

# State Oral Health Workforce Development: Maryland

Dr. Harry Goodman, Director  
Maryland Office of Oral Health  
National Oral Health Conference  
April 29, 2015

# Maryland Office of Oral Health

How we went from this:

Department of Health & Mental Hygiene  
Local and Family Health Administration  
Office of Oral Health Organizational Chart

Director  
Harry Goodman, DMD, MPH

# Maryland Office of Oral Health

To this:

## Office of Oral Health Organization Chart

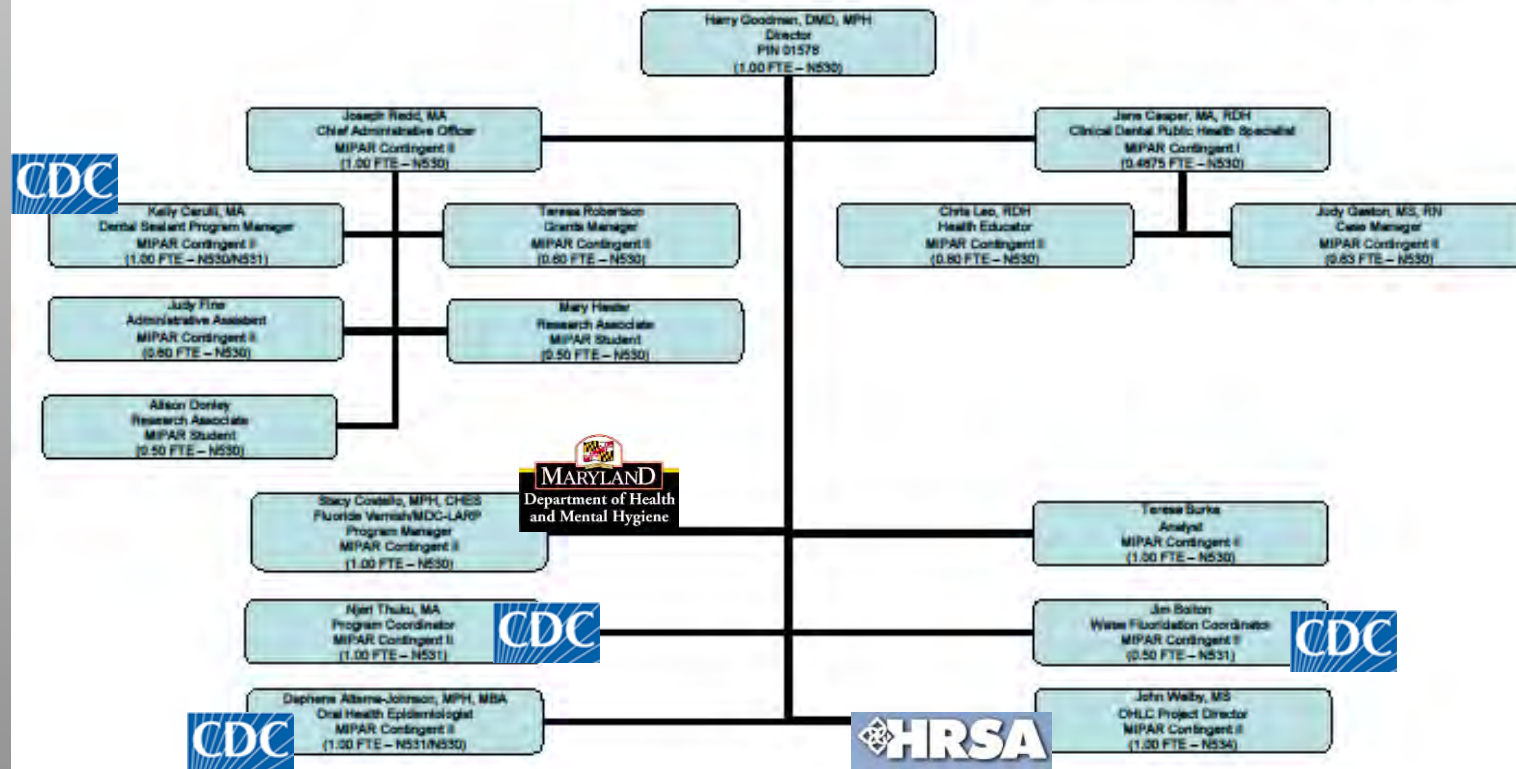
Revised: 4/3/15

Incorporates staffing funded by each Office of Oral Health PCAs:

- N530: Dental Health
- N531: State Oral Disease Prevention (CDC funded)
- N534: Grants to States to Support Oral Health Workforce Activities (HRSA funded)

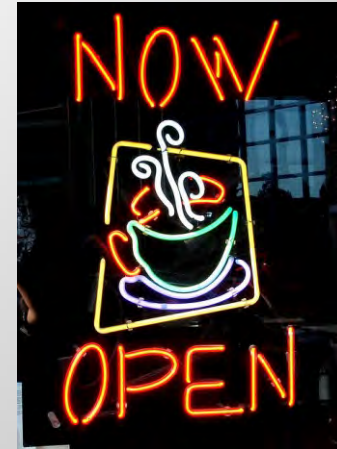
Highlights include:

- 16 total staff positions with a total of 12.6175 FTEs
- 5 of these staff positions (3.80 FTEs) are federally funded



# MD Office of Oral Health Early History

- Early 1950's – **BIRTH**
  - Division of Dental Health established
- 1950's to early 1980's
  - Number of state dental directors (SDD)
  - Small programs
- 1980 – 1996 – **MID-LIFE CRISIS**
  - Dental Health cut and reinstated 3 times
- 1990 – 1992 (new SDD - HG)
  - Budget - \$0 (other than SDD salary)
  - 1 FTE (SDD)
  - Program cut (1992)
- 1996 thru 2007 – **SURVIVAL (Barely)**
  - F/T SDDs (HG – 1996 – 2001; 2 F/T Acting SDDs – 2001 -2007)
  - Started with \$60,000 operating budget (1996)
  - Established in statute (1998)
  - Budget (~\$1.4M) and FTE (4.0) at its highest levels
    - From funded state legislation (general funds)



# Office of Oral Health Workforce

1996 - 2007

## At its peak:

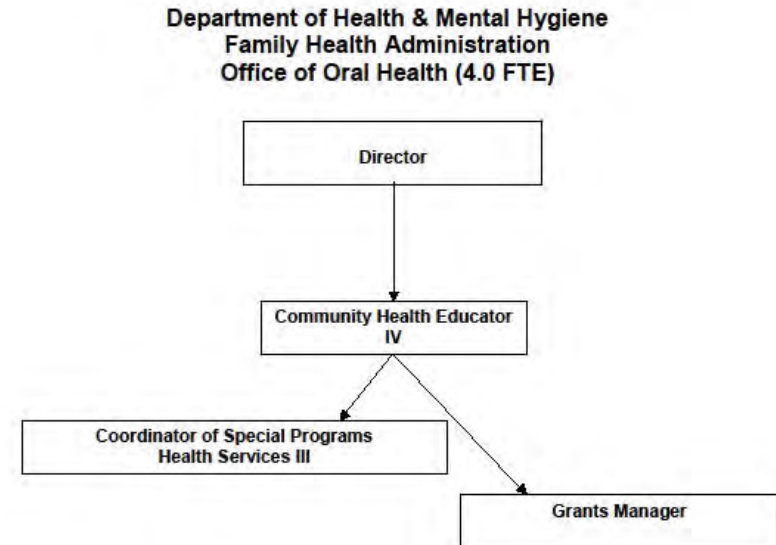
Director (1.0 FTE)

Program Manager (1.0 FTE)

Grants Manager (1.0 FTE)

Community Health Educator  
(1.0 FTE)

100% State Funding

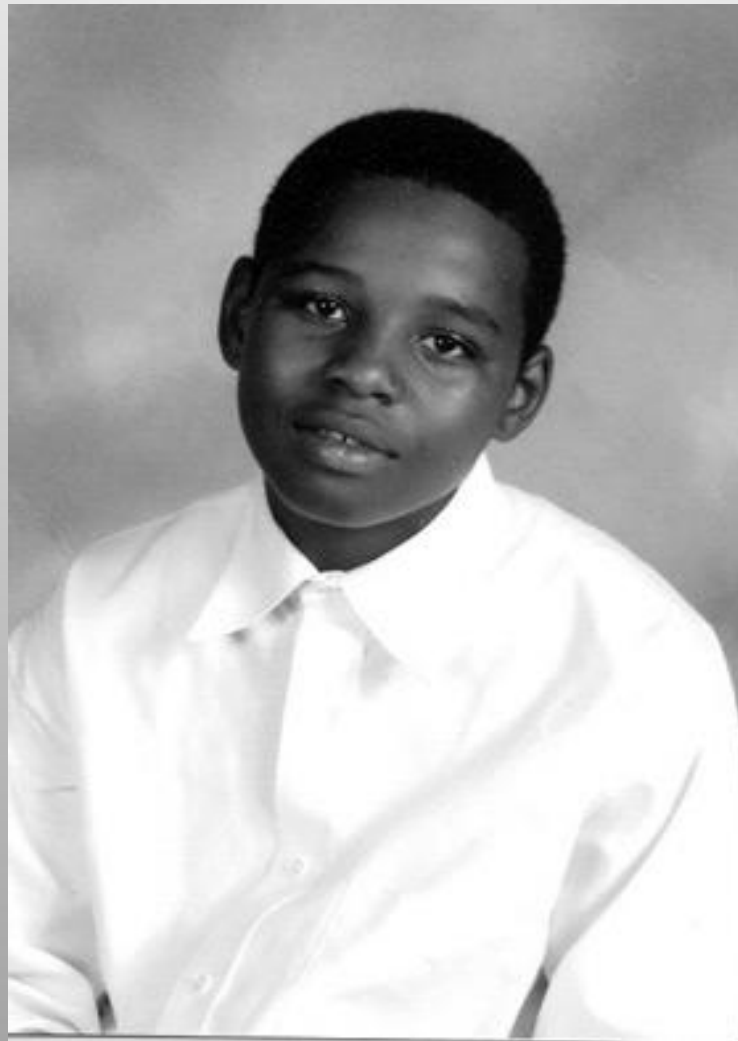


# MARYLAND'S HISTORY: Warning Signs Ahead (1950'S – 2007)

- Minimal emphasis on oral health
- Poorly supported State Oral Health Program
- Inadequate dental public health infrastructure
- Medicaid managed care program that failed to improve access to dental services
- No partnerships/No oral health advocacy/No oral health coalition



# Deamonte Driver (2007)



# Dental Action Committee (2007): Oral Health Access Reforms

- Medicaid reforms
- Enhance the dental public health safety net
- Create public health dental hygienist classification
- Train general dentists in principles of pediatric dentistry
- Begin medical-dental collaboration (FV program)





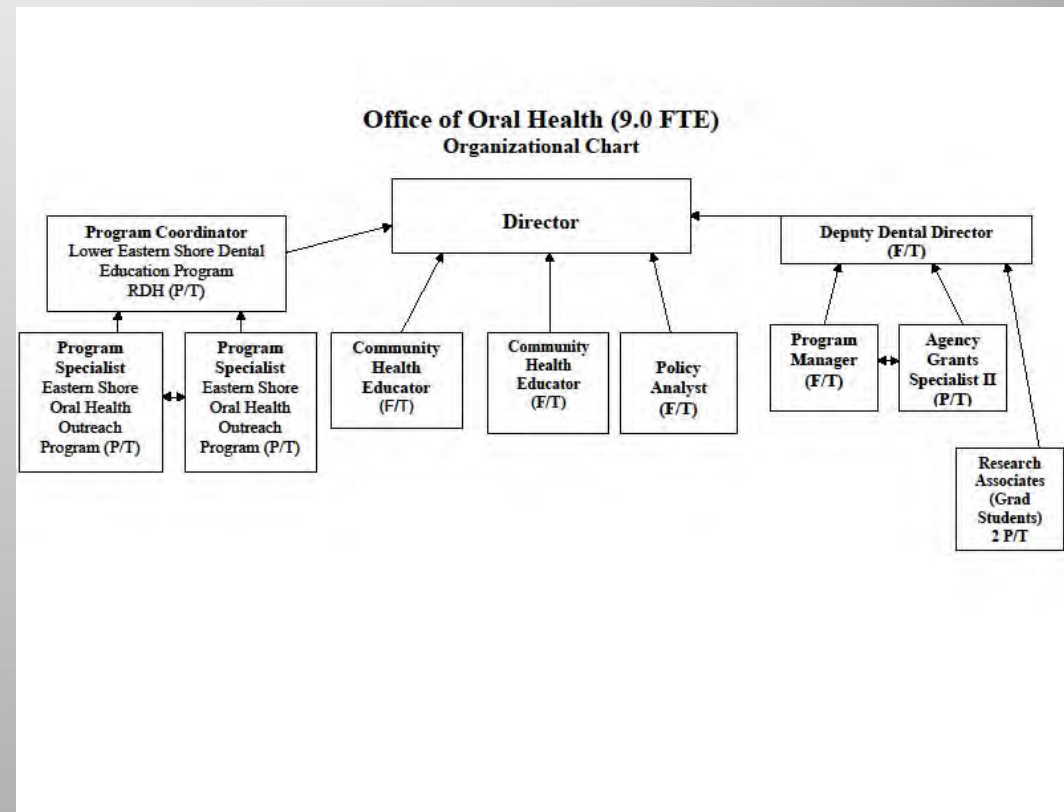
# Office of Oral Health (2008): New State Funding (~\$2.0 million)

- ❑ Creation of new clinical/prevention programs in jurisdictions previously lacking dental public health services
  - Includes construction of new dental clinics
- ❑ Expansion of existing dental programs in local health departments and federally qualified health centers
- ❑ New school oral health programs
- ❑ Deamonte Driver Dental Van Project
- ❑ Developed new fluoride varnish Medicaid reimbursement program for EPSDT medical providers
  - Administered regional statewide training programs
  - Many partners

# Expanded Office of Oral Health Workforce

## New 2008 (FY09) Programs

- Fill program gaps in health education, program coordination, administration, grants management, and analysis
- Increased staff to 11 staff members and 8.5 FTE





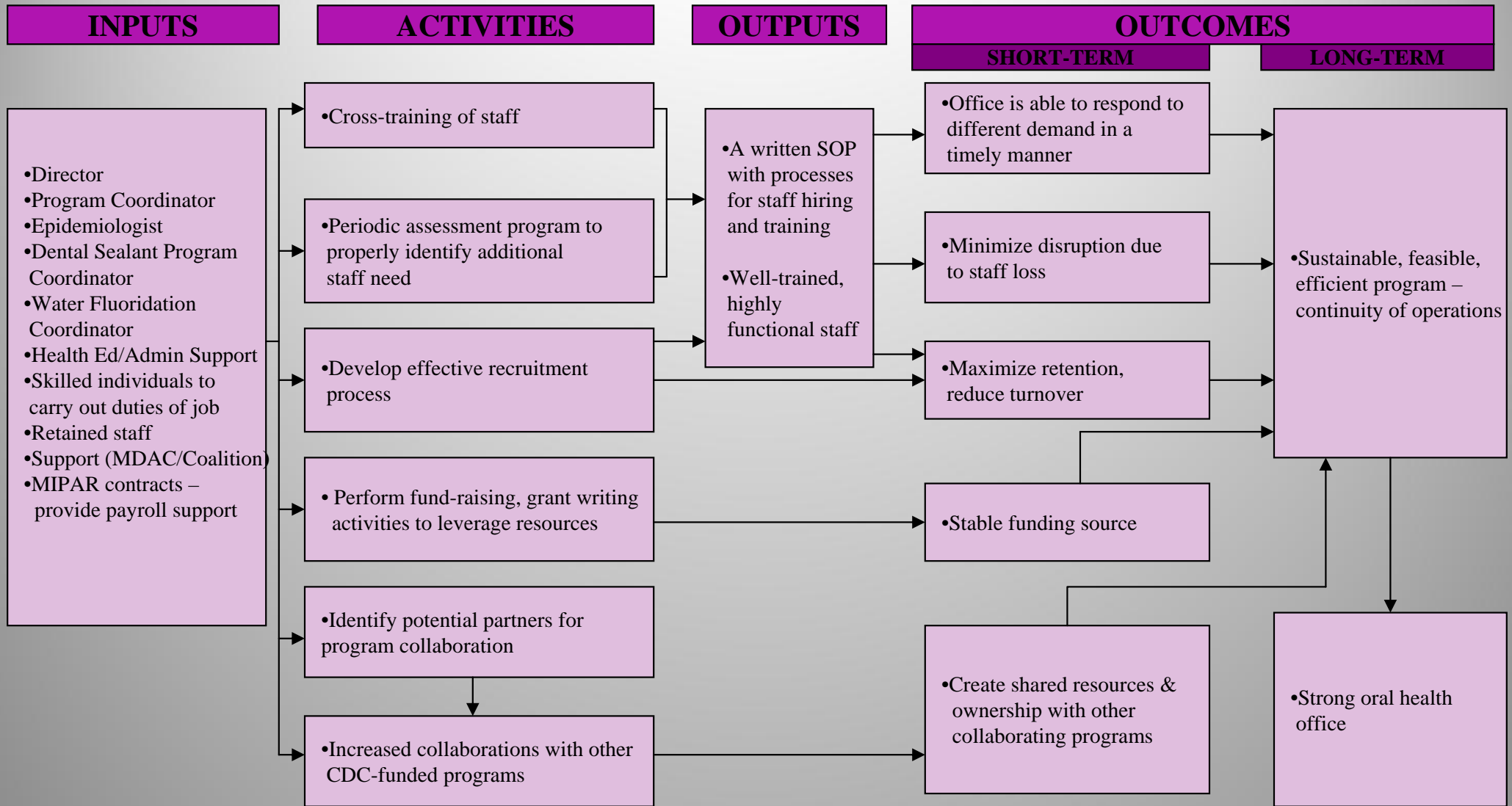
# Influx of New Federal Funds

## 2008 - Present

- Centers for Disease Control and Prevention (CDC)
  1. State Based-Oral Disease and Prevention (2008 – 2013)
  2. Health Literacy Campaign Initiative (2010 – 2011)
  3. State Oral Disease Prevention Program (2013 – 2018)
    - 10% of total budget
- Health Resources and Services Administration (HRSA)
  - Grants to States to Support Oral Health Workforce Activities (2012 – 2015)
  - 15% of total budget

# CDC Logic Model

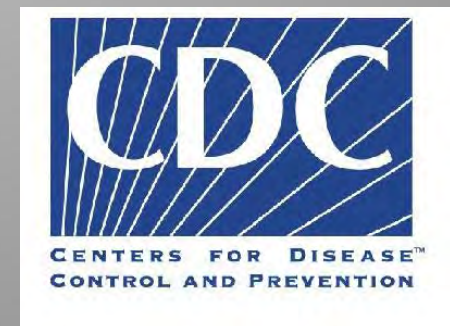
# RA1: Program Infrastructure, Staffing, Management & Support



**Note:** The majority of staff needed for our oral health program to function and operate are in place. Currently, we are in the process of identifying and building processes that are feasible, and efficient to build a sustainable program.

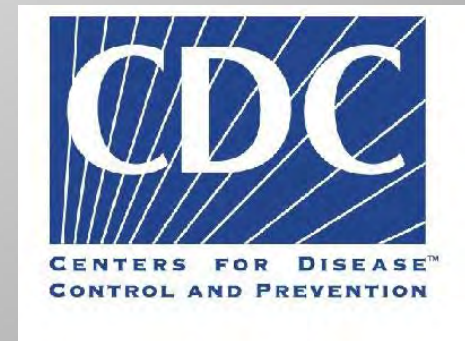
# CDC State Based-Oral Disease and Prevention

- Filled-in remaining program gaps:
  - Water fluoridation
  - School based health programs
  - Health policy analysis
  - Epidemiology and evaluation
- Increased staff to 15 staff members (11.6 FTEs)



# CDC Health Literacy Campaign Initiative (2010 – 2011)

- Recruited and hired a Oral Health Literacy Campaign Project Director
  - Oral health literacy
  - Social Marketing
- Increased staff to 16 staff members (12.6 FTEs)



# HRSA Grant to States to Support Oral Health Workforce Activities

- Retain Oral Health Literacy Project Director
  - Maintain and expand Oral Health Literacy Campaign
  - Social media efforts
  - Media placements
  - Press releases
  - Media responses



# Office of Oral Health Organization Chart

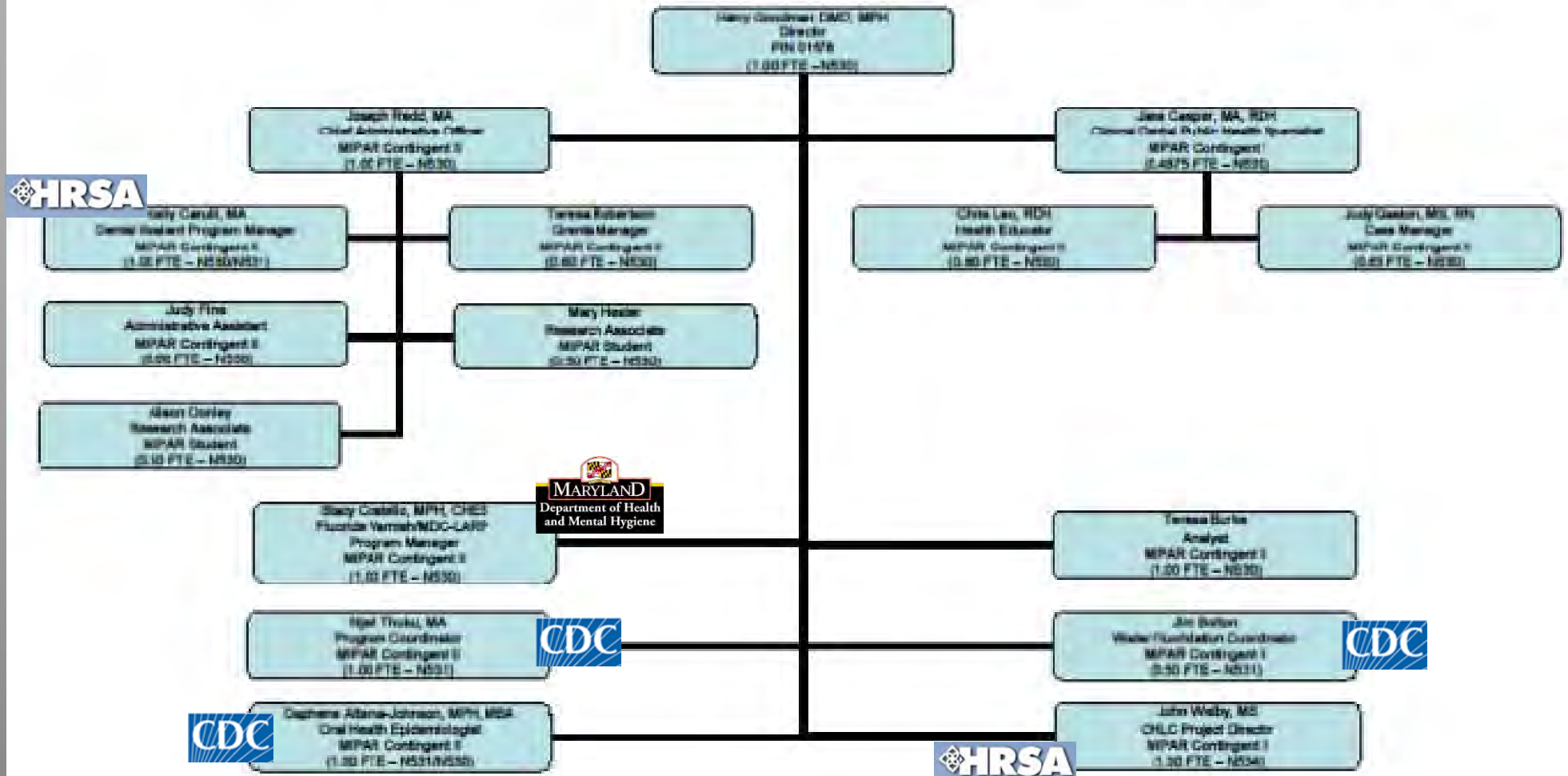
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# Current Status/Future Steps



- Filled critical staffing gaps
- Completed several key activities and products for our programs
- Enabled us to look at other funding opportunities for program growth and expansion
- Developed a series of Standard Operating Procedures
- To continue to have a sustainable, feasible and efficient program by:
  - Developing stable funding sources (as is feasible and realistic)
    - Become less dependent on state funding
  - Maximizing staff retention
  - Creating shared resources through increased program collaborations
  - Monitoring external threats and opportunities
- Continued evaluation

**State Oral Health Workforce  
Development: Delaware**

**National Oral Health Conference**

**Kansas City, Missouri**

**April 29, 2015**

**Gregory B. McClure DMD, MPH, MHA**

**Delaware Division of Public Health**

# **Bureau of Oral Health and Dental Services**

- **Mission: To Protect and Promote the Oral Health of People in Delaware.**
- **Vision: All Delawareans will have the resources to achieve optimal oral health.**
- **Goals:**
  - **To improve access to care for families, particularly from disadvantaged backgrounds.**
  - **To decrease the burden of oral disease among Delaware residents through promotion of oral health and primary prevention.**
  - **Facilitate Delaware's mission to improve the oral health goals set forth in the Healthy People 2020 report and the Surgeon General's Oral Health Report.**

# Delaware

**Population: 925,749**

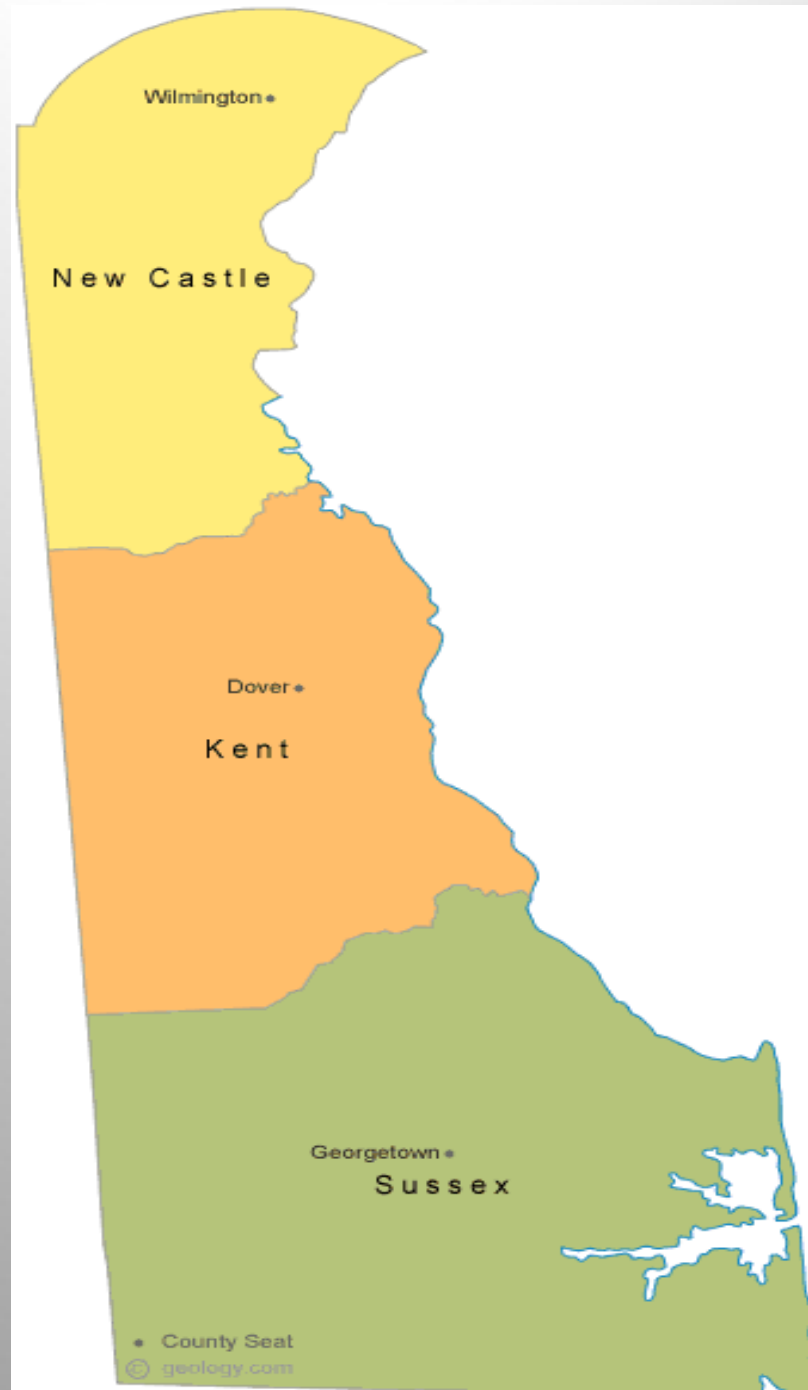
- Caucasian 65%
- African-American 22%
- Hispanic 9%
- Asian 4%

## Counties

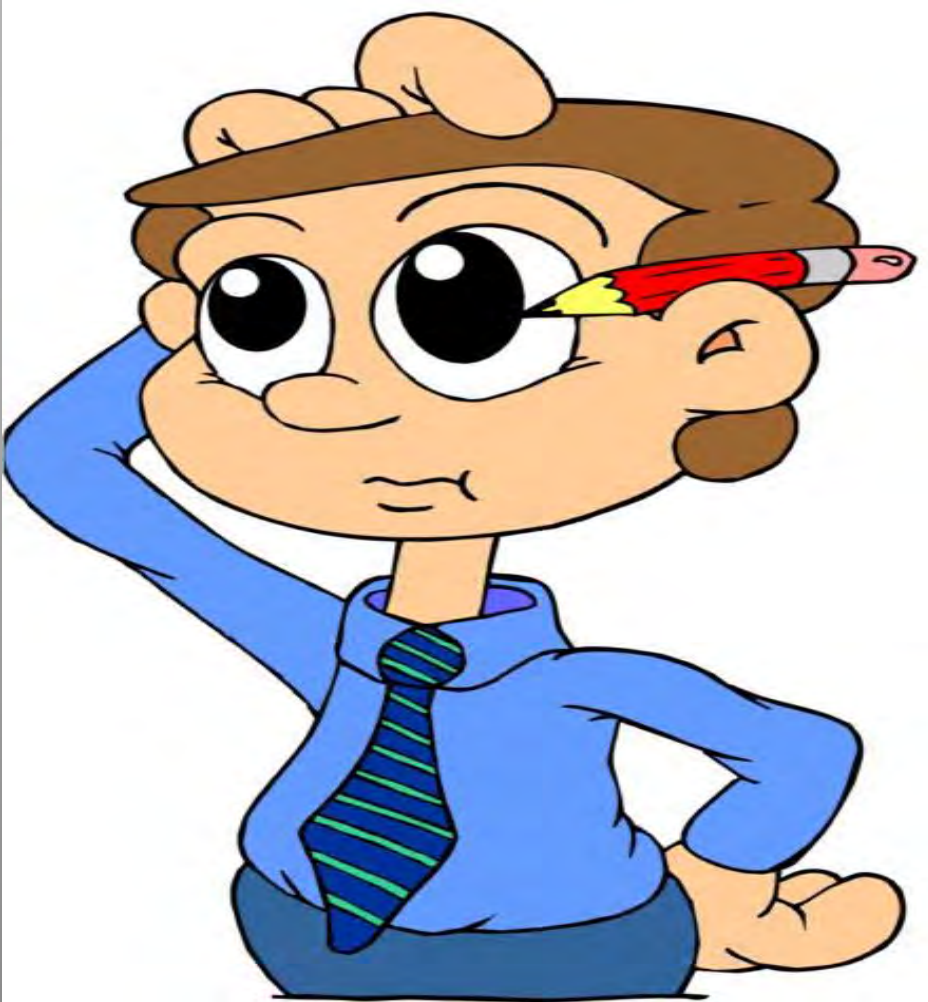
- New Castle 549,684
- Kent 169,416
- Sussex 206,649

Median Income: \$60,119

Federal Poverty Level 11 %



# DELAWARE CIRCA 1999

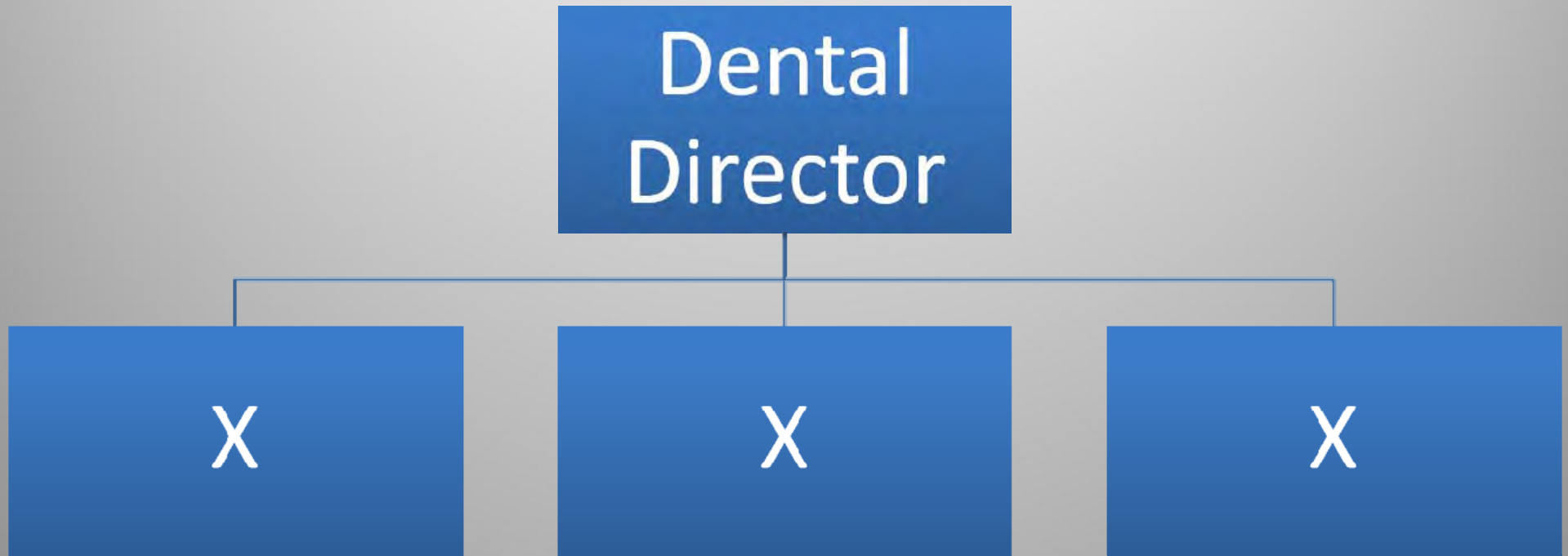


- No Budget
- No Staff

Call A Friend

- ASTDD
- Harry Goodman
- Jay Kumar
- Anyone Else Who Would Listen

# Delaware Dental Program Organizational Chart 1999



# **Work Plan- 2000**

**Awareness**

**Assessment**

**Partnerships**

**Policy**

**Reinventing the DPH Dental Clinics**

**ASTDD Building Infrastructure & Guidelines**

**CDC Infrastructure**

# Early History of Oral Health in Delaware

## Key Issues- 1999

### Limited Access to Dental Care

- No FQHC Dental Clinics
- Medicaid- DPH Dental Clinics Only-Private Dentists Not Enrolled in Medicaid
- Adult Medicaid Not Covered
- No Surveillance Data

### Dental Public Health Program Initiated-1999

- Dental Director
  - Direct Oral Health Program
  - Liaison with Dental Board and Dental Society
  - Consultant for Medicaid
  - Consultant for other Divisions within Department
- No Staff
- No Budget



# **Early History of Oral Health in Delaware**

## **Community Water Fluoridation**

- 76% Drinking Fluoridated Water
- Bond Act to finance implementation

## ***Dentists in Delaware Report 1998***

- Identified Dentist Shortage Areas

## **Surgeon General's Report on Oral Health 2000**

# Early History of Oral Health in Delaware

## Dental Care Access Improvement Committee- Health Care Commission- 2000

- Expanded the role of the Delaware Institute of Dental Education and Research (DIDER) to develop access - to care Programs
- Expanded the Dental Residency Program
- Develop alternate methods of satisfying licensure requirements in lieu of a hospital residency
- Develop a dentist recruitment campaign
- Loan Repayment Program for dentists in underserved areas

# Key Stepstones

- **Basic Screening Survey of 3<sup>rd</sup> Grade Children, May 2002 and February 2013**
- **National Governors Association Oral Health Policy Academy 2002**
- **Oral Health Summit, December 2004**
- **Special Olympics- Special Smiles**
- **Head Start Forum, June 2005**
- **Infant Mortality Task Force  
Recommendations Oral Health for Pregnant Women**

# **Key Stepstones**

**DIDER- Access to Care**

**State Agency Partnerships**

- **Primary Care**
- **MCH**
- **Rural Health**

**Oral Health 2014 Initiative**

**Oral Health 2020 Initiative**

# **Key Stepstones-Grants**

## **State Oral Health Collaborative Systems Grant 2004**

- **Three Years @ \$50k**
- **Seal-A-Smile Program**

## **Targeted Oral Health Services Systems 2006-2010**

- **Four Years @ \$160 k**
- **Part-Time Dental Program Administrator**
- **Community Promotion**
- **Delaware Oral Health Coalition Support**

# **Key Stepstones- Grants**

## **Oral Health Workforce Activities Grant**

- **2006-2013**
- **Two Staff Positions**
- **Dental Van**
- **Community Dental Clinic Establishment**
- **Sealant Program Expansion**
- **Pregnant Women's Dental Care**

## **DentaQuest Oral Health 2014**

- **Dental Public Health Infrastructure and Prevention**
- **Oral Health Literacy**

# Key Stepstones-Medicaid

- **Pre 1998; DPH Dental Clinics- No Private Dentists**
- **Initial Plan Developed in Partnership with Dental Society**
- **276 Currently Enrolled (73% of Practicing Dentists)**
- **Initial Fee Schedule: 85% of Dentist's Fee**
- **Current Fee Schedule: 80<sup>th</sup> Percentile- Highest in the Country**
- **Streamlined Approval and Claims Processing**
- **Comprehensive Coverage**
- **47% Utilization**

# **Key Stepstones**

## **DPH Dental Clinics**

- **School-Linked**
- **Modernization Plan 2002-2013**
- **Increased Emphasis on Preventive and Early Age Care**
- **Leverage Revenue and Staff to Support Population Based Programs**
- **Enables Community Prevention Programs**



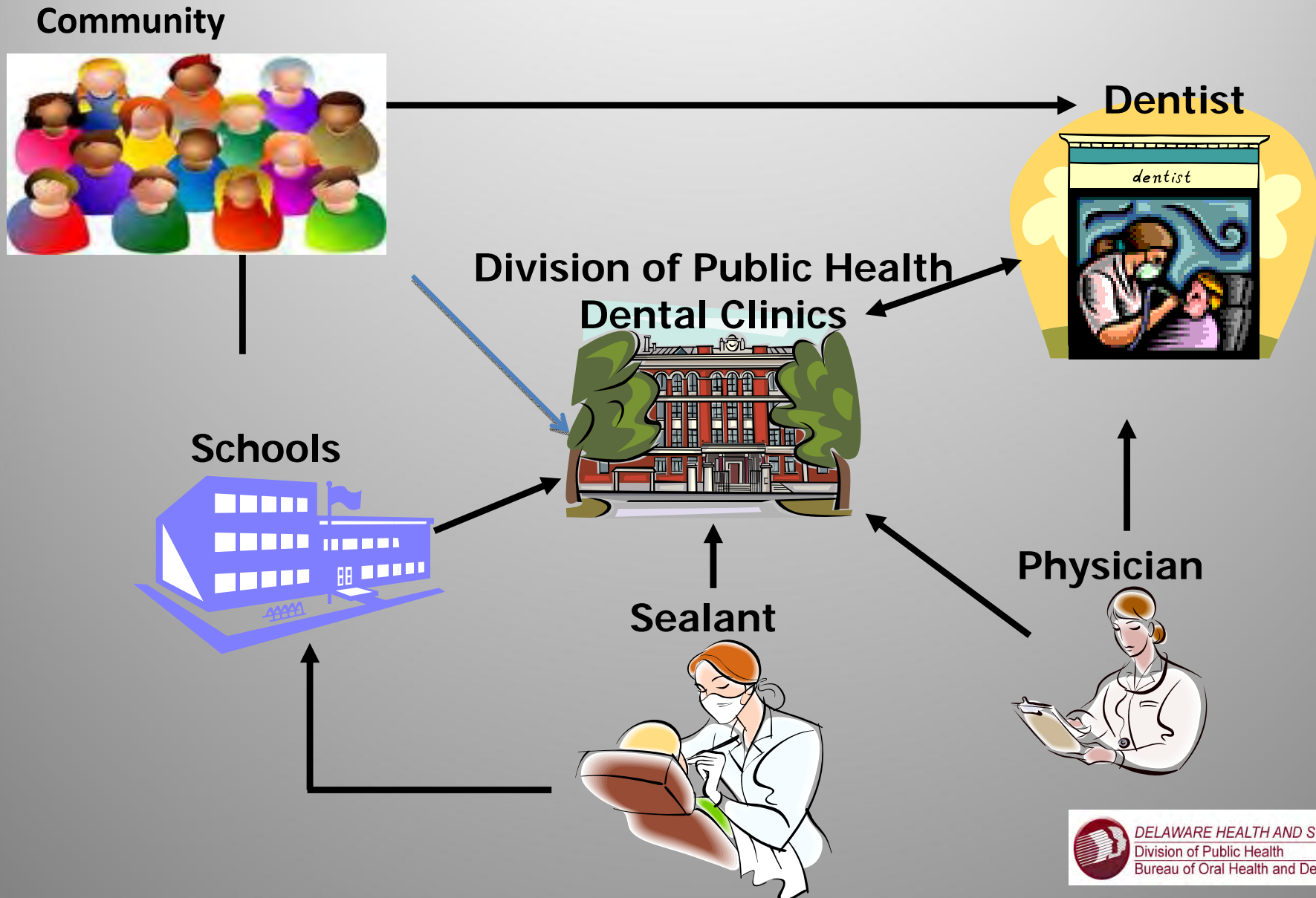
# Division of Public Health Dental Clinic System

- DPH Dental Clinic System
  - Five Clinics
  - Medicaid-Eligible Children Under 21
  - Children not –eligible for ACA
  - Comprehensive Dental Services
  - School- Linked

# Oral Health Promotion and Disease Prevention

- Seal-A-Smile Program
- Fluoridation- Mandatory 87%
- First Smile Delaware
  - Dental Home
  - Oral Health Literacy Campaign
  - Tooth Troop
  - Integration of Oral Health into Primary Care
  - First State Dental Visit (Age One)
  - Professional Education

# Integrated Network of the Dental Home



# Surveillance

- 3<sup>rd</sup> Grade Needs Assessment (BSS)
- Dentist Capacity Studies
- Medicaid Utilization
- BRFSS
- NSCH
- Special Smiles
- Other National and State Data

# Dentist Shortage Areas

## Dentist to Population Ratio

	<u>2012</u>	<u>2008</u>	<u>2005</u>
Statewide	1:2806	1:2300	1:3100
New Castle County	1:2282	1:1800	1:2500
Kent County	1:3470	1:3700	1:4800
Sussex County	1:5125	1:4200	1:5300
Federal Shortage Designation	1:5000		

# Dental Environment in DE

## Most people enjoy good oral health and have access to care

- 85% of children have dental insurance (including Medicaid)
  - 72% of children had a dental visit during the last year
  - 54% percent of third grade children had dental sealants
  - 74% of adults visit a dentist each year
  - 71% of parents reported their children's oral health as excellent or very good.
- Mandatory Fluoridation of Municipal Water Supplies- 87% of population are drinking fluoridated water
  - School Sealant Program
  - Private Practice Dentists
  - Community Dental Clinics
  - DPH Dental Clinics- School Linked

# Status of Oral Health In Delaware

## Trends Since 2002

- Delaware has experienced a significant *decline* in the prevalence of untreated decay (30% to 16%), the percent of children needing dental care (30% to 16%) and the mean number of decayed teeth (0.66 to 0.30).
- Delaware has experienced a significant increase in the prevalence of protective dental sealants (34% to 54%).
- Delaware has successfully addressed oral health disparities for minority and low-income children.

# Key Indicators Comparison Between 2002 and 2012:

Key Indicator	2012	2002	Improve ment	HP 2020
Children with history of tooth decay	47%	54%	12% Decrease In Decay	49%
Children with untreated decay	16%	30%	47% Decrease In Decay	26%
Children with Sealants on Permanent Molars	54%	34%	58% Increase in Sealants	28%



# Economics

**Medicaid- Children under 21**

**47% Utilization**

**Medicaid- Adults are not covered**

**Community Dental Clinics**

➤ **Sliding Fee Scale**

**Affordable Care Act**

**Children**

**Charity**

# Dental Workforce

Dentists- 378

- ✓ Medicaid 276+
- ✓ Dentist (>50 Clients) 166
- ✓ Dental Hygienists 548
- ✓ Pediatric Dentists

Community Health Centers

DPH Dental Clinics

Wilmington Hospital Dental Residency Program

A.I. DuPont Hospital for Children

Del Tech Dental Hygiene Program

# Policy Development

- Delaware Oral Health Coalition
- Professional Dental Organizations
- Oral Health Plan
- Collaborations and Partnerships
- Oral Health Summits
- Legislation
- DIDER
- Loan Repayment Program

# First Smile Delaware



## The Campaign is Comprised of Four Main Components:

- A comprehensive oral health literacy campaign;
- Primary Care oral health risk assessment;
- Promotion of and training for early visits to the dentist, including case management and a dental referral network; and
- Leveraging existing oral health efforts and developing collaborative relationships between dental, medical and public health professionals and community groups.

# Delaware Oral Health Coalition

Reconstituted June, 2014

- ◆ Board of Directors
- ◆ General Membership

Delaware Oral Health Plan Ownership

Partnership with Division of Public Health

Oral Health Summit- June, 2014

- ◆ Organizational Structure and Mission
- ◆ Oral Health Plan Release
- ◆ Priority Workgroups

# Delaware Partnerships





**Delaware  
Oral Health  
Coalition  
Board**

Sets priorities and agenda for, and receives recommendations from, DOHC Action Groups



**Central Ops  
Group  
-BOHDS,  
others**

Provides technical assistance to DOHC Action Groups and Board



**Action Group  
Collaboration**



**Action Group  
Oral Health  
Literacy**



**Action Group  
Aging and  
Disabilities  
Issues**



**Action Group  
Children**

**Action Groups tackle DOHC priorities and agenda, working separately and together to accomplish Delaware Oral Health Plan Goals.**

# Summary of Key Current Issues

- Prevention, Prevention, Prevention
- Children's Dental Home
- Adult Financing of Dental Care
- Geriatric Oral Health and Long Term Care
- People with Disabilities
- Disparities
- Oral Health Literacy
- Oral Cancer Prevention and Detection
- Dental Workforce to Meet Future Demand



# Delaware Oral Health Plan 2014

## Goals and Objectives

### VISION

*All members of the Delaware population, regardless of age, ability, or financial status, will achieve optimal oral health through an integrated system which includes prevention, education and appropriate treatment.*

# Delaware Oral Health Initiative 2020

## Public Health Infrastructure

- To develop a collaborative roadmap that sets forth a plan for oral health improvements in prevention and public health infrastructure and oral health literacy.
- To create a sustainable collaborative infrastructure and a network of advocates that will ensure implementation of the plan for access to oral health care and optimal oral health.
  - ❖ Increase the organizational capacity of the Delaware Oral Health Coalition (DOHC)
  - ❖ Revised State Oral Health Plan
- A case management plan for referring children to a dental home
- Community and School Outreach and Prevention

## Oral Health Literacy

- The Oral Health Literacy Initiative, First Smile Delaware, that targets young children, will be expanded to all segments of the population.

# CDC Infrastructure Benchmarks

Activity 1. Program Infrastructure- Staffing, Management and Support \*\*

Activity 2. Data Collection and Surveillance \*\*\*

Activity 3. Strategic Planning- The State Oral Health Plan\*\*\*\*

Activity 4. Partnerships and Coalitions \*\*\*

Activity 5a. School-Based; School-Linked Dental Sealant Programs \*\*\*\*\*

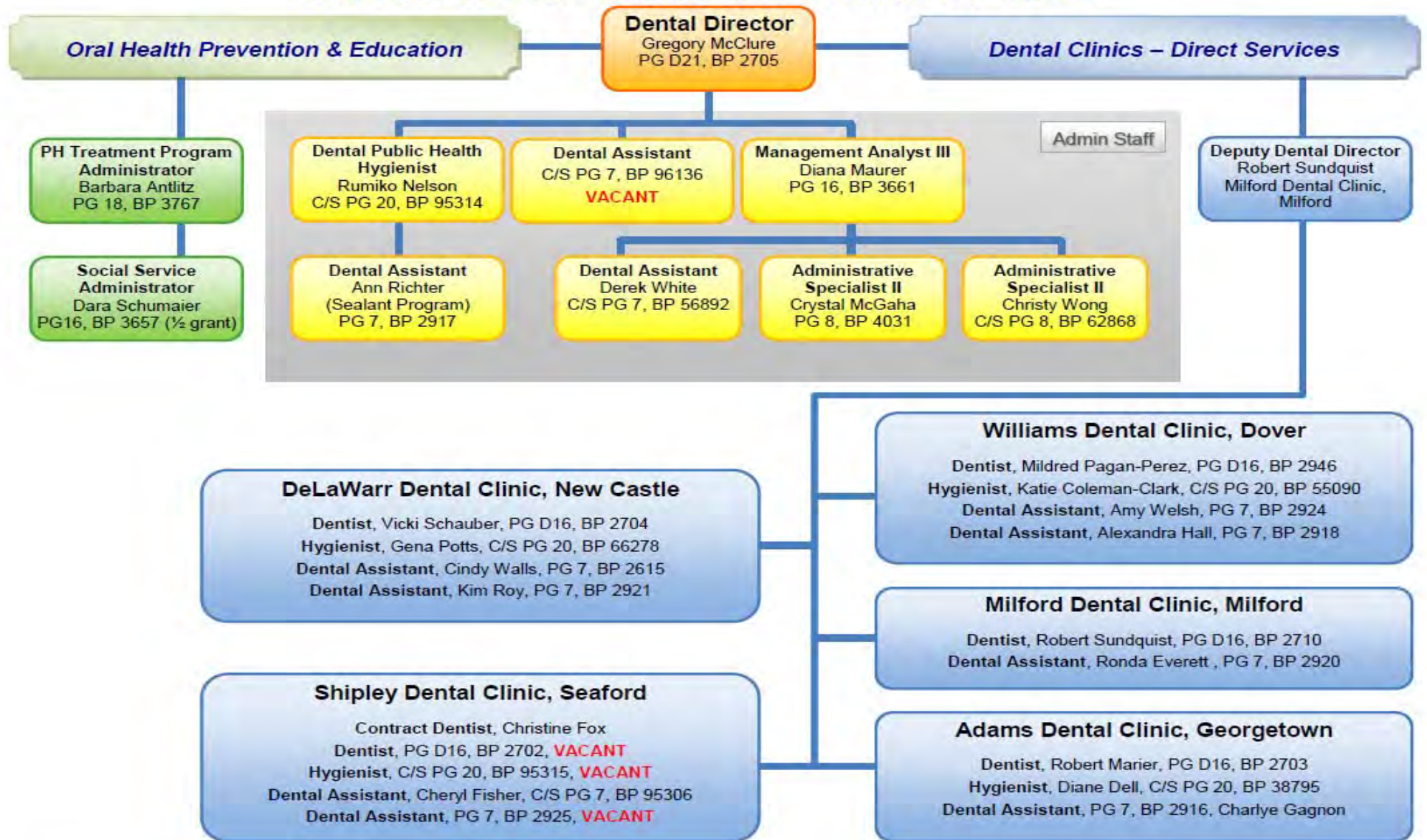
Activity 5b. Coordinate Community Water Fluoridation Programs \*\*\*\*\*

Activity 6. Policy Development \*\*\*

Activity 7. Evaluation \*\*

Activity 8. Program Collaboration \*\*\*

# Bureau of Oral Health and Dental Services

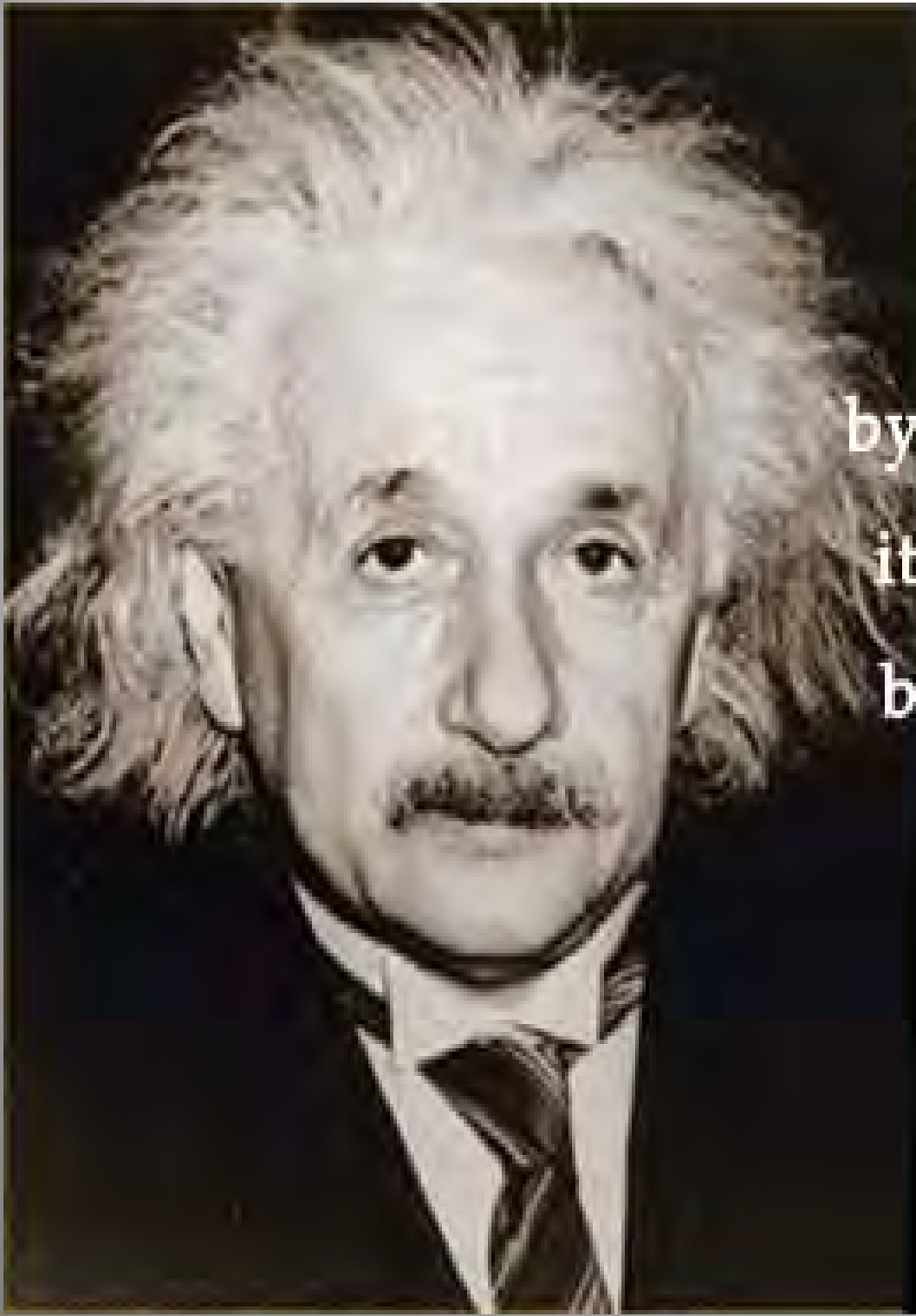


# What Does It Take?

“It's tough to make predictions, especially about the future.”

[Yogi Berra](#)

- Hard Work
- Relationships- Internal and External
- Knowledge- Evidence Based Decisions
- Organizational Support
- Partnerships
- Goals “If you don't know where you are going, you'll end up someplace else.” [Yogi Berra](#)
- Thick Skin “Anyone who is popular is bound to be disliked”- [Yogi Berra](#)
- Risk Taking
- Leadership “When you come to a fork in the road take it”  
[Yogi Berra](#)



Everybody is a genius.  
But if you judge a fish  
by its ability to climb a tree,  
it will spend its whole life  
believing that it is stupid.

~Albert Einstein

Inspiring Quotes

[www.AbundanceTapestry.com](http://www.AbundanceTapestry.com)

***Thank You!***

**Gregory B. McClure, DMD, MPH, MHA**

**Dental Director**

**Delaware Division of Public Health**

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**302-744-4554**

**Bureau of Oral Health and Dental Services**

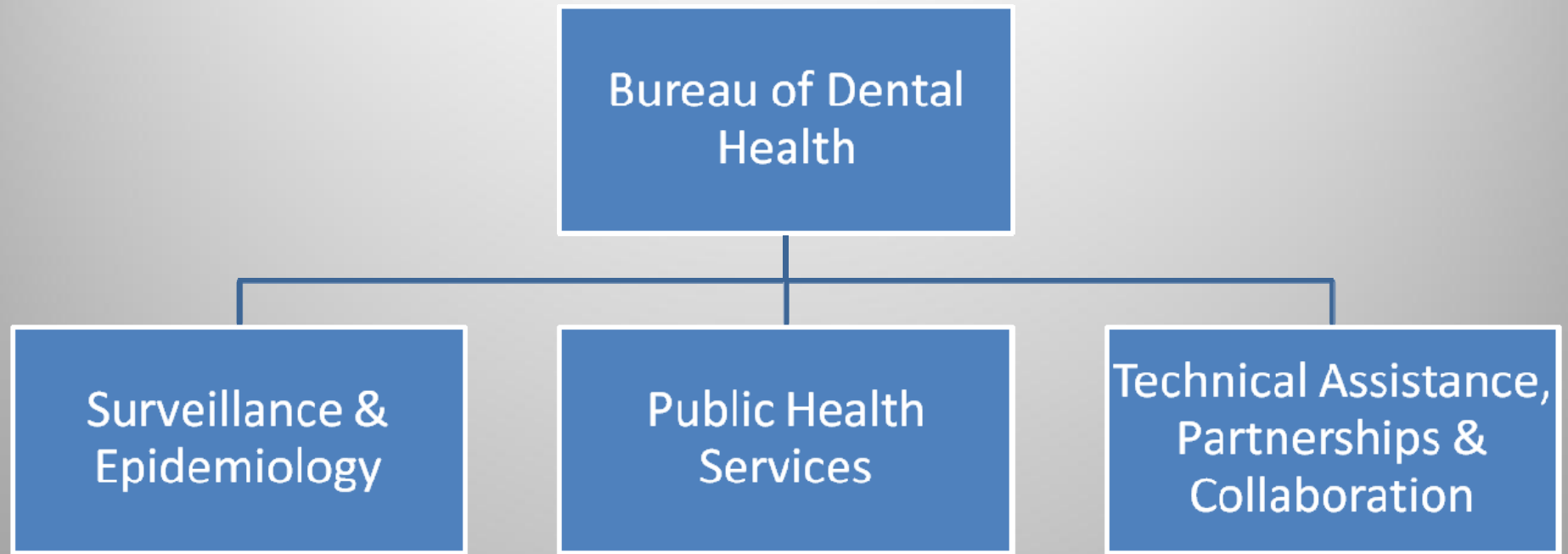
**<http://dhss.delaware.gov/dph/hsm/ohphome.html>**

# **New York State Oral Health Program: Leveraging Resources**

**Jayanth Kumar, DDS, MPH  
Director, Bureau of Dental Health  
New York State Department of Health**

**National Oral Health Conference, 2015**





Dental Public Health Residency Program

Oral Health Center for Excellence

# Making Oral Health a Priority: Prevention Agenda 2013-2017

**Make New York  
the Healthiest State**

- 1. Prevent Chronic Diseases**
- 2. Prevent HIV, STD, and Vaccine Related Diseases and Health Care-Associated Infections**
- 3. Promote Healthy Women, Infants and Children**
- 4. Promote Mental Health and Prevent Diseases**
- 5. Promote Healthy and**

For more information about the Prevention Agenda, go to [http://www.health.ny.gov/prevention/prevention\\_agenda/2013-2017/](http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/)

*“Developed in collaboration with 140 organizations, the plan identifies New York’s most urgent health concerns, and suggests ways local health departments, hospitals and partners from health, business, education and community organizations can work together to solve them.”*

# MCHBG

Staff &  
Infrastructure

Services

# CDC

NYS Oral  
Disease  
Prevention

# HRSA

Workforce Grant

Perinatal Oral  
Health QI

School Health  
Integration

DPH Residency  
(Pending)

Prevention Agenda 2013-2017: New York State Health  
Improvement Plan

New York State Oral Health Plan

# MCHBG

School-based Dental Programs  
Fluoride Rinse  
Fluoridation  
Children with Special Health Care Needs

Third Grade Survey  
Head Start Survey  
PRAMS

# CDC

NYS Oral Disease Prevention

State Oral Health Plan  
Burden Document  
Management of fluoridation and School-based Sealant Program  
Evaluation Capacity

# HRSA

ECC Learning Collaborative  
FluorideScience.org  
Dentist Recruitment

Perinatal Oral Health QI  
Integration of Oral Health

School Health Integration

# Partnerships & Collaboration

## Internal

- Bureau of Public Water Supplies
- Maternal & Infant Community Health Collaborative
- Tobacco Control Program
- Diabetes Program

## External

- Schuyler Center for Analysis and Advocacy & Partners
- NYS Dental Association

## Other Government

- Local Health Department
- State Education Department
- Office of People with Developmental Disabilities

# Support for State Fluoridation Efforts

CDC	HRSA Workforce	Federal MCH Block Grant	Partners
<ul style="list-style-type: none"><li>• Surveillance</li><li>• Performance management</li><li>• Technical Assistance</li><li>• Training of water system operators</li><li>• Resources for water systems</li></ul>	<ul style="list-style-type: none"><li>• Training of professionals to be advocates</li><li>• Websites for information dissemination</li><li>• FluorideScience</li></ul>	<ul style="list-style-type: none"><li>• Community support</li><li>• Best practices</li><li>• Resources</li><li>• Grants for equipment replacement</li></ul>	<ul style="list-style-type: none"><li>• Local Infrastructure development</li><li>• Education of public and policymakers</li><li>• Community mobilization</li></ul>

# Smoking Cessation Counseling

visit us online: [www.health.ny.gov](http://www.health.ny.gov)

New York State



MAY 2014  
VOLUME 30 ■ NUMBER 5

## Medicaid Update

THE OFFICIAL NEWSLETTER OF THE NEW YORK STATE MEDICAID PROGRAM

### Expansion of Smoking Cessation Counseling (SCC) by Dental Practitioners

Effective April 1, 2014, for Medicaid fee-for-service (FFS) and July 1, 2014, for the Medicaid managed care benefit package, dental practitioners will be able to provide and receive Medicaid reimbursement for smoking cessation counseling (SCC) services as defined in their scope of practice. This coverage does not supersede or alter any regulations issued by the NYS Department of Education governing scope of practice for dentists.

A dental practitioner will be allowed to provide two smoking cessation counseling sessions to a Medicaid beneficiary within any 12 continuous months.



- Reimbursement for smoking cessation counseling (SCC) must meet the following criteria:
- SCC must be provided face-to-face by either a dentist or by a dental hygienist that is supervised by the dentist.
- SCC must be billed by either an office-based dental practitioner or by an Article 28 clinic that employs a dentist.
- Dental practitioners can



Schuyler Center for Analysis and Advocacy promotes public interest in improving and reforming health and human services through education and mobilization.



```
graph TD; SCAA[SCAA] --- StateLevelPolicy[State Level Policy]; SCAA --- LocalLevelCommunityEngagement[Local Level Community Engagement];
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SCAA

State Level  
Policy

Local Level  
Community  
Engagement

# Leveraging resources

- State Level Policy
  - Amendment to Public Health Law 1100 a.
  - Fluoridation Fund \$10 million
- Local Level Community Engagement
  - Cavity Free Campaign

## Reports and Issue Briefs

- Closing the Coverage Gap: Achieving Universal Dental Coverage for Children
  -
- Fluoride in Water: Foundation of Cavity Prevention
  -
- Successful Strategies For Keeping Kids Cavity-Free
- Prevention First: Making Sure New York Smiles.
- Understanding Children's Oral Health: More than Just Baby Teeth.
  -
- The power of prevention. The

# Dentist Volunteer Demonstration Program: Is there a better way to provide free care?



Demonstration grant in the amount of \$250,000 to partner with Federally Qualified Health Centers for free care

Thank You