



Association of State and Territorial Dental Directors Best Practices Survey (2000-2001)

Background

The Association of State and Territorial Dental Directors (ASTDD) conducted the **ASTDD Best Practices Survey** during 2000-2001. The purpose of the survey was to obtain input from states to direct the ASTDD Best Practices Project. The survey respondents included ASTDD members (state/territorial dental directors and lead dental consultants from state/territorial health agencies) and associate members (dental public health professionals). The survey:

- a. Defined best practices as services, functions or processes that produced superior outcomes.
- b. Focused on gathering input to guide the identification and selection of best practices that would build effective state and territorial oral health programs to better achieve Healthy People 2010 objectives.
- c. Provided ASTDD members an opportunity to consider and rate standards of acceptance for best practices to guide the evaluation of best practices for state and territorial oral health programs.
- d. Provided ASTDD members an opportunity to identify and rate best practice categories that will build an effective oral health program.

Survey Response

ASTDD members representing a total of 47 states and territories participated in Round 1 and Round 2 of the Delphi survey. This resulted in an 84% response rate among the 56 states/territories surveyed and a 90% response rate among the 50 states and District of Columbia. In addition, ASTDD associate members provided additional perspectives from the local, state, regional and national levels.

Survey Results

The ranking of importance for the “standards of acceptance for best practices” and “best practices categories” (listed on the following pages) are based on the mean scores calculated from the responses of the ASTDD members.

Use of Survey Results

The Best Practices Committee used the results of the survey to develop the ASTDD Best Practices Project’s goal and expected outcomes. The Committee also used the input and guidance from the states and territories from the survey to determine an approach to evaluate best practices for state and territorial oral health programs.

Standards of Acceptance for Best Practices

How would you rate the importance of each of the following items as a criterion in selecting/approving best practices for state and territorial oral health programs?

Score: 1= not important 2= somewhat important 3= quite important 4= very important 5= most important

Rank	Criteria	Mean Score	Rank	Criteria	Mean Score
1	<u>Health Impact/Effectiveness</u> The practice has demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities.	4.67	10	<u>Benchmarks</u> The practice provides benchmarking by measuring whether the results meet or exceed current standards, or set new standards.	3.48
2	<u>Evaluation</u> The practice outcomes are clearly stated, measured and evaluated against initial expectations.	4.05	11	<u>Added Value</u> The planning, development and implementation of the practice brought added value to the project (such as increase awareness of oral health, build a sustainable community coalitions, and integrate oral health into other health and human services).	3.45
3	<u>Economic Impact/Efficiency</u> The practice has demonstrated cost and resource efficiency where expenses are appropriate to benefits.	4.00	12	<u>Reasonable Time</u> Time involved for the practice is reasonable or can be accomplished in a reasonable amount of time.	3.36
4	<u>Documentation</u> The practice outcomes and results have been documented.	3.90	13	<u>Replicability/Adaptability</u> The practice or elements of the practice can be replicated or adapted in states/territories.	3.29
4	<u>Objectives/Rationales</u> The objectives or rationales of the practice are clearly stated and sound.	3.90	13	<u>Implementation</u> The practice is fully implemented. For example, the practice is not a pilot project or in an early developmental stage.	3.29
5	<u>Evidence-Based</u> The practice is validated by scientific evidence (research), reported in the literature, and/or have documented outcomes.	3.85	14	<u>Description</u> The practice could be fully described for implementation.	3.28
6	<u>Sustainability</u> The practice shows sustainable benefits and/or is sustainable within populations/communities and between states/territories.	3.79	15	<u>Political Acceptability</u> The practice is politically acceptable.	3.23
7	<u>Community Responsiveness</u> The practice addresses documented health needs identified by communities or population groups.	3.77	16	<u>Behavioral Impact</u> The practice has impact on behaviors which improve oral health.	3.16
8	<u>Outcome Oriented</u> The practice is oriented to outcomes rather than process.	3.65	17	<u>Technical Assistance Needs</u> The practice could be implemented universally without excessive technical assistance.	2.98
9	<u>Staffing</u> Staff requirements for the practice are realistic, or are included as part of the requirements for the practice.	3.60	18	<u>Innovation</u> The practice is innovative, includes innovative elements, or implements known information in a new way.	2.86
9	<u>Collaboration/Integration</u> The practice builds effective partnerships/coalitions among various organizations and integrates oral health with other health projects and issues.	3.60	19	<u>Universality</u> The practice is applicable within disparate populations/communities and between state/territories.	2.85

Best Practice Categories

How would you rate the importance of each of the following items as a best practice category that will help build more effective <u>state and territorial oral health programs</u>?						
Score: 1= not important 2= somewhat important 3= quite important 4= very important 5= most important						
ASSESSMENT						
Rank	Categories	Mean Score		Rank	Categories	Mean Score
1	<u>Oral Health Surveillance Systems</u> The category includes tracking and trending oral health status, diseases, risks, service delivery/programs, access to care, dental workforce status, and other data that will assess the oral health status of the state population, progress made on HP 2010 objectives, health systems, resources for oral health improvements, and other oral health needs.	4.55		4	<u>Communications of Assessment Findings</u> The category includes reporting assessment findings for the National Oral Health Surveillance System, for Title V, and to stakeholders. The category also includes communicating assessment findings for program/policy advocacy, building awareness, and increasing the knowledge base.	4.14
2	<u>Assessment of Fluoridation Status</u> The category includes assessing fluoridation status of water systems, tracking communities and the state population receiving optimally fluoridated water, and participation in WFRS.	4.33		5	<u>Assessment Methods and Processes</u> The category includes oral health surveys, collaboration with existing surveys (i.e., BRFSS, YRBS and PRAMS), partnering with counties/communities for data collection, and other approaches to assessment.	3.90
3	<u>Use of Assessment Data</u> The category includes the use of oral health assessment data for planning, organizing, staffing, implementing, and evaluating interventions and programs. In addition, the category includes the use of assessment data to influence policy and funding.	4.31		6	<u>Behavioral Surveillance</u> The category includes assessment and tracking of behaviors that effect oral health, such as risk and preventive behaviors.	3.34
POLICY DEVELOPMENT						
Rank	Categories	Mean Score		Rank	Categories	Mean Score
1	<u>Oral Health Policies</u> The category includes policies to improve oral health, improve health systems for oral health care, increase access to care, and support strategies for prevention of oral diseases and conditions.	4.43		6	<u>Science to Practice</u> The category includes evidence-based public health practices that adapt current scientific and evidence-based findings.	3.92
2	<u>Organizational Structure & Staffing of State Oral Health Programs</u> The category includes the organizational structure that influence access to top level decision makers and the staff resources/competency needed to perform public health core functions.	4.29		7	<u>Access to Policy Makers</u> The category includes legislative access or ability to get legislative action in a relatively timely basis when needed. The category also includes gaining the awareness of the "players" who influence policies.	3.90
3	<u>State Statutory Authority for Oral Health Programs</u> The category includes state statutory authority for oral health programs that helps in program sustainability.	4.02		8	<u>Use of State Oral Health Improvement Plans</u> : The category includes effective uses of state oral health improvement plans and their related benefits.	3.81
4	<u>Collaborative Planning Processes</u> The category includes collaboration in the preparation, maintenance and evaluation of strategic and tactical plans to improve oral health of the state population. For example, oral health summits.	4.00		9	<u>Evidence-based Policies</u> The category includes evidence-based policies designed to improve oral health outcomes.	3.58
5	<u>Collaborations for Policy Development</u> The category includes collaborations to identify, develop and promote policies which address the oral health of the population.	3.97		10	<u>State Oral Health Commissions and Advisory Committees</u> The category includes commissions and advisory committees for oral health improvement.	3.40

ASSURANCE

Rank	Categories	Mean Score	Rank	Categories	Mean Score
1	<u>Population-based Interventions</u> The category includes interventions with a goal to enhance oral health and oral health care, which target populations (including infants, children, adults, older adults and vulnerable populations) and include approaches such as water fluoridation, dental sealants, early detection of oral & pharyngeal cancer, and orofacial injury prevention.	4.48	7	<u>Evaluation of Programs</u> The category includes quality management and evaluation of outcomes for intervention programs.	3.87
2	<u>Oral Health Communications</u> The category includes communications to policymakers, health professionals, the media, and the public. Communications will aim to increase awareness of oral health issues, to influence policies, for advocacy, and for social marketing campaigns to improve oral health.	4.30	8	<u>Integration</u> The category includes integration of oral health with other health and human services.	3.79
3	<u>Building Linkages and Partnerships</u> The category includes private/public linkages and partnerships to reduce the burden of oral diseases and for interventions. The category also includes linkages through an advisory committee, community coalitions, governmental workgroups, stakeholders in other health disciplines, and new public health partners.	4.25	9	<u>Professional Development Programs</u> The category includes practices that aim to increase the awareness of dental and other professionals on oral health issues, increase their knowledge base, and enlist their support for interventions and other efforts to improve oral health.	3.54
4	<u>Leveraging Resources & Seeking Funding</u> The category includes leveraging resources and seeking funding to adequately fund strategic plans and implement public health functions.	4.13	10	<u>Social Marketing</u> The category includes marketing activities to promote oral health and change risk behaviors.	3.36
5	<u>Building Community Capacity</u> The category includes building community capacity to implement community-level interventions and advocating resources for communities to do interventions.	4.00	11	<u>Research</u> The category includes research to gain insights on innovative solutions to oral health problems and effectiveness of interventions.	3.10
6	<u>Health Systems Interventions</u> The category includes health systems interventions to facilitate and improve access to quality dental care services for the general and vulnerable populations. For example, to include reimbursement for oral health care with medical care.	3.95			