

A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

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Best Practice Approach Statutory Mandate for a State Oral Health Program

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Summary of Evidence Supporting Statutory Mandate for a State Oral Health Program

Research	+
Expert Opinion	+++
Field Lessons	++
Theoretical Rationale	+++

See **Attachment A** for details.

I. Description

A. State Oral Health Programs Administered by Health Departments

Addressing oral health issues is often needed to be coordinated at the level of the state health department. Leadership within the health department is best provided by trained dental public health professionals, and must be ongoing. To ensure the continuation of effective leadership, states should mandate oral health programs in their statute.

B. Maintenance of a State Oral Health Program

Maintenance of a state oral health program is often dependent on current policy makers at the state level. Arrival of a new state health officer, or other changing priorities in the executive branch, often leaves oral health without the champions necessary to sustain its importance to policy makers. Creation of a state law to mandate the oral health program helps the program survive in the face of outside pressures and expresses the importance of oral health for all to see. With a mandate, legislators and state health officials have more reason to maintain the oral health program and to give it the support required for success.

C. Creating a Legislative Mandate

Steps in creating a legislative mandate for the state oral health program vary from state to state based on current political considerations. However the process begins, it must have support from a broad constituency for successful passage in the legislature. While state agencies are prohibited from lobbying for legislation, they may be called upon for input. Outside agencies or organizations may not have any limit on their lobbying and are invaluable for enacting a bill. The state and local dental associations, dental hygiene groups, community health centers, and others may be useful in making the case for the needed legislation.

Successful passage of legislation requires identifying a “champion” in the state legislature, in either the upper or lower chamber or preferably one in each chamber. Such individual(s) are material in working the legislative process and identifying potential friends and foes in moving the bill to passage.

Successful passage of a statutory mandate also requires careful wording of the draft legislative language to ensure that the bill addresses the elements of a useful mandate. The bill should address the agency designation (e.g., within the state health department) and the name of the entity (e.g., Office of Oral Health or Division of Dental Health). The bill should specify the duties of the entity including the core functions of public health as they relate to oral health. The bill should identify the requirements for leadership within the agency such as a state dental director. Also specify the chain of command, answering to the state health officer or MCH director.

A member of the legislature will need to introduce the bill. Outside organizations may provide input during consideration of the bill and lobby for its passage. Upon passing the legislature, additional discussions with the Governor’s office may also be necessary to ensure that the bill is signed into law.

D. States with Statutory Mandate for a State Oral Health Program and/or a State Dental Director

An ASTDD survey in October/November 1999 assessed states’ gaps in their dental public health infrastructure and capacity. The survey found that 16 (37%) of the 43 responding states reported having statutory authority for their state oral health program.¹ The 2011 ASTDD Synopses of State Dental Public Health Programs showed that:²

- 20 states have a statutory mandate for a state oral health program (AZ, AR, CA, CT, FL, HI, IA, ME, MD, MA, MS, MO, NE, NV, NC, OK, PA, TN, TX, and WV);
- 16 states have a statutory mandate for a state dental director (AR, CA, CT, DE, HI, IL, IA, MD, MA, NE, NV, OK, PA, TN, UT, and WV); and
- 23 states (combined) have a statutory requirement for a state oral health program and/or a state dental director (AZ, AR, CA, CT, DE, FL, HI, IL, IA, ME, MD, MA, MS, MO, NE, NV, NC, OK, PA, TN, TX, UT, and WV).

Appendix B lists the states with statutory requirement for a state oral health program and/or a state dental director.

Statutory language of current mandates for a state oral health program varied widely. Some state programs draw their authority from a broad-based mandate that gives the state health

agency the authority to promote and protect the health of the people of the state. Other state programs have mandates succinctly stating that an oral health program shall be maintained and/or preventive dental services shall be delivered. A few states have mandates providing more details on the powers and duties of the program and the state dental director. Examples of current statutory mandates for a state oral health program and/or a state dental director are provided in **Attachment C**.

II. Guidelines & Recommendations from Authoritative Sources

A. Healthy People 2020

Healthy People 2020 **Oral Health** Objective OH-17.1 calls for an increase in the proportion of States (including the District of Columbia) and local health agencies that serve jurisdictions of 250,000 or more persons with a dental public health program directed by a dental professional with public health training.³

B. Surgeon General's Report on Oral Health

A finding of the Surgeon General's Report on Oral Health is that the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups. The report calls for action to address disparities by building an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.⁴

C. ASTDD Guidelines for State and Territorial Oral Health Programs

The ASTDD Guidelines suggest that the state oral health program be mandated in state law. The state oral health program 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 of preventive health services.⁵

D. ASTDD Infrastructure Report

The ASTDD report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*, specifies that a key infrastructure element is having 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. Leadership is essential in determining priorities, setting agendas, developing plans, making funding decisions, and establishing policies. Also, leadership is important in increasing awareness and raising

priorities for oral health among a broad constituency. To ensure oral health leadership within a state health agency, a dental professional with public health training should serve as a state dental director. The state dental director should have supervisory authority for oral health programs within the state health agency.¹

III. Research Evidence

There is a lack of research evaluating the effectiveness of statutory mandate for a state oral health program. However, 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 were 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 public health functions related to oral health demonstrated the importance of dedicated capacity and infrastructure in state efforts to improve oral health.⁵

IV. Best Practice Criteria

For the best practice approach of a **Statutory Mandate for a State Oral Health Program**, the ASTDD Best Practices Committee has proposed the following **initial review standards** for five best practice criteria:

1. Impact / Effectiveness

- Documentation that the statutory mandate helps the state oral health program succeed and remain in place during any attempts to eliminate or reduce the program.

2. Efficiency

- The statutory mandate contributes to the funding the state oral health program and its activities and/or supports the funding of the state health department and its programs.

3. Demonstrated Sustainability

- The statutory mandate’s language is appropriate in sustaining the state oral health program.

4. Collaboration / Integration

- The statutory mandate has support of outside entities that can champion the need for leadership in public health.

5. Objectives / Rationale

- The statutory mandate for the oral health program has the objective or rationale of building or maintaining infrastructure for enhancing oral health and reducing disparities through the existence of a state oral health program.

V. State Practice Examples

During the first phase of the ASTDD Best Practices Project, states submitted descriptions of their successful practices to share their experiences and implementation strategies. The following practice examples illustrate various elements or dimensions of the best practice approach for a **Statutory Mandate for a State Oral Health Program**. These reported success stories should be viewed in the context of the state’s and program’s environment, infrastructure and resources. End-users are encouraged to review the practice descriptions (click on the links of the practice names) and adapt ideas for a better fit to their states and programs.

A. Summary Listing of Practice Examples

See **Figure 1**. Each practice name is linked to a detailed description report.

Figure 1.

**State Practice Examples of
Statutory Mandate for a State Oral Health Program**

Item	Practice Name	State	Practice #
1	Statutory Authority for the Arizona Department of Health Services/Office of Oral Health	AZ	04002
2	Statutory Mandate for State Oral Health Program	AR	05004
3	Statutory Mandate/Authority for State Dental Program	MO	28001

B. Highlights of Practice Examples

AZ [Statutory Authority for the Arizona Department of Health Services/Office of Oral Health](#) (Practice #04002)

The Arizona Revised Statutes for the Department of Health services, Powers and Duties authorize the Director of the state health agency to administer community health services, which shall include “dental care prevention.” Arizona’s statutory mandate for the state oral health program was significant in ensuring the integrity of the state oral health program and maintaining its services during the 1997 program authorization review mandated by legislation with the intent to retain, eliminate or modify state government programs. In 2007, the Arizona Department of Health Services underwent a collective planning process of reorganization and consolidation of various Offices and Bureaus. The statute authority again helped to maintain the Office of Oral Health’s integrity and continue its role to serve the state.

AR [Statutory Mandate for State Oral Health Program](#) (Practice #05004)

Working with the Arkansas State Dental Association, the Office of Oral Health offered wording suggestion for a bill to mandate the state oral health program and its basic structure. The dental association drafted the bill and had a state representative sponsored it. The bill passed in 2001. The statutory mandate was paramount to the continued existence of the state oral health program during budget cuts enacted less than one month after the bill’s passage.

MO [Statutory Mandate/Authority for State Dental Program](#) (Practice #28001)

A statutory mandate enacted in 1985 requires the Department of Health to maintain a Bureau of Dental Health. The mandate played a prominent role in sustaining the state oral health program and maintaining a full time state dental director position.

VI. Acknowledgements

This report is the result of efforts by the ASTDD Best Practices Committee to identify and provide information on statutory mandate for a state oral health program.

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VII. Attachments

ATTACHMENT A

Strength of Evidence Supporting Best Practice Approaches

The ASTDD Best Practices Committee takes a broad view of evidence to support best practice approaches for building effective state and community oral health programs. The Committee evaluated evidence in four categories: research, expert opinion, field lessons and theoretical rationale. Although all best practice approaches reported have a strong theoretical rationale, the strength of evidence from research, expert opinion and field lessons fall within a spectrum. On one end of the spectrum are promising best practice approaches, which may be supported by little research, a beginning of agreement in expert opinion, and very few field lessons evaluating effectiveness. On the other end of the spectrum are proven best practice approaches, ones that are supported by strong research, extensive expert opinion from multiple authoritative sources, and solid field lessons evaluating effectiveness.

<u>Promising</u> <u>Best Practice Approaches</u>					<u>Proven</u> <u>Best Practice Approaches</u>	
Research	+		⇒		Research	+++
Expert Opinion	+		⇒		Expert Opinion	+++
Field Lessons	+				Field Lessons	+++
Theoretical Rationale	+++				Theoretical Rationale	+++

Research

- + A few studies in dental public health or other disciplines reporting effectiveness.
- ++ Descriptive review of scientific literature supporting effectiveness.
- +++ Systematic review of scientific literature supporting effectiveness.

Expert Opinion

- + An expert group or general professional opinion supporting the practice.
- ++ One authoritative source (such as a national organization or agency) supporting the practice.
- +++ Multiple authoritative sources (including national organizations, agencies or initiatives) supporting the practice.

Field Lessons

- + Successes in state practices reported without evaluation documenting effectiveness.
- ++ Evaluation by a few states separately documenting effectiveness.
- +++ Cluster evaluation of several states (group evaluation) documenting effectiveness.

Theoretical Rationale

- +++ Only practices which are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on this website.

ATTACHMENT B

States with a Statutory Mandate for a State Oral Health Program and/or a State Dental Director

2011 Synopses of State Dental Public Health Programs		
States	Required a State Oral Health Program	Required a State Dental Director
Alabama	No	No
Alaska	No	No
Arizona	Yes	No
Arkansas	Yes	Yes
California	Yes	Yes
Colorado	No	No
Connecticut	Yes	Yes
Delaware	No	Yes
District of Columbia	No	No
Florida	Yes	No
Georgia	No	No
Hawaii	Yes	Yes
Idaho	*No	*No
Illinois	No	Yes
Indiana	No	No
Iowa	Yes	Yes
Kansas	No	No
Kentucky	No	No
Louisiana	No	No
Maine	Yes	No
Maryland	Yes	Yes
Massachusetts	Yes	Yes
Michigan	No	No
Minnesota	No	No
Mississippi	Yes	No
Missouri	Yes	No
Montana	No	No
Nebraska	Yes	Yes
Nevada	Yes	Yes
New Hampshire	No	No
New Jersey	No	No
New Mexico	No	No
New York	No	No
North Carolina	Yes	No
North Dakota	No	No
Ohio	No	No
Oklahoma	Yes	Yes
Oregon	No	No
Pennsylvania	Yes	Yes
Rhode Island	No	No
South Carolina	No	No
South Dakota	No	No
Tennessee	Yes	Yes
Texas	Yes	No
Utah	No	Yes
Vermont	No	No
Virginia	No	No
Washington	No	No
West Virginia	Yes	Yes
Wisconsin	No	No
Wyoming	No	No

* Response from 2010 Synopses

ATTACHMENT C

Examples of Current Statutory Mandates for a State Oral Health Program and/or a State Dental Director

- | | | | |
|---------------|------------------|----------------|--------------------|
| 1. Arizona | 5. Hawaii | 9. Mississippi | 13. North Carolina |
| 2. Arkansas | 6. Illinois | 10. Missouri | 14. Oklahoma |
| 3. California | 7. Iowa | 11. Nebraska | 15. Pennsylvania |
| 4. Florida | 8. Massachusetts | 12. Nevada | 16. West Virginia |

1. Arizona

Arizona Revised Statutes, Chapter I. State and Local Boards and Department of Health, Articles I.
Department of Health Services, § 36-104 Powers and duties.

The director shall:

1. Administer the following services:
 - (b) Public health protection programs, to include, but not be limited to:
 - (i) Consumer health protection programs, to include, but not be limited to, the functions of community water supplies...
 - (ii) Epidemiology and disease control programs, to include, but not be limited to the functions of chronic disease, accident and injury control, communicable disease...
 - (iii) Laboratory services programs.
 - (iv) Health education and training programs.
 - (c) Community health services, which shall include, but not be limited to:
 - (i) Medical services programs to include, but not be limited to, the functions of maternal and child health, preschool health screening, family planning, public health nursing, premature and newborn program, immunizations, nutrition, dental care prevention and migrant health...
 - (iv) Health information programs.

2. Arkansas

Section 1. Arkansas Code 25-9-101, concerning creation of and divisions within the Department of Health, includes the following subsection:

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

3. California

Health and Safety Code. Section 104750-104765

104750. The department shall maintain a dental program including, but not limited to, the following: (a) Development of comprehensive dental health plans within the framework of the State Plan for Health to maximize utilization of all resources. (b) Provide the consultation necessary to coordinate federal, state, county, and city agency programs concerned with dental health. (c) Encourage, support, and augment the

efforts of city and county health departments in the implementation of a dental health component in their program plans. (d) Provide evaluation of these programs in terms of preventive services. (e) Provide consultation and program information to the health professions, health professional educational institutions, and volunteer agencies. (f) For purposes of this article "State Plan for Health" means that comprehensive state plan for health being developed by the department pursuant to Public Law 89-749 (80 Stat. 1180).

104755. The director shall appoint a dentist licensed in the State of California to administer the dental program.

104760. Nothing in this article authorizes the department to compel dental examinations or services.

104765. The department shall have the power to receive for the dental program any financial aid granted by any private, federal, state, district, or local or other grant or source, and the division shall use such funds to carry out the provisions and purposes of this article.

4. Florida

Florida Laws:

FL Statutes - Title XXIX Public Health Section 381.001 Legislative intent; public health system.

381.0052 Dental health.

- (1) This section shall be known as the "Public Health Dental Program Act."
- (2) It is the intent of the Legislature to make available dental preventive and educational services to the citizens of the state and treatment services to indigent persons.
- (3) The department shall implement a comprehensive dental program which shall be designed to include, but not be limited to:
 - (a) Comprehensive preventive and educational programs.
 - (b) Comprehensive treatment services, including diagnostic, basic restorative, surgical, pulpal therapy, prophylaxis, and limited prosthetic services.
- (4) Services shall be available to eligible persons in accordance with eligibility criteria developed by the department. Fees for treatment shall be determined by the department.
- (5) The department may adopt rules to implement this section.

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5. Hawaii

Part V. Dental Health

§321-61 Dental health. The department of health shall constitute the sole agency of the State for the purposes of carrying out the activities and performing the functions provided in this part. [L 1949, c 208, §2; RL 1955, §46-50; am L Sp 1959 2d, c 1, §19; HRS §321-61]

§321-62 General duties of department. The department of health shall study and appraise the State's dental health needs and resources, and shall foster the development and expansion of dental health services to the people of the State. The department may:

- (1) Conduct research, investigations, experiments, demonstrations, and studies relating to the incidence, causes, diagnosis, treatment, and prevention of dental diseases;
- (2) Supervise, provide, and direct clinical dental health services for adults and children in the State;
- (3) Develop and conduct a program of dental health education of the public;
- (4) Provide information and education relating to dental health to public health nurses, teachers, social workers, and others who deal in a professional capacity with the public, through publications, seminars, institutes, and other appropriate means; and

- (5) Provide training for professional personnel to staff state and local dental health programs. [L 1949, c 208, §5; RL 1955, §46-53; am L Sp 1959 2d, c 1, §19; HRS §321-62; am L 1992, c 70, §5]

§321-63 Director's specific duties and powers. To carry out the purposes of this part the director of health shall:

- (1) Take such action as may be necessary, and authorized by law, to meet conditions prescribed for participation in all related federal dental health programs and the regulations adopted thereunder; determine qualifications of personnel requiring professional training and licenses and correlate the programs of the department with the profession and related agencies for the proper and efficient functioning of the department;
- (2) Enter into cooperative arrangements with other departments, agencies, and institutions, public or private;
- (3) Submit plans relating to dental health to the United States Public Health Service and make application for such federal funds as will assist in carrying out the purposes of this part;
- (4) Accept on behalf of the State and deposit with the director of finance any grant, gift, or contribution from the federal government or other source made to assist in meeting the cost of carrying out the purposes of this part and expend the same for such purposes;
- (5) Make an annual report on activities and expenditures pursuant to this part, including recommendations for additional plans, measures, or legislation relating to the purposes of this part. [L 1949, c 208, §6; RL 1955, §46-54; am L Sp 1959 2d, c 1, §§14, 19; am L 1963, c 114, §1; HRS §321-63]

6. Illinois

Illinois Compiled Statutes. Executive Branch. Department of Public Health Powers and Duties Law. 20 ILCS 2310. Sec. 2310-360

Division chief of dental health. The Department shall select a division chief of dental health who shall be a dentist licensed under the Illinois Dental Practice Act. The division chief of dental health shall plan, direct, and coordinate all dental public health programs within the State of Illinois and shall integrate dental public health programs with other local, state, and national health programs; shall serve as the Department's chief advisor on matters involving dental health; shall maintain direction for monitoring and supervising the statewide fluoridation program within Illinois; and shall plan, implement, and evaluate all dental programs within the Department.

7. Iowa

2009 Iowa Code
Title 4 - Public Health
Subtitle 2 - Health-Related Activities
Chapter 35 – Department of Public Health
135.15 – Oral Health Bureau Established -- Responsibilities.

An oral health bureau is established within the division of health promotion and chronic disease prevention of the department. The bureau shall be responsible for all of the following:

1. Providing population-based oral health services, including public health training, improvement of dental support systems for families, technical assistance, awareness-building activities, and educational services, at the state and local level to assist Iowans in maintaining optimal oral health throughout all stages of life.
2. Performing infrastructure building and enabling services through the administration of state and federal grant programs targeting access improvement, prevention, and local oral health programs utilizing maternal and child health programs, Medicaid, and other new or existing programs.
3. Leveraging federal, state, and local resources for programs under the purview of the bureau.
4. Facilitating ongoing strategic planning and application of evidence-based research in oral health care policy development that improves oral health care access and the overall oral health of all Iowans.

5. Developing and implementing an ongoing oral health surveillance system for the evaluation and monitoring of the oral health status of children and other underserved populations.

8. Massachusetts

Massachusetts General Laws
Part I Administration of the Government
Title XVI Public Health
Chapter 111 Public Health
Section 40 Appointment of dental director; office of oral health; responsibilities

(a) Subject to appropriation, the commissioner shall appoint a dental director. The dental director shall serve at the pleasure of the commissioner and shall be a dentist licensed in the commonwealth with public health experience. The department may establish additional qualifications for the position of dental director by regulation. The dental director shall oversee the department of public health dental program to increase access to oral health services, oral health prevention activities and other initiatives to address oral health disparities.

(b) There shall be an office of oral health within the department with responsibilities that shall include, but not be limited to:

- (1) providing recommendations and guidance to the department and other individuals or entities as the office determines including, but not limited to, other departments, agencies, community providers and the legislature for preventing oral diseases and for improving, promoting and protecting oral health with a focus on underserved populations and reducing oral health disparities;
- (2) monitoring, studying and appraising the commonwealth's oral health needs and resources;
- (3) fostering the development, expansion and evaluation of oral health services for residents of the commonwealth in collaboration with key partners including, but not limited to, MassHealth, the department of youth services, the department of children and families, the department of mental retardation, the department of mental health, the executive office of elderly affairs, the board of registration in dentistry, the department of elementary and secondary education and the department of early education and care;
- (4) providing information and education concerning oral health to the dental and health community and to the public;
- (5) promoting and providing technical assistance, monitoring and evaluating population-based dental programs including, but not limited to, community water fluoridation programs, school prevention programs, mobile and portable dental programs and other programs to improve access to services;
- (6) developing policies to promote oral health; and
- (7) developing related programs, policies and preventive measures that impact oral health.

9. Mississippi

§41-3-15. General duties of state board of health; establishment of office of rural health.

- (5)(a) The State Board of Health shall have the authority, in its discretion, to establish programs to promote the public health, to be administered by the State Department of Health. Specifically, such programs may include, but shall not be limited to, programs in the following areas:

- (vii) Dental health

10. Missouri

192.050. The department of health and senior services shall maintain a bureau of vital statistics, a bureau of laboratories, a bureau of communicable diseases, a bureau of food and drug inspection, a bureau of child hygiene, a bureau of public health nursing, a bureau of tuberculosis control, a bureau of cancer

control, a bureau of dental health, and other bureaus as may be necessary from time to time. The director of the department shall formulate orders and findings for the proper conduct of the bureaus.

11. Nebraska

2009 Nebraska Code

Chapter 38 Health Occupations and Professions

(Department means the Division of Public Health of the Department of Health and Human Services.)

38-1149 Office of Oral Health and Dentistry; Dental Health Director; appointment.

There is hereby established the Office of Oral Health and Dentistry in the department. The head of such office shall be known as the Dental Health Director and shall be appointed by the department. The Dental Health Director shall give full time to his or her duties.

38-1150. Dental Health Director; qualifications.

The Dental Health Director shall be a graduate of an accredited school or college of dentistry and shall be licensed by the State of Nebraska to practice dentistry in Nebraska or duly licensed to practice dentistry in some other state of the United States of America.

38-1151. Office of Oral Health and Dentistry; duties; rules and regulations.

The duties of the Office of Oral Health and Dentistry shall be the promotion and development of activities which will result in the practice and improvement of the dental health of the people of the state under rules and regulations adopted and promulgated by the department.

12. Nevada

NRS 439.272 State dental health officer: Appointment by health division; classification; qualifications; duties; outside pursuits; solicitation and acceptance of gifts and grants.

1. The health division shall appoint a state dental health officer, who is in the unclassified service of the state. The state dental health officer must:
 - (a) Be a resident of this state;
 - (b) Hold a current license to practice dentistry issued pursuant to chapter 631 of NRS; and
 - (c) Be appointed on the basis of his education, training and experience and his interest in public dental health and related programs.
2. The state dental health officer shall:
 - (a) Determine the needs of the residents of this state for public dental health;
 - (b) Provide the health division with advice regarding public dental health;
 - (c) Make recommendations to the health division and the legislature regarding programs in this state for public dental health;
 - (d) Supervise the activities of the state public health dental hygienist; and
 - (e) Seek such information and advice from a dental school of the University and Community College System of Nevada as necessary to carry out his duties.
3. Except as otherwise provided in this subsection, the state dental health officer shall devote all of his time to the business of his office and shall not pursue any other business or vocation or hold any other office of profit. Notwithstanding the provisions of NRS 281.127 and 284.143, the state dental health officer may engage in academic instruction, research and studies at a dental school of the University and Community College System of Nevada.
4. The health division may solicit and accept gifts and grants to pay the costs associated with the position of state dental health officer.

NRS 439.279 State public health dental hygienist: Appointment by health division; classification; qualifications; duties; outside pursuits; solicitation and acceptance of gifts and grants.

1. The health division shall appoint a state public health dental hygienist, who is in the unclassified service of the state. The state public health dental hygienist must:
 - (a) Be a resident of this state;

- (b) Hold a current license to practice dental hygiene issued pursuant to chapter 631 of NRS with a special endorsement issued pursuant to NRS 631.287; and
 - (c) Be appointed on the basis of his education, training and experience and his interest in public health dental hygiene and related programs.
2. The state public health dental hygienist:
 - (a) Shall assist the state dental health officer in carrying out his duties; and
 - (b) May:
 - (1) Make recommendations to the health division regarding programs in this state for public health dental hygiene; and
 - (2) Perform any acts authorized pursuant to NRS 631.287.
 3. Except as otherwise provided in this subsection, the state public health dental hygienist shall devote all of his time to the business of his office and shall not pursue any other business or vocation or hold any other office of profit. Notwithstanding the provisions of NRS 281.127 and 284.143, the state public health dental hygienist may engage in academic instruction, research and studies in a program of the University and Community College System of Nevada.
 4. The health division may solicit and accept gifts and grants to pay the costs associated with the position of state public health dental hygienist.

13. North Carolina

Article 14 NCGS 130A-366

Department (DHHS) to establish dental health program.

- (a) The Department shall establish and administer a dental health program for the delivery of preventive, educational and dental care services to preschool children, school-age children, and adults. The program shall include, but not to be limited to providing teacher training, adult and children education, consultation, screening and referral, technical assistance, community coordination, field research and direct patient care. The primary emphasis of the program shall be the delivery of preventive, educational, and dental care services to preschool children and school age children.

14. Oklahoma

Title 63, Section 1-105

There is hereby created a State Department of Health, which shall consist of the State Commissioner of Health, and such divisions, sections, bureaus, offices, and positions as may be established by the State Board of Health, or by law

15. Pennsylvania

Department of Health reorganization Bill – Act 87 of 1996 (HB 216) – became law and provides the following:

- (E) The Department shall apportion this commonwealth into dental health districts administered by a public health dentist within the Department, who shall implement dental health policies and programs for the various counties and political subdivisions within this commonwealth.

16. West Virginia

2010 West Virginia Code
 Chapter 16 Public Health
 Article 41 Oral Health Improvement Act.
 §16-41-2 Oral health program and director.

§16-41-2. Oral health program and director.

- (a) The commissioner of the bureau for public health shall establish and maintain an oral health program.

(b) The commissioner of the bureau for public health shall appoint a dentist licensed in this state as director of the oral health program who shall administer the program pursuant to the provisions of section three of this article.

§16-41-3. Duties and directives of oral health program.

(a) The director of the oral health program shall implement and maintain the oral health program to include, but not be limited to, the following goals and objectives:

- (1) The development of comprehensive dental health plans within the framework of the state plan of operation, provided for in subsection (f), section six, article one of this chapter, to maximize use of all available resources;
 - (2) Providing the consultation necessary to coordinate federal, state, county and city agency programs concerned with dental health;
 - (3) Encouraging, supporting and augmenting the efforts of local boards of health and boards of education in the implementation of a dental health component in their program plans;
 - (4) Providing consultation and program information to, at a minimum, health professions, health professional educational institutions, school educators, extension specialists and volunteer agencies;
 - (5) Providing programs aimed at preventing and detecting oral cancer in the state, with a primary focus of meeting the needs of high-risk under-served populations, with the intent to reduce oral cancer mortality;
 - (6) Providing programs addressing oral health education and promotion, including:
 - (A) Public health education to promote the prevention of oral disease through self-help methods, including the initiation and expansion of preschool, school age and adult education programs;
 - (B) Organized continuing health education training programs for, at a minimum, health care providers, school educators and extension specialists; and
 - (C) Preventive health education information for the public;
 - (7) Facilitation of access to oral health services, including:
 - (A) The improvement of the existing oral health services delivery system for the provision of services to all West Virginia residents;
 - (B) Outreach activities to inform the public of the type and availability of oral health services to increase the accessibility of oral health care for all West Virginia residents; and
 - (C) Assistance and cooperation in promoting better distribution of dentists and other oral health professionals throughout the state;
 - (8) Providing programs specifically targeting prevention of tooth loss and the restoration of existing teeth to the extent that funds are available.
 - (9) Providing oral or dental health services to individuals in need, to the extent funds are available for the services; and
 - (10) Provide evaluation of these programs in terms of preventive services.
- (b) In consultation with dental care providers, the commissioner shall develop and implement ongoing oral cancer educational programs in the state:
- (1) To train health care providers to screen and properly refer patients with oral cancers; and
 - (2) To promote the cessation of the use of alcohol and tobacco products with a primary focus of meeting the needs of high-risk under-served populations.
- (c) The programs developed and implemented under this section shall address:
- (1) The risk factors that lead to oral cancer;
 - (2) The signs and symptoms of oral cancer;
 - (3) The high-risk behaviors that may lead to oral cancer; and
 - (4) The accessibility of screening to detect oral cancer.
- (d) In addition to the duties and responsibilities required under this section, the director of the oral health program shall administer and supervise all dental health programs within the bureau for public health.

VIII. References

1. Association of State and Territorial Dental Directors (ASTDD). Building infrastructure and capacity in state and territorial oral health programs, April 2000. Available from: <http://www.astdd.org/docs/Infrastructure.pdf>
2. Association of State and Territorial Dental Directors (ASTDD). Synopses of state dental oral health programs. Data for FY 2009-2010. June 2011.
3. U.S. Department of Health and Human Services. Healthy People 2020. Washington, DC. Available from: <http://www.healthypeople.gov/>
4. U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville, MD: Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. Available from: <http://www.surgeongeneral.gov/library/oralhealth/>
5. Association of State and Territorial Dental Directors (ASTDD). Guidelines for state and territorial oral health programs. Revised June 2010. Available from: <http://www.astdd.org/state-guidelines/>