Maryland’s Dental Action Committee: The Quintessential Partnership

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MARYLAND’S EXPERIENCE – BACKGROUND

  - Funding for a state dental director/Office of Oral Health
  - Partnership development, advocacy efforts, legislative achievements
- Tragic historical event (2007):
  - 12-year-old Deamonte Driver dies from untreated dental infection
- Rewriting history (2007 to present):
  - Dental Action Committee (DAC) convened June 2007 by Health Secretary John Colmers

MARYLAND’S EXPERIENCE – DENTAL ACTION COMMITTEE

- DAC Vision – establishment of a dental home for all Maryland children
- September 2007 – DAC report issued
  - 7 primary recommendations
    (60+ recommendations in all)
- October 2007 – All DAC recommendations supported by Secretary Colmers and Governor Martin O’Malley

MARYLAND’S EXPERIENCE – DENTAL ACTION COMMITTEE MEMBERSHIP

- Advocates for Children and Youth
- Carroll County Health Department
- Oral Dental, USA
- Head Start
- Maryland Academy of Pediatrics
- Maryland Academy of Pediatric Dentistry
- Maryland Assembly on School-Based Health Care
- Maryland Association of County Health Officers
- Maryland Community Health Resources Commission
- Maryland Dental Hygienists’ Association
- Maryland Dental Society
- Maryland Medicaid Advisory Committee

- Maryland Oral Health Association
- Maryland State Dental Association
- Maryland State Department of Education
- Medicaid Matters/ Maryland Mid-Atlantic Association of Community Health Centers
- Morgan State University
- National Dental Association
- Parent’s Place of Maryland
- Priority Partners MCO
- Public Justice Center
- United Healthcare MCO
- University of Maryland Dental School

Supported by: Maryland Office of Oral Health
Maryland Medical Care Programs (Medicaid)

MARYLAND’S EXPERIENCE – DENTAL ACTION COMMITTEE

- January 2008 – all funding recommendations included in Governor O’Malley’s FY 09 budget
  - Medicaid dental rates increase - $14M
- Enhancement of dental public health infrastructure
  (Office of Oral Health) - $2.05M
- January – April 2008 – support from Congressional delegation & state legislators
- April 2008 – Governor’s DAC budget initiatives and other DAC-related legislation passed and signed into law
MARYLAND’S EXPERIENCE – DENTAL ACTION COMMITTEE

Seven DAC recommendations and progress
1. Statewide ASO dental vendor – takes effect July 1, 2009
2. Over three years, increase dental rates to ADA 50th percentile
   - 1st year of increase started July 1, 2008
   - 2nd year of increase delayed due to state budget deficit
3. Begin to restore dental public health infrastructure – funded 6 new dental public health programs in Maryland including new facilities

MARYLAND’S EXPERIENCE – DENTAL ACTION COMMITTEE

Seven DAC recommendations and progress
4. Create public health dental hygienist role – 2008 legislation
5. Trained general dentists in pediatric care – started 2008
   - Begin fluoride varnish reimbursement for pediatricians July 1, 2009
6. Institute school-based oral health screenings – projected to begin 2010
7. Unified oral health educational program targeted to parents, providers, policy makers – unfunded

A NATIONAL CALL TO ACTION TO PROMOTE ORAL HEALTH

ACTION 5 – INCREASING COLLABORATIONS

- Patient advocates in the lead
- Build broad-based coalitions
- Strengthen networking capacity
- Strengthen interdisciplinary collaborations
- Develop community-based partnerships
- Evaluate and report on progress and outcomes
- Promote successful examples as models

PATIENT ADVOCACY GROUPS IN THE LEAD

- Public Justice Center’s work with Deamonte Driver was catalyst for reform.
- Advocacy groups on DAC took early leadership roles.
  - Viewed as credible partners
  - Took neutral role among provider groups
- Advocacy groups were active lobbyists in state capitol.
- Public Justice Center is beginning to participate at the national level on oral health reform.

BUILD AND NURTURE BROAD-BASED COALITIONS

Results of face-to-face contact at DAC meetings
- Provided opportunity to develop trust and common understanding across diverse stakeholders
- Promoted information exchange
- Helped create a community with a commitment to a common goal
- Began to break down historic animosities
- Pooled political capital to achieve our common goal
- Developed an alliance focused on one major issue: access to oral health care for low-income children

BUILD AND NURTURE BROAD-BASED COALITIONS

Continuing Challenges:
Becoming a true coalition
- Clarify or reaffirm vision and mission
- Create community ownership
- Solidify infrastructure and processes
- Identify self-interest to retain and motivate members
- Develop transformational leaders
- Focus on action & advocacy
- Market the coalition
- Evaluate the coalition
STRENGTHEN NETWORKING CAPACITY

- DAC catalyzed efforts in many networks throughout the state
  - School health providers
  - Closer collaboration with local health departments
  - Regional oral health coalitions
  - Chesapeake Regional Oral Health Coalition
  - All dental specialty areas
  - MD State Dental Association launched Leadership Roundtable
  - Dental hygienists
  - Public health dental hygienists
  - Public health officials
  - MD Oral Health Association found its sea legs
  - Pediatricians
  - AAP CATCH grant – fluoride varnish

STRENGTHEN INTERDISCIPLINARY COLLABORATION

- Strengthen collaborations among dental, medical, and public health communities

Accomplished:
- Partnership on legislation and regulatory changes
  - Public Health Dental Hygienist
  - Local anesthesia for dental hygienists
  - Fluoride Varnish Initiative
  - Renewed commitment to work together

Continuing Challenges:
- Continue the spirit of partnership
- Partnership “enabled” by threat of significant scope of practice change

BUILD COMMUNITY-BASED, CULTURALLY SENSITIVE PARTNERSHIPS

- Deamonte Driver Dental Project
  - Robert T. Freeman Dental Society (a local chapter of the National Dental Association) provided leadership
  - Is a community-based, culturally sensitive program funded partially by state dollars
  - Provides school-based mobile screening, prevention, and restorative services
  - Serves children at selected Prince George’s County schools
  - Dentists in Action will provide local dental homes for ongoing care

EVALUATE AND REPORT ON PROGRESS AND OUTCOMES

- DAC recommendations did not include robust evaluation measures or reporting requirements
- Current oral health surveillance
  - Basic baseline data, 2005 and 2006
  - Reviewed progress in 2007
  - Not sophisticated or in depth

Next steps
- CDC grant provides Maryland with an opportunity to deepen data collection, analysis, and evaluation
- Use statewide ASO platform to assist with measurement and evaluation

PROMOTE SUCCESSFUL EXAMPLES AS MODELS

We received
- DAC benefitted from consideration of successful reforms implemented in other states
- National organizations such as ASTDD helped frame the issues

We are giving back
- Speaking at national conferences
- Sharing our experiences with other states

LEADERSHIP – ORAL HEALTH CHAMPIONS

Congressman
Elijah Cummings

Health Secretary
John Colmers

Governor
Martin O’Malley
CONCLUSION

- More thanks and acknowledgements
  - Senator Ben Cardin
  - State Senator Thomas “Mac” Middleton
  - State Representative Peter Hammen
  - Former State Senator Gloria Lawlah
  - Ms. Alyce Driver
  - Members of the Dental Action Committee

- Reference
  - Dental Action Committee Report – DHMH Office of Oral Health website:  

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