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:
Maryland Office of Oral Health

To this:
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)**
  – 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)
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)
     - 10% of total budget

• Health Resources and Services Administration (HRSA)
    - 15% of total budget
**INPUTS**

- Director
- Program Coordinator
- Epidemiologist
- Dental Sealant Program Coordinator
- Water Fluoridation Coordinator
- Health Ed/Admin Support
- Skilled individuals to carry out duties of job
- Retained staff
- Support (MDAC/Coalition)
- MIPAR contracts – provide payroll support

**ACTIVITIES**

- Cross-training of staff
- Periodic assessment program to properly identify additional staff need
- Develop effective recruitment process
- Perform fund-raising, grant writing activities to leverage resources
- Identify potential partners for program collaboration
- Increased collaborations with other CDC-funded programs

**OUTPUTS**

- A written SOP with processes for staff hiring and training
- Well-trained, highly functional staff

**OUTCOMES**

- Office is able to respond to different demand in a timely manner
- Minimize disruption due to staff loss
- Maximize retention, reduce turnover
- Stable funding source
- Create shared resources & ownership with other collaborating programs

**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

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
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.
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

Dental Director

X X X
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

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 3rd 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: 80th 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
Surveillance

- 3rd 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

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

<table>
<thead>
<tr>
<th>Key Indicator</th>
<th>2012</th>
<th>2002</th>
<th>Improvement</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with history of tooth decay</td>
<td>47%</td>
<td>54%</td>
<td>12% Decrease In Decay</td>
<td>49%</td>
</tr>
<tr>
<td>Children with untreated decay</td>
<td>16%</td>
<td>30%</td>
<td>47% Decrease In Decay</td>
<td>26%</td>
</tr>
<tr>
<td>Children with Sealants on Permanent Molars</td>
<td>54%</td>
<td>34%</td>
<td>58% Increase in Sealants</td>
<td>28%</td>
</tr>
</tbody>
</table>
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

All Delawareans
Seeking Optimal
Oral Health
Across the
Lifespan

Grassroots
Advocates &
Partner
Organizations

DOHC General
Membership
Working
through Action
Groups

DOHC
Board and
DPH
Delaware Oral Health Coalition Board sets priorities and agenda for, and receives recommendations from, DOHC Action Groups. Central Ops Group - BOHDS, others provide technical assistance to DOHC Action Groups and Board. 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

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 ***
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
Thank You!

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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

Dental Public Health Residency Program

Oral Health Center for Excellence

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 Safe Environment

“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.”
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

<table>
<thead>
<tr>
<th>CDC</th>
<th>HRSA Workforce</th>
<th>Federal MCH Block Grant</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveillance</td>
<td>Training of professionals to be advocates</td>
<td>Community support</td>
<td>Local Infrastructure development</td>
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<tr>
<td>Performance</td>
<td>Websites for information dissemination</td>
<td>Best practices</td>
<td>Education of public and policymakers</td>
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<tr>
<td>management</td>
<td></td>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Technical Assistance</td>
<td></td>
<td>Grants for equipment replacement</td>
<td></td>
</tr>
<tr>
<td>Training of water system operators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources for water systems</td>
<td>FluorideScience</td>
<td></td>
<td>Community mobilization</td>
</tr>
</tbody>
</table>

- CDC: Centers for Disease Control and Prevention
- HRSA: Health Resources and Services Administration
- MCH: Maternal and Child Health Block Grant
- Partners: Collaborative organizations supporting fluoridation efforts
Smoking Cessation Counseling

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 provide smoking cessation counseling to Medicaid beneficiaries upon request.
Schuyler Center for Analysis and Advocacy promotes public interest in improving and reforming health and human services through education and mobilization.
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