

Dental Public Health Activity Descriptive Report

Practice Number: 05004
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice:		
Statutory Mandate for State Oral Health Program		
Public Health Functions:		
Policy Development – Oral Health Program Policies		
HP 2020 Objectives:		
OH-17.1 Increase in the proportion of States (including the District of Columbia) 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.		
State:	Region:	Key Words:
Arkansas	South Region 6	Policy, legislation, statutory mandate, statutory authority, state oral health program
Abstract:		
<p>Maintenance of a state oral health program is often dependent on current policy makers at the state level. Without a legislative mandate, oral health programs are often on the cutting block in hard economic times. With a mandate, legislators and state health officials have more reason to maintain the oral health program and to give it the support required for success. Working with the Arkansas State Dental Association, the Office of Oral Health offered wording suggestions for a bill to mandate the Office and its basic structure. The dental association drafted the bill and had a state representative sponsor it. The bill passed both houses of the legislature unanimously and the governor signed it into law in 2001. Since passage of the mandate, state agencies suffered serious budget cuts. Because of the new legislation, the oral health program did not experience any reduction in funding.</p>		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Arkansas Office of Oral Health (formerly the Office of Dental Health) has had many ups and downs in its four-decade history. With changes in administrations and state health officers, the program has had strong, limited or no support depending on priorities within state agencies. Following the retirement of the previous state dental director in 1997, the position was vacant for almost two years. In that time, virtually all oral health initiatives within the health department were abandoned. Upon re-establishment of the Office of Oral Health in 1999, the new state dental director began steps to ensure continuation of the oral health programs.

Justification of the Practice:

State oral health programs are often sacrificial lambs during tough economic times. Arrival of a new state health officer, or other changing priorities in the executive branch, often leaves oral health without the champions necessary to sustain its importance to policy makers. Creation of a state law to mandate the oral health program helps the program survive in the face of outside pressures and expresses the importance of oral health for all to see.

Administration, Operations, Services, Personnel, Expertise and Resources:

The Director of the Office of Oral Health is an experienced public health dentist with strong ties to organized dentistry. Using those ties, and with the help of a supportive state legislator, the Director explored the need for statutory mandate of the state oral health program. A coalition of supporters resulted from this effort and began to initiate and advocate for statutory mandate. The coalition included the state dental association, the state dental hygiene association, the primary care association and Arkansas Advocates for Children and Families.

The Director of the Office of Oral Health searched for language from various state statutes and offered language to the state dental association. The state dental association worked with its lobbyists and drafted a bill that would put the existence of the state oral health program (Arkansas Office of Oral Health), and its basic structure, into law.

The statutory mandate for the state oral health program states:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code 25-9-101, concerning creation of and divisions within the Department of Health, is amended by adding the following additional subsection:

- (e) (1) The Department of Health shall maintain an Office of Oral Health.
- (2) The Director of the Office of Oral Health shall be an experienced public health dentist licensed to practice under the Arkansas Dental Practice Act, which begins at § 17-82-101.
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- (3) The director shall:
 - Plan, direct, and coordinate all dental public health programs with other local, state, and national health programs;
 - Serve as the department's chief advisor on matters involving oral health; and
 - Plan, implement, and evaluate all oral health programs within the department.

A legislator then introduced the bill into the General Assembly. The coalition was able to shepherd the bill through the General Assembly without opposition. The bill passed both houses of the legislature and was signed into law by the Governor during 2001.

Budget Estimates and Formulas:

Development and passage of the legislation required no funding from the Office of Oral Health. Members of the coalition donated time, efforts and expertise in the development of the bill and its passage as law. While the state dental association had minor lobbying expenses, such costs were part of the normal operating budget of the association.

Lessons Learned and/or Plans for Improvement:

The existence of the new legislation was paramount to the continued existence of the state oral health program during budget cuts enacted less than one month after passage. Without the new mandate, oral health would certainly have been subjected to increased pressure to downsize or be eliminated. Instead, budget discussions were specifically steered away from oral health at the direction of the state health officer.

During the 2005 session of the Arkansas General Assembly, at the direction of Governor Mike Huckabee, the health department was merged with social services to create the Arkansas Department of Health and Human Services (DHHS). The mandate for the oral health program, including the exact same language mandating the oral health program, was part of the merger legislation.

During the 2007 session of the Arkansas General Assembly, at the direction of Governor Mike Beebe, DHHS was de-merged into separate departments of health and social services. Again, the exact same language mandating the oral health program was included in the legislation

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

- Arkansas Act 785 of 2001
- Arkansas Act 1954 of 2005
- Arkansas Act 384 of 2007

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)?

Without the existence of Act 785 of 2001 (HB1563), and without the discussions in the state health department and the General Assembly that led to its passage, the support for the state oral health program could have disappeared during serious budget cuts that befell the department.

Efficiency

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

Passage of Act 785 of 2001 did not require funding from the state oral health program beyond the time and effort of the state dental director.

Demonstrated Sustainability

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

While no legislation is necessarily permanent, removing the oral health program's mandate would require discussion within the General Assembly and negative action within both houses of the legislature. Such activities would obviously be opposed by the state dental association that had placed its prestige on the line for passage of the bill.

Collaboration / Integration

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

Passage of the mandate required collaboration between the Office of Oral Health, the state dental association and various legislators within the General Assembly. Through the association's monthly legislative updates, member dentists were asked to call their own legislators to express their personal support for the bill. Without such broad-based support, the bill might not have passed, and certainly would not have passed without a dissenting vote. The only amendment offered within the legislature was an amendment to add additional sponsors to the bill.

Objectives / Rationale

Does the practice address Healthy People objectives, the Surgeon General's Report on Oral Health, and/or building basic infrastructure and capacity?

Arkansas Act 785 of 2001 addresses the very existence of the state oral health program, without which capacity as well as infrastructure would be lacking to address HP 2020 objectives and concerns addressed in the Surgeon General's Report.

Extent of Use Among States

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

Some states have mandates for the state oral health program while many others live from year to year hoping for support. In a 1999 ASTDD survey, 15 states reported having a statutory mandate for their state oral health program and 2 states reported that such statute is being developed. In the 2011 ASTDD Synopses of State Dental Public Health Programs, 23 states have a statutory requirement for a state oral health program and/or a state dental director (AZ, AR, CA, CT, DE, FL, HI, IL, IA, ME, MD, MA, MS, MO, NE, NV, NC, OK, PA, TN, TX, UT, and WV). Of these states, 20 states have a mandate for a state oral health program and 16 states have a mandate for a state dental director.