



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

Background

The Association of State and Territorial Dental Directors (ASTDD) conducted the **ASTDD Survey of Successful Practices** 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).

Survey Response

A total of 35 state oral health programs reported 341 successful practices that their programs administer, partner and/or support through collaboration with stakeholders.

Public Health Functions – Sections & Categories

The reported practices are organized by the following sections and categories:

1. Assessment
 - Acquiring Data
 - Use of Data
2. Policy Development
 - Collaboration & Partnership for Planning & Integration
 - Oral Health Program Policies
 - Use of a State Oral Health Plan
 - Oral Health Program Organizational Structure and Resources
3. Assurance
 - Population-Based Interventions
 - Oral Health Communications
 - Building Linkages & Partnerships for Interventions
 - Building Community Capacity for Interventions
 - Access to Care and Health System Interventions
 - Program Evaluation for Outcomes & Quality Management

ASSESSMENT

#	Section	Category	Topic	Practice Description	State
1	Assessment	Acquiring Data	Data	Partner with other agencies and groups for data collection.	AZ
2	Assessment	Acquiring Data	Data	The IDEAS Project: Innovative and Integrated use of Data for Evaluation, Assessment and Surveillance. Funded by CDC, the IDEAS Project's goal is to create an integrated oral health data system in the state to assess and track oral health status, to inform policy and programs, and to evaluate the effectiveness of such programs. This is a collaborative health partnership between the state's School of Epidemiology and Public Health, a local hospital, and the State Department of Public Health.	CT
3	Assessment	Acquiring Data	Data	Quarterly Dental Data Reports from MCH contractors	IA
4	Assessment	Acquiring Data	Data	Fund and monitor external entities (local health departments, universities) involved in dental public health assessment projects, e.g., ECC prevalence data collection, oral cancer resource assessment, etc.	IL
5	Assessment	Acquiring Data	Data	Reporting requirements in MCH Block Grant Application	MI
6	Assessment	Acquiring Data	Data	Collect and analyze data for presentation to MCH Services Block Grant Advisory Committee.	NY
7	Assessment	Acquiring Data	Fluoridation Assessment	Continued ongoing assessment of statewide water fluoridation status	AL
8	Assessment	Acquiring Data	Fluoridation Assessment	To determine the number of residents receiving fluoridated water, the state participates in the federal WFRS project	CA
9	Assessment	Acquiring Data	Fluoridation Assessment	Starting Jan. 1, 2000 the state's Fluoride Testing Program ensures the accuracy of the water system personnel fluoride testing. At least once a month, system personnel divide a water sample with one portion analyzed for fluoride by water system personnel and the other portion analyzed by the Public Health Laboratory. Results are sent to the water system and quarterly reports are sent to Fluoridation Contacts. Results will eventually be posted on the Internet with a link to the Oral Health Section Home Page.	GA
10	Assessment	Acquiring Data	Fluoridation Assessment	Incorporate and routinely update community fluoridation status into statewide county specific data set for use by 102 counties in health planning.	IL
11	Assessment	Acquiring Data	Fluoridation Assessment	Developed state water fluoridation reporting system for high-speed collection and transfer of data from 1800 community water supplies to CDC's WFRS.	IL
12	Assessment	Acquiring Data	Fluoridation Assessment	Quarterly and weekly printouts from the State Lab displaying all fluoridated water system's weekly sample results plus a quarterly or two-month average, respectively. This tool enables the assessment of individual fluoridated water system performance as well as the state's total program performance. Adjustments are made accordingly.	IN
13	Assessment	Acquiring Data	Fluoridation Assessment	CDC Fluoridated Drinking Water Proficiency Testing Program. State Lab analyzes fluoridated water samples provided by CDC. Enables the assessment of the accuracy of the test results.	IN

14	Assessment	Acquiring Data	Fluoridation Assessment	Weekly Split Sampling allowed greater opportunity for assessment on fluoridated water.	IN
15	Assessment	Acquiring Data	Fluoridation Assessment	Engineering practices related to fluoridation monitoring	MA
16	Assessment	Acquiring Data	Fluoridation Assessment	Maintain surveillance of fluoridated water utilities for compliance with standards	ME
17	Assessment	Acquire Data	Fluoridation Assessment	Track fluoridation status of all community water supplies	MO
18	Assessment	Acquiring Data	Fluoridation Assessment	Conducted a comprehensive study of community fluoridation.	NM
19	Assessment	Acquiring Data	Fluoridation Assessment	Survey each county in the state every five years to update the fluoridation census.	NY
20	Assessment	Acquiring Data	Fluoridation Assessment	Statewide assessment of fluoridation status.	OK
21	Assessment	Acquiring Data	Fluoridation Assessment	Periodic fluoridation reports from the state's Drinking Water Section	OR
22	Assessment	Acquire Data	Fluoridation Assessment	Community water fluoridation status tracking	RI
23	Assessment	Acquire Data	Medicaid Assessment	Conduct evaluation of dental Medicaid program	MO
24	Assessment	Acquiring Data	Medicaid Assessment	Statewide assessment of access to dental care for Medicaid-eligible clients.	OK
25	Assessment	Acquiring Data	Needs Assessment	Provided oral health needs assessment tools to 67 newly established Children's County Policy Councils	AL
26	Assessment	Acquiring Data	Needs Assessment	Funded, provided technical assistance, model and data for community based oral health needs assessment and planning which resulted in the development of over 50 community-driven oral health improvement plans.	IL
27	Assessment	Acquiring Data	Needs Assessment	Behavioral needs assessments of the public and health care providers on their knowledge, attitudes and behaviors regarding oral cancers (in partnership with NIH and state's Dental School) has led to greater public and legislative awareness of oral cancer leading to potentially new funding streams in state oral health program for oral cancer.	MD
28	Assessment	Acquiring Data	Needs Assessment	Identification of oral health needs in county assessment process (non-dental persons identified problem when looking at all health issues)	MI
29	Assessment	Acquiring Data	Needs Assessment	Community dental needs assessments conducted.	VA
30	Assessment	Acquiring Data	Needs Assessment	Statewide dental needs assessment conducted.	VA
31	Assessment	Acquiring Data	Surveillance System	Collaboration with other programs, which allowed the state to create administrative efficiencies and maximize the use of scarce resources. An oral health surveillance system was created by collaborating with other programs, state agencies, and organizations. By collaborating with other partners on the PRAMS look alike survey, YRBS, BRFSS, and WIC surveys, the state is able to gather oral health data with a limited contribution of resources to each effort.	ND
32	Assessment	Acquiring Data	Survey: BRFSS	Annual submission of dental questions into the state component of the BRFSS	IA
33	Assessment	Acquiring Data	Survey: BRFSS	Serve on statewide BRFSS steering committee to assure inclusion of oral health questions on survey instrument.	IL

34	Assessment	Acquiring Data	Survey: BRFSS & YRBS	Inclusion of oral health questions in BRFSS and YRBS	MI
35	Assessment	Acquire Data	Survey: BRFSS	Conduct BRFSS oral health module	MO
36	Assessment	Acquiring Data	Survey: BRFSS	Continue to participate in the BRFSS	NM
37	Assessment	Acquiring Data	Survey: Children	Oral health screening of children enrolled in Head Start, and a joint Head Start/IHS project which stimulated policymaker interest in increased access for dental services	AK
38	Assessment	Acquiring Data	Survey: Children	Collected Early Childhood Caries prevalence data at WIC sites	AL
39	Assessment	Acquiring Data	Survey: Children	Utilized school nurses for an oral health survey of parents of children in 3 rd grade	AL
40	Assessment	Acquiring Data	Survey: Children	Established a dental task force to repeat the statewide dental disease prevalence survey	AL
41	Assessment	Acquiring Data	Survey: Children	Designed and conducted a comprehensive oral health screening for 3000 school children in a local school district	AR
42	Assessment	Acquiring Data	Survey: Children	Designed and conducted the first ever state-wide oral health needs assessment survey, including DMF and sealant rates, and subsequently published and distributed the survey to interested parties throughout the state.	AR
43	Assessment	Acquiring Data	Survey: Children	Conducted a statewide oral health needs assessment of children	CA
44	Assessment	Acquiring Data	Survey: Children	Oral Health Survey (1994 & 1999)	IA
45	Assessment	Acquiring Data	Survey: Children	Conducted statewide oral health survey of school children in grades K, 1, 2, and 8, which provided the most reliable estimates of oral disease in children ever calculated in the state.	IL
46	Assessment	Acquiring Data	Survey: Children	Statewide surveys conducted in elementary schools at approximately 10-year intervals since 1960 to assess the oral health status of school children.	IN
47	Assessment	Acquiring Data	Survey: Children	Conducted a statewide Smile Survey of kindergarten and third grade students (Assessment findings have not yet been published - this is pending)	ME
48	Assessment	Acquiring Data	Survey: Children	Conduct state oral health status survey (school children)	MO
49	Assessment	Acquiring Data	Survey: Children	Establishing a calibrated statewide assessment process of selected grade school children, which has the credibility of being directed by a board certified dental public health specialist. Data is reported annually to state, local and private health agencies. The data are not only state aggregates but also break down to county or even school-specific levels. This allows continued monitoring of at least some specific grade levels in years that a statewide school oral health survey of all grades is unable to be conducted.	NC
50	Assessment	Acquiring Data	Survey: Children	The completion of a "convenience survey" of the oral health status of the state's children. The survey revealed # (%) children screened, # (%) with untreated decay, # (%) with history of decay and # (%) with sealants in 10 school-based preventive dental hygiene programs. The first scientific survey of the state's children in 27 randomly selected schools began in March 01.	NH

51	Assessment	Acquiring Data	Survey: Children	A dental component is included in school surveys of the adolescent population	NM
52	Assessment	Acquiring Data	Survey: Children	Conducted state-wide oral health assessment based on the ASTDD/BSS	NM
53	Assessment	Acquiring Data	Survey: Children	Conducted a statewide survey to determine areas in need of dental services and focus program for those populations.	NY
54	Assessment	Acquiring Data	Survey: Children	Roughly every five years (1987-88, 92-93, 98-99) the state has conducted statewide open-mouth oral health surveys.	OH
55	Assessment	Acquiring Data	Survey: Children	Statewide assessment of tobacco use by middle school and high school students.	OK
56	Assessment	Acquiring Data	Survey: Children	Statewide oral health needs assessment	OR
57	Assessment	Acquiring Data	Survey: Children	Statewide oral health needs assessment conducted on representative sample of school children in order to see how the state compared to others on HP 2000 objectives	PA
58	Assessment	Acquiring Data	Survey: Children	Required annual school-based oral health screenings of all children in grades K-5 and a screening of children at least once in grades 7-10.	RI
59	Assessment	Acquiring Data	Survey: Children	The Statewide Oral Health Status of Indigent Children Survey conducted.	TX
60	Assessment	Acquiring Data	Survey: Children	The State Oral Health Survey.	TX
61	Assessment	Acquiring Data	Survey: Children	A statewide oral health survey of 6-8 year olds.	UT
62	Assessment	Acquiring Data	Survey: Children	The Tooth Tutor School Program was initiated as only 70% of school children indicated they had a dentist.	VT
63	Assessment	Acquiring Data	Survey: Consumers	Conducted face-to-face interviews of low-income consumers at Food Stamp and WIC sites.	OH
64	Assessment	Acquiring Data	Survey: Households	Included oral health question on a "Telephone Survey of Households with Children <17 years"	AL
65	Assessment	Acquiring Data	Survey: Households	Dental questions were included on a page for the state's Family Health Survey (telephone survey of 16,000 households conducted by Gallup). Dental care came out as the #1 unmet health care need which has been an often-quoted fact.	OH
66	Assessment	Acquiring Data	Survey: PRAMS	Added oral health questions to PRAMS	AL
67	Assessment	Acquiring Data	Survey: PRAMS	Serve on statewide PRAMS steering committee to assure inclusion of oral health questions on survey instrument.	IL
68	Assessment	Acquiring Data	Survey: Sealants	Annual Spring Sealant Survey	IA
69	Assessment	Acquiring Data	Survey: Sealants	Dental Sealant Survey implemented in January 2001 to a select a sample of third grade students in the State to identify the percentage of third grade students with a sealant on a permanent molar tooth.	NJ
70	Assessment	Acquiring Data	Survey: Special Needs	Designed and conducted screenings of adult clients of the state's MR/DD program	AR
71	Assessment	Acquiring Data	Survey: Special Needs	Conducted screenings for Head Start agencies throughout the state and for the state School for the Deaf and the state School for the Blind	AR
72	Assessment	Acquiring Data	Survey: Workforce	Conducted survey of all licensed dentists in the state (1,878) regarding access issues	AL

73	Assessment	Acquiring Data	Survey: Workforce	In 92-93 and 98-99, conducted a series of mail surveys to dentists, safety net dental clinics and school personnel.	OH
74	Assessment	Acquiring Data	Survey: Workforce	Statewide assessment of dental manpower.	OK
75	Assessment	Use of Data	Communication	Reported data and program plans through the state dental association/s newsletter	AL
76	Assessment	Use of Data	Communication	Community oral health profiles assembled & distributed.	AZ
77	Assessment	Use of Data	Communication	Summary document of the state's oral health status distributed to stakeholders & policy makers	AZ
78	Assessment	Use of Data	Communication	Obtained funding from the Primary Care Office to have two years of BRFSS Oral Health Module data analyzed and a fact sheet prepared.	CO
79	Assessment	Use of Data	Communication	In collaboration with cancer registry, developed county specific maps showing incidence, mortality, and state at time of diagnosis of oral/pharyngeal cancer for program planning.	IL
80	Assessment	Use of Data	Communication	Central web location for state's specific oral health data.	MN
81	Assessment	Use of Data	Communication	A 98-99 survey collected oral health data at the county level. The final report is about to be published. Local data has been sent to counties that the state is working closely with in coalition development.	OH
82	Assessment	Use of data	Database	Developed database for all (>4500) public water systems in the state for use in determining the fluoridation status and for use in queries such as number and percent of population drinking fluoridated water.	TX
83	Assessment	Use of data	Database	Developed fluoridation system inspection report for use in developing a database that allows for queries such as the typical installation type, etc.	TX
84	Assessment	Use of Data	Infrastructure Development	Use of assessment data and communication of findings (from PRAMS look-alike survey) documented the need for oral health prevention programs in one particular region of the state. The data supported the development of infrastructure for the region and allowed the targeting of resources to areas of greatest need. This data further allowed the integration of oral health in the state's home visiting programs.	ND
85	Assessment	Use of Data	MCH Grant	Added 2 oral health state negotiated performance measures in the MCH Block Grant application	AL
86	Assessment	Use of Data	MCH Grant	Data was used in the MCH Block Grant Needs assessment, which found access to dental care to be one of the top needs. That translated into a \$650K increase in the oral health portion of the state's MCH Block Grant. Survey data have been used in the NGA application and other grant applications (HRSA, CDC), and all have been successful.	OH
87	Assessment	Use of Data	MCH Grant	The sentinel schools approach will be useful in yielding annual data for the MCH Block Grant Performance measures.	OH
88	Assessment	Use of Data	MCH Grant	Because of an excellent reputation, the state MCH Director requested the State Dental Director to be in charge of the entire needs assessment (performed every 5 years) for the MCH Block Grant. Dental care ended up as a top ten priority and the number one priority among children and adolescents. The 1996 needs assessment had it at the top of the bottom third of priorities. The leadership of the State Dental Director ensured a quality process that created a level playing field.	OH

89	Assessment	Use of Data	Priority Setting	Oral health surveillance system allows the state to monitor oral health status, access to care, fluoridation, dental workforce issues, progress on HP 2010 and MCH performance measures. Needs assessment data help to determine and set priorities.	ND
90	Assessment	Use of Data	Priority Setting	Reports were written on the last two oral health surveys. The 92-93 report saved the program when the Department Director was looking for things to cut. The 98-99 report was background information for the Director of Health's Task Force on Access to Dental Care that resulted in a set of recommendations that led to the state's dental program's acceptance into the NGA Policy Academy. The recommendations have resulted in \$2M in Tobacco Settlement money.	OH
91	Assessment	Use of Data	Priority Setting	The designation process for Dental Health Professions Shortage Areas (DHPSA).	RI
92	Assessment	Use of Data	Program Evaluation	The Children's Dental Disease Prevention Program Projects submit 6-month and yearly reports identifying the number of children served and the type of services that they received. Data is collected as to the number of students being screened, receiving fluoride tablets, health education, dental sealants and referral for treatment. The data will be part of an evaluation process of the local projects.	CA
93	Assessment	Use of Data	Program Planning	Utilized CDC, NOHSS HRSA and other national (or state) databases/resources for program planning	AL
94	Assessment	Use of Data	Trending	Providing BRFSS data trends.	VA
95	Assessment	Use of Data	Trending	Trend data of dental disease rates conducted.	VA

POLICY DEVELOPMENT

#	Section	Category	Topic	Practice Description	State
1	Policy Development	Collaboration & Partnership for Planning/ Integration	ASTDD Onsite Review	Participate in ASTDD program review	MO
2	Policy Development	Collaboration & Partnership for Planning/ Integration	ASTDD Onsite Review	Participating in ASTDD on-site evaluation provided expert advice for short- and long-term goals for the Oral Health Program	MT
3	Policy Development	Collaboration & Partnership for Planning/ Integration	Coalition: Access to Care	Developed a statewide dental access coalition, which engaged providers, legislators, department staff and advocates to promote change.	MT
4	Policy Development	Collaboration & Partnership for Planning/ Integration	Coalition: Oral Health	Developed and supported statewide access to oral health care coalition.	IL
5	Policy Development	Collaboration & Partnership for Planning/ Integration	Coalition: Oral Health	State Oral Health Coalition formed (not necessarily an advisory body)	MO
6	Policy Development	Collaboration & Partnership for Planning/ Integration	Coalition: Oral Health	Established a statewide oral health coalition.	VA
7	Policy Development	Collaboration & Partnership for Planning/ Integration	Coalition: Tobacco	Founded Tobacco-Free State Coalition	OK
8	Policy Development	Collaboration & Partnership for Planning/ Integration	Commission: Access to Care	The Health Care Commission formed a Dental Care Access Improvement Committee to study ways to improve access to dental care. The committee represented a cross section of professional and community interests in dental care. The recent report of the yearlong study resulted in passage of two key bills that are designed to improve access to care. One bill allows for the development of alternative methods for satisfying some of the requirements for dental licensure. The other bill empowers the Health Care Commission to develop innovative programs to improve access to care. This includes a dental loan repayment program, and an active dentist recruitment campaign. The committee and its subsequent report has increased awareness of the dental care access issues, and set the stage for implementation of programs and activities for improving access to dental care.	DE
9	Policy Development	Collaboration & Partnership for Planning/ Integration	Commission: Access to Care	Convening of Special Senate Commission on Access to oral Health Care	RI
10	Policy Development	Collaboration & Partnership for Planning/ Integration	Commission: Oral Health	Governor supported Commission on Children's Dental Health. Governor also supported commission with representation from private/public dentists/hygienists, dental school, public health nursing, legislators, and business resulting in a widely publicized final report, five legislative initiatives, and a dental benefit in the state's SCHIP program	CO

11	Policy Development	Collaboration & Partnership for Planning/ Integration	Commission: Oral Health	Special Legislative Commission on Oral Health studied and reported on oral health status and access in February 2000. Recommendations within the report were provided to both the Legislative and Executive Branches of the state government.	MA
12	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Access of Care	Work groups were formed to address specific issues - e.g., Medicaid access and access for persons with developmental disabilities.	MI
13	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Access to Care	The Director of Health's Task Force on Access to Dental Care raised access to a high policy level. Access to dental care is now one of the State Health Department's top ten priorities. This was the basis for the state's application to the NGA Policy Academy. The State Dental Association passed a resolution endorsing the recommendations and has formed its own task force.	OH
14	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Fluoridation	To implement the state's fluoridation laws, the Department of Health Services is a member of the state's Fluoridation Task Force and Fluoridation Workgroup 2010. The various organizations are made up of local community organizations, non-profit and for-profit organizations, academia, the public, and other health agencies with multiple fluoridation tasks.	CA
15	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Fluoridation	Formation of a statewide fluoridation task force	CA
16	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Medicaid	Served on a statewide Medicaid Dental Task Force	AL
17	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Medicaid	Established a Dental Best Practices Work Group made up of Medicaid dental providers and Medicaid administrator for provider input.	TX
18	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Medicaid	Established the Dental Policy Workgroup for the Medicaid (EPSDT) dental program via an established Medicaid medical/dental policy process.	TX
19	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Formed an oral health advisory committee comprised of representatives from the public and private sectors	AR
20	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Participated in the formation of the Dental Health Action Team, composed of representatives from the Dental Association, dental hygiene association, minority health commission, Share American, Head Start, Medicaid, the local school district and the state health department. The team's mission is to assess oral health needs in the central part of the state and to seek methods to provide follow-up for children with oral health needs.	AR
21	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Established state oral health task force (advocacy/coordination)	AZ
22	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Developed oral health advisory committee, which has been a strong advocate for state oral health program assessment, assurance and policy development activities.	MD
23	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Interdisciplinary work groups including oral health representation were formed.	MI

24	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	State oral health advisory committee formed	MN
25	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Established a state oral health advisory committee.	NM
26	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Appointed a strategic planning committee to develop a strategic plan for the Bureau of Dental Health.	NY
27	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Two advisory committees provide input on program planning and treatment planning.	NY
28	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Attended OHSAC (Oral Health Services Advisory Committee) meetings.	TX
29	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Established a state Oral Health Services Advisory Committee that advises the Board of Health and the State Department of Health, Division of Oral Health	TX
30	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Oral Health	Established a state oral health advisory committee	UT
31	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Policy	The Dental Policy Advisory Committee (DPAC), convened to engage dental practitioners, the Dental Society and other oral health stakeholders. This was instrumental in increasing Medicaid reimbursement to dental providers, eliminating prior authorization for all non-orthodontic dental procedures, and streamlining claims processing.	NH
32	Policy Development	Collaboration & Partnership for Planning/ Integration	Committee & Task Force: Tobacco	Membership on state's Governor's Task Force on Tobacco and Youth.	OK
33	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	Public and private partnerships preparing first state Oral Health Summit for March 2001. The purpose of Oral Health Summit is to advance the recommendations of the Special Legislative Report on Oral Health.	MA
34	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	Will be hosting a statewide dental summit	MT
35	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	A statewide dental summit builds support for workforce development through policy changes. Collaboration with other agencies and organizations provides advocacy for policy and program development.	ND
36	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	Planning for a statewide oral health summit to take place in September 2001	NJ
37	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	Conducted a statewide dental summit.	NM

38	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	State dental summit in 1999 to increase planning and cooperation between private sector and public insurance payers for the poor. All oral health interested parties from both public and private sector were brought together to begin a dialogue. Continuing periodic meetings help the process to evolve into action steps to improve oral health access, prevention activities, and education.	PA
39	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	A statewide oral health summit was held.	UT
40	Policy Development	Collaboration & Partnership for Planning/ Integration	Dental Summit	Establishment of workgroups as a follow-up to the state oral health summit	UT
41	Policy Development	Collaboration & Partnership for Planning/ Integration	Initiative	Served as a leader in statewide HP 2010 initiative	AZ
42	Policy Development	Collaboration & Partnership for Planning/ Integration	Initiative	The state's Oral Health Section drafted a proposed statewide Oral Health Initiative. A Health Resources and Services Administration; State Association of Primary Health Care; Department of Human Resources; State Dental Association; State Dental Society; and the State's School of Dentistry formed a partnership, which will create a multi-pronged approach to address the complex problems of poor access to dental care and dental prevention for vulnerable populations, especially in rural areas. Broad-based partnerships must be built that include federal-State-local levels, both state and federal inter-agencies, and the public private sectors. The Initiative will be discussed at the Sept. 2001 access state summit meeting to address oral health access for Medicaid and the state's Children's Health Insurance Program.	GA
43	Policy Development	Collaboration & Partnership for Planning/ Integration	Initiative	The Legislature approved one-time redirection of unobligated MCH Block Grant funds to establish an Oral Health Initiative in line with the Action Plan.	NV
44	Policy Development	Collaboration & Partnership for Planning/ Integration	Medicaid/ S-CHIP	Medicaid expansion for S-CHIP: better benefit package for children (e.g., inclusion of dental services)	AK
45	Policy Development	Collaboration & Partnership for Planning/ Integration	Medicaid/ S-CHIP	Initiated a program to meet monthly with representatives of the dental association and the state Medicaid office	AR
46	Policy Development	Collaboration & Partnership for Planning/ Integration	Medicaid/ S-CHIP	Established relationship with state Medicaid program	AZ
47	Policy Development	Collaboration & Partnership for Planning/ Integration	NGA	Participated in the NGA Policy Academy for Improving Children's Oral Health	AL
48	Policy Development	Collaboration & Partnership for Planning/ Integration	NGA	Establishment of National Governor's Association Oral Health Best Practices Policy Academy	MN
49	Policy Development	Collaboration & Partnership for Planning/ Integration	NGA	The National Governors' Association Policy Academy on Children's Oral Health was formed.	OR

50	Policy Development	Collaboration & Partnership for Planning/ Integration	Oral Health Conference	A dental disease prevention conference is held to provide continuing education for the Children's Dental Disease Prevention Program project directors and individuals from the local community interested in oral health.	CA
51	Policy Development	Collaboration & Partnership for Planning/ Integration	Oral Health Conference	Conduct annual statewide conference for planning with broad representation (provided CEUs to local agency dental staff to encourage attendance).	MI
52	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Child Abuse	Provided training on child abuse/family violence prevention to dental, dental hygiene and dental assisting organizations; Head Start agencies; foster parent groups and community organizations	AR
53	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Dental School	Partnered with the School of Dentistry to include a residents rotation program through public health dental clinics.	AL
54	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Developmental Disabilities Services	Collaborated with the state Office of Developmental Disabilities Services in a program to provide comprehensive dental services for non-residential MR/DD clients	AR
55	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Local Boards	Meeting with local public health advisory boards and local health officials	OR
56	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Managed Care Organizations	Collaborate with dental managed care organizations to improve access to oral health services	AZ
57	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Medicaid	Collaborated with the State Dental Association, DHS and State Dental Hygienists' Association requesting tobacco settlement dollars to be used to support increasing Medicaid reimbursement rates in the state.	IA
58	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Medicaid	The State Dental Director is valuable to the Medicaid program, serving on all of the Medicaid Program's dental ad hoc advisory committees. This has led to the sealant reimbursement rates and rules as the most favorable of any single service.	OH
59	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Medicaid	Collaboration with organized dentistry and policy makers in researching solutions and improvements to the Medicaid dental services program.	TX
60	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: National Guard	Partnered with the state National Guard to provide dental services in underserved communities	AL
61	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Policy	Collaborations with many partners led to key policy development and legislation on Medicaid utilization targets, dentist loan assistance repayment program, and oral cancer prevention.	MD
62	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Policy	Linkages to agencies and organizations that carry oral health messages to policy makers.	MI
63	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Primary Care Association	Strong collaboration with Primary Care Association (if it is functional)	MO
64	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: Stakeholders	Collaborated with Indian Health Service, Primary Health Care Centers, and University on oral health issues.	NM

65	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: State Dental Association	Formalized annual State Oral Health Report by Chief of the Division of Oral Health to Board of Trustees of State Dental Society.	IL
66	Policy Development	Collaboration & Partnership for Planning/ Integration	Partners: State Dental Association	Strong collaboration with State Dental Association	MO
67	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Infrastructure	Creation and funding of statewide partnership for community oral health infrastructure plan development.	IL
68	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Infrastructure	Creation and funding of a partnership to develop an action plan for community oral health infrastructure development.	IL
69	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Integration	Incorporation of access to oral health services into the state's Plan for Public Health Systems Change as developed by the Public Health Futures Partnership.	IL
70	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Medicaid	In order to address access to dental care for Medicaid children, the state commissioned a detailed study by a consulting organization. This resulted in a series of recommendations for improving access. The plan was presented to the governor and key actions were implemented: legislation for mandatory statewide fluoridation, increases in the Medicaid reimbursement fee (resulting in increased dentist enrollment from 1 to 90 in 2 years), appointment of a state dental director, and convened a dental access improvement committee.	DE
71	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Oral Cancer	Incorporated oral and pharyngeal cancer into State Comprehensive Cancer Control Plan in collaboration with Statewide Partnership for Cancer Prevention and Control.	IL
72	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Oral Health	The state's Dept of Public Health has developed and presented a comprehensive multi-dimensional short-term and long-term State Oral Health Plan that has contributed to (1) building the infrastructure for oral health within the DPH (approved for three staff), (2) the submittal of budget and legislative proposals in the current legislative session, and (3) the convening of a State Dental Summit (scheduled for October 2001)	CT
73	Policy Development	Collaboration & Partnership for Planning/ Integration	Plan: Oral Health	The MCH advisory board through its Oral Health Subcommittee produced "an Oral Health Action Plan" for the state.	NV
74	Policy Development	Oral Health Program Policies	Legislation: Fluoridation	Legislative mandate that all community water supplies fluoridate, and that Dept. of Public Health be responsible for monitoring of such in collaboration with State Environmental Protection Agency.	IL
75	Policy Development	Oral Health Program Policies	Legislation: Fluoridation	A policy was created for Oral Health to have a Director of Fluoridation and three fluoridation consultants for surveillance. This took those tasks away from the Drinking Water Branch of Sanitary Engineering (now IDEM) and gave Oral Health that responsibility instead.	IN
76	Policy Development	Oral Health Program Policies	Legislation: Infrastructure	Statutory requirement that Division Chief of Dental Division be a state-licensed dentist with a master degree in public health.	IL
77	Policy Development	Oral Health Program Policies	Legislation: Infrastructure	Statutory requirement that one member of every county board of health along with one member of the State Board of Health be a state-licensed dentist.	IL
78	Policy Development	Oral Health Program Policies	Legislation: Medicaid	Passed state law increasing Medicaid fees for dental and medical care	OK

79	Policy Development	Oral Health Program Policies	Legislation: Medicaid	State law to increase dental and medical Medicaid fees, using some state tobacco settlement money for a 3-to-1 match with federal funds.	OK
80	Policy Development	Oral Health Program Policies	Legislation: Nursing Home	Developed and secured passage of Dental Nursing Home Regulations.	OK
81	Policy Development	Oral Health Program Policies	Legislation: Prevention	To reduce the cost to the local governments, the state legislature increased the state reimbursement rate for Children's Dental Disease Prevention Program (providing dental disease prevention services).	CA
82	Policy Development	Oral Health Program Policies	Legislation: Tobacco	Passed state constitutional amendment placing the majority (75%) of state tobacco fund settlement money in a trust fund and limiting its use to certain purposes such as health care and tobacco prevention.	OK
83	Policy Development	Oral Health Program Policies	Legislation: Workforce	Statutory authority exists which includes oral health, and dental practice laws are in place, which allows broader use of the skills and functions of all professional staff to provide population based services.	NC
84	Policy Development	Oral Health Program Policies	Legislation: Workforce	Established License by Credentials for Dentists and Dental Hygienists.	NM
85	Policy Development	Oral Health Program Policies	Legislation: Workforce	Legislature passed Collaborative Practice of Dental Hygiene.	NM
86	Policy Development	Oral Health Program Policies	Policies: Communication	Developed a summary document of program policies for distribution to programs, agencies and partners.	NY
87	Policy Development	Oral Health Program Policies	Policies: EPSDT	"Exception in Policy" waivers allowing dental hygienists employed by child health centers to provide and receive reimbursement for the limited dental services the provide.	IA
88	Policy Development	Oral Health Program Policies	Policies: Fluoridation	Developed policies for use of PHHS Block Grant funds for fluoridation	AR
89	Policy Development	Oral Health Program Policies	Policies: Fluoridation	Developed policy to institute private source water fluoride testing	AR
90	Policy Development	Oral Health Program Policies	Statutory Mandate	Worked with the State Dental Association and legislative leaders on a statutory mandate for the state oral health program (pending)	AR
91	Policy Development	Oral Health Program Policies	Statutory Mandate	Have statutory authority for oral health efforts	AZ
92	Policy Development	Oral Health Program Policies	Statutory Mandate	Through partnerships, developed policy that eventually caught the attention of legislative advocate who helped pass key legislation that produced statutory authority for the state oral health program in addition to other elements.	MD
93	Policy Development	Oral Health Program Policies	Statutory Mandate	Statutory mandate/authority for state dental program exists	MO
94	Policy Development	Oral Health Program Policies	Statutory Mandate	The Oral Health Improvement Act gave state statutory authority for the development and maintenance of an oral health program in the State Department of Health.	TX
95	Policy Development	Use of State Oral Health Plan	MCH Block Grant	An annual plan is written based on logical goals and ambitious but almost attainable objectives, which allows completion of portions of the MCH Block Grant application without much extra work.	OH
96	Policy Development	Oral Health Program Organizational Structure and Resources	Organizational Structure	Combined the Oral Health Program and Primary Care Office into one section in the Chronic Disease Division of the State Health Department. This raised awareness of oral health within the Health Dept. and strengthened partnerships with the Primary Care Association and the Office of Rural Health in addition to obtaining additional funding for oral health projects.	CO

97	Policy Development	Oral Health Program Organizational Structure and Resources	Organizational Structure	Having an organizational structure that requires a professionally trained State Health Director, under which the State Oral Health Program Director has distinct identification and great latitude and control over policy development and implementation, but which values community collaboration.	NC
98	Policy Development	Oral Health Program Organizational Structure and Resources	Organizational Structure	Recognizing that oral health is part of total health, the Oral Health Program staff and activities have been incorporated into the Bureau of Rural Health and Primary Care. Reflecting the need to better integrate oral health activities across public health and Medicaid, DHHS is working to recruit a senior Dentist, reporting to the State Medical director, to provide leadership across the diverse elements of the oral health initiative.	NH
99	Policy Development	Oral Health Program Organizational Structure and Resources	Staffing	Use of MCH dollars to support oral health consultants in local agencies allowed the leverage of dollars to integrate oral health into many programs and build community capacity.	ND
100	Policy Development	Oral Health Program Organizational Structure and Resources	Staffing	Created Dental Health Consultant positions in three of four Public Health Districts.	NM

ASSURANCE

#	Section	Category	Topic	Practice Description	State
1	Assurance	Population-Based Intervention	Communication	Developed and disseminated materials on water fluoridation and fluoride supplements to every licensed dentist and physician in the state.	AR
2	Assurance	Population-Based Intervention	Craniofacial Anomaly	Craniofacial anomaly program provides educational material and referrals to craniofacial treatment teams for all children requiring this treatment.	IL
3	Assurance	Population-Based Intervention	Early Childhood Caries	Developed an ECC educational program for WIC clients through a USDA grant.	AL
4	Assurance	Population-Based Intervention	Early Childhood Caries	Obtained funding for a new Early Childhood Caries prevention program	AZ
5	Assurance	Population-Based Intervention	Early Childhood Caries	Implemented an Early Childhood Caries prevention program that is being utilized statewide, has been adopted by national Head Start, and recently been sent to the Hispanic Dental Association (in Spanish).	NV
6	Assurance	Population-Based Intervention	Fluoridation	Assured that 82% of the state's population received fluoridated water at optimal levels	AL
7	Assurance	Population-Based Intervention	Fluoridation	Accessed CDC funds for additional fluoridation promotion.	AL
8	Assurance	Population-Based Intervention	Fluoridation	Developed a program to provide fluoride analysis of private water sources and reporting of fluoride levels to local dentists and physicians	AR
9	Assurance	Population-Based Intervention	Fluoridation	Water fluoridation technical assistance program operates	AZ
10	Assurance	Population-Based Intervention	Fluoridation	A fluoridation consultant has been hired to direct the state's efforts in fluoridation. The consultant provides leadership and technical assistance to community organizations, academia, and provides testimony in support of fluoridation to city and county supervisor/water boards.	CA
11	Assurance	Population-Based Intervention	Fluoridation	Full-time fluoridation engineer as part of oral health program staff (as opposed to water quality). The fluoridation engineer in the Oral Health Program has allowed the program to conduct six fluoridation training sessions per year, realize 95%+ accuracy on fluoride proficiency testing with CDC, implement awards program for participating water systems, successfully complete for grant dollars for equipment, and maintain 81% of population served by optimal levels.	CO
12	Assurance	Population-Based Intervention	Fluoridation	Annual fluoridation awards/recognition program for community water systems that maintain optimal levels of fluoride.	IL
13	Assurance	Population-Based Interventions	Fluoridation	State regulators requiring backflow prevention devices, local monitoring and proper installation procedures gave control to the state in assuring safe optimal fluoride levels.	IN
14	Assurance	Population-Based Interventions	Fluoridation	Over 1500 surveillance visits made per year by the three fluoridation field staff assure optimal fluoride levels and safety.	IN
15	Assurance	Population-Based Interventions	Fluoridation	Biannual School Fluoridation Workshops and attendance at professional water meetings assure optimal fluoride levels and proper local monitoring and safety.	IN

16	Assurance	Population-Based Intervention	Fluoridation	Providing fluoridation equipment for communities initiating fluoridation, and providing replacement equipment when necessary.	MO
17	Assurance	Population-Based Intervention	Fluoridation	Promotion and maintenance of community water fluoridation has reduced caries rates.	ND
18	Assurance	Population-Based Intervention	Fluoridation	Technical assistance and funding support through a federal fluoridation grant provided the impetus to pass a fluoridation ballot initiative in the state's largest city. The Nov '99 effort increased the number of people on public water systems who will benefit from fluoridation from 22% to 37%.	NH
19	Assurance	Population-Based Intervention	Fluoridation	Assisted in the establishment of a coalition that successfully implemented fluoridation for over 50% of the state's population (up from 2%).	NV
20	Assurance	Population-Based Intervention	Fluoridation	Passed fluoridation law.	OH
21	Assurance	Population-Based Intervention	Fluoridation	Secured state funding for fluoridation program.	OK
22	Assurance	Population-Based Intervention	Fluoridation	Developed uniform design standard for fluoridation systems to reduce consulting engineering costs and to assure design conformance to a uniform standard.	TX
23	Assurance	Population-Based Intervention	Fluoridation	Developed day tank design, suction tube installation detail, and new bulk tank system to improve operator safety and to improve maintenance access for fluoridation systems.	TX
24	Assurance	Population-Based Intervention	Fluoridation	Developed minimum technical standards for any fluoridation system that uses federal funds for upgrading or installation of a new system.	TX
25	Assurance	Population-Based Intervention	Fluoridation	Developed a prioritization technique to select community public water system for upgrade based on fluoridation status, operator safety concerns, environmental hazard potential, and overfeed potential.	TX
26	Assurance	Population-Based Interventions	Fluoridation	Sought alternative funding source for the fluoridation program after loss of the Public Health Services Block Grant in FY01. Obtained one time increase of 500% in funds for grants, compared to FY00.	TX
27	Assurance	Population-Based Interventions	Fluoridation	Provided technical support to two fluoridation campaigns. Both cities approved fluoridation, with no identified funding sources. The two cities represented 7% of the states general population.	TX
28	Assurance	Population-Based Intervention	Fluoridation	Successful water fluoridation campaign.	UT
29	Assurance	Population-Based Intervention	Fluoride Mouthrinse	Provided a school-based fluoride mouthrinse program for 25,000 children	AL
30	Assurance	Population-Based Intervention	Fluoride Mouthrinse	Implementation of a school-based FMR program	AZ
31	Assurance	Population-Based Intervention	Fluoride Mouthrinse	Inclusion of fluoride mouthrinse component in state-funded school-based oral health education programs.	ME
32	Assurance	Population-Based Intervention	Fluoride Mouthrinse	Approximately 300 schools statewide participate in the Fluoride Mouth Rinse Program	NJ
33	Assurance	Population-Based Intervention	Fluoride Supplements	Classroom fluoride supplementation program in operation	OR
34	Assurance	Population-Based Intervention	Sealants	Funded a school-based sealant program in a rural county for 3,000 children	AL
35	Assurance	Population-Based Intervention	Sealants	Implementation of a dental sealant program	AZ

36	Assurance	Population-Based Intervention	Sealants	To expand the scope of the children's Dental Disease Prevention program and to reduce the incidence of dental disease, the state legislature recently expanded the program's authority to include a dental sealant component.	CA
37	Assurance	Population-Based Interventions	Sealants	The State Oral Health Section Office coordinated and participated in the Sealant Program (targeted dental sealant programs for low-income high-risk children). A designated "Sealant Day" provided 453 participants the opportunity to receive 1,363 sealants. All dental public health programs, and dentists, dental hygienists from private practice, and schools of dental hygiene participated. The Governor signed a Proclamation.	GA
38	Assurance	Population-Based Intervention	Sealants	Providing over 500,000 dental sealants to more than 140,000 children through the funding of community-based sealant programs.	IL
39	Assurance	Population-Based Interventions	Sealants	Developed a community based dental sealant program whereby all supplies, equipment, etc. are supplied by the State Dept. of Health as long as the community furnishes the dental personnel.	IN
40	Assurance	Population-Based Intervention	Sealants	Integration of sealant component into state-funded school-based oral health education programs.	ME
41	Assurance	Population-Based Intervention	Sealants	Continued a school-based dental sealant program and services to 6,500 children annually.	NM
42	Assurance	Population-Based Intervention	Sealants	Coordinating and/or advising local dental societies in sealant campaign	OR
43	Assurance	Population-Based Interventions	Sealants	Providing funding for dental sealant/prevention projects	VA
44	Assurance	Population-Based Interventions	Special Needs	The State Oral Health Section Office coordinates the public health sector and US Army Reserve participation of dentists and dental hygienists for "Special Athletes Special Smiles" May 24, 2000.	GA
45	Assurance	Population-Based Intervention	State's Role	Positioning assurance as the support of community strategies involving public/private providers and not the state as the provider of care. The state's role then becomes more that of protecting the public's health by supporting/sponsoring population based intervention.	NC
46	Assurance	Population-Based Interventions	Tobacco Use Prevention	The State Oral Health Section Office helped plan and participate in numerous Spit Tobacco Education Programs. Spit Tobacco Education information and brochures are provided to interested people at numerous meetings, including Major and Minor League Baseball games, in three cities in the state.	GA
47	Assurance	Population-Based Intervention	Tobacco Use Prevention	Fund local health departments to educate dentists and hygienists regarding the incorporation of tobacco cessation activities into practice.	IL
48	Assurance	Population-Based Intervention	Tobacco Use Prevention	Instituted school based dental education and tobacco use prevention program targeting grades K-6.	OK
49	Assurance	Population-Based Intervention	Tobacco Use Prevention Nutrition	Dental nutrition and tobacco displays for children's museum provided	TX
50	Assurance	Oral Health Communications	Agencies	Developed and incorporated a dental health section into the MCH Administrative and Health Services Manual.	IA
51	Assurance	Oral Health Communications	Community Health Centers	Information sharing with community health centers to expand into dental services	AK
52	Assurance	Oral Health Communications	Health Professionals	Distribute information on dental public health issues to other health professionals	AZ
53	Assurance	Oral Health Communications	Health Professionals	Directory of Fluoride Levels in State Water created.	NJ

54	Assurance	Oral Health Communications	Medicaid Program	Provide education seminars for the Medicaid EPSDT program which are statewide and held annually.	TX
55	Assurance	Oral Health Communications	Partnership	Collaborative partners assist with communicating program objectives to policymakers, health professionals and the public.	NY
56	Assurance	Oral Health Communications	Public	Oral health education resources for the public are provided.	AZ
57	Assurance	Oral Health Communications	Public	Use of burgeoning partnerships to communicate to the media outcomes of oral health needs assessment, which subsequently led to support for state oral health programs.	MD
58	Assurance	Oral Health Communications	Public	Oral health communication promoted a high sealant use rate in the state.	ND
59	Assurance	Oral Health Communications	Publication	Prepared a Departmental report on the status of access to oral health services (publication pending).	ME
60	Assurance	Oral Health Communications	Publications	Wide distribution of brochure with "Don't wait until it hurts" message.	MI
61	Assurance	Oral Health Communications	Publications	Oral health program information and assessment data communicated in public presentations and publications (state dental journal, news release, etc.)	OK
62	Assurance	Oral Health Communications	Schools	Provide schools statewide with "Dental Report Cards" to stress the importance of oral health to school personnel, parents, and students.	IA
63	Assurance	Oral Health Communications	Schools	Through the regional dental coordinators, develops and distributes the "Miles of Smiles" newsletters to approximately 3300 private and public schools throughout the state.	NJ
64	Assurance	Oral Health Communications	State Legislature	Contributed to report to the State Legislature on comparison of Medicaid dental costs as a function of the fluoridation level on a county-by-county basis.	TX
65	Assurance	Oral Health Communications	Website	Inclusion of oral health program information and oral health fact sheets on departmental web site.	IL
66	Assurance	Oral Health Communications	Website	Development of oral health web site	UT
67	Assurance	Building Linkages & Partnerships for Interventions	Accessing Populations	Partnering to access mutual target populations.	MI
68	Assurance	Building Linkages & Partnerships for Interventions	Coalition	Work with and support of statewide dental access coalition.	ME
69	Assurance	Building Linkages & Partnerships for Interventions	Coalition	Community based coalitions formed	MI
70	Assurance	Building Linkages & Partnerships for Interventions	Coalition	Dental access coalition efforts have created statewide awareness of oral health needs and resulted in short- and long-term solutions.	MT
71	Assurance	Building Linkages & Partnerships for Interventions	Communities	Work with 20 communities with serious interest in oral health.	OH
72	Assurance	Building Linkages & Partnerships for Interventions	Dental Plan Organization	Collaboration with Blue Cross/Blue Shield on Caring for Children Foundation project.	UT
73	Assurance	Building Linkages & Partnerships for Interventions	Developing partnerships	Building public and private partnerships in the state and communities.	MA

74	Assurance	Building Linkages & Partnerships for Intervention	Fluoridation	The Dept. of Human Resources/Oral Health Section State Office has partnered with the Dept. of Natural Resources and the State Rural Water Association in monitoring and surveillance, technical assistance and evaluation of the state's 298 fluoridated public water systems. Of the nearly 6,000 systems in the state, 90% are small rural systems serving less than 10,000 people. Evaluations include training water personnel and comparing the results to a sample tested by the water operator at the same time – this helps to ensure better monitoring and surveillance. Fluoridation Basic Training Courses for water supply operators are planned across the state.	GA
75	Assurance	Building Linkages & Partnerships for Intervention	Fluoridation	Although monitoring of the state fluoridation law is conducted by a different division within the State's Dept. of Health, working more closely with the division has provided a higher standard of compliance.	MN
76	Assurance	Building Linkages & Partnerships for Intervention	Funding	Directly fund and monitor external entities (dental society, dental hygiene association, et al) involved in dental public health assurance projects, e.g.: donated dental services, education of staff in long term care in oral health care of residents.	IL
77	Assurance	Building Linkages & Partnerships for Interventions	Grants	Provided preventive oral health education grants to 3 agencies, located in the northern, central and southern part of the State.	NJ
78	Assurance	Building Linkages & Partnerships for Interventions	Health Programs	Linkages to other health issue programs.	MI
79	Assurance	Building Linkages & Partnerships for Intervention	Integrate Oral Health Promotion	Collaborated with other state children's health programs to integrate oral health promotion	AZ
80	Assurance	Building Linkages & Partnerships for Intervention	Integrate Messages	Worked with MCH, nutrition, social work, day care and WIC to integrate oral health messages into various programs	AR
81	Assurance	Building Linkages & Partnerships for Intervention	Integrate Outreach	Integrated CHIP outreach into state sealant program.	AZ
82	Assurance	Building Linkages & Partnerships for Intervention	Medicaid	Partnered with the State Medicaid Agency to provide an education and outreach initiative to dental providers and Medicaid clients	AL
83	Assurance	Building Linkages & Partnerships for Interventions	Medicaid	All school-based preventive dental programs that receive state funds are required to enroll as Medicaid providers for preventive services delivered by hygienists in schools. This practice leverages state Medicaid funds with federal money enhancing the state's ability to deliver services to more children.	NH
84	Assurance	Building Linkages & Partnerships for Interventions	Nutrition	In collaboration with nutrition program component and state nutrition consultant, developed an Oral Health/Nutrition Resource Manual that is targeted to the high-need school districts in the state. Training will take place with school nurses and other appropriate personnel through professional meetings, conferences and one-on-one technical assistance.	NJ
85	Assurance	Building Linkages & Partnerships for Intervention	Oral Health Education	Partnered with other professionals to provide dental health education initiatives to children and parents.	AL

86	Assurance	Building Linkages & Partnerships for Intervention	Professional Training & Education	OH METS (the Oral Health through Marketing, Education, Training, and Sealant Project) has as its goal to improve the oral health of children and their families through a comprehensive, statewide, collaborative, innovative, integrated, multifaceted and culturally appropriate oral health promotion and disease prevention program that includes social marketing, education, training of non-dental health professionals and dental sealants. The current phase of the OHMETS Project is focusing on training physicians and nurses to engage in anticipatory guidance, and to better recognize, prevent and refer for treatment oral diseases and conditions in women and infants (0-3 years of age).	CT
87	Assurance	Building Linkages & Partnerships for Interventions	Professional Training & Education	Presented professional education programs at state dental meetings and dental schools so public health information can become part of dentistry in general.	OK
88	Assurance	Building Linkages & Partnerships for Intervention	Rural Dental Clinic	Partnered with a rural county and received HRSA funding to establish a dental clinic in an underserved community	AL
89	Assurance	Building Linkages & Partnerships for Interventions	Senior Adults	Partnered with Community Voices to develop resources for dental care for indigent elderly population.	TX
90	Assurance	Building Linkage & Partnership for Intervention	State Dental Association	The Division of Public Health has forged alliances with the dental society to develop programs for improving dental care. This includes a collaboration to recruit dentists to the state, and the development of a professional program in oral health screening. Other projects include the sponsorship in PANDA and the Special Smiles program for Special Olympics.	DE
91	Assurance	Building Linkages & Partnership for Interventions	State Dental Association Dental School	Strong collaboration with dental society and dental school.	VA
92	Assurance	Building Linkages and Partnerships for Interventions	State Dental Association Schools	Arranged for dental hygienists to be hired by schools with the support of the Dental Society. Children could then be connected to a "dental home."	VT
93	Assurance	Building Linkages & Partnerships for Interventions	State Oral Health Program	Recommendations from the ASTDD on-site evaluation team have resulted in expansion of the Oral Health Program and assisted in developing further collaborations.	MT
94	Assurance	Building Community Capacity for Interventions	Community Development	Assisted county health departments in securing additional MCH funds for community-based oral health programs	AL
95	Assurance	Building Community Capacity for Interventions	Community Development	A Community Oral Health Systems Development Project was formed. Funded by a HRSA Community Integrated System Development (CISS) grant, its goal is to enhance oral health and assure oral healthcare access through the development of community oral health care delivery systems, and through the integration of oral health into local health and human services program. The DPH provides technical assistance, consultation and facilitation to pilot sites in communities throughout the State (presently 11 sites) to develop, enhance, integrate and link oral health care delivery systems.	CT
96	Assurance	Building Community Capacity for Interventions	Community Development	Developing community initiatives	MA
97	Assurance	Building Community Capacity for Interventions	Community Development	Leveraging community resources	MA

98	Assurance	Building Community Capacity for Interventions	Community Development	Utilization of dental and dental hygiene students in local agency dental clinics	MI
99	Assurance	Building Community Capacity for Interventions	Community Development	Building local coalitions has helped build community capacity, shared ownership and sharing of resources to improve oral health. Involving partners has built commitment from a variety of agencies and organizations.	ND
100	Assurance	Building Community Capacity for Interventions	Community Development	Given a shortage of providers in the private sector, DHHS supports the development of alternative venues for delivery of dental care to meet the dental needs of low-income families and their children. Through technical assistance, the Community Grants Program, and through contracts for services with safety net providers, DHHS supports a variety of programs that include integrating a dental clinic into every primary care center, increasing the number of school-based preventive dental programs, and establishing hospital-based clinics.	NH
101	Assurance	Building Community Capacity for Interventions	Community Development	Work with state Turning Point Program for community development.	OK
102	Assurance	Building Community Capacity for Interventions	Grants	Building community capacity for oral health through the provision of oral health needs assessment and planning grants to over 50 health departments throughout the state.	IL
103	Assurance	Building Community Capacity for Interventions	Grants	Development of grants program for development and expansion of community-based oral health programs with legislative allocation from state tobacco settlement.	ME
104	Assurance	Building Community Capacity for Interventions	Grants	Grants provided to communities to increase capacity for oral health services	MI
105	Assurance	Building Community Capacity for Interventions	Grants	Fund 15 sealant grants that go to 34 counties and 7 primary care grants.	OH
106	Assurance	Building Community Capacity for Intervention	Grants	Fluoride education grants for local coalitions provided.	OR
107	Assurance	Building Community Capacity for Interventions	Grants	Providing assistance with community organizational efforts, such as formation of action and planning groups, to tackle perceived dental problems in their areas. Assistance with Dental Health Professional Shortage Area designations to pave the way for other community assistance in setting up dental safety net practices. Competitive state community challenge grants to ease the start-up costs of such community safety net clinics.	PA
108	Assurance	Building community Capacity for Interventions	Grants	Obtained grant monies to fund epidemiological survey and assessment tool to be used by Regional State Dental Directors.	TX
132	Assurance	Access to Care & Health System Interventions	Dental Care Programs	In order to provide dental health services to over 300,000 school children, the state has contracted with 30 providers.	CA
131	Assurance	Access to Care & Health System Interventions	Dental Care Programs	Old Age Pension Dental Program (23 years) providing limited oral health services to low income seniors (850+/yr) using state general funds.	CO

110	Assurance	Access to Care & Health System Interventions	Dental Care Programs	Initiated four pilot ABCD programs to increase access, infrastructure building and care coordination efforts.	IA
109	Assurance	Access to Care & Health System Interventions	Dental Care Programs	Incorporating case management into the delivery of dental services has improved provider participation in state funded oral health programs.	NH
130	Assurance	Access to Care & Health System Interventions	Dental Care Programs	Expanded school health center program to include dental services at schools in one of state's largest cities.	NY
133	Assurance	Access to Care & Health System Interventions	Dental Care Programs	The Fee For Service Dental Care program has served well in providing urgent dental care access to eligible (mainly school age) children in the state that lack other care resources.	TX
111	Assurance	Access to Care & Health System Interventions	Dental Care Programs	In 1999-2000, 19 schools had a total of 90% of school children with a "dental home" as a result of a state program.	VT
112	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	Grant with Native Health Corporation to assist with travel and lodging of a dental team to increase access to dental services for children enrolled in Medicaid.	AK
113	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	In partnership with County Health Officer, managed care organizations, and local dental society, developed a pilot Medicaid dental access project that has demonstrated superior outcomes.	MD
114	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	Privatized model for Medicaid program - currently in 37 counties but planning is being done to extend it to 80 counties (all but the 3 largest populated counties)	MI
115	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	All school-based dental programs funded by the State Oral Health Program are required to enroll as Medicaid providers for preventive services (prophylaxis, fluoride treatments, oral hygiene instruction, and sealants) provided in the schools by a hygienist. This provides a revenue stream to ensure continuation of school-based preventive dental programs.	NH
116	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	An attractive dental benefit added to the Voluntary Medicaid Managed Care Program has increased enrollment in the managed care program and increased dentist participation. The plan pays dentists at 100% of their fees and is administered by Delta Dental Corp.	NH
117	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	Enhanced Medicaid Fee structure.	NM
118	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	Provided calculations for Medicaid fee increases.	TX
119	Assurance	Access to Care & Health System Interventions	Medicaid & SCHIP	Teamed with THSteps (EPSDT) and CHIP (SCHIP) outreach staff to increase patient awareness of dental health services.	TX
120	Assurance	Access to Care & Health System Interventions	Mobile Dental Services	Maintain dental trailer loan program to assist communities in developing new dental care delivery systems.	AZ
121	Assurance	Access to Care & Health System Interventions	Mobile Dental Services	Mobile Dental Units fill gaps in access to dental care.	TX
122	Assurance	Access to Care & Health System Interventions	Partnering & Collaboration	Collaborate with stakeholders to increase access to oral health services.	AZ
123	Assurance	Access to Care & Health System Interventions	Partnering & Collaboration	A State "Partnership To Improve Oral Health Through Access to Needed Services" was created which is a joint program with the State Dental Association.	OH

124	Assurance	Access to Care & Health System Interventions	Primary Care	Recognizing that oral health is part of total health, the Oral Health Program has been integrated into the Bureau of Rural Health and Primary Care, with the goal of incorporating a dental facility in each primary care center. Two primary care facilities now offer dental services as part of health care delivery. Medical residents in one primary care facility now incorporate oral health planning and treatment into medical assessment.	NH
125	Assurance	Access to Care & Health System Interventions	Primary Care	Increased Dental funding under the Rural Primary Health Care Act.	NM
126	Assurance	Access to Care & Health System Interventions	Safety Net Clinics	Assisted in funding a new dental clinic in underserved communities.	AL
127	Assurance	Access to Care & Health System Interventions	Safety Net Clinics	The State provides clinical dental services for Medicaid children through eight dental clinics. The clinics are school-linked, thus providing an opportunity for children to be transported from their schools to the clinics. Comprehensive care is provided with specialty care referred to private practitioners.	DE
128	Assurance	Access to Care & Health System Interventions	Safety Net Clinics	The Division of Public Health has assisted in the development of a dental clinic for a Federally Qualified Health Center.	DE
129	Assurance	Access to Care & Health System Interventions	Safety Net Clinics	Dental clinics in school based health centers	MI
134	Assurance	Access to Care & Health System Interventions	Workforce: Training	Provide health care provider training on dental public health issues (conferences, training, workshops)	AZ
135	Assurance	Access to Care & Health System Interventions	Workforce: Training	Conducted statewide instructional training to nurses on how to conduct oral health screening.	IA
136	Assurance	Access to Care & Health System Interventions	Workforce: Loan Repayment	State loan repayment program available to dentists and dental hygienists.	RI
137	Assurance	Access to Care & Health System Interventions	Workforce: Loan Repayment	Establishing a dentist loan repayment program for underserved areas	VA
138	Assurance	Access to Care & Health System Interventions	Workforce: Scholarship	Establishing a dental scholarship program for underserved areas	VA
139	Assurance	Program Evaluation for Outcomes & Quality Management	ASTDD Onsite Review	Participate in ASTDD program review	MO
140	Assurance	Program Evaluation for Outcomes & Quality Management	ASTDD Onsite Review	Participating in ASTDD on-site evaluation of Oral Health Program	MT
141	Assurance	Program Evaluation for Outcomes & Quality Management	Evaluation: Sealant Programs	Implemented a quality improvement plan for the state sealant program	AZ
142	Assurance	Program Evaluation for Outcomes & Quality Management	Evaluation: Treatment Program	Program evaluation of interventions (Elks Mobile Dental Units)	MO

143	Assurance	Program Evaluation for Outcomes and Quality Management	Evaluation: School Fluoride Programs	Evaluation of school fluoride programs allowed targeting to fluoride deficient areas and high-risk areas, thus allowing allocation of resources to other projects.	ND
144	Assurance	Program Evaluation for Outcomes and Quality Management	Evaluation: Project Effectiveness	Monitoring of funded project effectiveness through quarterly reports and periodic site visits.	NY
145	Assurance	Program Evaluation for Outcomes and Quality Management	Evaluation: Tools	Developed evaluation tools for state oral health programs.	OK
146	Assurance	Program Evaluation for Outcomes & Quality Management	Evaluation: Fluoridation	Conducted study of fluoridated versus non-fluoridated communities and the effect on Medicaid restorative costs.	TX