

Dr. Alice Horowitz's Vision
for a State Oral Cancer
Prevention Model:
The Maryland Experience

American Public Health Association
2007 Scientific Session

Dr. Harry Goodman, Professor
University of Maryland Dental School
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Oral Cancer Facts

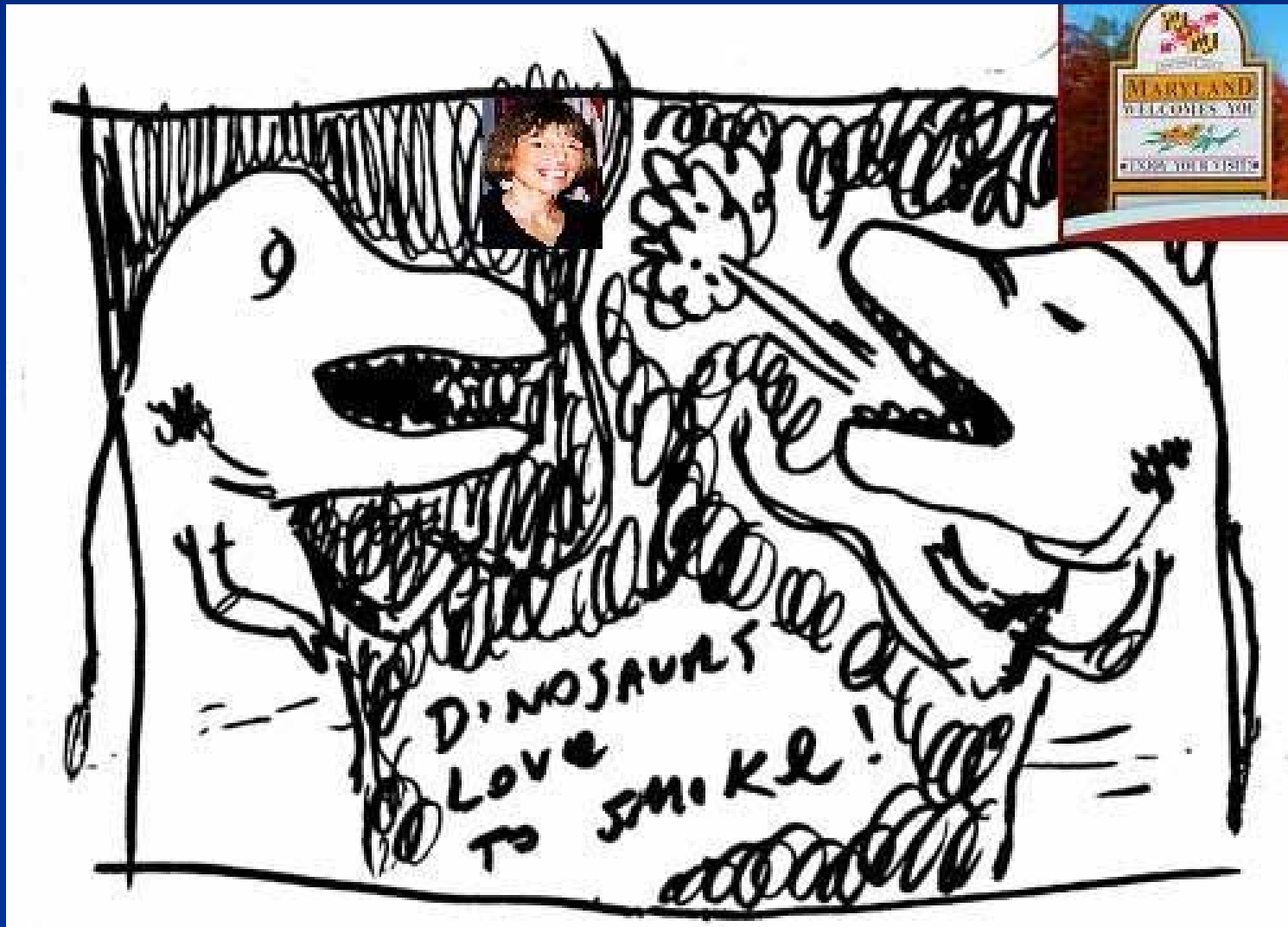
- Comprise about 3% of all cancers in the United States
- More common than:
 - Leukemia
 - Hodgkin's disease
 - Cancer of the brain, liver, bone, thyroid gland, stomach, ovary or cervix
- Squamous cell carcinoma



(A)lice (H)orowitz's Vision for the Maryland State Oral Cancer Prevention Model Outline

- Maryland Oral Cancer Prevention Eras:
 - Pre-(A)scension of (H)ealth
 - (A)† (H)igh Noon
 - Open Up and Say "AH"

The Pre-Ascension of Health Awareness Era



Oral Cancer

- "The forgotten disease"
- Lower priority cancer to healthcare providers and the public
- Little attention paid to healthcare providers and public:
 - Know and how taught
 - Attitudes and beliefs
 - Behaviors and practices
- Little improvement in 5-year survival rates
 - Lower for African-Americans



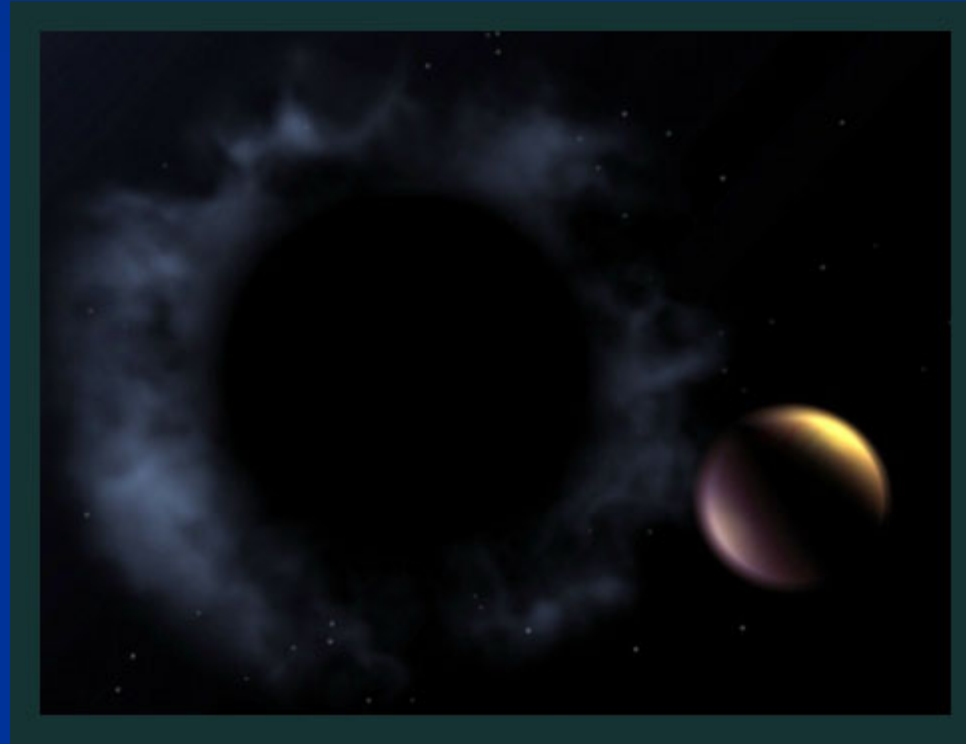
Oral Cancer - Maryland

- Maryland ranked seventh in mortality rates
- Maryland ranked sixth in mortality rate among males
- 3rd highest mortality rate in the US for African American males
- 5-year survival rate in Maryland for African Americans is 33% (whites - 55%)
- Nearly a 20% higher death rate from oral cancer in Maryland than the US

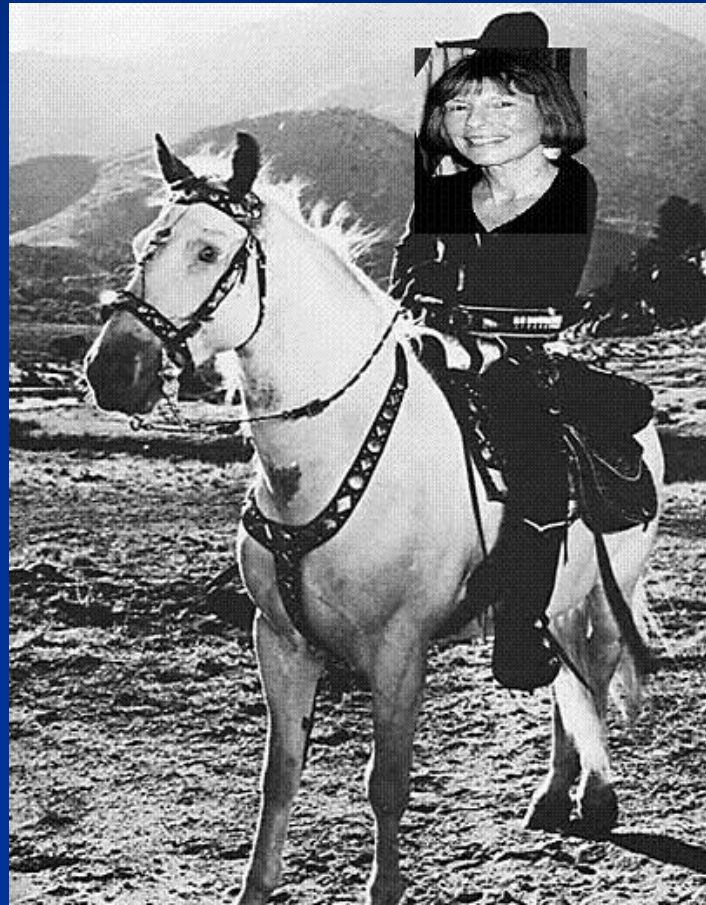
Ries et. al. SEER Cancer Statistics review, 1973-1996



And What was Happening?



The At High Noon Era: The Sheriff Comes to Town...



Oral Cancer Prevention

Maryland - Early Steps

- Formation of small coalition
 - NIDCR
 - University of Maryland Dental School
 - Maryland Office of Oral Health
 - American Cancer Society
- Networking and Presentations
- Secure small grants and other funds
- Contract with Maryland Cancer Registry
- Maryland State Model for Oral Cancer Prevention

Oral Cancer Prevention

Maryland State Model

- Phase I - Needs Assessment
- Phase II - Development and Pilot Testing of Educational Interventions
- Phase III - Program Evaluation

Oral Cancer Prevention Activities - Maryland

Phase I - Needs Assessment

- Building a partnership - DHMH, NIDCR, UMD, MSDA, MDHA, MAFP, ACS, others
- Assessment of funds
- Review of state epidemiological data
- Surveys and focus groups of health care providers
- Survey and focus groups of public
- Publication and dissemination of findings

Maryland Health Care Providers Oral Cancer Knowledge and Practices, 1995 Summary and Conclusions

- Majority know tobacco and alcohol risk factors
- Many do not adequately assess tobacco and alcohol use - especially past use
- Majority do not feel adequately trained to provide comprehensive oral cancer exams
- Further need for better knowledge and information to improve practices

Oral Cancer Public

Maryland Adults' Knowledge of Oral Cancer and Having Oral Cancer Examinations, 1994

Maryland telephone survey of the public:

- 23% correctly identified one early sign of oral cancer
- 39% 'did not know' early signs of oral cancer

Horowitz, Moon, Goodman, Yellowitz. J Public Health Dent
1998;58(4):281-7

Oral Cancer Activities - Maryland

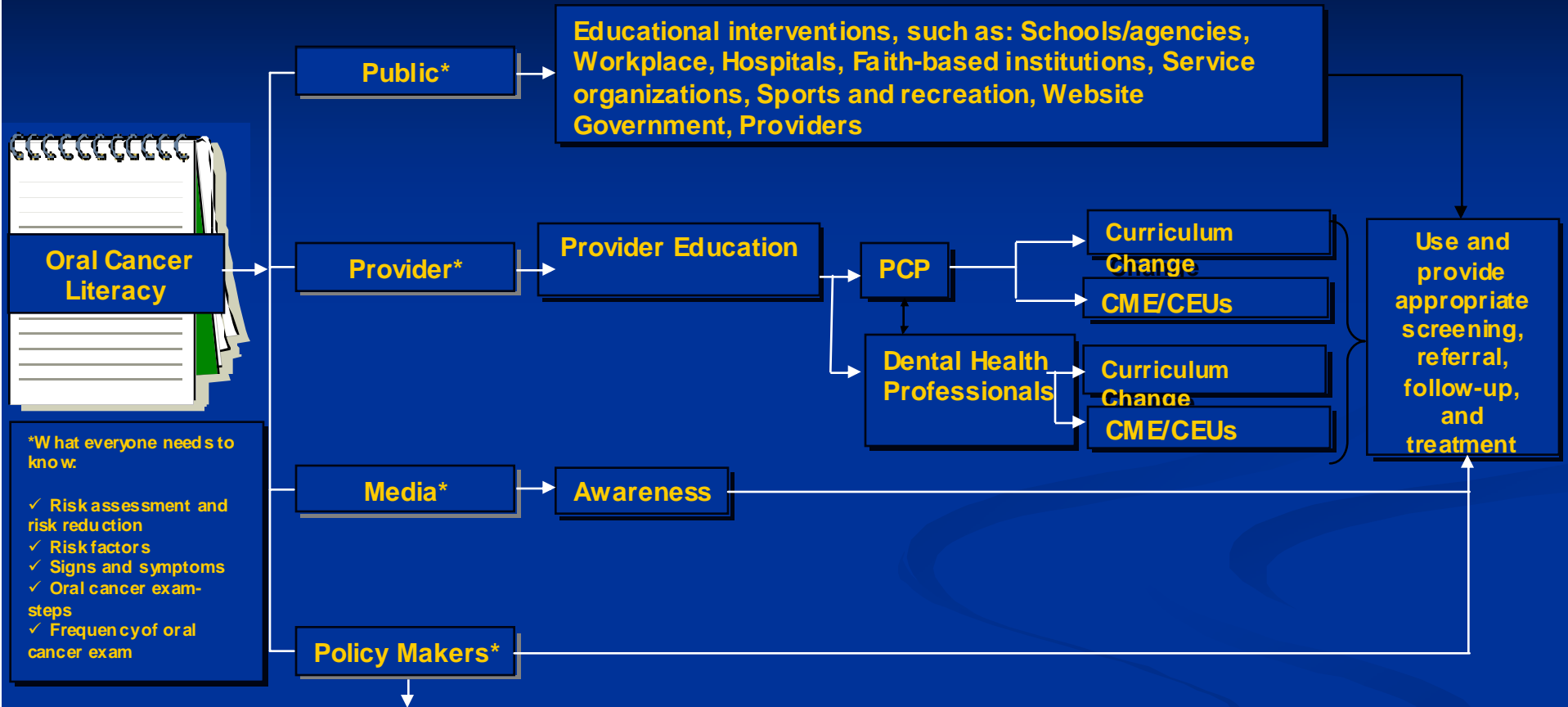
Phase II -Development and Pilot Testing of Educational Interventions

- Develop educational intervention(s) and pilot test -public and health care providers
- Develop, test and produce educational materials
- Implement educational interventions
- Continuation of partnership building

Oral Cavity and Oropharyngeal Prevention Committee

Proceedings and Recommendations

Oral Cancer Prevention, Early Detection, and Treatment Model



*What everyone needs to know:

- ✓ Risk assessment and risk reduction
- ✓ Risk factors
- ✓ Signs and symptoms
- ✓ Oral cancer exam-steps
- ✓ Frequency of oral cancer exam

- Funding for Research
- Covering of medically necessary dental procedures
- Uniform adult dental coverage that includes preventive services as well as emergency care
- Management/incorporation uninsured and undocumented populations
- CME/CEU
- Medical & Dental Board Licensure and Re-licensure
- Oral Cancer Competency Module on Licensure Exams

Oral Cancer Literacy

What Everyone Needs to Know

- Public, health care providers, policymakers and media
 - Risk assessment and risk reduction
 - Risk factors
 - Signs and symptoms
 - Behavior modification
 - Public to request oral cancer examination
 - Providers to incorporate adequate oral cancer examination into standard of care
 - Adequacy of oral cancer examination
 - Frequency of oral cancer examination

Maryland

Oral Cancer Legislation/Funding

- Cigarette Restitution Fund (CRF - tobacco settlement)
 - Approximately \$4.4 billion over 25 years
 - 5 out of 24 counties targeting oral cancer
- SB791/HB1184 (Prevent Oral Cancer Mortality)
 - Funding to the Office of Oral Health (OOH)
 - Oral Cancer Education, Public Awareness and Provider Training Grants

Oral Cancer Prevention Initiative

- Kick-off event - Camden Yards at Oriole Park
- Governor proclaims annual week in June as "Oral Cancer Awareness Week" in Maryland
 - Eastern Shore Coalition
 - Statewide Oral Cancer Screenings
 - Public Service Announcements - print, TV, radio
- Public relations "Prevent Oral Cancer" campaign
 - Develop oral cancer prevention toolkit
- Public oral cancer education and awareness - PSA (Baltimore Orioles)
- Training of health care providers - examinations
 - Develop oral cancer minimal clinical elements, flowcharts, screening, referral and consent forms
- Prevention/education oral cancer grants to Maryland counties:
 - Healthcare provider trainings
 - Public education and awareness
 - Oral cancer screenings



OPEN WIDE...

**ORAL
CANCER
KILLS**

...LOOK INSIDE

University of Maryland Statewide Health Network
www.mdhealthnetwork.org

**Del Marva Shorebirds
Ballfield Poster Campaign**

Oral Cancer

Activities - Maryland

Phase III - Program Evaluation

- Review of State epidemiological data
- Surveys of health care providers and public
- Prepare publications/reports-disseminate
- Readjust educational interventions based on program evaluation
- Use findings for program revisions and for establishment of needed policies

MARYLAND HEALTH IMPROVEMENT PLAN 2000-2010

Reducing Oral Cancer Mortality

- Objective 1 - By 2010, increase to at least 50% the proportion of oropharyngeal cancer lesions detected at Stage I (localized).
 - Baseline: 35.1%, detected at Stage I
- Objective 2 - By 2010, increase to at least 50% the number of adults, aged 40 years and older, who, in the past year, reported having had an oropharyngeal cancer examination.
 - Baseline: 20%, from 1995 data collected in Maryland by the National Institute of Dental and Craniofacial Research

Maryland (DHMH) Office of Oral Health and Center for Cancer Surveillance and Control

Oral Cancer Minimal Elements

- Screening and risk reduction for those at HIGH, AVERAGE and LOW RISK of oral cancer
- Perform comprehensive oral cancer examination yearly
- Educate on risk factors and preventive measures, e.g., avoiding tobacco, alcohol, sun, and using sun block lip balm
- Actions and follow-up of POSITIVE and NEGATIVE oral cancer examination findings
- Actions and follow-up of Incisional or Excisional Biopsy
- Actions and follow-up of Transepithelial Brush Biopsy

The Maryland State Model for Oral Cancer Prevention

American Dental Association
2002 National Award

Meritorious Award in
Community Preventive Dentistry

Maryland State Model for Oral Cancer Prevention

National Outcome

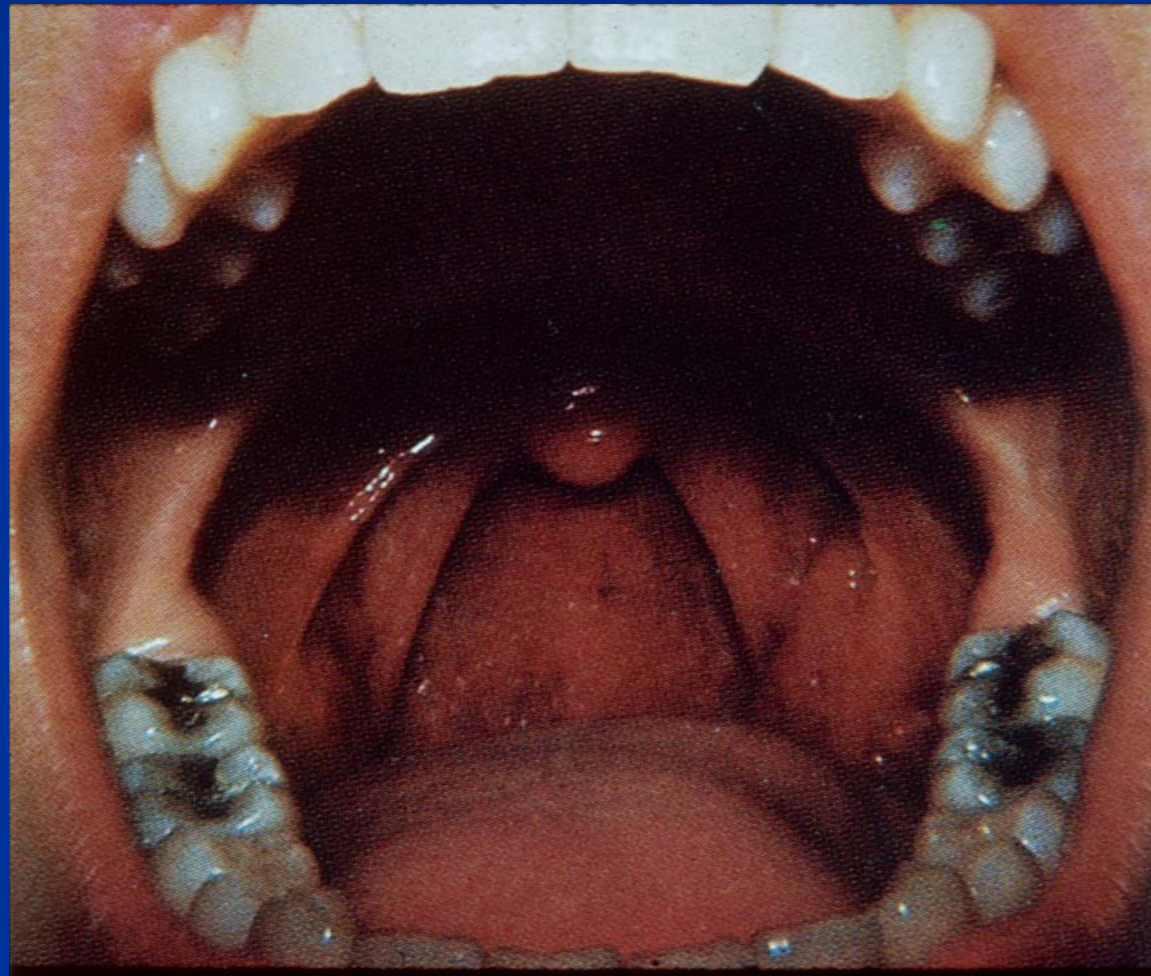
STATE MODELS FOR ORAL CANCER PREVENTION AND EARLY DETECTION

Release Date: June 22, 2000

RFA: DE-00-005

National Institute of Dental and
Craniofacial Research

The Open Up and Say "AH" Era





Maryland Oral Cancer Prevention Initiative (OOH)

- Statewide, prevention and education public health approach encompassing:
 - Oral cancer education for the public
 - Education/training of dental and non-dental health care providers
 - Screening and referral, if needed
 - Producing targeted health educational activities and materials
 - Creating didactic training program for health care providers throughout Maryland
 - Conducting an evaluation of the program and assess outcomes
 - Developing a statewide public relations oral cancer prevention campaign



Maryland Oral Cancer Program Information

Center for Cancer Surveillance and Control

- Local Public Health Activities
 - Form local community health coalitions
 - Write local comprehensive cancer plans
 - Implement plans:
 - Educate the population
 - Screen those with low income and un- or under-insured
 - Treat or link to treatment
- 5 Maryland Counties targeting Oral Cancer
 - Baltimore City
 - Baltimore County
 - Garrett County
 - Montgomery County
 - Worcester County



Oral Cancer Mortality in Maryland

SEER 2000-2004/Maryland Office of Oral Health

- Maryland ranks 22nd in total age-adjusted mortality (2.7/100,000) among all states
 - Equal to US average (2.7/100,000)
- Ranks 16th highest age-adjusted mortality rate in the US for males of all races (4.4/100,000)
 - Higher than US average (4.1/100,000)
- Ranks 41st highest age-adjusted mortality rate in the US for females of all races (1.4/100,000)
 - Lower than US average (1.5/100,000)



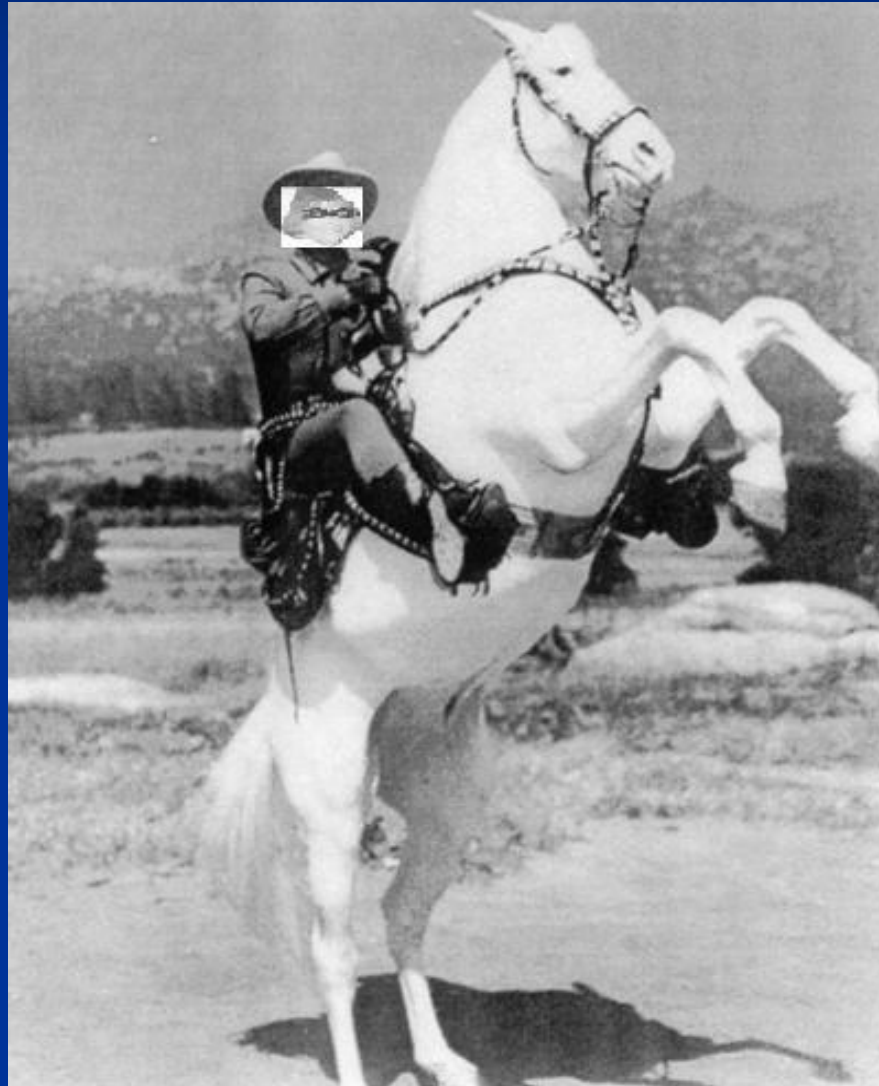
Statewide Oral Cancer Program Information

Outcomes to date - 1/2000 - 10/2005

- 20,325 individuals educated about oral cancer
 - 18,971 general public
 - 711 health care professionals
 - 643 trainers
- 5,352 individuals screened for oral cancer
 - 81 with findings of cancer or possible cancer
 - 44 abnormal but work up unknown or complete
 - 4 cancers detected
 - 33 no cancer detected or suspected
- 1.6 million people potentially reached through media and resource materials

"Hi-Yo Silver, Aw-a-a-a-y!"

Heading on the DC Beltway to College Park, MD
to address Health Literacy



A Heartfelt Thanks to Our Unsung Hero (and My Friend)

Editorial

Alice M. Horowitz, Ph.D., Oral Health Change Agent: An Unsung Hero

Myron Allukian, Jr., D.D.S., M.P.H.

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We are all familiar with the Oral Cancer Prevention, Dental Sealants, School-Based Fluoride, Oral Health Education and Promotion, Health Literacy, NIH Caries Consensus Conference, and Healthy People 2000 and 2010 prevention initiatives and programs. However, we may not be familiar with the person who has consistently been most influential in bringing these and other issues to the attention of the dental community and the American people. Although many individuals, organizations, agencies, and institutions have been involved in the prevention of oral diseases in our country, if you look closely (and you have to look very closely), one person consistently stands out. Without a closer look, you would not realize that she has been the force, the passion, and the worker behind these initiatives.

Alice M. Horowitz, R.D.H., M.A., Ph.D., Senior Scientist, Division of Population and Health Promotion Sciences at the National Institute of Dental and Craniofacial Research (NIDCR), has been a highly dedicated, determined, committed, and conscientious behind-the-scenes national and international stimulus and resource for better oral health and overall health.

Although Dr. Horowitz will insist that she is just one of many individuals involved in promoting oral health, her imprint is consistently seen on many oral disease prevention initiatives that have been promoted in our country for the past twenty-five years. Some recent examples:

- The renewed interest in oral cancer prevention was stimulated by Dr. Horowitz and her colleagues, who

played a critical role in building a strategic national plan for oral cancer prevention and then led the way to generate action. Her most recent contribution of many is documented in the November 2001 *JADA* Special Supplement—Combating Oral Cancer.¹

- Together with a team of agency representatives, Dr. Horowitz and colleagues aptly led the development and promotion of the National Oral Health Objectives in Healthy People 2010.²

- Dr. Horowitz was the Planning Committee Chairperson of the 2001 NIH Consensus Conference on the Management and Diagnosis of Dental Caries, and she led the team of reviewers through evidence-based review methodology training, creating the first such approach for the NIH consensus conference process.³

Dr. Horowitz has focused on oral health promotion and disease prevention her entire career. She is well known and recognized in the dental public health and dental research communities, having been awarded the John W. Knutson Distinguished Service Award by the Oral Health Section of the American Public Health Association in 2000, the Distinguished Service Award of the American Association of Public Health Dentistry in 1999, and the Trendley Dean Award from the International Association of Dental Research in 1992.

Dr. Horowitz received her R.D.H., B.A., and M.A. (Education) from the University of Iowa in the early 1960s and her Ph.D. in health education in 1992 from the University of Maryland—a real lifelong learner. She began her oral health career as a dental hygienist in private practice, then taught at the Uni-

