on *Maryland’s Mouths Matter* in partnership with OOH and the University of Maryland Dental School.
3. Adapted *Maryland’s Mouths Matter* in-person training into an online curriculum.



Impact

Since the inception of the *Maryland’s Mouths Matter* program, 443 EPSDT medical providers across the state have completed the in-person or online training. Forty-two percent of those trained are participating in the Medicaid program. And EPSDT medical providers have been reimbursed for 34,533 fluoride varnish applications. *Maryland’s Mouths Matter* was adapted for use in Ohio (see *Smiles for Ohio—Fluoride Varnish: Training for Primary Medical Care Providers Serving Children Enrolled in Medicaid* at <http://www.ohiodentalclinics.com/curricula/smiles/index.html>). In recognition of publication excellence in the category of electronic and web publications, the online curriculum received an Apex Award in 2010. Apex awards are given for excellence in graphic design, editorial content, and the ability to achieve overall communication.



Lessons Learned

Establishment of the *Maryland’s Mouths Matter* illustrates the power of forming successful partnerships to stimulate change. In addition to leveraging scarce resources, these alliances faced many challenges and put forward creative solutions that otherwise might not have surfaced. Bonds between existing partners became stronger, and bond with new partners became open and trusting.

Engaging stakeholders early in the process and maintaining open communication during every step of planning and implementation were key to the program’s success. Frank discussions about issues led to an appreciation of each person’s knowledge and skills (everyone had much to contribute) and resulted in the establishment of a strong program.

Anticipating challenges and addressing them proactively was important. Many hours were spent identifying and testing strategies, policies, and guidelines for potential issues. Adopting a hands-on approach resulted in fewer operational problems once the program was launched.

Creating a system for triaging inquiries that capitalized on each partner's strengths promoted customer satisfaction. Because of the program's complexity, a single entity could not respond to the myriad questions and issues.

Ongoing marketing efforts are important for engaging medical providers' participation in the program, who are in a constant state of flux. Some retire, some move their practice out of the state, and some disenroll as Medicaid providers. It was important to encourage the participation of recent physician and nurse practitioner graduates, medical providers new to the state, and medical providers who are unaware of or uncertain about participating in the program.

Look for creative approaches to provide affordable and accessible training program. The average cost of convening one in-person training was \$8,000–\$10,000. Establishing an online training eliminated the need for in-person trainings and allowed medical providers to access the training at their convenience. The data needed to certify EPSDT medical providers was essentially automated and required minimal staff time to process the data.

How Accomplishments Responded to Goal

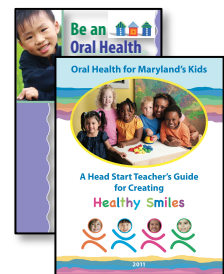
As a result of the development of *Maryland's Mouths Matter*, more than 90 EPSDT medical providers have successfully completed the training and are performing oral health screenings, conducting risk assessments, providing anticipatory guidance, applying fluoride varnish, and making dental referrals in Baltimore City and on the Eastern Shore. In addition, the training is available to EPSDT medical providers throughout the state; thus children enrolled in Early Head Start and Head Start throughout Maryland have improved access to preventive oral health care services and are being referred to dental practices for needed follow-up care.

Goal 4. Patient Navigator Protocol and Education Program for Head Start Program Staff.

Develop a patient navigator and education program for Head Start program staff in Baltimore City and in the Eastern Shore to: help ensure that infants and young children, including those with special health care needs, enrolled in Head Start are referred to dentists for oral health care; and educate parents and other caregivers on oral health, including the importance of early dental visits.

Accomplishments

1. Provided materials and information to the University of Maryland Dental School's case-management pilot program on the Eastern Shore.
2. Produced *Be an Oral Health Champion* (booklet and poster) to increase awareness about oral health issues and to promote positive behaviors for improving and maintaining oral health among young children.
3. Provided oral health trainings for Head Start program health and family service coordinators at the Maryland Head Start Association Fall Networking Institute in 2009 and 2010 and at the American Academy of Pediatric Dentistry/Office of Head Start Dental Home Initiative's Training in 2010.



4. Produced *Oral Health for Maryland's Kids: A Head Start Teacher's Guide for Creating Healthy Smiles* (curriculum) in collaboration with OOH; the Maryland Dental Action Coalition; and Head Start State Collaboration Office, Maryland Department of Education to help Head Start program staff instill positive oral health knowledge, attitudes, and behaviors in children and their families.

Impact

As of May 2011, 257 children from the Mid-Shore region had received oral health screenings and had been referred to a case manager. Of these children, 130 (51 percent) required emergency or non-acute oral health care. The case manager scheduled dental appointments for approximately one-half of these children. Of the 128 children in the Lower Shore region who received oral health screenings, 100 percent required care. The case manager scheduled dental appointments for approximately 50 percent of these children.

In collaboration with the Office of Head Start, copies of *Be an Oral Health Champion* poster and booklet were distributed to all Head Start programs in Maryland. And approximately 150 Head Start health and family service coordinators in Maryland received oral health training.

Oral Health for Maryland's Kids: A Head Start Teacher's Guide for Creating Healthy Smiles was released on November 2, 2011 at the Maryland Head Start Association's Fall Networking Institute. Approximately 250 copies of the curriculum were distributed to Head Start classroom teachers in Baltimore City and on the Eastern Shore. The curriculum has also been made available at <http://www.mchoralhealth.org/ohmdkids>.

Lessons Learned

Pay attention to and address the needs of those providing direct care to the target population. In assessing the need for case management services, focus groups were held with health and family service coordinators from Head Start programs in Baltimore City and on the Eastern Shore. In these groups it became evident that, in general, Head Start staff were not interested in providing case management services regardless of the need. Also shortly after the OHMK project began, the University of Maryland School of Dentistry began a case-management pilot program on the Eastern Shore. A partnership was established with the project's principal investigator and OHMK staff provided materials and technical assistance as needed. It also became evident from the focus groups that Head Start staff on the Eastern Shore were not as educated nor did they value oral health as compared to their counterparts in Baltimore City. As a result, effort was placed on developing educational materials on the importance of oral health for Head Start staff.

In developing educational materials it is important to have the content reviewed by a wide array of experts who represent and serve the target population. Nearly 20 reviewers representing Head Start, dentistry, medicine, public health, early childhood education, health literacy and health education, and parents of young children provided feedback on drafts of *Oral Health for Maryland's Kids: A Head Start Teacher's Guide for Creating Healthy Smiles*. These reviews identified a wide range of issues, concepts, and concerns that otherwise would not have been considered. A constructive review process made the content and activities of the curriculum more relevant and valuable for Head Start teachers.

How Accomplishments Responded to Goal

Instead of developing a case management protocol for use in Head Start programs, OHMK staff provided technical assistance and support to the University of Maryland School of Dentistry's case-management pilot project on the Eastern Shore. As a result of the pilot project, more families with children enrolled in Head Start are receiving case management services on the Eastern Shore. Findings and lessons learned from the pilot will have application throughout the state.

The development and use of *Oral Health for Maryland's Kids: A Head Start Teachers Guide for Creating Healthy Smiles* offers evidence-based information and tools to educate Head Start staff, parents, and children about oral health, including the importance of early dental visits. In addition, the curriculum has wider application throughout the state and the nation.