

Evaluating Legislative Impact

Office of Oral Health
Maryland Department of Health
and Mental Hygiene



STRATEGY: EVALUATION

Goal:

Evaluate the effectiveness of the Maryland **Public Health Dental Hygiene Act**, a 2008 state law that expanded the role of dental hygienists in providing basic dental care, with the aim of reducing inequities by lessening traditional barriers to care.

Population Impacted:

1,355,230 children living in Maryland, oral health partners and organizations.

In 2012, the **American Public Health Association (APHA)** provided six awards to strengthen health departments' capacity to reduce health inequities through policy development, implementation, and/or evaluation. The following describes the efforts of one of the awardees.

BACKGROUND

In 2007, a child in Maryland died from an untreated dental infection, inciting an emotional reaction by administrators, legislators, and the public, who vowed to never allow such a preventable tragedy to occur again. A health department committee was immediately convened to develop recommendations for improving the oral health care delivery system in Maryland with the goal of ensuring a dental home for every child in the state. The group's recommendations included the establishment of a "public health level dental hygienist to provide screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings." In 2008, the Maryland General Assembly unanimously passed the Public Health Dental Hygiene Act, expanding the role of dental hygienists in public health programs. This law allows dental hygienists working for public health agencies to perform all duties within their scope of practice in off-site settings such as schools, Head Start centers, and WIC programs without a dentist having to be physically present or examining the patient first.

PROCESS

In 2012, the Office of Oral Health (OOH) of the Maryland Department of Health and Mental Hygiene (DHMH) undertook an evaluation to assess the law's impact. Until that time, the law had yet to undergo a formal evaluation, although there were indications that the policy had been successfully implemented and was having the desired impact. To complete the project, OOH worked with an advisory group consisting of a part-time evaluation consultant and several key partners from different organizations throughout Maryland. The advisory group was responsible for helping to develop and providing feedback on the evaluation plan. Members were identified to participate on the basis of their knowledge of dental public health.

In June 2012, OOH developed a logic model outlining the theory of change driving the Public Health Dental Hygiene Act and exploring the law's impact on youth and adults; dentists; dental hygienists; public health agencies, including dental facilities; and the community. The model was used to inform the development of the evaluation plan and survey instruments, which were approved by DHMH's Institutional Review Board¹ in September 2012. Specifically, the evaluation asked 12 research questions related to the extent to which there has been a change in the number of dental hygienists and dentists working in public health facilities since the bill passed; whether their scope of work within these facilities has changed; the extent to which more children are receiving preventative services now than before the bill passed; whether more patients are being seen by dentists and dental hygienists since the passage of the bill; what factors, if any, helped facilitate the implementation of the act, as well as barriers that may have prevented its implementation; and whether or not public health facilities have established written internal policies related to the act.

In order to assess the impact of the law, quantitative and qualitative data were collected. The evaluation consultant analyzed preexisting oral health data and interviewed key individuals and groups who work as or employ public health dental hygienists. Sixty-five interviews were conducted between October and December 2012: 28 with dental public health site administrators, nine with public health dentists, 22 with dental hygienists, and six with oral health organization representatives.

OUTCOMES

The data were analyzed, and a report was drafted that summarized the findings of the evaluation and provided recommendations. A key finding was that a majority of public health dental facilities in Maryland did not change their procedures as a result of the law, primarily because they were unfamiliar with the specific details of the act or its intentions. On a positive note, however, sites that adopted the act unanimously expressed positive outcomes and reported serving more children than they did prior to 2008.

NEXT STEPS

It is hoped that if awareness among the Maryland public health dental community is increased and the appropriate people are educated about the law's benefits and ways in which they can implement changes, more facilities will move toward implementation and ultimately provide greater access to care, especially for children. OOH intends to share its recommendations with the **Maryland Dental Action Coalition (MDAC)** and other partners as appropriate. MDAC, in collaboration with OOH, is currently in the implementation stage of a 5-year Maryland State Oral Health Plan, and the report's recommendations will be incorporated into the plan.

¹ The DHMH Institutional Review Board is responsible for reviewing and approving all proposed research projects involving human subjects (according to the stipulations outlined in 45 CFR Part 46) that are conducted in any of the department's facilities.



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