State Oral Health Program Infrastructure and Capacity Policy Statement
Association of State and Territorial Dental Directors (ASTDD)
Adopted: May 17, 2013

Problem

The oral health of the U.S. population must be improved if we are to achieve our country's Healthy People 2020 goals. State Oral Health Programs (SOHP) provide the infrastructure and capacity essential to create, implement and evaluate oral health initiatives and policies that are critical to attaining those health goals.

Several studies and documents have suggested that the oral health infrastructure at the national, state and community levels needs to be improved to assure optimal oral health for the U.S. population.[1,2,3,4] A 2006 study concluded, "Findings suggest the U.S. dental public health workforce is small, most state programs have scant funding, the field has minimal presence in academia, and dental public health has little role in the regulation of dentistry and dental hygiene. Successful efforts to enhance the many aspects of the U.S. dental public health infrastructure will require substantial collaboration among many diverse partners."[3] The Surgeon General's seminal 2000 report, *Oral Health in America,* noted that "the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups and the integration of oral and general health programs is lacking."[1]

Recognizing the need for improved infrastructure, there have been many attempts to increase oral health infrastructure and capacity in state and local health departments, dental professional schools, community health centers and other programs. Since 2000, federal agencies such as the Centers for Disease Control and Prevention (CDC), Division of Oral Health, and various bureaus of the Health Resources and Services Administration (HRSA), especially the Maternal and Child Health Bureau, as well as other national, state and local organizations and foundations, have made significant investments in state oral health programs and activities to improve the oral health of the U.S. population. Many SOHP have strengthened their infrastructure and capacity to perform some of the 10 Essential Pubic Health Services to Promote Oral Health, while other programs have not made gains or have lost infrastructure and capacity due to challenging economic and political climates. The 2012 ASTDD report, *State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future,* concludes that despite these improvements in SOHP infrastructure and capacity, "The battle for reducing oral health disparities through access to primary prevention, preventive services and affordable dental care has not yet been won."[5]

Methods

Healthy People 2020 identifies building public health infrastructure as a national goal. The *Healthy People 2020* oral health infrastructure objective OH-17.1 is to "Increase the proportion of states (and DC) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training." [6] Strong infrastructure increases the capacity to enable basic programs to become robust programs. Establishing and sustaining adequate infrastructure requires high levels of investment, expertise, and political will.[5] A 2006 assessment of the dental public health infrastructure in the U.S., funded by the National Institute of Dental Research, recognized that infrastructure requires an adequate workforce, sufficient administrative presence in health departments, adequate financial resources to implement programs, and legal authority to use personnel in an efficient and cost-effective manner.[3] The Patient Protection and Affordable Care Act also recognizes the importance of positioning state oral health programs to coordinate existing and new programs, provide meaningful leadership and guidance, implement dental public health strategies, and thoughtfully assess programmatic impacts through surveillance. [7] The Act includes several provisions to improve oral health, including expanding CDC cooperative agreements to all states and territories.[8]

ASTDD's report, ***State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future***[5] looked at state oral health program infrastructure from 2000 to 2010 and capacity to address Core Public Health Functions and deliver the 10 Essential Public Health Services to Promote Oral Health. Based on analysis of State Synopsis trend data and interviews with key informants, the report highlights lessons learned and identifies five key state oral health program infrastructure elements that are needed to assure oral health for the U.S. population and shared lessons learned.[5]

- **Resources: Funding and Technical Assistance, SOHP Position and Authority within the Public Health System:** A successful SOHP must have diversified resources that include funding for local programs. Relying on just one funding source can jeopardize a program, especially during difficult economic times. "Placement of the SOHP within the state's health division is also important. Successful programs tend to have a higher placement within the state's organizational structure giving them direct access to the state health official and the ability to negotiate inclusion in funding opportunities."[5]

- **SOHP Leadership/Staffing, Public and Private Partnerships/Collaborations, Coalitions, Champions/Advocates:** Successful SOHPs have a continuous, strong, credible leader who is a dental professional with public health training.[5,6] A SOHP needs to be strong and forward thinking with the ability to leverage available assets to ensure that the state is addressing the 10 Essential Public Health Services to Promote Oral Health and the Guiding Principles of the SOHP Competencies, and that

clinical services are being provided at the local level. Strong SOHPs also have broad-based coalitions and public and private partners with financial and political clout. [5]

- **Surveillance Capacity:** Data drives decision-making. Ongoing, high quality oral health surveillance with sound analysis and broad dissemination is an essential factor for success. Promoting and leveraging funding for the expansion of oral health surveillance measures through the Pregnancy Risk Assessment Monitoring System survey, National Health and Nutrition Examination Survey, Behavioral Risk Factor Surveillance System, Medical Expenditure Panel Survey, and National Oral Health Surveillance System oral health indicators assures a comprehensive appraisal of oral health status and the resources needed to support policy changes and drive oral health improvement.[9] "Sharing reader-friendly oral health surveillance data and reports with partners and funders promotes understanding of the importance of oral health and disease prevention programs, as well as the need for and value of funding for these programs."[5]

- **State Planning, Evaluation Capacity: "**Evaluation can assess a program's relevance, progress, efficiency, effectiveness and impact. Program evaluation engages stakeholders and is useful for continuous quality improvement. Carefully planned evaluation can yield new evidence. Evaluation helps build infrastructure and enhance sustainability by using results to improve programs, increase program visibility and demonstrate program achievements. SOHP infrastructure is needed to build capacity for evaluation. For a SOHP to succeed it must have a current (within the last five years) and comprehensive state oral health plan with a practical evaluation component. Strong programs have evidence-based goals, conduct routine evaluation, and alter their programs based on evaluation results."[5]

- **Policy Work, Evidence-Based Prevention Programs: "**States that have documented improvements in the oral health status of their residents have in common strong evidence-based local programs with quality guidance from the state." Local evidence-based programs targeted to high-risk populations were essential to oral health improvements. "Developing socio-political systems and policy changes that support oral health interventions are important to the long-term sustainability of state oral health programs." Policy work guides decisions about program priorities as well as resource allocation and appropriation.[5]

Development of an adequate SOHP infrastructure that meets these key elements requires the coordinated efforts of various stakeholders, partners, governmental and non-governmental organizations and programs. In addition to the *State Oral Health Infrastructure and Capacity* report, ASTDD has developed the following key documents, along with other resources, to help SOHP become strong and vibrant:

Guidelines for State & Territorial Oral Health Programs[10]

These *Guidelines* were first published in 1985 and have been revised to reflect changes in national public health guidelines and advances in the field. They outline state roles for each of the 10 Essential Services to Promote Oral Health, examples of activities to accomplish the roles, and links to other useful resources. The *Guidelines* and accompanying assessment tools are used by states for developing or enhancing their programs and are used by ASTDD in SOHP reviews.

Competencies for State Oral Health Programs[11]

These competencies represent those 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. To reflect varying levels of skills, four levels of attainment are included for each competency. Competencies and assessment tools can help states determine their current status and what are realistic expectations and aspirations.

ASTDD and its national partners have numerous **Program Support** resources to assist state and territorial dental directors in their pursuit of knowledge and skills to foster excellence in oral health program leadership.

Policy Statement

ASTDD supports and strongly recommends that state oral health programs have the authority, visibility and sufficient infrastructure and capacity to be able to perform the Public Health Core Functions and the 10 Essential Public Health Services to Promote Oral Health, as well as the resiliency to withstand economic instability and the flexibility to respond to future opportunities and transformations. This infrastructure and capacity should include:

- -Diversified partnerships and resources that include funding for state and local evidence-based programs;
- -Continuous strong, credible and forward-thinking leadership by a dental professional with public health training;
- -A complement of staff, consultants and partners with proficiency in the ASTDD SOHP Competencies;
- -One or more broad-based coalitions that include partners with fiscal and political clout; and
- -Valid data to use for evaluation, high quality oral health surveillance, a state oral health plan with implementation strategies, and evidence-based programs and policies.

[1] U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD. U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.

[2] U.S. Department of Health and Human Services. *A National Call to Action to Promote Oral Health. Rockville, MD.* U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2003.

[3] Tomar, AL. An assessment of the dental public health infrastructure in the United States. *J Public Health Dent*. 2006;66(1):5-16.

[4] U.S. Department of Health and Human Services. *Healthy People 2010.* Chapter 21-Oral Health. Washington, D.C.: U.S. Government Printing Office; 2000. Archived at http://www.healthypeople.gov/2010/Document/HTML/Volume2/21Oral.htm.

[5] Association of State and Territorial Dental Directors. *State Oral Health Infrastructure and Capacity: Reflecting on Progress and Charting the Future.* Sparks, NV: Association of State and Territorial Dental Directors; 2012.

[6] U.S. Department of Health and Human Services. Healthy People 2020. Oral Health. http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32. Accessed December 11, 2012.

[7] National Maternal and Child Oral Health Policy Center at Children's Dental Health Project. Opportunities for Preventing Childhood Dental Caries through Implementation of Health Care Reform. *TrendNotes.*2010;(3). http://www.nmcohpc.net/resources/TrendNotes3.pdf. Accessed December 13, 2012.

[8] H.R. 3590--111th Congress: Patient Protection and Affordable Care Act. 2009. http://www.govtrack.us/congress/bills/111/hr3590. Accessed March 9, 2013.

[9] Association of State and Territorial Health Officials. *Oral Health Position Statement.* December 2012. http://www.astho.org/Advocacy/Policy-and-Position-Statements/Position-Statement-on-Oral-Health/. Accessed March 7, 2013.

[10] Association of State and Territorial Dental Directors. *Guidelines for State and Territorial Oral Health Programs.* Sparks, NV: Association of State and Territorial Dental Directors. Revised 2010. http://www.astdd.org/state-guidelines/. Accessed December 13, 2012.

[11] Association of State and Territorial Dental Directors. *Competencies for State Oral Health Programs*. Sparks, NV: Association of State and Territorial Dental Directors. 2009. http://www.astdd.org/docs/CompetenciesandLevelsforStateOralHealthProgramsfinal.pdf. Accessed December 13, 2012.