

Local Oral Health Programs and Best Practices

Voices from the Field: The End-Users' Perspective



EXECUTIVE SUMMARY

Prepared by the:

***Ad Hoc Group on Local Oral Health Programs
Best Practices Committee
Association of State and Territorial Dental Directors***

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Background

For years the Best Practices Committee of the Association of State and Territorial Dental Directors (ASTDD) responded to ongoing inquiries from local oral health programs for best practice information. As a result, the Committee called for the establishment of an ad hoc group to provide a report regarding the needs of local oral health programs (including city, county, and other community-based programs) and recommendations for improving best practices information for use by local program staff.

Local oral health programs are administered by public/private agencies and organizations, deliver services that may include dental education, prevention and/or treatment, and target populations based on service areas or other eligibility such as income. Examples of these local programs include school-based dental sealant programs, Federally Qualified Health Centers delivering dental services, neighborhood dental clinics set up by hospital systems or city/county governments, and oral health education programs for pregnant women and preschool children developed by community organizations.

In 2008, the newly formed Ad Hoc Group on Local Oral Health Programs began holding teleconference calls to address its charge. To carry out this assignment, Group members agreed to pursue the following actions while framing local programs' need for best practices from the perspectives of local infrastructure, integration of oral health, and oral health programs' operational needs:

1. review current information on best practices for local oral health programs from the ASTDD Best Practices Project and other relevant sources,
2. identify the benefits offered by best practices information sources,
3. identify what is missing (deficiencies or needs) from current best practices information from the perspective of local health programs,
4. make recommendations to the ASTDD Best Practices Committee for improving best practices information for use by local health programs, and
5. make additional recommendations to address needs of local oral health programs in developing their best practices.



Two core questions served as the center of focus for the Group to assist its members in accomplishing the aforementioned activities:

- Why do local oral health programs need to develop Best Practices and need Best Practices information?
- What are the available Best Practices information resources used by Ad Hoc Group members and what are the strengths and weaknesses of these resources?

Need for Best Practices and Best Practices Information

Group members reflected on their own program experiences and needs, as well as their understandings of the environments, issues, and needs of local programs in general. There was clear recognition that:

- Federal, state, and local efforts can have greater impact if programs build on one another's strengths and collaborate with each other,
- Different sizes of programs often pose different challenges, have varying levels of human and physical resources, and require pursuit of different priorities, and
- Action is needed now to maximize collaborative efforts among Federal, state, and local oral health programs.

The Institute of Medicine 's 1988 report, *The Future of Public Health*, emphasized the important role of local programs, as well as, those at the state and Federal levels, in carrying out public health functions within society. Local public health program staff serves in the frontline responding to the needs of families and communities. Similar to state and Federal programs, local health programs focus on improving health outcomes, which may or may not involve the provision of services directly to individuals. Best Practices information is needed to assist local programs expand their capacity and capability in carrying out core public health functions and essential dental public health services. Local oral health programs need to learn about the Best Practices of others and obtain relevant information helpful in developing their own Best Practices. Current Best Practices information specific to state level efforts needs to provide translation for local application, describe the role of local programs, and recommend and support local partnerships. Coordination of state and local oral health programs can help ensure that resources are used cost effectively to achieve optimal health outcomes for all members in the community. Integration, consistency, and relevance of local health programs are



needed to build oral health program capacity for state and national initiatives. Among the top reasons local programs need Best Practices information are the following.

1. Best Practices are needed to assist local programs in leveraging other program successes and using lessons learned as foundations for enhancing local program efforts. Like Federal and state programs, local programs will succeed and become sustainable if they build on each others' strengths and collaborate from the top down (Federal and state) and the bottom up (families, communities and counties).
2. Local programs need support in developing their Best Practices now particularly with the current economic downturn and deep budget cuts impacting every level of government. Building local oral health infrastructure, integration of oral health into various chronic disease and MCH programs, and development of more effective and cost effective local programs are a priority.
3. Local programs go through cycles that bring challenges related to program development, expansion, sustainability, downsizing, and recovery. Budget cuts can place a local program's survival in question. Funding opportunities can push a program to consider where expansion should direct services. Best Practices information should guide programs through these challenges.
4. The role of local oral health programs in statewide planning and their contribution to statewide strategies to promote oral health needs to be better defined. Best practices information should guide the building of the relationship between the state oral health program and local oral health programs. Best Practices should direct collaboration and partnerships of local programs with state agencies and their oral health initiatives.
5. Best Practices can inspire action. Local programs can use Best Practices to call stakeholders and partners to action.

Availability of Best Practices Information and Related Issues

Among the resources identified by Ad Hoc Group members are guidelines and best practices provided by the Association of State and Territorial Dental Directors, American Association for Community Dental Programs, and Federal agencies such as the Health Resources and Services Administration and Centers for Disease Control and Prevention. Although these resources provide useful information for local oral health program staff and others



supporting local program development, implementation, evaluation, and sustainability, deficiencies of available resources are evident. For example, there is limited best practice information that “drills down” to the local level; little information that provides “how to” guidance for local programs to build local infrastructure; and a lack of best practice information on how to implement effective strategies depending on different program size, local environments, and available budgets. Although currently available resource information for local programs describes a broad range of functions and activities, there is lack of a model for building a comprehensive local program incrementally.

Recommendations from the Ad Hoc Group for Best Practices

Members of The Ad Hoc Group on Local Programs provide the following recommendations to the Best Practices Committee for improving Best Practices information, optimizing its usefulness to local program staff, and enhancing national, state and regional support for local programs.

1. Ensure that this report is shared with the membership of the ASTDD Best Practices Committee.
2. Ensure that available Best Practices information is translatable at the local level, i.e., the information should provide guidelines that are relevant and easily interpretable at the local program level. Protocols and standards relevant to local program efforts and useful in meeting local challenges and building local implementation strategies are needed. In addition, the information must be well disseminated to potential users.
3. Support the development of a model for a comprehensive local public health dental program that provides a vision and structure for incremental growth. The model should identify critical program elements and priorities for building program capacity and expertise over time.
4. Support the development of Best Practices efforts to develop and sustain local/regional oral health coalitions and integration/coordination of state and local/regional oral health coalitions, including effective communication strategies.
5. Ensure that the efforts started by this Ad Hoc Group on Local Programs are continued through the formation of a national subcommittee supported by partners who share the goal of enhancing local oral health program development and integration. This subcommittee should be charged with establishing a plan



with priorities for enhancing local program development and integration into local health systems.

6. Encourage and support development and growth of oral health surveillance systems that include not only state level data, but also regional and county/city level data.
7. Support development and utilization of state oral health (improvement) plans that can serve as guidance for local health department planning and that include objectives that can be measured at both the state and local levels.
8. Increase public-private partnerships to support local oral health programs and develop local best practices to improve the oral health of communities and families.

"As we build local infrastructure to improve health, most of the issues being addressed by local health departments and other local and community programs absolutely have the capacity to integrate oral health as part of their plans. We need to figure out how to make the connections and integrate within our own local organizations and with funders so that oral health won't be on the fringe."

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