

# **GUIDELINES FOR STATE AND TERRITORIAL ORAL HEALTH PROGRAMS**



**PRODUCED BY:**

**ASSOCIATION OF STATE AND  
TERRITORIAL DENTAL  
DIRECTORS (ASTDD)**

**APPROVED BY THE  
ASSOCIATION OF STATE AND  
TERRITORIAL HEALTH  
OFFICIALS (ASTHO)**

**REVISED 2005**



## Foreword

The 1997 revision of the 1985 *Guidelines for State Dental Public Health Programs* was undertaken to reflect the framework of the core public health functions identified in the 1988 Institute of Medicine Report on *The Future of Public Health*. The stimulus for this effort came from the early prompting of Dr. Robert Isman as President of the Association of State and Territorial Dental Directors (ASTDD). The Association's goal was to provide a working document for guidance to health agency officials and public health administrators in the development and operation of oral health programs at the state level.

The 2001 revision, entitled *Guidelines for State and Territorial Oral Health Programs*, primarily updated the sections on Current Oral Health Issues, Infrastructure and Capacity, and References. This version also included Website links for some of the references. The 2005 revision updates these same sections and includes links to ASTDD's Best Practice descriptions and approach reports. The *Guidelines* can be downloaded from the ASTDD website at <http://www.astdd.org>.

The *Guidelines for State and Territorial Oral Health Programs* is the result of the combined effort of many individuals and organizations over the past several years who have provided feedback, valued judgment, and direction. Special thanks and gratitude are due all the individuals and groups who contributed to the completion of this project, including the membership of ASTDD. The project was initiated under the dedicated leadership of Dr. E. Joseph Alderman. Ms. Jane E.M. Steffensen and Ms. Kathleen Mangskau guided the development of the *Guidelines* and associated publications, with Ms. Beverly Isman assisting with the 2001 revisions. Appendix 1 includes a listing of groups that were involved in the original project. For the 2005 version, the ASTDD Data Committee provided content revisions to the Current Oral Health Issues section, Ms. Isman and Ms. Brunson edited the other sections, and Dr. Julie Tang coordinated selection and links to the Best Practices documents.

Development and reproduction of previous version of the *Guidelines* and associated publications were supported by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Public Health Service, with grateful acknowledgment to Dr. John Rossetti, former Chief Dental Officer. The 2005 version is supported through cooperative agreement #U58/CCU723036-02 from the Centers for Disease Control and Prevention.

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## Introduction

### History

In the early 1980s the Association of State and Territorial Dental Directors (ASTDD) developed *Guidelines for State Dental Public Health Programs*. The *Guidelines* were approved by the Association of State and Territorial Health Officials in 1985 and distributed to states and territories for use during the 1980s and 1990s.

The *Guidelines for State Dental Public Health Programs* provided guidance for government officials, as well as public health program administrators, in the development of an oral health program within a specific jurisdiction. The *Guidelines* were a resource for federal, state, and local jurisdictions during assessment, planning, implementation, and evaluation. Also, the *Guidelines* served as a reference during assessment of an oral health unit's role, responsibility, organization, structure, and authorization within the state or territorial health agency. Since 1985, the *Guidelines* have been used as a framework for formal assessments of state oral health programs by self-assessments and external review processes.

The background information and rationales described in previous editions of the *Guidelines* were based on the status of dental public health during those decades. Since that time much new oral health knowledge has emerged, and information technologies have facilitated immediate and widespread sharing of information. The name of the *Guidelines* was changed in 1997 from *State Dental Programs* to *State and Territorial Oral Health Programs* to reflect a broader focus.

Oral health issues gained renewed national focus at the beginning of the Millennium with the release of the first-ever Surgeon General's Report on Oral Health and the Healthy People 2010 Health Objectives for the nation (U.S. Dept. of Health and Human Services, 2000a; U.S. Dept. of Health and Human Services, 2000b). This was followed by *A National Call to Action to Promote Oral Health*, also from the Office of the

Surgeon General (U.S. Dept. of Health and Human Services, 2003.) Numerous national, state and local activities have emerged around these initiatives to fulfill former Surgeon General C. Everett Koop's statement, "You're not healthy without good oral health."

### Purpose

Public health guidelines continue to be vital in shaping the development of effective and efficient policies, programs, services, and practices at all government levels. This revised version of the *Guidelines for State and Territorial Oral Health Programs* should serve as a useful resource for development or enhancement of state oral health units within health agencies and other agencies that integrate oral health services.\* The updated *Guidelines* allow for consideration of the state oral health unit's interaction and collaboration with governmental agencies external to the state health agency, as well as with organizations, associations, and groups in the private, public, voluntary, and nonprofit sectors. In addition, the *Guidelines* provide an important reference point for assessment of state oral health units through informal internal evaluation processes and formal external review processes.

The *Guidelines for State and Territorial Oral Health Programs* are based on a consensus-building and development process using an expanded Delphi method with an advisory group and the general membership of the ASTDD. Several publications developed by national and state organizations and agencies provided conceptual models for identification of public health practices, core functions, and essential services. The *Guidelines* were developed to provide a framework of feasible core functions for state oral health programs. The *Guidelines* are flexible so they can accommodate the significant variability in demographic, political, social, and economic contexts across states

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\*Throughout this document the term "state" is meant to be inclusive of territories and other US jurisdictions.

It is anticipated that the *Guidelines* will need periodic revisions as new knowledge becomes available, perspectives change, and public policies are transformed.

ASTDD has developed and implemented a self-assessment instrument and on-site review protocol for states based on the *Guidelines*. The effectiveness and usefulness of this review process for state programs was evaluated in 2001 and found to be extremely valuable. Based on recommendations from the evaluation report, the state self-assessment instrument was revised in 2003 and more options are now offered for state evaluation, onsite reviews and technical assistance. The *Guidelines* also are used during ongoing orientation and mentoring efforts with new state dental directors and staff.

### **Document Overview**

This *Guidelines* document is divided into five sections: Current Oral Health Issues, Capacity and Infrastructure, a listing of the Essential Public Health Services to Promote Oral Health in the United States, Examples of Essential Public Health Activities, and Appendices and References.

The Current Issues in Oral Health section provides a broad overview of oral health in America and premises the need for public responsibility for a population-based, system-wide focus on oral health and health services delivery.

The Capacity and Infrastructure section focuses on the factors affecting the oral health program's ability to provide agency coordination and leadership to carry out specific program initiatives. Recent initiatives to strengthen state oral health program infrastructure are highlighted.

The Essential Public Health Services to Promote Oral Health in the United States is an adaptation of the document *Public Health in America* (U. S. Dept. of Health and Human Services, 1994). This section is intended to reflect feasible functions for state oral health programs to implement to promote the oral health of Americans.

Specific activities to achieve the core functions are detailed in the Guidelines Matrix. These are intended as examples only, and should not be considered a comprehensive listing of all possible oral health activities. There is considerable variability in the capacity of state and territorial oral health programs to carry out certain activities, so this listing provides a range of possible functions. Some of these activities are linked to Best Practice descriptions on the ASTDD Best Practice website.

The last section includes a listing of Project Advisers, Ten Essential Elements to Build Infrastructure and Capacity for State Oral Health Programs, and References for the citations.

## Current Oral Health Issues

The remarkable improvement in oral health of Americans is one of the major public health successes of this past century (U.S. Public Health Service, 1996). A combination of preventive methods, including population-based health measures, self-care measures, and professional dental services has resulted in dramatic reductions in dental caries among many children and adults. As public health agencies are forging their future courses in the 21st century it is critical that lessons are learned from these achievements. States and municipalities should gain from the best dental public health practices of the past and be innovative integrating oral health activities and programs into as many public health programs and agencies as feasible.

The Surgeon General's Report, *Oral Health in America*, is a milestone in the history of this country and alerts Americans to the importance of oral health to general health and well-being. The report, along with the Healthy People 2010 Health Objectives for the nation, provides a framework for the prevention of disease and the promotion of oral health.

Safe and effective disease prevention measures exist to improve oral health and prevent disease. These preventive measures include population-based measures (e.g., community water fluoridation, tobacco cessation programs, school-based dental sealant and fluoride programs), self-care (e.g., daily oral hygiene, good dietary practices), and personal oral health services (e.g., clinical dental visits, examination for common oral and pharyngeal cancers) (U.S. Dept. of Health and Human Services, 2000a). However, these measures are not consistently used by individuals or promoted by professionals and communities. For example, based on the 2000 Fluoridation Census, 34% of persons on public water supplies (84 of 246 million) do not receive fluoridated water. (<http://www.cdc.gov/oralhealth/factsheets/fl-stats-us2000.htm>). Further, NHANES survey data, 1999-2000, revealed that 72% of 8-year olds and 86% of 14-year olds have not received any dental sealants on a permanent molar tooth.

(<http://www.cdc.gov/nchs/about/otheract/hpdata/2010/focusareas/fa21-oral.htm>).

Improvements in oral health status have not been experienced uniformly by Americans. Despite the fact that safe and effective means of maintaining oral health have benefited the majority of Americans, many still experience needless pain and suffering, have oral diseases that impact their overall health and well-being, and have financial and social costs that diminish their quality of life and burden society (U.S. Dept. of Health and Human Services, 2000a). A "silent epidemic" of oral diseases is affecting our most vulnerable citizens—poor children, the elderly, and members of racial and ethnic minorities (General Accounting Office, 2000).

### Dental Disease in Children

Dental caries remains a sizable and significant personal and public health problem as a majority of children have experienced dental caries. Yet, eighty percent of the dental caries is concentrated in 25 percent of the child population (Brown, et al., 1996). By stage of childhood, 17 percent of preschool-aged children and 50 percent of school-aged children have experienced tooth decay in their primary teeth (Kaste, et al., 1996). By the age of 15, 67 percent of children have experienced tooth decay in their permanent teeth. Dental caries affects adults as well. More than one third of all tooth surfaces in adults aged 35 to 44 have been affected by dental caries or treatment (Winn, et al., 1996).

Healthy People 2010 oral health indicators from the 1999-2000 NHANES survey showed improvement in dental caries prevalence among children since the 1988-94 survey, except for the 2-4 year old group. For example, among children 6-8 years of age the prevalence of caries has declined from 52% to 50% and for 15 year olds from 61% to 59%; untreated decay for the former group dropped from 28% to 26% and for the latter from 20% to 16%. Dental caries among children 2 to 4 years of age was just the opposite, however. Caries experience among these children increased from 18% in the 1988-94 baseline to 23% in the 1999-2000 survey;

untreated dental decay increased from 16% to 20%. A focus on prevention of Early Childhood Caries in these young children remains a major oral health agenda for 2005.

(<http://www.cdc.gov/nchs/about/otheract/hpdata/2010/focusareas/fa21-oral.htm>)

### **Oral Disease in Adults**

Oral health indicators among adults, though showing very slight improvement, remain an issue as disparities are profound. Medicaid dental benefits have been reduced or eliminated in many states. As the Baby Boomer generation retires, dental benefits are lost in many cases. Among adults ages 35 to 44 years, the most recent NHANES data (1999-2000) indicates 26% have untreated dental decay (27% in the 1988-1994 survey). While the percent of 35 to 44 year olds who had never lost a permanent tooth increased from 31% to 39% between surveys, only 30% of non Hispanic Blacks (compared to 43% of non Hispanic whites) had never lost a tooth. Complete tooth loss among older adults aged 65 to 74 remains fairly constant between 24% and 26%, yet the prevalence of complete tooth loss among those with less than a high school education increased from 39% in 1997 to 43% in 2002; only 13% of persons with some college education (a 3 fold difference) were edentate (both years). The prevalence of destructive periodontal disease among 35-44 year old adults dropped from 21% in NHANES III to 20% in the 1999-2000 survey. (<http://www.cdc.gov/nchs/about/otheract/hpdata/2010/focusareas/fa21-oral.htm>)

The American Cancer Society estimates 18,550 males and 9,710 females will be diagnosed with oral cavity and pharyngeal cancer in 2004 (the 7th leading cancer among males). Some 7, 230 persons are estimated to die from this disease each year, with 5-year survival around 50% (but 31% for Blacks), basically unchanged over the past 25 years. (<http://www.cancer.org/downloads/MED/Page4.pdf>) In 2000, the percent of oral cavity and pharyngeal cancer lesions detected at a localized, stage 1 level remained virtually unchanged at 35% (36% for 1990-1995 time

period); comparing Whites and Blacks, the Blacks had 50% fewer (21%) early lesions detected. Most recent data (1998) indicated only 13% of adults aged 40 years and over had an oral cancer examination in the past year (<http://www.cdc.gov/nchs/about/otheract/hpdata/2010/focusareas/fa21-oral.htm>) despite the fact that 69% of all adults over age 18 reported in 2002 having visited a dentist or dental clinic in the past year (<http://www.cdc.gov/nchs>).

### **Dental Access for Children**

These population groups not only are at highest risk for oral diseases, but are disproportionately affected by subsequent problems due to inadequate or inappropriate treatment. Dental care is the most prevalent unmet health need in U.S. children. Among children whose parents reported an unmet health care need, 57 percent had an unmet dental need (Simpson, et al., 1997). People without health insurance have 4 times the rate of unmet dental needs as those with private insurance (Muller, Schur and Paramore, 1998). Low-income and minority children and children with special health care needs are at greatest risk of inadequate access and poor oral health (Mouradian, Wehr and Crall, 2000). A coordinated effort is needed to overcome the educational, environmental, social, health system and financial barriers that have put our most vulnerable populations at risk for oral disease.

### **Oral Health is Integral to General Health**

Untreated tooth decay has been associated with failure to thrive in very young children and can cause eating, learning and speech problems as well as diminished self-esteem (Acs, et al., 1999; Gift, Reisine and Larach, 1992). Tooth decay in primary teeth is a predictor of future decay in permanent teeth (Greenwall, et al., 1990). Poor oral health can continue into adulthood and can affect speech, nutrition, economic productivity, quality of life, and health care costs (Hollister and Weintraub, 1993). Recent research has pointed to possible associations between chronic oral infections and diabetes, heart and lung diseases, stroke, and low-birth weight, premature births (U.S. Dept. of

Health and Human Services, 2000a). Annually, over 164 million work hours are lost as a result of dental conditions or care (Gift, Reisine and Larach, 1992). Among 5-17-year-olds, an average of 3.1 school days are lost per 100 persons per year due to acute dental problems, for a total of 1,611,000 days lost (Adams, Hendershot and Marano, 1999).

### **Dental Care Costs and Expenditures**

National expenditures for dental care were over \$70.3 billion in 2002 (<http://www.cms.hhs.gov/statistics/nhe/historical/t2.asp>). Private dollars account for over 96 percent of total expenditures on dental services and are predominately an out-of-pocket expense. Public coverage for oral health has been shrinking, and only 4 percent of dental services were paid through public programs in 1998 (Health Care Financing Administration, 2000a)." In 2002, private dollars accounted for over 93 percent (93.5%) of total expenditures on dental services, and 6.5% of dental services were paid through public programs (<http://www.cms.hhs.gov/statistics/nhe/historical/t2.asp>) These public expenditures come from federal, state, and local sources. The majority of publicly provided oral health services are covered under Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program; however, 80 percent of children eligible did not receive any preventive dental services in the previous year (Office of the Inspector General, 1996).

Over the last decade, employer based coverage for children has eroded, while publicly funded health insurance through Medicaid and the State Children's Health Insurance Program (CHIP) has expanded to cover 25 percent of all children (U.S. Bureau of the Census, 1998). However, even with this expansion in coverage, many children are still without dental coverage. The proportion of Medicaid dental expenditures as a percentage of all Medicaid personal health care expenditures remained about 1.2% until increasing in 2001 and 2002 (1.5%). (<http://www.cms.hhs.gov/statistics/nhe/historical/t9.asp>).

One of the principal barriers to oral health care is cost. Lack of access to oral health services is a significant problem for those in society with the least resources. In 2000 half of children aged 5 and 59 percent of adults did not receive any oral health care each year. (<http://www.cdc.gov/nchs/about/otheract/hpdata/2010/focusareas/fa21-oral.htm>) While 43.6 million Americans are without health insurance in 2002 ([www.census.gov/Press-Release/www/2003/cb03-154.html](http://www.census.gov/Press-Release/www/2003/cb03-154.html)), over 108 million are without dental coverage (U.S. Dept. of Health and Human Services, 2000a). In 1995 over 14 percent of children under the age of 18 had no form of private or public medical insurance, and more than twice that many, 23 million children, have no dental insurance (Vargas CM, Isman RE, Crall JJ. 1995.) Over 15 percent of adults aged 18 and over have no form of medical insurance, but 3 times as many adults, over 85 million persons, lack dental insurance coverage (National Center for Health Statistics, 2000). Millions more are underinsured, and the scope of coverage is declining.

Adult coverage under Medicaid is limited, with many states only providing emergency services. Most seniors lose their dental insurance or have higher premiums upon retirement. After age 65, 85 percent of Americans do not have dental insurance, and Medicare only pays for dental services needed by hospitalized patients with specific conditions. Medicare payments for dental services in 1998 were \$0.2 billion (<http://www.cms.hhs.gov/statistics/nhe/historical/t9.asp>). For 2002, they were \$0.1 billion. Data on homebound individuals are limited, but various local and state surveys indicate that 8 to 54 percent had a dental visit in the past year, while in one study, 50 percent had not had a visit in the past 10 years (Dolan and Atchison, 1993).

## **Maintaining and Enhancing Gains**

Over the past 50 years, significant progress has been made in understanding common oral diseases, resulting in marked improvements in the nation's oral health. A primary issue is how to assure continued support for effective oral disease prevention and oral health promotion (U.S. Public Health Service, 1996). It is known that oral diseases and conditions can be prevented and controlled at reasonable cost through personal and population-based prevention. To assure improved oral health and quality of life for all Americans it is vital to enhance efforts and address the oral health needs of vulnerable groups across the nation (Gift, et al., 1996). To accelerate the translation of proven health promotion and disease prevention approaches into policy development, health care practice, and personal behaviors, it is essential that public health agencies, including oral health programs, have the capacity and infrastructure to perform core functions. As the health system undergoes major changes, it is important that new research findings be incorporated with benefits from past advancements in knowledge and technologies associated with prevention, control, and treatment of oral diseases. It is crucial that future developments in the delivery and financing of health services include coordinated efforts for effective and appropriate personal and population-based oral health services that can contribute positively to the oral health of all Americans.

## Capacity and Infrastructure

Administrative law conveys upon public health departments a high degree of responsibility for the "protection of public health and the creation of a wholesome environment." The Congress of the United States has broadened this charge considerably by declaring that "the fulfillment of our national purpose depends on promoting and assuring the highest level of health attainable for every person, in an environment which contributes positively to healthful individual and family living" (Public Law 89-749, 1966). "The marshalling of health resources--national, state, and local--to assure comprehensive health services of high quality for every person" also has been advocated (Public Law 89-749, 1966). The achievement of equal access to quality health care at a reasonable cost was declared a priority of the federal government. Public Law 93-641 listed "the promotion of activities for the prevention of disease . . . and the provision of preventive health care services" as national priorities (Public Law 93-641, 1975). The very nature of these goals gives credence to the fact that health is defined in its broadest terms--inclusive of oral health.

### Core Functions and Essential Services

The Institute of Medicine report on the *Future of Public Health* (1988) described the feasible core functions of the public health sector infrastructure that are critical to improve the population's health in the United States. The report categorized these functions as assessment, policy development, and assurance. A core set of population-based elements has been outlined that are essential in all communities. These elements include community health assessments, policy development, safety and environmental protection, disease prevention and control, community health promotion, and assuring access to personal and population-based health services (Essential Public Health Services Work Group, 1994). As noted in the Institute of Medicine's *Future of Public Health*, states "bear primary responsibility for health" (Institute of Medicine, 1988). State public health agencies have a responsibility to not only assess and

monitor the health of the population, but also to assure that quality health services are provided. In the Institute of Medicine's "The Future of the Public's Health in the 21<sup>st</sup> Century," the report further acknowledges that government public health agencies must "build and maintain partnerships with other organizations and sectors of society, working closely with communities and community based organizations, the health care delivery system, academia, business, and the media" in order to be effective in protecting the health of the public.

The set of core functions has been a useful guide to assess state performance of basic public health practices integral to oral health. Two surveys, one conducted in 1994 and a follow-up in 1999, demonstrated substantially more oral health related assessment, policy development, and assurance activities occur in states with a direct commitment of human resources. The presence of more activities related to the essential public health functions was found in states with full-time dental directors compared to those states with part-time directors, no directors, or no oral health program in the state health agency (Centers for Disease Control, 1994; ASTDD, unpublished data). The levels of involvement by state health agencies with core functions related to oral health demonstrated the importance of dedicated capacity and infrastructure in state efforts to improve oral health through preventive measures (e.g., dental sealants), and in building and maintaining community partnerships.

### Needs Assessment of States

In 1999 ASTDD initiated a project to assess resources needed and illustrate funding ranges to maintain fully effective dental public health programs at the state and territorial levels. A Delphi process with ASTDD's general membership of state dental directors and dental consultants identified ten essential elements under the core functions of assessment, policy development and assurance that would build infrastructure and capacity for state oral health programs (see Appendix 2). State oral health programs that have competence in surveillance; a full-time dental director; skilled staff; a state

oral health plan; the support of policymakers, strong public/private partnerships and community coalitions; and an ability to obtain funds for services will be better prepared to achieve HP 2010 Oral Health Objectives for their state and for the nation (ASTDD, 2001).

All states in this survey, however, reported gaps in their dental public health infrastructure and capacity, including:

- 19% had a state-based oral health surveillance system (although none were comprehensive)
- 38% had a state oral health improvement plan
- 48% had an oral health advisory committee representing a broad-based constituency.

Priority needs for states included an oral health surveillance system, leadership of a state dental director and adequate/competent staff, resources to build community capacity and to establish health systems interventions to facilitate quality dental care.

### **State-Specific Online Information**

Since publication of the Infrastructure report, ASTDD and CDC have initiated an Internet-based National Oral Health Surveillance System (NOHSS) with national and State data (<http://www.cdc.gov/nohss>). NOHSS is designed to help public health programs monitor the burden of oral disease, use of the oral health care delivery system, and the status of community water fluoridation. The main focus of the system is eight basic oral health surveillance indicators. ASTDD members also provide data for annual State Synopses on demographics that relate to access to care, as well as administration, financing and breadth of state oral health programs (<http://www2.cdc.gov/nccdphp/doh/synopses>).

The Health Services and Resources Administration (HRSA) has developed a State Profiles Website that includes information on access indicators, funded programs, persons served by community health centers, health workforce, and MCH data.

<http://bhpr.hrsa.gov/healthworkforce/reports/profiles/>.

### **Professional Association Support**

The American Dental Association supports oral health activities at the state level. Since the 1950s the American Dental Association has urged constituent dental societies to strengthen oral health programs in their respective states by a) assuming the necessary leadership to secure funds earmarked for oral health purposes, b) fostering the appointment of a capable dental director, and c) aiding in the establishment of a sound administrative position for the state oral health unit (ADA Transactions, 1954). Many state dental associations have established Dental Access Committees to bring private dental practitioners into a collaborative effort with state oral health programs and other partners to address disparities in oral health access.

State dental hygiene associations also have increased their involvement with state oral health programs, particularly as many dental hygienists serve as directors of oral health programs. The American Dental Hygienists' Association continues to support a Council on Public Health to help their leadership keep abreast of dental public health issues and suggest where they can provide valuable support for national and state efforts.

### **Strategies to Improve Infrastructure**

The Surgeon General's Report on Oral Health states that "The public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups, and the integration of oral and general health programs is lacking" (U.S. Dept. of Health and Human Services, 2000a). One strategy in the Surgeon General's Call to Action to address the need for integration involves the development of state-specific oral health plans. Oral health plans should be developed with the intent of incorporating them into existing general health plans. Leadership within a strong oral health unit with sufficient capacity and infrastructure is important when agencies are determining priorities, setting

agendas, developing plans, making funding decisions, and establishing policies, to assure oral health is included where appropriate in other state health initiatives. Health agencies play an important role in identifying, supporting, and tracking community level interventions including disease prevention and health promotion. These interventions may include promoting and enforcing laws and regulations that protect and improve oral health, ensure safety, and assure accountability for the public's oral health and well-being. Optimal accomplishment of the goals and objectives of the state oral health units requires a position in the organizational structure that gives the oral health program director a reasonable opportunity to assume necessary leadership and assures sufficient status to complete the planned objectives successfully. The first step in this regard is for each state health official to ensure appropriate authenticity for the dental unit under his/her jurisdiction. The formal authentication should delineate the general scope of services required of that oral health unit. Ideally, an authorization procedure would establish the state oral health unit as a functional part of the state health agency and charge the oral health unit with the responsibility of assessment, policy development, and assurance for oral health services.

State oral health programs should be placed at a high enough and visible level to provide overall agency coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations. The location of the oral health unit within the structure of the state health agency should be such that the director of the oral health program can communicate readily with the state health official, or at least with the assistant or associate director responsible for preventive health services.

Current challenges demand genuine collaboration between local, state, and national efforts to assure effective, accessible, and high quality population-based and personal oral health care services. Policies and programs need to maximize resources and link people to needed population-based and personal oral health services. Professional expertise and

capacity within the state or territorial health agency is important to effectively address identified oral health needs. Government health agencies can play an important role in ensuring that the public health and personal health work force has the expertise and sufficient capacity to appropriately meet the oral health needs of individuals and communities.

In practically all states, oral health services are provided in a number of departments of state government. In many instances, there are not uniform methods for reporting and record keeping, no commonality of goals, and no formally established surveillance systems. The result is program fragmentation and overlap of services. In order to assure maximum efficiency and effectiveness of scarce resources, the oral health unit should be used as a focal point to monitor and evaluate services provided in all oral health programs in state government. The state or territorial oral health program should have at least advisory capacity with oral health programs in other agencies to insure program efficiency and avoid duplication of services. The establishment of a strong oral health unit within the state health agency will improve the oral health unit's ability to function, enhance the efficiency of state government, strengthen relationships with federal and local authorities, and augment the interrelationships between the public and private sectors.

Considering these and other important issues, the Association of State and Territorial Dental Directors developed *Guidelines for State and Territorial Oral Health Programs* to assist in guiding state and territorial health agencies through these challenging times. The 2005 version incorporates a new element, linking best practice approach reports to the essential services and linking best practice information and examples to the guidelines matrix. For more information on the ASTDD Best Practices project, visit <http://www.astdd.org>.

# The Association of State and Territorial Dental Directors

## GUIDELINES FOR STATE AND TERRITORIAL ORAL HEALTH PROGRAMS: Essential Public Health Services to Promote Oral Health in the United States

### I. Assessment

- A. **Assess oral health status and needs** so that problems can be identified and addressed.
- B. **Analyze determinants** of identified oral health needs, including resources.
- C. **Assess the fluoridation status** of water systems, and other sources of fluoride.  
**Best Practice Approach Report:**  
Use of Fluoride: Community Water Fluoridation
- D. **Implement an oral health surveillance system** to identify, investigate, and monitor oral health problems and health hazards.  
**Best Practice Approach Report:**  
State-based Oral Health Surveillance System

### II. Policy Development

- A. **Develop plans and policies through a collaborative process** that support individual and community oral health efforts to address oral health needs.  
**Best Practice Approach Report:**  
State Oral Health Plans and Collaborative Planning
- B. **Provide leadership** to address oral health problems by maintaining a strong oral health unit within the health agency.  
**Best Practice Approach Report:**  
Statutory Mandate for a State Oral Health Program
- C. **Mobilize community partnerships** between and among policy makers, professionals, organizations, groups, the public and others to identify and implement solutions to oral health problems.  
**Best Practice Approach Report:**  
State Oral Health Coalitions & Collaborative Partnerships

### III. Assurance

- A. **Inform, educate and empower the public** regarding oral health problems and solutions.
- B. **Promote and enforce laws** and regulations that protect and improve oral health, ensure safety, and assure accountability for the public's well-being.
- C. **Link people to needed population-based oral health services**, personal oral health services, and support services and **assure the availability, access, and acceptability** of these services by enhancing system capacity, including directly supporting or providing services when necessary.
- D. **Support** services and implementation of programs that focus on **primary and secondary prevention**.  
**Best Practice Approach Reports:**  
Use of Fluoride: Community Water Fluoridation  
Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs  
School-based Dental Sealant Programs
- E. **Assure that the public health and personal health work force** has the capacity and **expertise** to effectively address oral health needs.  
**Best Practice Approach Report:**  
Access to Oral Health Care Services: Workforce Development
- F. **Evaluate effectiveness, accessibility, and quality** of population-based and personal oral health services.
- G. **Conduct research and support demonstration projects** to gain new insights and applications of innovative solutions to oral health problems.

## Guidelines Matrix: Examples of Essential Public Health Services to Promote Oral Health

Examples are linked to Best Practice Descriptions or Best Practice Approach reports on the ASTDD website. These will be updated periodically as new ones are added. If you experience problems with the links, access them directly from the Best Practices portion of the website ([www.astdd.org](http://www.astdd.org)).

I. ASSESSMENT	
State Role	Examples
<b>A. ASSESS ORAL HEALTH STATUS AND NEEDS SO THAT PROBLEMS CAN BE IDENTIFIED AND ADDRESSED.</b>	
<ul style="list-style-type: none"> <li>Monitor oral health status and oral disease surveillance.</li> </ul>	<ul style="list-style-type: none"> <li>Analyze data concerning oral cancer rates and deaths.               <ul style="list-style-type: none"> <li><a href="#">The Maryland Oral Cancer Prevention Coalition Needs Assessment Efforts (MD 23003)</a></li> </ul> </li> <li>Collect and analyze oral health screening data for all children entering school.</li> <li>Conduct a statewide oral health survey.               <ul style="list-style-type: none"> <li><a href="#">"Bright Smiles for Bright Futures" (LA 21001)</a></li> <li><a href="#">Statewide Survey of Oral Health Status of Children (MO 28003)</a></li> <li><a href="#">New Hampshire Third Grade Oral Health Survey (NH 32001)</a></li> <li><a href="#">New Mexico Oral Health Survey (NM 34003)</a></li> <li><a href="#">"Make Your Smile Count" Dental Survey (UT 50001)</a></li> <li><a href="#">The "Make Your Smile Count" Survey of Third Grade Children in Wisconsin (WI 56002)</a></li> <li><a href="#">Oral Health and Treatment Assessment Survey (NY 35001)</a></li> <li><a href="#">Pennsylvania Epidemiological Oral Health Needs Assessment (OHNA) for School Children (PA 42002)</a></li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Evaluate oral health needs of children and adults with special health care needs and vulnerable population groups.</li> </ul>	<ul style="list-style-type: none"> <li>Collect and analyze data on oral health status of persons who are physically or mentally challenged.</li> </ul>
<ul style="list-style-type: none"> <li>Document oral health service needs.</li> </ul>	<ul style="list-style-type: none"> <li>Document dental treatment services, clinical preventive services, personal and population-based oral health services.</li> </ul>

**B. ANALYZE DETERMINANTS OF IDENTIFIED ORAL HEALTH NEEDS, INCLUDING RESOURCES.**

- Identify and report surrogate indicators that place certain segments of the population at risk for adverse oral health outcomes.
- Evaluate and report effectiveness of oral health services.
- Evaluate quality of oral health services.
- Evaluate accessibility and availability of oral health services.
- Evaluate utilization of oral health services.
- Identify and report on access barriers in communities.
- Analyze labor force information to determine adequacy of providers of personal oral health services and workers associated with population-based oral health services to meet oral health needs of the state.
- Identify and monitor dental health professional shortage areas on a regular basis based on standardized criteria and definitions.
- Assess oral health resources to meet oral health needs.
- Collect information on community/constituents' perceptions of oral health problems and needs.
- Assess oral health knowledge, opinions, and practices of the community.
- Develop profiles of knowledge, opinions, and practices of professionals.
- Identify population demographics: age, gender, race, ethnicity, economic factors, employment, occupation, poverty, insurance status, lifestyle factors, environmental factors, social factors, political factors, etc.
- Monitor personal and population-based oral health services.
- Assess coordinated services for persons with cleft lip/palate; identify barriers to access such as Medicaid provider participation.  
[Statewide Craniofacial Anomaly Reporting and Referral Program \(IL 16009\)](#)
- Document percent of population visiting dentist yearly.
- Identify language, cultural, educational factors, other information and transportation available to the public.
- Analyze geographic distribution of providers, service delivery patterns, referral networks, site and characteristics of professional practice, population served, provider/population ratios, compare transportation system.
- Identify dental health professional shortages on at least a biannual basis.
- Assess availability and adequacy of resources.
- Utilize questionnaire surveys (e.g., Behavioral Risk Factor Surveillance Survey), polls, focus groups, community forums to obtain informative community perception.  
[BRFSS Oral Health Module \(MO 28002\)](#)
- Conduct surveys of parents, business owners, etc. (e.g., assess knowledge of sealants, opinions on service delivery systems, utilization of dental services).  
[Community-based Oral Health Needs Assessment and Planning \(IL 16008\)](#)
- Conduct surveys of dental health, social service professionals, and policy makers; (e.g., assess infection control practices, attitudes toward tobacco cessation counseling across providers, private and public dental settings, and community jurisdictions in the state).  
[The Maryland Oral Cancer Prevention Coalition Needs Assessment Efforts \(MD 23003\)](#)

### C. ASSESS THE FLUORIDATION STATUS OF WATER SYSTEMS, AND SOURCES OF FLUORIDE.

- Conduct environmental assessments to evaluate need for community environmental interventions to improve oral health.
- Monitor community water fluoridation status by city, county, or other geographic area.
- Monitor quality of fluoride analysis at state laboratories.
- Identify the fluoride levels of all water systems.
  - [Policy for Private Water Source Fluoride Testing \(AR 05003\)](#)
  - [New Hampshire Water Fluoridation Reporting System \(NH 32002\)](#)
  - [Directory of Fluoride Levels in New Jersey Water \(NJ 33002\)](#)
- Monitor all fluoridating systems for compliance.
  - [Fluoridation Program \(IL 16007\)](#)
  - [Indiana's Community Water Fluoridation Program \(IN 17001\)](#)
  - [Fluoridation Surveillance \(KY 20001\)](#)
  - [Community Water Fluoridation in Massachusetts \(MA 24002\)](#)
  - [Community Water Fluoridation Program \(MO 28004\)](#)
  - [Community Fluoridation Program \(VA 53002\)](#)
- Participate in the CDC Laboratory Testing Program.

#### **Best Practice Approach Report:**

[Use of Fluoride: Community Water Fluoridation](#)

#### **Expanded Descriptions of Practice Examples:**

[Policy for Private Water Source Fluoride Testing \(Arkansas\)](#)  
[Fluoridation Program \(Illinois\)](#)  
[Indiana's Community Water Fluoridation Program](#)  
[Fluoridation Surveillance \(Kentucky\)](#)  
[Community Water Fluoridation in Massachusetts](#)  
[Community Water Fluoridation Program \(Missouri\)](#)  
[New Hampshire Water Fluoridation Reporting System](#)

### D. IMPLEMENT AN ORAL HEALTH SURVEILLANCE SYSTEM TO IDENTIFY, INVESTIGATE, AND MONITOR ORAL HEALTH PROBLEMS AND HEALTH HAZARDS.

- Develop through a collaborative process (national, local, state level) frameworks, methodologies, and tools for standardized oral health data collection, management, analysis, tracking trends, and reporting.
- Maintain an oral health surveillance system for the purpose of information-based decision making.
- Routinely provide information on oral health of the state using a systematic process to analyze trends and project forecasts for oral health needs, resources, and services.
- Assist and support local efforts in surveillance activities.
- Use the ASTDD Seven Step Model for Assessing Oral Health Needs as a framework for a systematic needs assessment process.
  - [Community-based Oral Health Needs Assessment and Planning \(IL 16008\)](#)
- Systematically gather oral health data to assess change.
  - [North Dakota's Oral Health Surveillance System \(ND 37001\)](#)
  - [New Hampshire's Oral Health Surveillance System \(NH 32005\)](#)
- Publish and disseminate periodic reports of oral health status and resources.
  - [Arizona Community Oral Health Profiles \(AZ 04003\)](#)
  - [New Hampshire's Oral Health Surveillance System \(NH 32005\)](#)
- Assist development of common definitions, adoption of standard formats for input, design, adaptation, and adoption of measurement instruments and methodologies for surveillance, local area analysis techniques, compiling data, analyzing data, assessing interventions (processes) and impacts on status (outcomes), tracking trends, local interpretation and use, disseminating findings, etc.
- Maintain information on quality and efforts of public oral health services through analysis of administrative, demographic, epidemiologic, and service utilization data; analyze findings across facilities, plans/networks, jurisdictions, etc.
- Integrate service use across health plans/networks and public health, education, and social service system.
- Maintain a database for management of oral health unit program operations and assessment.
- Integrate oral health surveillance system with existing and emerging health access, status, assurance, evaluation systems at the state, local and national level.

- Coordinate and collaborate activities with other organizations conducting oral health assessment and surveillance including federal, state and local government agencies as well as universities, foundations, industries, professional organizations, employers/payers/health plans/managed care organizations and providers/provider networks, etc.
  - Investigate occurrences of adverse health effects and health hazards associated with oral health services by conducting timely investigations to identify the magnitude, duration, trends, location, and population at risk.
- Best Practice Approach Report:**  
State-based Oral Health Surveillance System
- Expanded Descriptions of Practice Examples:**  
New Hampshire's Oral Health Surveillance System  
North Dakota's Oral Health Surveillance System
- Include oral health questions/components in surveys and quality assurance plans.  
  
BRFSS Oral Health Module (MO 28002)  
Pennsylvania Epidemiological Oral Health Needs Assessment for School Children (PA 42002)
  - Investigate radiation safety, infection control, amalgam (mercury), nitrous oxide, etc. Determine if:
    1. Dental X-ray or radiation problems.
    2. Dental offices do not meet infection control standards.
    3. Improper disposal of medical and hazardous waste.

## II. POLICY DEVELOPMENT

State Role	Examples
<b>A. DEVELOP PLANS AND POLICIES THROUGH A COLLABORATIVE PROCESS THAT SUPPORT INDIVIDUAL AND COMMUNITY ORAL HEALTH EFFORTS TO ADDRESS ORAL HEALTH NEEDS.</b>	
<ul style="list-style-type: none"> <li>• Establish oral health priorities based on needs assessment, community input, and established public health principles.</li> <li>• Identify oral health services best provided on a geographic/population basis and health plan basis.</li> <li>• Develop an oral health plan through a strategic and collaborative planning process.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify size, seriousness of oral health problem, acceptability, economic feasibility, and effectiveness of interventions.  Community-based Oral Health Needs Assessment and Planning (IL 16008) Use of Epidemiological Studies to Direct State and Local Oral Health Programs (NC 36001)</li> <li>• Involve active participation of constituents with broad based input from constituency groups (e.g., dental public health advisory committee).  Colorado Commission on Children's Dental Health (CO 07001) Health Care Commission's Dental Care Access Improvement Committee (DE 09001) Massachusetts Special Legislative Commission on Oral Health (MA 24001) Montana Dental Summit (MT 29001) Director of Health's Task Force on Access to Dental Care (OH 38003) Statewide Coalition Development - IFLOSS Coalition: Communities Working Together to Improve Oral Health (IL 16002) Coalition Building for the Development of Community Based Oral Health Initiatives (MA 24003) New Jersey Oral Health Coalition (NJ 33003) Washington State Oral Health Coalition (WA 54003)</li> </ul>
<ul style="list-style-type: none"> <li>• Formulate state level health objectives tied to assessment findings.</li> <li>• Craft an implementation plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish long range objectives and short range goals that are measurable, quantifiable, time related, and outcome based; consider scientific information and available data.</li> <li>• Develop plans of action to be achieved through a systematic course of action.  Community Oral Health Infrastructure Development Plan (IL 16001)</li> </ul>

- Produce regular updates and reports of progress in achieving oral health objectives based on monitoring of progress in meeting targets.
  - Incorporate oral health objectives and oral health plan/initiatives into funding plans from various sources.
  - Develop plan to ensure capacity (physical infrastructure and human resources) and staff competency needs, recruitment, and personnel development efforts to allow for effective development and management of essential public health services.
  - Ensure appropriate legislative base for governance of agencies associated with oral health related functions, effective oral health professional practice, professional education and provider recruitment, facility standards, oral health surveillance systems and assessment functions.
  - Review oral health related legislation to ensure adequacy of oral health capacity, resource allocation, and programming in governmental agencies to meet oral health needs.
- Best Practice Approach Report:**  
State Oral Health Plans and Collaborative Planning
- Expanded Descriptions of Practice Examples:**  
Developing a State Oral Health Plan (Illinois)  
National Governors Association (NGA) Policy Academy on Oral Health Care for Children (Minnesota)  
Montana Dental Summit  
Director of Health's Task Force on Access to Dental Care (Ohio)
- Analyze periodically and update roles of oral health unit and other related government agencies, divisions, offices to assure that they compliment each other, are coordinated, and perform non-duplicative functions.
  - Promote the development, review, and revision of oral health policies; promulgation of laws; and adoption of rules and regulations related to oral health.
  - Solicit input and provide comment in the collaborative development of oral health related laws, policies, and regulations.
- Incorporating Oral and Pharyngeal Cancer into a State Comprehensive Control Plan (IL 16003)  
Developing a State Oral Health Plan (IL 16005)  
National Governors Association (NGA) Policy Academy on Oral Health Care for Children (MN 26001)  
Montana Dental Summit (MT 29001)  
Director of Health's Task Force on Access to Dental Care (OH 38003)
- Develop annual reports on fluoridation status, oral health status and treatment need, etc.
  - Identify budget processes, grant applications/proposals, contracts, etc.
  - Prepare and submit funding proposals/applications for Maternal and Child Health (MCH) Block Grant, Preventive Health and Health Services Block Grant, MCH comprehensive systems of primary care pooling categorical grant funding, support from state funds, pursuing private sector resources, private philanthropic grants, non-profit foundation grants, community service organizations, corporate business contributions of human and fiscal resources, in-kind services, etc.
  - Pass uniform legislation to establish state oral health programs (e.g., legislative mandate for oral health program).  
  
Statutory Authority for the Arizona Department of Health Services/Office of Oral Health (AZ 04002)  
Statutory Mandate for State Oral Health Program (AR 05004)  
Statutory Mandate/Authority for State Dental Program (MO 28001)
  - Monitor, advocate, and testify on oral health related legislation.

- Provide expertise to governmental bodies (legislative and executive branches at all levels) or professional associations developing oral health related laws, policies, and regulations.
- Convene, support (human, fiscal, etc.) and participate as an oral health representative on work groups, task forces, and official oversight bodies to develop, review, and revise policies, laws, and regulations, (share model policies, laws, regulations, and standards, etc. for responsive actions that promote oral health and improve systems.)
- Initiate and promote oral health policy proposals based on priority oral health needs identified through assessment processes and relevant scientific studies.
- Provide leadership and expertise and participate actively in statutory, regulatory, legislative and standards development related to oral health care benefits, insurer/health plans, and public health standards.
- Promote and support the incorporation of oral health into planning and policy development for future state initiatives in health systems development, service delivery, and reforms for financing health services.
- Promote the inclusion of comprehensive oral health services for all residents in any uniform benefits package included in state health care reform efforts.
- Support and promote the integration of oral health services as an integral component of a unified and coordinated service system.
- Promote the development of policies that create incentives for dental professionals to provide personal oral health services to low income clients.
- Participate in development of legislative mandates, policies, statutes, ordinances, codes, regulations, rules, standards, public program contract specifications, and guidance to promote oral health and improve systems.
  - EDSPT Exception to Policy (IA 18001)
  - Maryland's Senate Bill SB 590: Legislation for the Medicaid Program and Office of Oral Health (MD 23004)
  - Passage of the Fluoridation Bill in Nevada (NV 31002)
  - Community Water Fluoridation of Manchester, New Hampshire (NH 32004)
- Oral health expertise involved with state insurance commission and state public health care financing agency in development of policies, legislation, initiatives, programs, and resources, etc.
- Include comprehensive oral health services for children and adults in any uniform benefits package.
- Require oral health component in case management; school health initiatives; and school entrance screening, referral, and follow-up policies
- Create incentives for dental professionals to provide oral health services for Medicaid eligible clients and working poor.
  - Medicaid Travel of Pediatric Dental Teams (AK 02001)
  - Reforms in Indiana's Medicaid Dental Program (IN 17002)
  - Maryland Dent-Care Loan Assistance Repayment Program (MD 23001)
  - St. Mary's County Pilot Dental Program (MD 23005)
  - Healthy Kids Dental (MI 25001)
  - Community Primary Care Challenge Grants (PA 42001)
  - Vermont's Dental Access Grants (VT 51004)
  - Dental Scholarship and Loan Repayment Program (VA 53005)

**B. PROVIDE LEADERSHIP TO ADDRESS ORAL HEALTH PROBLEMS BY MAINTAINING A STRONG ORAL HEALTH UNIT WITHIN THE HEALTH AGENCY.**

- Position a strong oral health unit within the state health agency with oral health leadership, adequate resources, (human, physical, and fiscal), and appropriate authority with responsibility for planning, implementation, and management of dental public health activities.
- Ensure oral health expertise and coordinated oral health focus in the health agency.
- Grant appropriate authentication to the state oral health unit to ensure the development of an organizational structure and optimize continuity of operational functions.
- Locate the oral health unit within the organizational structure of the state health agency to allow clear access to the primary health officer and/or immediate subordinate.
- Provide the State Dental Director with line supervisory authority to oral health programs within the state health agency.
- Provide the State Dental Director with at least advisory responsibility with all oral health programs sponsored by state government agencies and boards.
- Establish a broad based oral health advisory committee including key constituency groups to provide input and advice on oral health assessment, planning, and program development of the oral health unit.
- Initiate and staff advisory group and work groups.
- Provide authority for oral health programs by legislative mandate in the health agency.
- Play a role in oral health assessment, policy development, assurance, and provision of personal oral health services.

Statutory Authority for the Arizona Department of Health Services/Office of Oral Health (AZ 04002)  
Statutory Mandate for State Oral Health Program (AR 05004)  
Statutory Mandate/Authority for State Dental Program (MO 28001)

**Best Practice Approach Report:**

Statutory Mandate for a State Oral Health Program

**Expanded Descriptions of Practice Examples:**

Statutory Authority for the Arizona Department of Health Services/Office of Oral Health

Statutory Mandate for State Oral Health Program (Arkansas)

Statutory Mandate/Authority for State Dental Program (Missouri)

**C. MOBILIZE COMMUNITY PARTNERSHIPS BETWEEN POLICY MAKERS, PROFESSIONALS, ORGANIZATIONS, GROUPS, THE PUBLIC AND OTHERS TO IDENTIFY AND IMPLEMENT SOLUTIONS TO ORAL HEALTH PROBLEMS.**

- Prepare and publish oral health information in a timely manner based on findings from needs assessment (local assessments, state collected data, relevant research findings, etc.) and other reports (policy updates, state plan, health objective progress reports, etc.)
- Disseminate information on a regular basis and develop routine communication mechanisms (made available through traditional methods and rapid access by computer system networks) to policy makers, administrators, health plan/provider networks, health professionals, professional associations, voluntary organizations, advocacy groups, media, the public, and others to report on status of oral health needs as well as effective interventions and resources needed to address oral health problems and issues.
- Publish reports on oral health and incorporate into oral health data in state reports.
- Publish newsletters, press releases, annual reports, etc. concerning oral health.

Arizona Community Oral Health Profiles (AZ 04003)  
New Hampshire's Oral Health Surveillance System (NH 32005)

New Jersey Oral Health/Nutrition Resource Guide (NJ 33005)  
"Miles of Smiles" New Jersey Oral Health Newsletter (NJ 33006)

- Support promotion efforts to educate public officials, policy makers, program administrators, and professional(s) to increase awareness of oral health issues and solutions.
- Advocate for community oral health efforts and personal oral health services by promoting appropriate oral health policies and adequate resources to support universal access to effective oral health services.
- Use advocacy strategies creatively to address oral health problems/issues to exert influence by applying a variety of advocacy approaches.
- Provide leadership, expertise, technical assistance, and resources to address oral health problems through cooperation, collaboration, and integration.
- Support collaborative initiatives in planning and mobilizing action by providing leadership; providing human, fiscal, and material resources; supporting infrastructure; communication structures; etc.
- Develop, implement, regularly review, and update agreements (interagency and inter-organizational) for joint initiatives in assessment, planning, policy development, and service and program implementation.
- Interact on a regular basis and coordinate oral health efforts with governmental entities at state, local, and federal level by providing oral health expertise and support.
- Develop and foster interactions through formal and informal collaborative relations with private and nonprofit organizations interested in various aspects of oral health issues.
- Provide oral health expertise and participate in planning and development of other private, public and nonprofit groups initiatives to apply model services and foster compatible, integrated service system (family centered, community based, seamless service system).
- Active involvement as an oral health representative in coalitions, media advocacy, expert testimony, information resource and data repository internally and with external groups, etc.
- Build constituencies, convene and staff coalitions, and identify collaborative opportunities and secure resources.
  - Statewide Coalition Development - IFLOSS Coalition: Communities Working Together to Improve Oral Health (IL 16002)
  - Coalition Building for the Development of Community Based Oral Health Initiatives (MA 24003)
  - New Jersey Oral Health Coalition (NJ 33003)
  - Washington State Oral Health Coalition (WA 54003)
- Promote technical assistance to local consortia in developing, preparing, and submitting joint funding proposals.
- Interact with agencies, divisions, offices, task forces, joint interagency work groups, commissions, boards, advisory councils, legislative hearings, governor's staff, etc. concerning oral health issues.
  - Colorado Commission on Children's Dental Health (CO 07001)
  - Health Care Commission's Dental Care Access Improvement Committee (DE 09001)
  - Massachusetts Special Legislative Commission on Oral Health (MA 24001)
  - Director of Health's Task Force on Access to Dental Care (OH 38003)
- Develop routine communication mechanisms, interagency agreements, contracts, collaborative funding initiatives, joint policies across multiple categorical programs, intra-agency requests for proposals integrating programs, etc.
- Plan with health, education, social service, consumer advocacy, dental groups, etc.
  - Incorporating Oral and Pharyngeal Cancer into a State Comprehensive Control Plan (IL 16003)
  - The Maryland Oral Cancer Prevention Coalition Needs Assessment Efforts (MD 23003)
  - The Oral Cancer Consortium (NJ 33016)
  - National Governors Association (NGA) Policy Academy on Oral

Health Care for Children (MN 26001)  
Prevent Abuse and Neglect through Dental Awareness -  
P.A.N.D.A. (AR 05002)

- Generate and maintain supportive and collaborative relationships between groups and organizations to share and cooperate on oral health agenda.
  - Foster coordination and facilitate discussion and mediation concerning solutions to oral health care access issues between the state social service agency and the private sector to assure access to oral health services.
  - Work collaboratively with agencies and organizations to reduce barriers to access and availability of effective oral health services.
- Serve on planning committee of professional organizations; be an advisor on voluntary organization task force.
  - Support relationships with professional health association and government agencies.  
  
A Strong Collaboration with the State Dental Association (MO 28005)  
National Governors Association (NGA) Policy Academy on Oral Health Care for Children (MN 26001)
  - Foster coordination of solutions to increase access for EPSDT/Medicaid clients.  
  
Colorado Commission on Children's Dental Health (CO 07001)  
Health Care Commission's Dental Care Access Improvement Committee (DE 09001)  
Massachusetts Special Legislative Commission on Oral Health (MA 24001)  
Director of Health's Task Force on Access to Dental Care (OH 38003)
  - Diffuse/reduce political, economic, social obstacles; system, organizational and administrative obstructions; income, geographic, cultural, language, and education barriers, and barriers for the disabled, homebound, or institutionalized to increase access and availability of effective oral health services.

**Best Practice Approach Report:**

State Oral Health Coalitions & Collaborative Partnerships

**Expanded Descriptions of Practice Examples:**

Statewide Coalition Development – IFLOSS Coalition:  
Communities Working Together to Improve Oral Health (Illinois)

Washington State Oral Health Coalition

New Jersey Oral Health Coalition

Montana Dental Summit

Saving the Dental Program: Georgia's Experience

Colorado Commission on Children's Dental Health

Massachusetts Special Legislative Commission on Oral Health

Health Care Commission's Dental Care Access Improvement Committee (Delaware)

Director of Health's Task Force on Access to Dental Care (Ohio)

Incorporating Oral and Pharyngeal Cancer into a State Comprehensive Control Plan (Illinois)

The Maryland Oral Cancer Prevention Coalition's Needs Assessment Efforts

The Oral Cancer Consortium (New Jersey)

National Governors Association (NGA) Policy Academy on Oral Health Care for Children (Minnesota)

Prevent Abuse and Neglect through Dental Awareness - P.A.N.D.A. (Arkansas)

### III. ASSURANCE

State Role	Examples
<b>A. INFORM, EDUCATE, AND EMPOWER THE PUBLIC REGARDING ORAL HEALTH PROBLEMS AND SOLUTIONS.</b>	
<ul style="list-style-type: none"> <li>• Provide expertise, resources (human and fiscal), and technical assistance to support informational activities to educate and empower the public about current oral health problems and solutions to address community oral health problems.</li> <li>• Support education of public consumers, benefits coordinators, large and small employers, insurance committees/commissions about the oral health care system through use of “report cards” of public health program outcomes and process measures, comparison assessments of health plans/provider networks.</li> <li>• Support oral disease prevention and control by providing leadership and encouraging community adoption of population-based oral health services such as community water fluoridation through collaborative efforts with community coalitions.</li> <li>• Promote positive oral health attitudes, opinions, beliefs, and behaviors through support of collaborative efforts to provide population-based oral health education and promotion campaigns in various community settings.</li> <li>• Support the development and distribution of culturally appropriate materials/programs that are linguistically and age appropriate.</li> <li>• Serve as a central resource for informational materials/services/programs through toll-free telephone numbers, clearinghouses, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Educate and empower the public about oral health status, oral health service needs, and findings from oral health assessments.  <a href="#">Watch Your Mouth Campaign (WA 54002)</a> <a href="#">Arizona Community Oral Health Profiles (AZ 04003)</a></li> <li>• Educate the public about oral health policy directions and outcomes.</li> <li>• Encourage grassroots organizations and neighborhood organizations to adopt community water fluoridation.  <a href="#">Financial Support for Community Water Fluoridation (AZ 04004)</a> <a href="#">Coalition Building for the Development of Community Based Oral Health Initiatives (MA 24003)</a> <a href="#">Community Water Fluoridation Program (MO 28004)</a> <a href="#">Oklahoma Water Fluoridation Program (OK 39001)</a></li> <li>• Provide grants, incentives, etc. to promote oral health education.</li> <li>• Form partnerships at the state or local level with schools, work sites, clinical sites, institutions, community based organizations, coalitions, agencies, centers, mass media, professional associations, health plans/provider networks, public and private providers, businesses, foundations, and others to promote oral health campaigns.  <a href="#">Healthy Arizona 2010 Community Support Grants (AZ 04005)</a> <a href="#">Coalition Building for the Development of Community Based Oral Health Initiatives (MA 24003)</a></li> <li>• Develop educational materials in other languages.</li> <li>• Maintain a library of oral health resources for use by health professionals and the public.  <a href="#">The Development of an Innovative Nutrition Education Model for Prevention of Early Childhood Caries in Alabama WIC Children (AL 01001)</a> <a href="#">OPEN WIDE (CT 08002)</a> <a href="#">New Jersey Oral Health/Nutrition Resource Guide (NJ 33005)</a> <a href="#">Franny Flossisaurus &amp; Mr. Gross Mouth Oral Health Teaching Kits (NJ 33008)</a> <a href="#">"Miles of Smiles" New Jersey Oral Health Newsletter (NJ 33006)</a> <a href="#">New Jersey Dental Clinic Directory (NJ 33007)</a></li> </ul>
<b>B. PROMOTE AND ENFORCE LAWS AND REGULATIONS THAT PROTECT AND IMPROVE ORAL HEALTH, ENSURE SAFETY, AND ASSURE PUBLIC ACCOUNTABILITY FOR THE PUBLIC’S WELL-BEING.</b>	
<ul style="list-style-type: none"> <li>• Ensure that legislative mandates, policies and regulations, and administrative rules are consistent and coordinated across oral health programs in all sectors.</li> <li>• Provide oral health leadership and expertise in the routine review and analysis of laws and regulations to assure consistency and coordination.</li> <li>• Encourage lawmakers, public officials, and policy makers to coordinate legislative and regulations efforts that</li> </ul>	<ul style="list-style-type: none"> <li>• Periodic review of statues, rules, and regulations to check for consistency.</li> </ul>

affect the oral health of children, adults, and elders.

- Promote the enforcement of oral health related laws and regulations to meet oral health needs in the state.
- Promote legislative mandates, policies, statutes, ordinances, codes, regulations, rules, standards, public program contract specifications, and guidance to meet oral health needs.
  - Passage of the Fluoridation Bill in Nevada (NV 31002)
  - Community Water Fluoridation of Manchester, New Hampshire (NH 32004)
  - California Water Fluoridation (CA 06002)
  - Reforms in Indiana's Medicaid Dental Program (IN 17002)
  - Maryland's Senate Bill SB 590: Legislation for the Medicaid Program and Office of Oral Health (MD 23004)
- Solicit input and provide comment on the enforcement of oral health related laws and regulations.
- Provide consultation and technical assistance, education and training, and convene conferences and symposiums to promote quality assurance and adherence with oral health laws and regulations.
- Provide consultation and technical assistance in administration and quality assessment of population-based oral health services at the local level based on standardized guidelines.
- Disseminate regular updates on policies to local governments, public officials, policy makers, administrators, health plans/networks, oral health providers, professional associations, advocacy groups, governmental agencies, and others.
- Provide oral health leadership and expertise in supporting compliance with and enforcing the regulatory base for public health standards, oral health care benefits, health services delivered and funded through the private and public sectors, and systems development by insurers/health plans, health provider networks, and public health programs and agencies.
- Provide oral health expertise and resources in support of oversight and monitoring activities related to health plans and provider networks.
- In collaboration with agencies and organizations serve as information resource, review and provide approval of promotional materials and marketing presentations for prospective health plan/managed care members/enrollees (especially beneficiaries of publicly financed oral health services such as Medicaid/EPSTDT), assist in training eligibility workers, etc.
- Support ombudsmen services for persons receiving oral health services (especially beneficiaries of publicly financed oral health services such as Medicaid/EPSTDT) by providing oral health expertise and resources, monitoring care plans, providing consumer information, supporting collaborative development of responsive grievance procedures with local health agencies and community groups, promoting use of model grievance
- Publish transmittals and newsletters about policies concerning oral health.
- Collaborate in waiver applications, support design of request for proposal for oral health providers in publicly financed managed care programs, promote efforts to identify and use uniform standards for public oral health programming, assist with oral health standards development and oversight committees, promote incorporation of oral health standards in state insurance and regulations for public subsidies or coverage (e.g., Medicaid/EPSTDT regulation).
- Provide oral health expertise to insurance commission and health plan/managed care organizations.
- Collaborate with agencies and organizations (e.g., insurance commission, consumer organizations, health plan/managed care organizations) concerning oral health issues.
- Support ombudsman services concerning legislative mandates, policies, statutes, ordinances, codes, regulations, rules, standards, public program contract specifications, and guidance about oral health.
  - EDSPT Exception to Policy (IA 18001)
  - Maryland's Senate Bill SB 590: Legislation for the Medicaid Program and Office of Oral Health (MD 23004)
  - Reforms in Indiana's Medicaid Dental Program (IN 17002)

processes by providers and health plans in the public and private sectors, and collaborating with insurance commission to establish oral health consumer panels for managed care organizations.

- Participate in certification and monitoring of compliance with laws and regulations.
- Develop, adopt, and disseminate standard criteria/ definitions, instruments, and methods for review processes and quality assessments to promote compliance with oral health related laws and regulations.

Promote investigation and resolution of non-compliance.

Healthy Kids Dental (MI 25001)

- Support appropriate rate, record, data/report, site review, and other audits, etc., concerning oral health programs.

**C. LINK PEOPLE TO NEEDED POPULATION-BASED ORAL HEALTH SERVICES, PERSONAL ORAL HEALTH SERVICES, AND SUPPORT SERVICES, ASSURE THE AVAILABILITY, ACCESS, AND ACCEPTABILITY OF POPULATION-BASED ORAL HEALTH SERVICES AND PERSONAL ORAL HEALTH SERVICES BY ENHANCING SYSTEM CAPACITY, INCLUDING DIRECTLY SUPPORTING OR PROVIDING SERVICES WHEN NECESSARY.**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Provide leadership and resources to assure accessibility to and availability of effective oral health services for all residents.</li> </ul>  | <ul style="list-style-type: none"> <li>• Assure access and availability of personal and population-based oral health services.</li> </ul> <p>Healthy Arizona 2010 Community Support Grants (AZ 04005)<br/>Connecticut Community Oral Health Systems Development Project (CT 08001)<br/>Community-based Oral Health Needs Assessment and Planning (IL 16008)<br/>University of Michigan Dental School's Partnership with Community Health Centers (MI 25002)</p>                          |
| <ul style="list-style-type: none"> <li>• Support efforts to create service collaboration and development of a seamless system of services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Include rural, low-income, underserved, hard-to-reach, vulnerable, undocumented, disabled children, adults, and elders in a system of oral health services.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Promote the application of alternatives to enhance the capacity of a compatible, integrated service system that is family centered and community based.</li> </ul>  | <ul style="list-style-type: none"> <li>• Include population-based and personal oral health services, and support services including health, social, education, outreach services, etc.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Identify and disseminate model practices for adoption and adaptation at the state and local level.</li> </ul>   | <ul style="list-style-type: none"> <li>• Support oral health integration in activities, health promotion, PATCH program/Healthy Communities, nutrition, WIC, social services, welfare programs, developmental services, education (all levels including Head Start and child care), early intervention/special education (health and rehabilitation), school-based and school-linked health, Maternal and Child Health, nursing home services, community-based services, etc.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Support targeting outreach and linkages to integrate oral health services as an integral component of appropriate health, education, and social service programs in communities.</li> </ul>   | <ul style="list-style-type: none"> <li>• Support pursuit of certification to qualify for federal assistance such as loan forgiveness, establish site development, and National Health Service Corps placement, etc.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Based on needs assessment provide, arrange, and/or administer oral health services (including primary and specialty personal oral health services and population-based oral health services) not otherwise available through health plans/managed care organizations or available through geographic/ population basis. Expand access to personal and population-based oral health services by providing leadership, expertise, and resources to implement laws and policies and enforce rules and regulations. Consider oral health programs providing personal oral health services as essential</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure access by public health dental clinics if necessary.</li> <li>• Support home visiting; lay community advisors; screening, referral and follow-up services; care coordination services; etc., to support access.</li> <li>• Support oral health services for homeless families, school drop-</li> </ul>   |

community providers (of oral health services) and continue programmatic support until access to personal oral health services for the entire community is ensured.

- Provide leadership and resources for development and implementation of culturally competent outreach services to link oral health services with hard to reach populations. Support development and implementation of approaches to identify and serve hard to reach populations.
- Support development and implementation of access-enabling services. Support assistance with decision-making regarding availability and utilization of oral health services.
- Provide expertise to assure enrollees of health plans/managed care organizations are able to access an array of services including oral health services. In collaboration with government agencies monitor adequacy of practices, procedures, protocols, and services of the oral health component of health plans/managed care organizations payer groups, service facilities and provider groups (e.g., appraising enrollment screening protocols, evaluating simplification of forms, assessing orientation of new enrollees, analyzing provision of appropriate clinical preventive services, etc.).

- Support innovative, alternative service delivery approaches to assure the availability, access, and acceptability of oral health services for hard to reach populations.

outs, low income and uninsured persons, geographically isolated children and adults, ethnically and culturally diverse groups, persons with disabilities, etc.

- Assure services are available, accessible, culturally competent, acceptable, coordinated, and effective.
- Support transportation, child care, interpretation, financial support, etc., to increase access to oral health services.
- Provide information for consumers regarding expectations of health care system such as health plans/managed care organizations, service providers, government financing of health services, support of subsidies from community organizations, etc.
- Ensure oral health services in office, clinic-based primary health care, specialty health care, community-site health services (WIC, Head Start), etc.

New Jersey Dental School - Cronin Dental Treatment Center (NJ 33013)  
University of Medicine & Dentistry of N.J. - N.J. Dental School and Matheny School & Hospital's Dental Treatment Center for Physically and Mentally Challenged (NJ 33014)  
Northwest New Jersey Dental Coalition Treatment Center (NJ 33015)  
Dental Care Programs in Local Health Departments (VA 53001)

- Monitor adequacy by intra-agency review teams including state insurance commission, state health agency, state Medicaid agency, etc.
- Share expertise associated with risk adjustment methodologies, payment mechanisms, enrollment procedures, protocols for out-of-plan specialty services, use of enrollees surveys, conducting audits, tracking indicators (geographic groups, patient groups, costs, utilization, treatments, outcomes, etc.).

Dental Program Review and Quality Assurance for Local City/County Health Departments (VA 53004)

- Support alternative service delivery for homeless families, school drop-outs, low income and uninsured persons, geographically isolated children and adults, ethnically and culturally diverse groups, and persons with disabilities, etc.

OPTIONS (Ohio Partnership To Improve Oral Health Through Access to Needed Services) (OH 38001)  
Old Age Pension Dental Program (CO 07002)  
Healthy Kids Dental (MI 25001)  
New Jersey Dental School - Cronin Dental Treatment Center (NJ 33013)  
University of Medicine & Dentistry of N.J. - N.J. Dental School and Matheny School & Hospital's Dental Treatment Center for Physically and Mentally Challenged (NJ 33014)  
Northwest New Jersey Dental Coalition Treatment Center (NJ 33015)

- Provide leadership and resources to assure referral and follow-up for oral health services for persons receiving oral health screening.

New York State Preventive Dentistry Program for Deaf Adolescents (NY 35003)  
 Arizona Dental Trailer Loan Program (AZ 04001)  
 Community Partnered Mobile Dental Services (UT 50003)  
 Dental Health Program for Pregnant Women (WY 57002)

- Assure screening, referral and follow-up for oral health services for children in schools, child care, Head Start and other sites.

The Dental Health Action Team and School-based Dental Screenings/Referrals (AR 05001)  
 Tooth Tutor Dental Access Program (VT 51001)  
 Iowa Access to Baby and Child Dentistry (ABCD) Program (IA 18003)  
 Washington State's Access to Baby and Child Dentistry (ABCD) Program (WA 54001)  
 Baby Bottle Tooth Decay (BBTD) Program (VT 51002)

- Support universal screening practices and programs for oral diseases and oral health risks.
- Support timely and long-term follow-up oral health services for persons with positive screening results.
- Integrate data tracking system of oral health screenings, referrals, and follow-ups into oral health surveillance system.
- Provide expertise and support in production and dissemination of culturally competent and linguistically appropriate communication messages and promotion materials in communities about the availability of population-based oral health services and personal oral health services as well as outreach services and access-enabling services.

- Support resource directories of community services, toll-free information and referral services.

Old Age Pension Dental Program (CO 07002)  
 Iowa Access to Baby and Child Dentistry (ABCD) Program (IA 18003)  
 New Jersey Dental Clinic Directory (NJ 33007)  
 OPTIONS (Ohio Partnership To Improve Oral Health Through Access to Needed Services) (OH 38001)  
 Tooth Tutor Dental Access Program (VT 51001)  
 Baby Bottle Tooth Decay (BBTD) Program (VT 51002)  
 Washington State's Access to Baby and Child Dentistry (ABCD) Program (WA 54001)

Collaborate in the development and use of promotion materials with media, ethnocultural groups, community-based organizations, service organizations and providers, local health departments, health plans/managed care organizations, etc.

**D. SUPPORT SERVICES AND IMPLEMENTATION OF PROGRAMS THAT FOCUS ON PRIMARY AND SECONDARY PREVENTION.**

- Support development of prevention programs based on identified priority oral health needs.

**Best Practice Approach Report:**  
 School-based Dental Sealant Programs

**Expanded Descriptions of Practice Examples:**  
 Arizona Dental Sealant Program  
 Illinois Dental Sealant Grant Program  
 School Based Dental Sealant Program (New Mexico)  
 The Ohio Department of Health Dental School-Based Sealant Program

- Support programs that prevent and protect against occurrence of oral disease, promote oral health, detect oral disease or condition early, assure prompt and adequate treatment.

The Development of an Innovative Nutrition Education Model for Prevention of Early Childhood Caries in Alabama WIC Children (AL 01001)  
 Iowa Access to Baby and Child Dentistry (ABCD) Program (IA 18003)  
 Healthy Smile -- Happy Child Program (Early Childhood Caries Prevention) (NV 31001)  
 New Jersey "Cavity Free Kids" Preschool Program (NJ 33009)  
 Adopt a Pre-K (NJ 33012)

**Best Practice Approach Report:**

Use of Fluoride: School-based Fluoride Mouthrinse and Supplement Programs

**Expanded Descriptions of Practice Examples:**

Idaho School Fluoride Mouthrinse Program  
New Jersey "Save Our Smiles" Fluoride Mouthrinse Program  
New York State School-based Supplemental Fluoride Program  
King Fluoride School-Based Rinse/Tablet Program (Oregon)  
Fluoride Mouthrinse Program (Vermont)  
School Fluoride Mouthrinse Program (Virginia)

- Utilize findings from assessment and relevant scientific studies to design and implement intervention strategies to address priority oral health needs.
- Support promotion and implementation of community water fluoridation through allocation of resources.

**Best Practice Approach Report:**

Use of Fluoride: Community Water Fluoridation

**Expanded Descriptions of Practice Examples:**

Financial Support for Community Water Fluoridation (Arizona)  
Policy for Private Water Source Fluoride Testing (Arkansas)  
California Water Fluoridation  
Fluoridation Engineer in an Oral Health Program (Colorado)  
Fluoridation Program (Illinois)  
Indiana's Community Water Fluoridation Program  
Fluoridation Surveillance (Kentucky)  
Community Water Fluoridation in Massachusetts  
Community Water Fluoridation Program (Missouri)  
Passage of the Fluoridation Bill in Nevada  
New Hampshire Water Fluoridation Reporting System  
Community Water Fluoridation of Manchester, New Hampshire  
Oklahoma Water Fluoridation Program  
Community Fluoridation Program (Virginia)

- Promote community adoption of community water fluoridation.
- Support implementation of oral health as an integral component of comprehensive school health programs in preschools, elementary, and secondary schools.
- Incorporate oral health in planned sequential health instruction, school-based or school-linked health and social services, a healthful, safe and nurturing environment conducive to learning, physical education, food services, guidance and counseling services, interaction with families and community organizations, and worksite wellness and health promotion programs

Early Childhood Cavities Prevention, Project: PREVENTION (OR 40002)

Baby Bottle Tooth Decay (BBTD) Program (VT 51002)

The Dental Health Action Team and School-based Dental Screenings/Referrals (AR 05001)

Children's Dental Disease Prevention Program (CA 06001)  
OPEN WIDE (CT 08002)

Maine School Oral Health Program (ME 22001)

School-Based Preventive Dental Programs (NH 32003)

New York State Preventive Dentistry Program (NY 35002)

New York State Preventive Dentistry Program for Deaf Adolescents (NY 35003)

The Smile Factory -- Utah Preventive Dental Program for High Caries Risk Children (UT 50002)

Tooth Tutor Dental Access Program (VT 51001)

Prevent Abuse and Neglect through Dental Awareness - P.A.N.D.A. (AR 05002)

- Support community water fluoridation through human, physical, and financial resources.

Financial Support for Community Water Fluoridation (AZ 04004)

California Water Fluoridation (CA 06002)

Fluoridation Engineer in an Oral Health Program (CO 07003)

Oklahoma Water Fluoridation Program (OK 39001)

Community Fluoridation Program (VA 53002)

- Support local ordinances to adopt community water fluoridation.

Community Water Fluoridation in Massachusetts (MA 24002)

Community Water Fluoridation of Manchester, New Hampshire (NH 32004)

Oklahoma Water Fluoridation Program (OK 39001)

- Provide technical assistance, consultation and supplies to school health programs.

- Support oral health education curricula, school-based prevention programs with dental sealant/fluoride mouthrinse, school-based or school-linked dental care such as treatment, safe playground environment to prevent oral injuries, oral injury prevention with mouthguards in sports, provide healthy snacks, and other oral health promotion and disease prevention activities.

for faculty and staff.

Children's Dental Disease Prevention Program (CA 06001)  
Maine School Oral Health Program (ME 22001)  
School-Based Preventive Dental Programs (NH 32003)  
New Jersey Preventive Oral Health Education Program (NJ 33011)  
New York State Preventive Dentistry Program (NY 35002)  
The Smile Factory -- Utah Preventive Dental Program for High Caries Risk Children (UT 50002)

- Target appropriate access to population groups considered high risk for oral diseases based on assessment.
- Target fluoride programs in areas with non-fluoridated water supplies and high-risk populations; dental sealant programs in schools with high percentage of children eligible for free and reduced fee meals.
  - Idaho School Fluoride Mouthrinse Program (ID 15001)
  - New Jersey "Save Our Smiles" Fluoride Mouthrinse Program (NJ 33004)
  - New York State School-based Supplemental Fluoride Program (NY 35004)
  - King Fluoride School-Based Rinse/Tablet Program (OR 40001)
  - Fluoride Mouthrinse Program (VT 51003)
  - School Fluoride Mouthrinse Program (VA 53003)
  - Fluoride Varnish Application Program (IA 18002)
  - Arizona Dental Sealant Program (AZ 04006)
  - Illinois Dental Sealant Grant Program (IL 16004)
  - School Based Dental Sealant Program (NM 34001)
  - The Ohio Department of Health Dental School-Based Sealant Program (OH 38002)
  - Community & School-Linked Sealant Project of Southern Jersey Family Medical Center, Inc. (NJ 33010)
  - Wisconsin "GuardCare" Program (WI 56001)
- Assure appropriate access to population oral health services and personal oral health care by supporting payers/employers, health plans/managed care organization and providers/provider networks through provision of information and technical assistance, convening meetings, and utilizing available incentives.
- Facilitate contracting with public health programs; collaborate in development of model contracts linking private and public sector efforts; support involvement in public health initiatives such as community water fluoridation; bolster targeted outreach, health education, and support services to special populations and enrollees receiving public subsidies or coverage to ensure access to oral health services; encourage provision of effective personal oral health services by appropriate level providers; and review benefit packages and recommend revisions.

**E. ASSURE THAT THE PUBLIC HEALTH AND PERSONAL HEALTH WORK FORCE HAS THE CAPACITY AND EXPERTISE TO EFFECTIVELY ADDRESS ORAL HEALTH NEEDS.**

- Assure oral health capacity and expertise for performance of essential public health services at the state level.
- Provide resource directories of community services, toll-free information and referral services for personal and population-based oral health services.
  - Old Age Pension Dental Program (CO 07002)
  - OPTIONS - Ohio Partnership To Improve Oral Health Through Access to Needed Services (OH 38001)
  - New Jersey Dental Clinic Directory (NJ 33007)
- Secure and retain staff for oral health assessment, policy development, and assurance of service access (population-based oral health services and personal oral health services), system integration, program development, quality improvement, information systems, etc.
- Implement staff recruitment and development/leadership consistent with state plan.

- Monitor and support relevant continuing education and training for staff through sponsorship of on-site training seminars and workshops and attendance at off-site educational conferences.
- Ensure a competent oral health work force in state through support of professional training and education based on standard competencies.
- Provide oral health and public health expertise through collaboration with professional boards and other organizations and groups in professional licensure and certification guidelines and processes.
- Consult with educational institutions, professional associations, professional boards, and other organizations and groups about emerging oral health issues, priority oral health problems, oral health objectives and state plan, professional practices, approaches, technologies, and interventions to meet community oral health needs. Provide leadership, expertise, and resources for recruitment and retention of culturally competent oral health work force representing diverse ethnocultural groups.
- Provide expertise, consultation, and resources in support of education efforts for health professionals and social service providers based on findings from assessment.
- Support efforts to improve understanding of professionals and service providers about oral health promotion, oral disease prevention, recognition and detection of oral health problems, and effective referral and follow-up for oral health services.
- Support interdisciplinary training models and collaborate in joint training initiatives.
- Train and educate dental public health workers by supporting and integrating dental public health subjects in dental professional formal education programs, continuing education, and in-service education in the state.
- Promote and support interventions to address maldistribution/shortages of oral health care providers, public health professionals, facilities, and services based on assessment of local needs through financial mechanisms, and other incentives to providers, local institutions, agencies, and organizations.
- Support continuing education seminars on tobacco use prevention, early childhood caries, etc. Support travel to ASTDD Annual meeting/National Oral Health Conference and other dental public health meetings.
- Provide presentations/training on oral health at WIC, Family Planning, EPSDT, etc.
  - The Development of an Innovative Nutrition Education Model for Prevention of Early Childhood Caries in Alabama WIC Children (AL 01001)
  - OPEN WIDE (CT 08002)
  - Early Childhood Cavities Prevention, Project: PREVENTION (OR 40002)
- Support train-the-trainer initiatives (e.g., tobacco, HIV, etc.)
  - OPEN WIDE (CT 08002)
  - Healthy Smile -- Happy Child Program / Early Childhood Caries Prevention (NV 31001)
- Co-sponsor tobacco prevention and cessation programs, infection control programs, etc.
  - Maryland Oral Cancer Prevention Initiative (MD 23002)
  - The Oral Cancer Consortium (NJ 33016)
  - Utilizing Tobacco Master Settlement Agreement Funds to Support Oral Health Programs (IL 16006)
  - Fifth Grade Spit Tobacco Education Program (WI 56003)
- Provide and support tax incentives, loan forgiveness, National Health Service Corps, etc. to address maldistribution or shortage of dental professionals.
  - Maryland Dent-Care Loan Assistance Repayment Program (MD 23001)
  - St. Mary's County Pilot Dental Program (MD 23005)
  - Community Primary Care Challenge Grants (PA 42001)
  - Vermont's Dental Access Grants (VT 51004)

**Best Practice Approach Report:**  
[Access to Oral Health Care Services: Workforce](#)

Development

**Expanded Descriptions of Practice Examples:**

- Medicaid Travel of Pediatric Dental Teams (Alaska)
- Colorado Commission on Children's Dental Health
- Colorado Old Age Pension Dental Program
- Health Care Commission's Dental Care Access Improvement Committee (Delaware)
- Reforms in Indiana's Medicaid Dental Program
- Maryland Dent-Care Loan Assistance Repayment Program
- St. Mary's County Pilot Dental Program (Maryland)
- Healthy Kids Dental (Michigan)
- University of Michigan Dental School's Partnership with Community Health Centers
- National Governors Association (NGA) Policy Academy on Oral Health Care for Children (Minnesota)
- Director of Health's Task Force on Access to Dental Care (Ohio)
- Community Primary Care Challenge Grants (Pennsylvania)
- Vermont's Dental Access Grants
- Dental Scholarship and Loan Repayment Program (Virginia)
- Dental Health Aide Program (Alaska)
- EPSDT Exception to Policy (Iowa)
- School-Based Preventive Dental Programs (New Hampshire)
- Tooth Tutor Dental Access Program (Vermont)
- The Development of an Innovative Nutrition Education Model for the Prevention of Early Childhood Caries in Alabama WIC Children
- OPEN WIDE (Connecticut)
- "Bright Smiles for Bright Futures" (Louisiana)
- Baby Bottle Tooth Decay (BBTD) Program (Vermont)

- Dental Scholarship and Loan Repayment Program (VA 53005)
- University of Michigan Dental School's Partnership with Community Health Centers (MI 25002)
- Medicaid Travel of Pediatric Dental Teams (AK 02001)
- Dental Health Aide Program (AK 02002)
- Arizona Dental Trailer Loan Program (AZ 04001)
- Community Partnered Mobile Dental Services (UT 50003)

**F. EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF POPULATION-BASED AND PERSONAL ORAL HEALTH SERVICES.**

- Evaluate public health program outcomes and process measures.
- Perform comparative analysis between interventions/ services targeting specific oral health conditions in a variety of populations.
- Conduct comparative analysis of oral health care delivery system and support independent audits and external assessments of health plans/provider networks.
- Produce "report cards".
- Evaluate programs implemented by oral health unit on a regular basis.
- Evaluate state oral health plan periodically.
- Measure trends, patterns, and outcomes of oral health care services.
- Assess family choice and decision making under managed care arrangement, consumer satisfaction, inclusion/ utilization of community dental providers and essential specialists, etc.
- Determine program impact vs. program goals; effectiveness of interventions, services, and programs; appropriateness; process evaluation; quality standards; compliance with professional standards (e.g., use of clinical preventive oral health services); regulatory standards; future program changes; formulation of responsive policies and programs.
- Document progress in achieving state oral health objectives, program maintenance, or redirection of resources and activities.

Dental Program Review and Quality Assurance for Local City/County Health Departments (VA 53004)

- Evaluate capacity of oral health unit to address oral health issues and problems.
- Assure that oral health policies, programs, and services developed and practices promoted by the oral health unit are culturally competent by review and alteration processes.
- Develop organizational structure and functions, administrative management, acquisition, allocation, and control of resources (e.g., human, physical, and fiscal) to address oral health issues.

**G. CONDUCT RESEARCH AND SUPPORT DEMONSTRATIONS/PROJECTS TO GAIN NEW INSIGHTS AND APPLICATIONS OF INNOVATIVE SOLUTIONS TO ORAL HEALTH PROBLEMS.**

- Conduct and support studies to assess innovative strategies to address oral health issues.
- Implement and evaluate strategies to address oral health issues, resource allocation, technical assistance, etc.
- Initiate projects to improve understanding of long-standing and emerging issues influencing oral health problems of children, adults, and elders.
- Pilot studies, applied research, demonstrations, and evaluation projects, etc., to address oral health problems.
- Multi-state studies across jurisdictions with state to assess characteristics of populations and subgroups with oral health needs, assess innovation in financing/provision of population-based oral health services and personal oral health services, and identify effective oral health promotion strategies, etc., to address oral health problems.
- Provide oral health expertise and resources to promote the development and application of model approaches for integration.

Support demonstrations and research on oral health as an integral component of an integrated service system.

## Appendix 1: Project Advisers

Several individuals and representatives of organizations and agencies provided input and feedback throughout the development of the original and subsequent revisions of *ASTDD Guidelines for State and Territorial Oral Health Programs*.

In addition, numerous individuals representing organizations and agencies were involved in On-site Reviews in states. Several individuals have been members of On-site Review Teams utilizing the *ASTDD Guidelines* and the Review Protocol. Many also were involved with states that have used the Self-Assessment Instrument.

### Organizations included:

American Association of Community Dental Programs  
American Association of Public Health Dentistry  
American Board of Dental Public Health  
American Dental Association, Council on Access, Prevention, and Interprofessional Relations  
Association of Maternal and Child Health Programs  
American Public Health Association  
Association of State and Territorial Dental Directors  
Association of State and Territorial Health Officials  
National Association of County Health Officials  
National Network for Oral Health Access  
Representatives of Schools of Dentistry  
Representatives of Schools of Public Health

### Agencies included:

Bureau of Primary Care, Health Resources and Services Administration, U.S. Public Health Service  
Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Public Health Service  
National Institute of Dental Research, National Institutes of Health, U. S. Public Health Service  
Office of the Surgeon General, Chief Dental Officer, U. S. Public Health Service  
Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention  
Public Health Practice Program Office, Centers for Disease Control and Prevention  
Regional Dental Consultants, U. S. Public Health Service  
State Health Agencies

## Appendix 2: Ten Essential Elements to Build Infrastructure and Capacity for State Oral Health Programs

### Assessment

- A. Establish and maintain a **state-based oral health surveillance system** for ongoing monitoring, timely communication of findings, and the use of data to initiate and evaluate interventions.

### Policy Development

- B. Provide **leadership** to address oral health problems with a full-time State dental director and an adequately staffed oral health unit with competence to perform public health functions.
- C. Develop and maintain a **state oral health improvement plan** and, through a collaborative process, select appropriate strategies for target populations, establish integrated interventions, and set priorities.
- D. Develop and promote **policies** for better oral health and to improve health systems.

### Assurance

- E. Provide oral health **communications and education** to policymakers and the public to increase awareness of oral health issues.
- F. Build **linkages** with partners interested in reducing the burden of oral diseases by establishing a state oral health advisory committee, community coalitions, and governmental workgroups.
- G. Integrate, coordinate and implement **population-based interventions** for effective primary and secondary prevention of oral diseases and conditions.
- H. Build **community capacity** to implement community-level interventions.
- I. Develop **health systems interventions** to facilitate quality dental care services for the general and vulnerable populations.
- J. Leverage **resources** to adequately fund public health functions.

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