



Dental Public Health Activities & Practices

Practice Number: 28001
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SECTION I: PRACTICE OVERVIEW

Name of the Practice:

Statutory Mandate/Authority for State Dental Program

Public Health Functions:

Policy Development – Oral Health Program Policies
 Policy Development – Oral Health Program Organizational Structure and Resources

HP 2010 Objectives:

21-17 Increase the number of State & local dental programs with public health trained director.

State:

Missouri

Region:

Midwest
Region VII

Key Words:

Statutory mandate, statutory authority, state oral health program, dental program

Abstract:

Enacted in 1985, Missouri's statutory mandate requires the Department of Health to maintain a bureau of dental health (state oral health program). During times of competing health priorities and budgetary constraint, the statutory mandate/authority for a bureau of dental health has prevented the state oral health program and the state dental director's position from being eliminated and has kept the service programs from being assigned into other organizational entities. The statute played a prominent role in sustaining the state oral health program and maintaining a state dental director on at least one occasion.

Contact Persons for Inquiries:

M. Dean Perkins, DDS, MPH, Former Missouri State Dental Director, Executive Director, Association of State and Territorial Dental Directors (ASTDD), 322 Cannondale Road, Jefferson City, MO 65109, Phone: 573-636-0453, Fax: 573-636-0454, Email: dperkins@astdd.org

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Missouri Department of Health administers the state oral health program, which was established in the early 1960's. Statutory mandate/authority for Missouri's state oral health program was enacted in 1985.

Justification of the Practice:

Historically, state oral health programs have experienced difficulty in achieving and maintaining sustainable viability. Many of the states with a part-time director and some of the states with a full-time director lack an identifiable program. Many times when the incumbent retires or leaves the position, it is not filled and often a major effort by stakeholders is required to re-establish the state dental director position and the state oral health program. One method to ensure there is a sustainable state dental director and state dental program is to have statutory language requiring the program.

ASTDD Guidelines for State and Territorial Oral Health Programs (revised 1997) promotes the following state role under the Policy Development core function: "ensure appropriate legislative base for governance of agencies associated with oral health related functions" such as passing legislation to establish a state oral health program. The guidelines also promote a state role to "ensure oral health expertise and coordinated oral health focus in the health agency" and providing legislative authority for the oral health program is one way to achieve this.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

Missouri's statute that creates the state health agency has a paragraph stating that the Department of Health shall maintain several bureaus and among them is a bureau of dental health: "*The department of health and senior services shall maintain a bureau of vital statistics, a bureau of laboratories, a bureau of communicable diseases, a bureau of food and drug inspection, a bureau of child hygiene, a bureau of public health nursing, a bureau of tuberculosis control, a bureau of cancer control, a bureau of dental health, and other bureaus as may be necessary from time to time. The director of the department shall formulate orders and findings for the proper conduct of the bureaus.*" No further description of a bureau of dental health is included in the statute. During times of competing health priorities and budgetary constraint, the statutory mandate/authority a bureau of dental health has prevented the state oral health program and the state dental director's position from being eliminated and has kept the service programs from being assigned into other organizational entities. The statute played a prominent role in sustaining the state oral health program and maintaining a state dental director on at least one occasion.

Budget Estimates and Formulas of the Practice:

Not applicable.

Lessons Learned and/or Plans for Improvement:

State oral health programs need statutory mandate/authority as one factor in ensuring a sustainable, viable program. The statutory language varies among states with mandates for the state oral health programs. The state oral health program plans to prepare "implementing regulations" for the statutory mandate detailing programmatic activities.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

- *ASTDD Guidelines for State and Territorial Dental Programs - revised 1997* (Available from: www.astdd.org)
- *ASTDD Building Infrastructure and Capacity in State and Territorial Oral Health Programs - April 2000* (Available from: www.astdd.org)

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The presence or absence of a viable state dental program (with a state director possessing public health qualifications and the appropriate resources for program implementation based on the *ASTDD Guidelines for State and Territorial Oral Health Programs*) will impact the overall oral health of all populations in a state. As of May 2001, only 37 states have a full-time state dental director, 9 states have a part-time director, and 6 states lack a dental director. A 1994 ASTDD survey of all states showed that states with full-time state dental directors reported substantially greater involvement in activities related to the core functions of assessment, policy development and assurance.¹ Another ASTDD survey in 1991 found strong evidence to suggest that dental programs were more stable in states where a statutory basis for the program exists. Level of services had reportedly remained stable or had increased in the past two years to 93% of those states with clear legislative authority for dental public health programs, while level of services in 72% of programs in states without such authority had declined.² The statutory mandate/authority has sustained the Missouri state oral health program in at least one occasion.

References:

¹ Current Trends Core Public Health Functions and State Efforts to Improve Oral Health - United States, 1993. MMWR, March 25, 1994 / 43(11): 201, 207-9.

² Preparing dental public health to meet the challenges and opportunities of the 21st Century. Journal of Public Health Dentistry 1994 Spring, 54(2): 80-99.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

It is difficult to evaluate statutory mandate/authority based on this criterion in a meaningful way.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

The statutory mandate/authority for the Missouri state oral health program has been in place since 1985 without changes. The sustainability of the Missouri state oral health program may be at greater risk without the statutory authority.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

Collaboration and integration would be much more likely to occur with a state dental director and a viable state oral health program.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity?

Statutory mandate/authority for a state oral health program supports the HP 2010 objective to increase the number of state and local dental programs with public health trained director. A viable state oral health program will significantly impact the capacity to achieve any or all the HP 2010 oral health objectives. Also, the Surgeon General's Report noted that not every state health agency has an oral health program and state oral health programs are needed to direct and integrate public health services.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Among 41 states responding to a 1999 ASTDD survey, 15 states reported having statutory authority for their state oral health programs, 24 states lack such authority, and 2 states reported such statute is being developed. States having statutory authority include AZ, CA, FL, IL, KY, MD, MO, NC, NE, NM, NY, OR, PA, TX, WY, and most recently AR.