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The Maryland oral health summit: pathways to common ground and action

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The following is a summary of a conference held to review changes and challenges to oral health in Maryland and nationwide and discuss priorities in implementing a new 5-year Maryland Oral Health Plan.

News of the death in 2007 of a 12-year-old Maryland boy, Deamonte Driver, from an untreated dental infection that had spread to his brain shocked the nation and spurred the state of Maryland to immediate action. The state's response and continued vigilance have been watched closely by other states for lessons learned and paths to take in search of optimal health outcomes. Now, 4 years later, the momentum created by Maryland's activities has led to the Maryland Oral Health Summit, a meeting held in Columbia, Maryland, October 20-21. For 2 days, some 150 attendees came together to review changes and challenges to oral health in Maryland and nationwide, hear about programs in place or planned, and take part in a priority-setting exercise in relation to the first 5-year Maryland Oral Health Plan (2011-2015) launched in May 2011 (1). The Summit was co-sponsored by the Maryland Dental Action Coalition (MDAC), which developed the Plan, and the Santa Fe Group. It was designed to build on experiences within and beyond the state and to develop strategies toward maximizing the oral health of all individuals, especially vulnerable populations.

MDAC is a public–private partnership of close to 100 organizations and individuals that has evolved from a smaller Dental Action Committee convened in 2007 by John M. Colmers, then Secretary of Health and Mental Hygiene in Maryland. The Committee was urged to make immediate recommendations on improving access to oral health care following Deamonte Driver's death. The Santa Fe Group is a dental professional think tank that develops actions and policies to improve the nation's oral and general health. The two organizations partnered in order to "broaden their mutual learning" and to "extend this conversation both locally and nationally." Summit participants included representatives from state and national agencies, policymaking groups, individuals in clinical practice, public health programs, health

professional education, industry, and nonprofit organizations. The sponsors dedicated the Summit to Deamonte Driver and also to Dr. John Rossetti, a long-time oral health advocate who served as Chief Dental Officer in the Maternal and Child Health Bureau of the US Health Resources and Services Administration (HRSA), who died earlier this year.

The good news

Following welcomes by Beth Lowe, MDAC Chair, and Dominick de Paola, President of the Santa Fe Group, Frances Phillips, Maryland's Deputy Secretary of Health and Mental Hygiene, Marcia Brand, HRSA Deputy Administrator, and Harry Goodman, Director of the Office of Oral Health in the Department of Health and Mental Hygiene, addressed the group. Phillips noted that the Pew Center on the States awarded Maryland an "A" for children's dental health in its annual report card, rating the state the top performer of all 50 states (2). Brand spoke of the importance of oral health, not only in relation to general health but also for job seekers. She addressed HRSA's role in the full range of state-based programs including those of the Maternal and Child Health Bureau in targeting vulnerable populations and working to overcome health disparities.

Harry Goodman spoke of "progress in the face of tragedy." Maryland 10 years ago was one of the lowest ranking states according to the Medicaid State Reports (3). Its top rank today is due in part to the state's prompt response to all seven recommendations made by the Dental Action Committee following the death of Deamonte Driver (4). By April 2011, access to oral care was available at all Maryland jurisdictions and reimbursements to dentists treating Medicaid patients have increased to 70.7 percent of the American Dental Association's customary charges in the South Atlantic region. New legislation has created Public Health Dental Hygienists – a means of enlarging the dental workforce and expanding venues for oral care by enabling hygienists to work in schools and community heath clinics without the supervision of a dentist on site. Dr. Goodman was particularly pleased with new programs to train general dentists in pediatric care, medical professionals in oral screening and fluoride varnish programs, and a major Oral Health Literacy Campaign for pregnant women and new mothers now underway. However, Goodman noted that adult dental care is not covered yet and dental caries still remains the number one chronic condition affecting 5- to 17-year-olds.

A highlight of the conference was the keynote address by Congressman Elijah Cummings who, with Maryland Congressman John Sarbanes and Senators Barbara Mikulski and Ben Cardin, has enacted legislation to advance oral health in Maryland and the nation. These Maryland US senators and representatives have also assured that numerous oral health provisions are included in the 2010 Patient Protection and Affordable Care Act (ACA) (5). Cummings said that not a day goes by that he does not think of Deamonte Driver and he will not rest until all children have access. He himself had not seen a dentist until he was 17 years old. His vision is for optimal oral health for *all* children and *adults*. He urged the audience to keep fighting, especially as the pressure of a depressed economy has emboldened forces eager to defund health care. "We need to guard progress," he said, "guard our own success," and "synchronize (our) conscience with (our) conduct." He concluded with a moving recitation of the lyrics of "We shall be Free," the Garth Brooks song of faith, hope, and tolerance he had first heard at a White House lawn concert during the Clinton years.

Lessons from state, national, and local experience

The Summit agenda included three panels of experts reviewing progress made and challenges at state, national and community levels. Key messages from the state speakers but echoed by the other panelists were the following:

- *The importance of partnering*. The value of building strength through numbers, especially seeking a broad base of support by enlisting collaborators from public and private sectors at all levels of organization, was a dominant theme throughout the Summit, emphasized as well by the second day keynote speaker, health advocate Vincent DeMarco.
- *Simplifying administration*. Whether third party reimbursement or linkages among programs serving similar populations, efforts to simplify and harmonize administrative processes were welcomed. Having a single vendor, DentaQuest, for Maryland's dental Medicaid program together with increased reimbursement levels, has helped build practitioner participation.
- *Leveraging funding*. Many speakers described initiatives and pilot programs made possible by government grants or funding by private foundations or philanthropies. Maryland is investing in a range of oral health projects. Kaiser-Permanente is funding an MDAC pilot program to test the feasibility of dental screening in schools. An 18-month Centers for Disease Control and Prevention (CDC) grant is funding Maryland's new Oral Health Literacy Campaign. The DentaQuest Foundation is supporting a new Oral Health 2014 learning alliance led by MDAC, in addition to other projects in the state.
- *The need for case managers and community health workers*. Access and provision of health services are impeded by logistics and scheduling problems, bureaucratic red tape, and lack of follow-up. Someone who can connect patients with services – schedule appointments, find transportation, and manage follow-up – is needed for vulnerable populations and patients in remote locales. Training members of the community to serve in these roles and provide health messages and

services in a culturally appropriate way is a key strategy in establishing individuals and families with a *dental home* and ultimately a *health home*.

- *Motivational interviewing* (MI). The technique, not often taught in health professional schools, is based on a therapist showing empathy and empowering a client to make behavioral changes rather than by using stern lectures. MI may be the optimal way to get patients to adopt ways to promote oral health and prevent disease, perhaps, as the speaker noted, even persuading teenagers to give up sodas.
- *Efforts will fail without health literacy*. People need to have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate health decisions. One speaker stressed the importance of getting basic messages out: Too many people do not know that poor oral health can kill you; too many do not understand the connection between oral and general health. Another stressed that health literacy applies not only to patients but also to providers who need to create a user-friendly ambience in their offices and use recommended communication techniques and to politicians who are key gatekeepers for policy changes.

The National Panel cited specific accomplishments that encourage and stimulate state level oral health promotion and disease prevention. Examples include the development of state oral health plans by almost all states (40 received federal grants for these efforts; others got foundation or other state support). In addition, over the decade four federal laws (the 2002 Health Care Safety Net Amendments, the 2009 Children's Health Insurance Reauthorization Act, the 2009 American Recovery and Reinvestment Act, and the 2010 ACA) (5-8) have been passed, which address oral health concerns in areas such as access, safety net expansion, dental education, and Medicaid reimbursement. Additionally, the Department of Health and Human Service's Office of Minority Health through the National Partnerships for Action has ardently addressed health disparities and has integrated oral health and dental care in its plans.

Beyond federal involvement, the decade has also seen the establishment of the US National Oral Health Alliance (US NOHA), with an Oral Health 2014 initiative, and the aforementioned DentaQuest Foundation, a private philanthropy (and co-founder of the US NOHA). DentaQuest is collaborating with US NOHA on the initiative and also working to strengthen the Oral Health Safety Net through grants to state and local groups to build capacity and develop leadership. The Pew Center on the States is a part of the Pew Charitable Trusts that conducts research to aid state policy makers. Its Children's Dental Health program includes support of fluoridation and dental sealants to help states establish a basis on which to build evidence-based programs. The Center reviews state oral health progress through annual state "report cards," resulting in this year's "A" for Maryland (2). The works of these private foundations and philanthropies are among other national initiatives that are contributing to state programs.

The local panel consisted of representatives of four Maryland community and social service programs. While each speaker represented a different discipline and role, they all addressed the challenges and enormity of meeting the oral health needs of vulnerable populations. Innovations in the face of economic strain have led to some successes, such as the addition of full-time dentists to the staff of a community health clinic; projects enabling staff from Women, Infants, and Children (WIC) programs to meet one on one with parents for oral health instruction and in one case having a dental chair in place at a WIC site; expanded use of mobile units to provide dental care and patient follow-up; and reduced waiting times for appointments at one clinic from months to zero. However, there were setbacks too, primarily in finding dentists willing to see Medicaid patients and maintaining up-to-date referral lists. Also of concern were the needs for diversity competence, better infrastructure, and care for adults and special needs patients. The need for health literacy was dramatically illustrated in the case of a young couple, the mother, 17 years old, with caries in every tooth and her two children also with rampant caries.

Moving forward

While the Summit was an occasion for marking progress in the wake of a tragic death, an important aim of the meeting was to identify priority policies for the implementation of the Maryland Oral Health Plan 2011-2015. Toward that end, the three main goals of the Plan were described: Access to Oral Health Care; Oral Disease and Injury Prevention; and Oral Health Literacy and Education (9). Attendees were then invited to participate in an exercise to determine what policies should be given priority in pursuit of these goals. This was a formal process led by the developers of the Children's Dental Health Project "Oral Health Policy Toolkit," funded by CDC (10). The toolkit is relatively new and has been used to date for small groups, most often with individuals with state-specific expertise. It includes a set of questions and numerical rating scales which first weigh the proposal (e.g., are there data to back up the need for this policy, will the policy reach the intended audience, etc.) and then weigh the policy's feasibility (e.g., are there resources, stakeholder support, etc.). Attendees divided into groups of six or more represented a wide range of expertise. They brainstormed ideas and arrived at a consensus for a specific proposal. Well over 100 proposals were generated and through several steps resulted in a few top proposals. These included the need to extend dental Medicaid coverage to adults (while maintaining well-funded coverage for children) and programs that focus on life stages that are critical to oral health promotion and disease prevention. The latter included expanding Medicaid dental coverage to

mothers 18 months postpartum, with an emphasis on anticipatory guidance and postpartum dental care as well as allowing for coverage at the time of a child's first birthday and dental programs coincident with school entry K-12.

The time available for the policy tool did not permit the second step of the priority process to be taken, one that critically reviews the evidence base and resources for the proposed activities. Also, it was agreed that there were so many valuable ideas put forth that the leading policies proposed by each group were collected for further study and analysis. The tool allowed for highly interactive, rich, and stimulating dialogue among diverse stakeholders and participants recommended that it be used routinely for decision-making.

Day 1 of the Summit concluded with remarks by Rear Admiral William Bailey, Chief Dental Officer, US Public Health Service, in which he spoke to "celebrate every deed done in the harmony of the moment," complimenting the audience on its good work but cautioning on the challenges ahead. The "silent epidemic continues," he said, and noted that out-of-pocket expenses for dental services are second only to how much Americans spend on drugs. He spoke of a planned large stakeholder meeting in connection with Healthy People 2020 and hinted that oral health may become one of the leading health indicators (LHIs) for measuring progress and so could be a major focus area in the decade ahead. (*Note*: On October 31, 2011 at the annual meeting of the American Public Health Association, Assistant Secretary for Health Howard Koh announced 12 LHIs, including oral health – a first for oral health!)

The six-step solution

The highlight of the second day of the Summit was the keynote address by Vincent DeMarco, President of Maryland Citizens' Health Initiative, a coalition of over a thousand faith, health, community, labor, and business groups advocating for health care for all. The coalition has been remarkably successful in creating a discount prescription drug program, requiring that large Maryland companies contribute to employees' health care and ensuring full funding of Maryland's Children's Health Insurance Program. Another major success was the imposition of a $1 a pack increase in cigarette taxes, a move that decreased Maryland tobacco use by a third. DeMarco attributes much of the coalition's success to the fact that they *are* a coalition: many people working together. You need big numbers, he said, because you are often faced with big industry opponents with lots of clout, and he includes coalition building in the six steps he sees as critical to successful health advocacy:

1. Come up with an evidence-based plan.
2. Do serious polling of the public to enlist the public will.
3. Build a powerful coalition – and do it by getting agreement to a one-page easy-to-read resolution.
4. Use the media to the hilt: radio ads, press conferences, good stories.
5. Try to make your issue an election issue and get candidates on board.
6. Close the deal. Get legislation drafted or otherwise implemented, and stay on the case. Make sure funds raised (say from cigarette taxes) go to meet public health needs and are not diverted (11).

The agenda for the remainder of day 2 included the national and community panel experiences discussed earlier, along with concluding remarks by the meeting organizers. US Senator Ben Cardin, the last speaker, described being in session until 2 a.m. the night before where he addressed the importance of health reform. He spoke of how members of the Maryland delegation led the effort to include oral health in the ACA and the battles that are now being fought. Like so many others at the Summit, he emphasized the importance of working together, congratulating the audience for efforts that "changed the landscape in America."

For 2 days, the conference participants had heard multiple perspectives on the landscape in America and worked hard to set an agenda for action. Against the backdrop of presentations, posters, the policy exercise, and the Oral Health Heroes Awards, the Summit had provided a forum for exploring next steps to be taken, not just in Maryland but across the country, with lessons learned and initiatives to be implemented at local, state, and national levels. The diversity of participants allowed for lively exchanges and candid dialogue. Those outside Maryland were able to ask "why" and pose "why not," while Marylanders could identify gaps and see where connections among state programs could be made. Everyone learned about the power of coalitions and the value of time away from the daily routine to profit from thinking and planning together.

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Conflict of interest

JBW has been paid for writing this manuscript by the Maryland Dental Action Coalition. PA is employed by the Maryland Dental Action Coalition. The other authors declare no conflict of interest.

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