ASTDD GUIDANCE FOR DRAFTING DENTAL PUBLIC HEALTH RESOURCE DOCUMENTS

Purpose: to encourage consistency in developing evidence-based statements (such as white papers, issue briefs, fact sheets and other documents as well as Best Practice Approach Reports and State Activity Submissions and Descriptive Reports) by all ASTDD committees, consultants, and others including dental public health residents.

ASTDD develops these documents for state oral health programs to reflect the Association's priorities and stance on dental public health issues and to share with and educate decision makers on dental public health issues and concerns of state oral health programs. The documents contain statements that may include recommendations, strategies, and/or information to assist decision makers (such as dental and other healthcare providers; federal, state or private agencies; employers; public health officials or the public) in choosing between alternative courses of action in specific situations.

The guidance, standards, and resources provided here should not only enhance the quality of the final products but can also assist committees in assessing the references and resources they consult in the process. This document may be updated as needed and when timely.

What this document includes: This document provides principles and standards to consult when drafting and writing ASTDD documents, links to selected guidance and reference documents, and a link to a preferred style for citations. See the Dental Public Health Resources page on the ASTDD website for additional information, examples of published documents, guidelines, and other links; see also the guidelines available on the ASTDD Best Practices page, as noted below.

A. Principles for Writing ASTDD Documents

1. The title should be simple and describe the topic to be presented, e.g., Community Water Fluoridation, Nutrition Education and Healthy Eating in School Settings, Fluoride Varnish Issue Brief.

2. Why the document is being written and what it intends to accomplish should be clearly understood at the outset by the writer, whether stated explicitly or not.
    a. An ASTDD *White Paper* is a concise summary that provides detailed background information and analysis of a broad policy-related issue through documenting and summarizing key findings and implications of appropriate evidence-based research and best practices. It usually offers a statement of support and or recommendations for a course of action. (See p. 5, Major Components of the ASTDD Dental Public Health White Paper.)
    b. An ASTDD *Issue Brief* outlines key findings, implications or significance and policy considerations of a specific dental public health issue. It is usually longer than a white paper and explores an issue in greater depth than a white paper. It may include considerations of alternatives, options, and comparisons of evidence and data. It may offer conclusions or recommendations, and may or may not offer a statement of support for an action. (Go to the Dental Public Health Resources page and choose Guidelines for The Development of State-Level Oral Health Issue Briefs.)

3. Reviewing the guidelines, definitions and criteria available on the ASTDD Best Practices page is encouraged for ASTDD documents in general and is strongly recommended for Best Practice Approach Reports and State Activity Submissions and Descriptive Reports.

4. Reviewing documents on the ASTDD Health Communications page may also be helpful when drafting fact sheets or other documents.

B. Principles and standards for choosing and citing source documents and references

1. A source document should be published by a scientifically acceptable organization or entity.

2. A reference should have a publication date within about the past 15 years unless the information is clearly still relevant and applicable (e.g., the Surgeon General's report *Oral Health in America (2000) A Call to Action* (2003); fluoride research; or information that has not changed, such as physiology and anatomy references).

3. Generally, the references can be limited to 15-30 of the major U.S. and international references and those that are most current and relevant; it is not necessary to include every reference possible. Resources and or references published outside the U.S. may be used as long as they are directly relevant and any environmental or contextual issues are known or stated.

4. ASTDD uses the AMA (American Medical Association) Reference Citation Format. This Tip Sheet and its 2012 update offer most frequently requested information, such as how to format references, and give in-text examples and reference list examples (journal articles, electronic journal references with and without a "digital object identifier" (doi)[1], books, book chapters, electronic books, and internet documents). Access to the complete AMA Manual of Style is by paid subscription.

5. If electronic, a reference should link to a publicly accessible web page or resource, not to a members' only web page or to a site requiring a password. If the writer cannot access it otherwise, an alternative method should be pursued or an alternative reference identified.

6. As appropriate and when possible, for example to show the development of the topic or research, use a range of publication dates; balance relevant, current literature with past publications.

7. An article discussing a single study usually is insufficient; however, a single article rather than multiple references or a review may be used to include information about something new, with a caveat that more data, research or evidence is needed. In such an instance, why there is only one reference should be explained.

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[1] A digital object identifier (DOI) is a unique alphanumeric string assigned by a registration agency (the International DOI Foundation) to identify content and provide a persistent link to its location on the Internet.

8. A media report is not an appropriate source for a citation. If the quoted information appears to be relevant, valid, and useful, find the original source used by the report.

9. **PubMed,** a website maintained by the National Center for Biotechnology Information, U.S. National Library of Medicine, comprises more than 26 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites. Two useful functions are:
    - PubMed Clinical Queries, for specific clinical research areas
    - PubMed Single Citation Matcher, a tool to find PubMed citations.

C. Definitions and Guidelines, Recommendations and Evidence-based Practices Resource Links

ASTDD's webpage on Guidelines, Recommendations and Evidence-based Practices Resource Links includes an extensive list of guidelines, recommendations, reports, models, case studies, and evidence-based practices that provide guidance and examples to assist in identifying and assessing appropriate and valid resources for evidence-based documents:
- Guidelines, Recommendations and Reports
- Best Practices Initiatives, Models and Case Studies
- Evidence-Based Practices and Recommendations.

ASTDD's Best Practices definitions and criteria and the American Dental Association's guidelines for searching for evidence are recommended as resources. The ADA's guidelines provide an extensive guide to standards for literature searches and screening articles.

Evidence-based reports and recommendations often cite systematic reviews and/or meta-analyses, and understanding what these are may be helpful in assessing their relevance to the proposed ASTDD document:
- Systematic Review: usually focuses on a clinical topic and answers a specific question. An extensive literature search is conducted to identify all studies with sound methodology. The studies are reviewed and assessed, and the results summarized by predetermined criteria of the review question.
- Meta-analysis: the statistical procedure for combining data from multiple studies. A meta-analysis will thoroughly examine several valid studies on a topic and combine the results using accepted statistical methodology as if they were from one large study.

ASTDD documents are not intended to substitute for these methodologies, but rather rely on them as the methodologies for the resource documents that ASTDD develops and publishes. More information about these and other methodologies and guidance and how they work include:
- University of Edinburgh: Systematic reviews and meta-analyses: a step-by-step guide.
- Cochrane Collaboration: Cochrane Handbook for Systematic Reviews of Interventions.
- Centre for Reviews and Dissemination, University of York (UK) and its guidance document.

D. Understanding Evidence

Along with ASTDD's webpage on Guidelines, Recommendations and Evidence-based Practices noted above, there are many resources to assist in understanding how to assess and interpret evidence. These are three (out of many more) that may be instructive:

1. The University of North Carolina's Health Sciences Library provides a website on evidence-based practice with a page geared particularly for dentistry, and links to tutorials in collaboration with Duke University. As do others, this site provides definitions of terms such as randomized controlled trials, cohort studies, case control studies, case series and case reports, often cited in research reports.

2. In the fall of 2016, Cochrane UK launched "Understanding Evidence," a series of blogs to better help readers understand the use of evidence:
    > "The principles of evidence-based medicine dictate that 'current best evidence' should be brought to bear 'conscientiously, explicitly and judiciously' in making healthcare decisions. From the first blog:
    > > 'Best evidence' may come from a variety of sources. Systematic reviews of randomised [*sic*] controlled trials (RCTs) – such as those produced by Cochrane and published in the Cochrane Library – rank highest in the evidence hierarchy, followed by RCTs themselves and then studies of other designs. Expert opinion and "mechanism-based reasoning" rank lowest. Understanding reports of systematic reviews, RCTs and other studies is critical. Unfortunately, just because something is published – on paper or on the internet – doesn't mean you can believe it."

3. The U.S. CDC provides guidance in Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices, which creates a framework with two interrelated components, 1) public health impact (effectiveness, reach, feasibility, sustainability, and transferability) and 2) quality of evidence (weak, moderate, strong, and rigorous), resulting in a "continuum of evidence-based practice" that represents "the ongoing development of knowledge across 4 stages: emerging, promising, leading, and best."

    Examples:
    o This article, *Tools for Identifying and Prioritizing Evidence-Based Obesity Prevention Strategies, Colorado,* published by the U.S. CDC, uses the Evidence-Based Public Health (EBPH) framework and includes tables that illustrate how evidence is considered.
    o The Center for Children's Health, Cook Children's, Ft. Worth, Texas, published *Children's Oral Health: A guide to promising and evidence-based practices (PEP) for community-based approaches to improve children's health.* This is one of several guides "created to support coalitions and communities in choosing promising/evidence-informed or evidence-based strategies as they developed specific strategic action plans for their priority issues." It lists several websites and databases and describes how to use them.

E. A Short Checklist For Drafts And Reviews

Item	✓	Comment
Is there a logical flow to the content?		Have someone else who is slightly familiar with the subject read the document and assess.
Would another reader come to the same conclusions?		Have someone else who knows the subject well read the document and assess.
Does the draft follow the ASTDD guidelines for the type of document?		Referenced in document and on website
Are the citations in the standard format used by ASTDD (AMA Reference Citation Format)?		This Tip Sheet and its update contain the most frequently needed information.
Did you check your citations?		Do the citations match the referenced material? Do they adhere to the standards in section B above?
Did you proofread the document? • Watch for spelling and grammar, cut and paste issues, capitalizations and punctuation, and consistent font size and formatting.		When you've proofread it, give it to someone with good writing skills to check. Fresh eyes are better able to find errors.

F. Sequence for preparation and review (see also ASTDD Dental Public Health Resources Statement Development Protocol, on the ASTDD website and the last page of this document):

- Workgroups of a committee, ad hoc group, consultant, DPH resident, other (writer)
- Committee of interest (reviewer/editor)
- Dental Public Health Resources Committee or BP Committee (reviewer/editor)
- Other reviewers if/as appropriate
- DPHR Committee or BP Committee
- ASTDD BOD Lead Editor
- BOD for final approval and adoption, posting to website

Major Components of the ASTDD Dental Public Health White Paper

❖ *Dental Public Health White Paper* **–** provides detailed background information and analysis of a broad policy-related issue through documenting and summarizing key findings and implications of appropriate evidence-based research and best practices, and may offer a statement of support and or recommendations for a course of action. [Usually 2-4 pages.]

1. **Title ("What is the topic?")** The title should be simple and descriptive of the topic to be presented, e.g., Community Water Fluoridation, Nutrition Education and Healthy Eating in School Settings.

2. **Problem ("What's the problem?")** This section should summarize the problem and show that it is current, consequential for the oral health of individuals and communities, and that there is an action that can be taken to address it from a policy-oriented perspective. This section establishes the importance of the problem and provides context for what follows. This can be done in one to four paragraphs, and will usually include:
   - Statement of the problem;
   - Short overview of the major causes and extent/magnitude of the problem, including high-level data if relevant; and
   - Summary of the public health and policy implications of the problem.

3. **Method ("What's been done about it and what needs to happen now?")** This section reviews research, approaches or options that have been conducted or attempted to address the problem, and as appropriate and available, will usually include:
   - Overview of relevant research, best practices and evidence-based reviews, including high-level data;
   - Discussion of current policies and programs that demonstrate promising practices or results;
   - Discussion of the evolution of approaches to the problem, limitations, need for change, and outline of goals and strategies that can be undertaken to assist states and communities; and
   - A short summary that reviews the major points presented and leads to the concluding statement.

4. **Concluding Statement ("What are the recommendations for action?")** This is a specific, declarative statement clearly recommending action(s) that can be taken to address the problem and effect change, or alternatively a statement of support for actionable measures or steps.

5. **References.** Provide citations for literature reviewed, using the style guidelines provided and the standards described in this document. As noted, ASTDD uses the AMA (American Medical Association) Reference Citation Format. This Tip Sheet and its update contains most frequently requested information, such as how to format references, gives in-text examples and reference list examples (journal articles, electronic journal references with and without a "digital object identifier" (doi), books, book chapters, electronic books, and internet documents). See more about the complete AMA Manual of Style here (note that it is only available by paid subscription).

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Association of State and Territorial Dental Directors
Dental Public Health Resources Statement Development Protocol

Committee or workgroup members, consultant, DPH resident or MPH student draft and submit white paper, fact sheet or other resource statement to Dental Public Health Resources Committee (DPHRC)

DPHRC reviews draft document

As needed, originator reviews changes or recommendations, revises and resubmits

DPHRC recommends changes

DPHRC does not approve and sends back to originator

DPHRC approves; sends to ASTDD BOD Lead Editor for final review

Board of Directors reviews draft statement

Statement rejected

DPHRC makes changes, or as needed communicates recommended changes to the originator to make

Board of Directors recommends changes

Board of Directors approves

Statement is final and posted to web site and shared with other organizations

(Feb 2017)