

Association of State and Territorial Dental
Directors

Guidelines for State and Territorial Oral
Health Programs



March 2021 Revisions



<http://www.astdd.org/state-guidelines/>

Introduction

Purpose

Welcome to the 2021 edition of the *Guidelines for State and Territorial Oral Health Programs*, produced by the Association of State and Territorial Dental Directors (ASTDD). Originally endorsed by more than 20 national organizations and federal agencies, this document provides guidance to health agency officials and public health administrators in the development and operation of strong oral health programs at the state level (also applies to DC and U.S. territories and jurisdictions.) A companion document, [*ASTDD Competencies for State Oral Health Programs*](#), describes 78 competencies in seven domains that represent skill sets needed for a successful state oral health program, whether they are present in oral health program staff or are obtained from other programs or outside sources. A state oral health program that has access to expertise reflected in the competencies should be in a better position to carry out roles outlined in the *Guidelines*. States are encouraged to routinely evaluate their progress against these *Guidelines and Competencies* and seek technical assistance from ASTDD as needed.

Historyhttps://www.ncbi.nlm.nih.gov/books/NBK221239/pdf/Bookshelf_NBK221239.pdf

The Core Public Health Functions of assessment, policy development and assurance identified in the [*1988 Institute of Medicine Report, The Future of Public Health*](#), and *Ten Essential Public Health Services* (10EPHS), were originally discussed in the 1994 document *Public Health in America* and are [summarized here](#). They were [recently updated in 2020](#) by the de Beaumont Foundation, Public Health National Center for Innovations, and a Task Force of public health experts. They provide the framework for many national programs and guidelines, including the [National Public Health Performance Standards Program](#) and the [Public Health Accreditation Board's voluntary accreditation for health departments](#). ASTDD applied this same framework in the 1990s with its own [*Ten Essential Services to Promote Oral Health in the U.S.*](#) (10EPHS-OH) that corresponded directly to the Public Health Essential Services. Because of the recent revisions to the 10EPHS, we have updated our 10EPHS-OH to correspond to these revisions. <https://www.nidcr.nih.gov/research/oralhealthinamerica>

The *Guidelines* revisions through 2015 included Part I that featured a narrative overview of oral health issues and oral health program capacity and infrastructure. With the release of [*Oral Health in America: Advances and Challenges*](#), and newer updates to various ASTDD infrastructure related documents, we have archived Part 1. The *Guidelines* now focus on the Part II matrix that describes state oral health program roles for each of the essential services, examples of specific activities for each role (some may appear for more than one role), and links to selected resources to help states accomplish these roles. The *Guidelines* document promotes integration of oral health activities into public health systems to assure healthy populations and communities for tomorrow.

While the oral health of Americans has vastly improved in the last 60 years, significant oral health disparities still exist. The role of state oral health programs is to improve oral health by increasing awareness of the relationship of oral diseases to systemic health and addressing the [*Healthy People 2030 Oral Conditions*](#) goal to “Improve oral health by increasing access to oral health care, including

preventive services.” State oral health programs with adequate infrastructure and capacity are integral to the mission of state health agencies and cannot accomplish their objectives without strong partnerships and input from stakeholders. Key messages outlined in the 2012 ASTDD report, [State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future](#), are still relevant today.

Acknowledgments

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Essential Public Health Services to Promote Health and Oral Health in the United States

<p>10 Essential Public Health Services (2020)</p>	<p>10 Essential PH Services to Promote Oral Health in the US (2021)</p>
<p style="text-align: center;">Assessment</p> <p>1. Assess and monitor population health status, factors that influence health, and community needs and assets.</p>	<p style="text-align: center;">Assessment</p> <p>1. Assess and monitor the population’s oral health status, factors that influence oral health, and community needs and assets.</p>
<p>2. Investigate, diagnose, and address health problems and hazards affecting the population.</p>	<p>2. Investigate, diagnose and address oral health problems and hazards affecting the population.</p>
<p style="text-align: center;">Policy Development</p> <p>3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.</p>	<p style="text-align: center;">Policy Development</p> <p>3. Communicate effectively to inform and educate people about oral health and influencing factors and educate/empower them to achieve and maintain optimal oral health.</p>
<p>4. Strengthen, support, and mobilize communities and partnerships to improve health.</p>	<p>4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.</p>
<p>5. Create, champion, and implement policies, plans, and laws that impact health.</p>	<p>5. Develop, champion and implement policies, laws and systematic plans that support state and community oral health efforts.</p>
<p>6. Utilize legal and regulatory actions designed to improve and protect the public’s health.</p>	<p>6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices.</p>
<p style="text-align: center;">Assurance</p> <p>7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.</p>	<p style="text-align: center;">Assurance</p> <p>7. Reduce barriers to care and assure access to and use of personal and population-based oral health services.</p>
<p>8. Build and support a diverse and skilled public health workforce.</p>	<p>8. Assure an adequate, culturally competent and skilled public and private oral health workforce.</p>
<p>9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.</p>	<p>9. Improve and innovate dental public health functions through ongoing evaluation, research and continuous quality improvement.</p>
<p>10. Build and maintain a strong organizational infrastructure for public health.</p>	<p>10. Build and maintain a strong organizational infrastructure for dental public health.</p>

Assessment

1. Assess and monitor the population’s oral health status, factors that influence oral health, and community needs and assets.

State Roles	Examples of Activities
<p>a. Maintain an ongoing understanding of oral health by collecting, monitoring, and analyzing data on oral health and factors that influence oral health with a particular emphasis on disproportionately affected populations.</p>	<ul style="list-style-type: none"> • Develop and maintain an oral health surveillance system that includes, at a minimum, the indicators recommended by CSTE. • Use ASTDD’s <i>State Surveillance Data Reference Guide</i> to identify data sources and collect existing oral health indicator data. • Use <i>ASTDD’s Basic Screening Survey (BSS)</i> protocol to collect oral health status data on a representative sample of third grade children. • Analyze emergency department data to determine the extent of non-traumatic dental care provided in emergency departments. • Work with the state Environmental Health program to maintain a list of system/ community fluoride levels. • Identify data gaps and determine methods for obtaining data with special emphasis on disproportionately affected populations. • During survey development, consider methods for obtaining information on high-risk subpopulations such as stratification, oversampling, etc. • Use BRFSS data to evaluate dental access and tooth loss among adults with diabetes, smokers, minority population groups, etc. • Using data from BRFSS, PRAMS and YRBSS, assess the relationship between oral health and general health. • Develop state-specific 2030 oral health objectives. • Work with local jurisdictions to help them collect local data during statewide surveys. • When appropriate, develop county specific fact sheets.
<p>b. Use data and information to document, and when possible, determine the root causes of oral health disparities and inequities.</p>	<ul style="list-style-type: none"> • When analyzing data from a BSS, evaluate oral health disparities by generating results stratified by SES, race/ethnicity, geographic location, etc. • Use the full range of variables in large datasets, such as BRFSS/PRAMS, to assess the relationship between oral health and other factors (e.g., smoking, chronic disease, disability, SES, race/ethnicity). • Add additional oral health questions to BRFSS, PRAMS and YRBSS to further assess disparities. • Examine data on dental health provider shortage areas, dental safety net geographic distribution/capacity, and Medicaid/CHIP provider distribution to determine the impact of provider distribution on access to care and oral health status.
<p>c. Work with the community to understand oral health status, needs, assets, and key influences.</p>	<ul style="list-style-type: none"> • Work with key stakeholders to conduct a community-based oral health needs assessment. • Work with hospitals to include oral health in the hospital’s community health needs assessments.

<p>d. Collaborate and facilitate data sharing with partners.</p>	<ul style="list-style-type: none"> • Collaborate with other state programs to collect non-oral health data (e.g., height and weight, asthma, etc.) during oral health surveys. • Partner with other programs collecting data on health disparities to include oral health as an outcome of interest. • Work with the state Department of Education (DOE) to merge BSS data with the DOE’s child level demographic data.
<p>e. Use innovative technologies, data collection methods, and data sets.</p>	<ul style="list-style-type: none"> • Use web-based systems to collect BSS and other oral health data. • Analyze emergency department data to determine the extent of non-traumatic dental care provided in emergency departments. • Assess the availability of additional datasets that may provide information to evaluate factors associated with oral health. • Partner with dental insurance companies to evaluate use of the dental care delivery system including provision of dental sealants and other preventive services. • Evaluate oral health related questions in existing data sources, opportunities for supplemental information, and broader concepts around access barriers as opposed to direct disease prevalence or insurance coverage type questions.
<p>f. Use various methods and technologies to interpret and communicate data to diverse audiences.</p>	<ul style="list-style-type: none"> • Include a data dissemination component in the state’s oral health surveillance system plan. • Submit data to the National Oral Health Data Portal. • Develop reports, issue briefs, web-based data platforms, and/or infographics to highlight successes and disparities. • When available and appropriate, include national data in state oral health reports. • Use an equity framework for disseminating information and consider culturally competent mechanisms for dissemination as well as the healthy literacy level of the audience. • Use social media and emerging platforms as communication tools. • Present data to coalitions and other key stakeholders to assist in developing a state oral health plan, strategic plan, and/or community oral health improvement plan.
<p>g. Analyze and use disaggregated data (e.g., by race/ethnicity, SES, etc.) to track disparities and inform equitable action.</p>	<ul style="list-style-type: none"> • When analyzing data from a BSS, evaluate oral health disparities by generating results stratified by SES, race/ethnicity, geographic location, etc. • Use the full range of variables in large datasets, such as BRFSS/PRAMS, to assess the relationship between oral health and other factors (e.g., smoking, chronic disease, disability, SES, race/ethnicity). • If disaggregated data is not available at the state level, use national data to assess disparities.
<p>h. Engage community members as experts and key partners.</p>	<ul style="list-style-type: none"> • Create a data and surveillance advisory board to review and evaluate the state’s oral health surveillance system. • Work with non-dental partners/advocates to identify ways to reduce disparities and improve health equity.

<p>i. Regularly review, update, and revise the state’s oral health surveillance system.</p>	<ul style="list-style-type: none"> • Determine if current data meet state and program needs. • Ask panel of experts and community members to review the surveillance system.
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2. Investigate, diagnose and address oral health problems and hazards affecting the population.

<p>State Roles</p>	<p>Examples of Activities</p>
<p>a. Anticipate, prevent, and mitigate oral health problems through epidemiologic identification.</p>	<ul style="list-style-type: none"> • Develop and maintain an oral health surveillance system that includes, at a minimum, the indicators recommended by CSTE. • Use ASTDD’s <i>State Surveillance Data Reference Guide</i> to identify data sources and collect existing oral health indicator data. • Use data from BRFSS, PRAMS, YRBS, BSS, and other sources to identify population demographics associated with oral health. • Review data on dental coverage and use of oral health services at various service sites. • Examine barriers and enablers for oral health services. • Analyze data by region or county. • Collect and submit data to the <i>State Synopses</i>. • Discuss potential coordination opportunities and resources for combined/shared data collection/analysis, e.g., height, weight and oral health status; by site such as WIC, Head Start; PRAMS, BRFSS, YRBSS. • Consider a community-based review or advisory board/workgroup to provide feedback on community driven priorities, needs, opportunities, and focus areas for oral health data sources and collection strategies.
<p>b. Monitor oral health risk factors along with access to preventive and restorative services to develop strategies to improve oral health.</p>	<ul style="list-style-type: none"> • Conduct environmental assessments to evaluate need for/feasibility of community water fluoridation or other preventive interventions, e.g., dental sealants, fluoride varnish, tobacco control, etc. • Analyze oral health data to identify areas with high disease burden or risk factors. • Analyze information about tobacco, vaping, substance use disorder. • Analyze information about HPV vaccinations. • Collaborate with local, state and federal partners to monitor and report on community water fluoridation. • Contribute to/review Fluoridation Award information when requested by ASTDD. • Participate in CDC’s Water Fluoridation Reporting System (WFRS) Program. • Attend CDC or other online Water Fluoridation courses. • Work with state water associations or water plant operator groups to provide education and training on the science and benefits of community water fluoridation. • Collaborate with other entities to conduct or sponsor trainings on water fluoridation for state and local water operators. • Create a fluoride advisory workgroup with stakeholders such as environmental health staff, environmental protection staff, state laboratory staff, state dental association and dental hygiene

	association reps, to periodically review and discuss CWF issues/concerns.
c. Use data to identify and respond to acute outbreaks, emergencies, and other health hazards.	<ul style="list-style-type: none"> • Become familiar with the state Health Alert Network or current state public health informatics network. • Become familiar with the state communicable disease reporting requirements. • Collaborate with the state epidemiologist and state laboratory director around identified health hazards. • Provide subject matter expertise on detection of disease outbreaks through oral manifestations. • Promote use of appropriate infection prevention and control measures/resources. • Identify opportunities for quality improvement strategies to address measures to prevent adverse health effects and health hazards. • Identify resource deficient areas where program implementation or maintaining national guidelines, protocols, or standards of care is unfeasible or impractical. • Develop protocols consistent with the state emergency operations plan. • Review the state-based Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and Medical Reserve Corps. • Formulate a Continuity of Operations Plan for the state oral health program. • Respond to reports of fluoride overfeeds or discontinuation. • Help disseminate influenza and other communicable disease prevention and management information.
d. Use modern technology to conduct screening and/or testing.	<ul style="list-style-type: none"> • Use teledentistry to expand access to oral health evaluations in schools, nursing facilities, remote/rural settings and other community-based settings.
e. Analyze and use information from multiple sectors and sources to evaluate social, economic, and environmental factors associated with oral disease.	<ul style="list-style-type: none"> • Use data from BRFSS, PRAMS, YRBS, BSS, and other sources to identify population demographics associated with oral health and oral diseases. • Review data on dental coverage and use of oral health services by social and economic factors. • Examine barriers and enablers for oral health services. • Analyze data by region or county. • Discuss potential coordination opportunities and resources for combined/shared data collection/analysis, e.g., height, weight and oral health status; by site such as WIC, Head Start; PRAMS, BRFSS, YRBSS. • Consider a community-based review or advisory board/workgroup to provide feedback on community driven priorities, needs, opportunities, and focus areas for oral health data sources and collection strategies.
f. Identify, analyze, and distribute information from new, big, and real-time data sources.	<ul style="list-style-type: none"> • Analyze emergency department data to determine the extent of non-traumatic dental care provided in emergency departments.

	<ul style="list-style-type: none"> • Assess the availability of additional datasets that may provide information to evaluate factors associated with oral health. • Partner with dental insurance companies to evaluate use of the dental care delivery system including preventive services.
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Policy Development

3. Communicate effectively to inform and educate people about oral health and influencing factors and educate/empower them to achieve and maintain optimal oral health.

State Roles	Examples of Activities
a. Develop and disseminate evidence-based oral health communication and health promotion strategies including through collaboration with/input from multi-sector partners in the community.	<ul style="list-style-type: none"> • Use established frameworks for developing health communication strategies. • Use ASTDD templates to plan and track communication activities. • Use members of target communities to help develop and field test materials.
b. Develop and use culturally and linguistically sensitive and relevant communications and educational resources, and apply the principles of health literacy, health education, and risk communication to inform the public about oral health matters.	<ul style="list-style-type: none"> • Review health literacy literature, including systematic reviews, using theories that might be adapted to communicating oral health issues. • In developing and using communications and educational resources, apply principles from the National Action Plan to Improve Health Literacy, the Plain Writing Act of 2010, CDC’s Health Literacy Action, Health Literacy in Healthy People 2030, and similar policies and initiatives. • Convene interested constituencies and groups to promote and advocate for health literacy policies at the state and local levels. • Use members of primary audiences to help develop and field test material.
c. Use appropriate and multiple oral health communication channels, with accuracy and necessary speed, to effectively reach the intended populations.	<ul style="list-style-type: none"> • Review tools and guidelines for selecting communication channels and creating materials. • Solicit input from communities on appropriate communication channels (e.g., social media, texting) and settings (e.g., bus/train stops, gas station pumps) for selected messages. • Develop a communication plan that may be guided by the ASTDD Communication Plan Template for the state oral health program. • Use media that best fits the intended population to disseminate oral health messages. • Develop statewide and regional oral health literacy campaigns.
d. Collaborate with partners to leverage system-wide resources for integrating oral health with other health messages.	<ul style="list-style-type: none"> • Interface with programs where oral health messages can support or add to other health messages and vice versa, e.g., diabetes, MCH, tobacco, hypertension, HIV, CSHCN, school health, HPV, cancer. • Participate in social media forums (e.g., Twitter storms) on specific topics. • Work with groups and church assemblies representing people of color to communicate oral health equity issues.
e) Identify and use expertise in oral health communications, promotion and	<ul style="list-style-type: none"> • Review and use resources from national, state, and local groups.

<p>education to providers and community organizations to ensure that these efforts are asset-based and do not reinforce misleading narratives that adversely impact intended populations.</p>	<ul style="list-style-type: none"> • Use the services of groups or individuals with expertise in writing for a variety of audiences and levels of health literacy proficiency. • Identify specialists and training opportunities in health education, health communication and health behavior. • Identify resources for assistance with graphics, social media, and writing/editing. • Interface with the Public Health Information Officer.
<p>f. Evaluate effectiveness and quality of health communication, promotion, and education programs.</p>	<ul style="list-style-type: none"> • Review online evaluation resources. • Implement the evaluation measures and methods listed in your state oral health program communication plan. • Analyze evaluation findings and write an evaluation report.

4. Mobilize community partners to leverage resources and advocate for/act on oral health issues.

<p>State Roles</p>	<p>Examples of Activities</p>
<p>a. Engage community members to develop or enhance oral health coalitions and interact with other constituencies and groups with a vested interest in addressing oral health issues, reducing oral health disparities, and developing solutions.</p>	<ul style="list-style-type: none"> • Use the American Network of Oral Health Coalitions’ website to compare characteristics of existing oral health coalitions. • Form oral health coalitions. • Use <i>A Guide for Developing and Enhancing Community Oral Health Programs</i> to walk local public health agencies through the steps for developing, integrating, expanding, or enhancing community oral health programs. • Collaborate with stakeholders around oral health issues related to specific groups such as pregnant women, CSHCN, older adults, institutionalized persons, homeless populations. • Embrace the concepts of health equity and provide leadership to achieve oral health equity.
<p>b. Identify, convene, and facilitate influential multi-sector partnerships and coalitions to foster joint oral health initiatives, sharing of resources, collaborative decision-making, advocacy and quality improvement.</p>	<ul style="list-style-type: none"> • Conduct oral health forums/summits on specific topics or populations, e.g., Head Start, children with special needs, uninsured groups. • Promote oral health integration in primary care settings. • Convene ad-hoc committees or steering committees. • Collaborate with MCH and chronic disease programs at state and local levels. • Collaborate with the state education department to establish oral health inclusion in state core curricula. • Collaborate with state Medicaid and CHIP programs to track use of services and other data. • Participate with state primary care offices, primary care associations, rural health offices and others to help underserved communities develop oral health programs in community health centers, non-profit clinics and other health care resources. • Convene and participate with state affiliates of medical, dental, and public health professional organizations in oral health initiatives. • Advocate for the use of <i>Bright Futures Oral Health</i> and similar guidelines for well-baby/child health visits.

	<ul style="list-style-type: none"> Promote the credentialing and reimbursement of community health workers, home visitors and similar groups (e.g., promotoras) that includes incorporation of oral health curricula into their training programs.
c. Secure resources to support actions for collaborative oral health strategies, interventions, and activities.	<ul style="list-style-type: none"> Investigate funding and grants from government agencies, foundations, insurance companies, professional associations, dental trade organizations, and businesses. Seek "in-kind" services, such as free advertising or products that an individual or business might offer instead of funding. Help organize and participate in private/public partnership events using volunteers such as Missions of Mercy, Give Kids a Smile, Special Olympics. Work with high schools, colleges, and universities to provide student or DPH resident experiences.
d. Communicate with, support, and learn from existing community partners and constituencies and provide oral health expertise and information on a regular basis.	<ul style="list-style-type: none"> Develop and operationalize a communication plan. Share success stories. Share new research for application in community settings. Use partner websites, newsletters, or social media posts to share information. Share <i>ASTDD Roundup</i>, <i>Weekly Digest</i>, <i>Annual Report</i>, and other ASTDD resources.
e. Coordinate oral health efforts with other governmental entities at the local, state, and federal levels.	<ul style="list-style-type: none"> Educate public health professionals on the impact of oral health on chronic diseases and general health and the need for oral health integration with primary care. Promote established and tested oral health training tools such as <i>Smiles for Life</i>, <i>Open Wide</i> and others. Share information with public health coalitions. Co-sponsor trainings, meetings, and symposia with other health agencies. Share examples of messages or programs that reflect integration and collaboration. Participate in efforts to gain Public Health Accreditation for the state or local health agency.
f. Support efforts to educate public officials, policymakers, program administrators, and professionals on oral health issues and solutions.	<ul style="list-style-type: none"> Participate in trainings or use online resources on policy development. Schedule a policy consensus session consultation with an ASTDD consultant. Distribute policy development guides to coalition and community partners. Provide information and resources to coalition and partner efforts to interact with legislative champions and develop legislative oral health policies and studies. Integrate oral health into social marketing campaigns.
g. Foster and build genuine new strength-based relationships that reflect the community and population to address emerging oral health issues.	<ul style="list-style-type: none"> Reach out to state and local chapters of AAP, ACOG, March of Dimes, AANP, AAPA, AAFP, local civic organizations (e.g., Elks Club), school nurse association, hospital association, PTA, dental insurance companies and others.

	<ul style="list-style-type: none"> Engage hospitals in delivery/linkages for oral health education and care and prevention of inappropriate use of emergency departments for non-traumatic dental conditions.
<p>h. Evaluate partnerships and their effectiveness in leveraging resources and advocating for oral health issues and programs.</p>	<ul style="list-style-type: none"> Highlight legislative and program successes in the past year and the key partners who contributed. Brainstorm a list of groups that have never been involved in oral health activities or policy development, noting potential benefits for soliciting their involvement. Use the <i>Handbook on Planning, Evaluating and Improving Interagency Collaboration in State Oral Health Programs</i> or other tools to evaluate current and potential partnerships.

5. Develop, champion and implement policies, laws and systematic plans that support state and community oral health efforts.

State Roles	Examples of Activities
<p>a. Develop new or improve existing policies, plans and laws to ensure their impact towards optimal oral health for all.</p>	<ul style="list-style-type: none"> Review and study new oral health policy research. Review policies of national advocacy groups to determine new progressive policies. Conduct an environmental assessment of current policies and policy priorities. Conduct oral health summits to determine the success of current policies. Distribute policy development guides to coalitions and community partners. Develop a Communications Plan to gain support from partners and public policy- makers. Conduct media awareness campaigns on oral health issues to support current or new policies. Form Oral Health Coalitions to help with policy and advocacy. Identify oral health champions in the community and legislature. Develop a Policy Plan that aligns with oral health priorities. Use the <i>State Oral Health Plan Comparison Tool</i> to help determine other states' Best Practice policies. Participate in policy development trainings. Schedule a policy consensus session with an ASTDD consultant.
<p>b. Working across partners, systematically and continuously implement oral health improvement strategies and plans to determine effectiveness of policies, plans and laws.</p>	<ul style="list-style-type: none"> Engage evaluation consultants and epidemiologists to assess barriers to and successes of implemented policies, plans and laws. Use process and outcome indicators to track progress. Use the evaluation methods and measures outlined in the communication plan to determine the most effective strategies and any unintended consequences. Collect and disseminate success stories. Use media to publicize impacts of policies, plans and laws.

6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices.

State Roles	Examples of Activities
a. Ensure that applicable laws are equitably applied to protect the public’s oral health.	<ul style="list-style-type: none"> • Monitor state regulations regarding oral health policies and safety. • Promote and monitor infection control practices and worker safety programs.
b. Conduct enforcement activities and licensing to monitor the quality of oral healthcare services.	<ul style="list-style-type: none"> • Review and understand state laws relating to scope of practice and supervision of the oral health workforce. • Evaluate the impact of the laws and regulations related to the oral healthcare workforce.
c. License and credential the oral healthcare workforce.	<ul style="list-style-type: none"> • Provide guidance and best practice data on the scope of practice and dental licensing services. • Provide input to state licensing boards and legislative bodies.
d. Include oral healthcare considerations in laws from other sectors.	<ul style="list-style-type: none"> • Discuss and seek legal guidance in proposing, interpreting and understanding new licensing and credentialing of the oral healthcare workforce.

Assurance

7. Reduce barriers to care and assure access to and use of personal and population-based oral health services.

State Roles	Examples of Activities
a. Connect the population to needed oral health services, including preventive services.	<ul style="list-style-type: none"> • Form or join a broad-based health care access coalition. • Advocate for integrated approach to delivery of health care services, including oral health services. • Support interprofessional practice and reimbursement models in diverse settings.
b. Ensure access to high-quality and cost-effective oral healthcare and educational materials that are culturally and linguistically appropriate.	<ul style="list-style-type: none"> • Promote use of or develop a database of appropriate materials for different ages and ethnic groups. • Use materials that have been field-tested for different populations. • Field-test any new materials developed with primary audiences.
c. Engage oral health delivery systems to assess and address gaps and barriers to accessing needed oral health services through best practices.	<ul style="list-style-type: none"> • Identify what other states have done to enhance access by reviewing state activity submissions in the ASTDD Best Practice database. • Submit promising practices to ASTDD Best Practices committee. • Disseminate the results of collaborative guidelines in local or state publications.
d. Address and remove barriers to care by providing information about successful strategies to policymakers.	<ul style="list-style-type: none"> • Produce a report on use of oral health services in the population, especially in underserved groups. • Collaborate with partners to conduct a press conference on findings in the report. • Invite policymakers for “photo ops” in sites serving underserved groups.

e. Build relationships with payers and oral healthcare providers, including sharing of data.	<ul style="list-style-type: none"> • Contribute oral health input to the development of a statewide all payer claims database. • Identify state efforts to address health insurance protocols and provide oral health input.
f. Evaluate impact of interventions and policy development on access to services.	<ul style="list-style-type: none"> • Collaborate with universities, workforce centers, public health institutes or other groups to evaluate access. • Review Medicaid and CHIP utilization and other existing survey data related to access.

8. Assure an adequate, culturally competent and skilled public and private oral health workforce.

State Roles	Examples of Activities
a. Promote and link to education that encompasses a spectrum of dental public health competencies, including technical, strategic, and leadership skills	<ul style="list-style-type: none"> • Conduct or support a leadership academy for directors of dental programs that support vulnerable populations. • Attend the National Oral Health Conference.
b. Contribute to the development of a competent oral health workforce	<ul style="list-style-type: none"> • Engage young people to raise awareness of oral health professional careers. • Promote continuing education requirements for essential skills and emerging issues.
c. Ensure a pipeline of future dental public health professionals to meet the public’s needs and those of academia, research and governmental programs.	<ul style="list-style-type: none"> • Assess and track the distribution of current dental public health professionals in the state by type of setting and job responsibilities. • Promote dental public health opportunities through state oral health programs. • Support service-learning opportunities during dental/dental hygiene education programs. • Highlight dental public health professionals for their background and activities in state oral health program or oral health coalition communications. • View and promote the American Institute for Dental Public Health (AIDPH) website, webinars and meetings.
d. Build a culturally competent oral health workforce and leadership that reflects the diversity of the population.	<ul style="list-style-type: none"> • Review state loan repayment mechanisms and how they address workforce shortage areas that provide services for different ethnic groups. • Provide/link to training in cultural competency and health equity. • Promote internships, job opportunities or positions on task forces or advisory groups to underrepresented groups.
e. Incorporate dental public health principles in other public health and health professions curricula.	<ul style="list-style-type: none"> • Collaborate with public health partners to promote public health and dental public health with non-public health entities. • Reach out to dental professional education programs (e.g., dental, dental hygiene and residency programs) to participate as ad-hoc faculty or lecturers and contribute public health material. • Provide links to ASTDD’s DPH 101 learning module.

<p>f. Cultivate partnerships with academia and other professional education programs.</p>	<ul style="list-style-type: none"> • Develop or expand collaborative relationships with educational institutions and joint CE offerings with professional associations. • Develop service-learning opportunities under the supervision of the state oral health program. • Conduct joint research studies and write joint reports with academic faculty.
<p>g. Promote a culture of lifelong learning.</p>	<ul style="list-style-type: none"> • Highlight professional development opportunities in state oral health program and other organizations' communications. • Provide incentives for state oral health program staff to attend professional development opportunities (e.g., support fees for online courses and conferences). • Establish a book club featuring contemporary public health issues. • Jointly establish annual goals with staff to increase their knowledge and skills in specific areas.

9. Improve and innovate dental public health functions through ongoing evaluation, research and continuous quality improvement.

State Roles	Examples of Activities
<p>a. Build and foster a culture of quality in dental public health programs and activities.</p>	<ul style="list-style-type: none"> • Use an oral health performance management system to monitor and improve oral health promotion activities systemwide. • Develop a culture of quality established and supported by leadership.
<p>b. Link public health research with dental public health practice to support evidence-based public health preventive strategies.</p>	<ul style="list-style-type: none"> • Partner with public health schools or institutes or other groups to develop research and policy agendas as part of environmental scans and state oral health plans. • Keep abreast of new research and educational initiatives surrounding precision public health and opportunities for integration into dental public health. • Continue to educate the dental community about benefits of evidence-based population based preventive services. • Support successful community water fluoridation by public education, monitoring through WFRS, and equipment surveys. • Support school-based sealant programs. • Support HPV vaccination programs.
<p>c. Use research, evidence, practice-based insights and other forms of information to inform decision making.</p>	<ul style="list-style-type: none"> • Use Cochrane Reviews and information from evidence-based dentistry and public health websites on a variety of oral health topics. • Learn how to use PubMed. • Attend or access online professional development opportunities on community- based participatory research, evidence-based practice and critical reviews. • Use research related resources shared in ASTDD Weekly Digest. • Attend AADR/IADR or other research meetings and presentations.
<p>d. Evaluate services, policies, plans, and laws continuously to ensure they are</p>	<ul style="list-style-type: none"> • Ask for evaluation assistance from an ASTDD evaluation consultant or other evaluation resources.

<p>contributing to health and not creating undue harm.</p>	<ul style="list-style-type: none"> • Engage stakeholders in creating and implementing an evaluation plan for oral health programs and services. • Develop logic models with associated evaluation measures for oral health promotion activities and services. • Use qualitative, quantitative and lived experience as data and information to inform decision making. • Use process and outcome indicators to track progress on the objectives to determine the most effective strategies and any unintended consequences.
<p>e. Establish and use engagement and decision-making structures to work with the community in all stages of planning and policy development.</p>	<ul style="list-style-type: none"> • Review resources on strategic planning and policy development • Hold joint trainings with other chronic disease and family health programs on community engagement and policy development. • Request training or technical assistance from ASTDD or health policy institutes in the state.

10. Build and maintain a strong organizational infrastructure for dental public health.

State Roles	Examples of Activities
<p>a. Develop an understanding of how oral health fits in the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations).</p>	<ul style="list-style-type: none"> • Use <i>ASTDD Competencies</i> to develop position descriptions, interview questions and performance measures for staff. • Determine if the state oral health plan needs updating or modification to address gaps, emerging issues or successes. • Compare your State Synopses information with other states' information. • Consider initiating a state oral health program review or seek technical assistance, such as a SWOT analysis, from ASTDD.
<p>b. Exhibit effective and ethical leadership, decision-making, and governance.</p>	<ul style="list-style-type: none"> • Complete the ASTDD SOHP Competency Assessment Tools and identify areas for improvement and need for training or other expertise. • Conduct a survey of CE/training needs of OH/DPH workforce.
<p>c. Manage financial and human resources effectively.</p>	<ul style="list-style-type: none"> • Attend seminars or online learning courses on basics of management and financial sustainability. • Develop a financial sustainability plan to determine potential sources of support. • Apply for grants that match your program's mission and needs. • Develop and use orientation and performance evaluation programs for staff.
<p>d. Employ effective communications and strategic planning capacities and skills.</p>	<ul style="list-style-type: none"> • Advocate for value of program using effective communication methods and partners.
<p>e. Use and advocate for robust information technology services that are current and meet privacy and security standards.</p>	<ul style="list-style-type: none"> • Receive training in information technology and get versed in several software programs. • Implement state and regional referral systems that are compliant and adaptable to community needs.
<p>f. Be accountable, transparent, and inclusive with all partners and the community in all communication.</p>	<ul style="list-style-type: none"> • Participate in various health coalitions and other groups that meet routinely where you can demonstrate accountability and inclusivity.

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| | <ul style="list-style-type: none">• Provide contact information for all communications in case there are questions or responses. |
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Acronyms

AADR/IADR American/International Association for Dental Research
AAFP American Academy of Family Practitioners
AANP American Association of Nurse Practitioners
AAP American Academy of Pediatrics
AAPA American Academy of Physician Assistants
AAPD American Academy of Pediatric Dentistry
AAPHD American Association of Public Health Dentistry
ACOG American College of Obstetricians and Gynecologists
ADA American Dental Association
ADEA American Dental Education Association
ADHA American Dental Hygienists' Association
AIDPH American Institute for Dental Public Health
ANOHC American Network of Oral Health Coalitions
APHA American Public Health Association
BRFSS Behavioral Risk Factor Surveillance Survey
BSS Basic Screening Survey
CDC Centers for Disease Control and Prevention
CE Continuing Education
CHIP Children's Health Insurance Program
CSHCN Children with Special Health Care Needs
CSTE Council of State and Territorial Epidemiologists
CWF Community Water Fluoridation
DOE Department of Education
DPH Dental Public Health
ESAR-VHP Emergency System for Advance Registration of Volunteer Health Professionals
HIT Health Information Technology
HIV/AIDS Human Immunodeficiency Virus/ Acquired Immunodeficiency Disease Syndrome
HPV Human Papilloma Virus
HRSA Health Resources and Services Administration
MCH Maternal and Child Health
MSDA Medicaid/Medicare/CHIP Dental Association
NOHC National Oral Health Conference
NOHSS National Oral Health Surveillance System
OH Oral Health
PRAMS Pregnancy Risk Assessment Monitoring System
PTA Parent Teacher Association
SES Socioeconomic status
SOHP State Oral Health Program
SWOT Strengths, Weaknesses, Opportunities, Threats (Assessment)
WFRS Water Fluoridation Reporting System
WIC Women, Infants and Children (Special Supplemental Nutrition Program)
YRBSS Youth Risk Behavior Surveillance Survey