Dental Public Health Activity Descriptive Report

Practice Number: 37004
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SECTION I: PRACTICE OVERVIEW

Name of the Dental Public Health Activity:

Sustainability of an Oral Health Program

Public Health Functions:

Policy Development – Collaboration and Partnership for Planning and Integration
Policy Development – Oral Health Program Organizational Structure and Resources
Assurance – Building Linkages and Partnerships for Interventions
Assurance – Building State and Community Capacity for Interventions

Healthy People 2020 Objectives:

State:	**Federal Region:**	**Key Words for Searches:**
North Dakota		Program sustainability, partnerships, collaboration, oral health coalition, job sharing

Abstract:

When vital program funding from federal sources was reduced in 2013, it created a daunting challenge; how could core public oral health functions be performed and North Dakota's oral health infrastructure be maintained without the expected resources? Since this was a sudden and unexpected loss in funding, it necessitated cuts in staffing and reductions in program services. To minimize the damage from budget reductions, the North Dakota Oral Health Program (OHP) employed two general strategies: 1) creating new staffing approaches for performing essential program functions; and 2) identifying and pursuing new funding sources and resources.

The primary asset that enabled survival during this period was a strong network of organizational relationships, partnership groups (the Oral Health Coalition (OHC)), and oral health resources that had been developed through years of collaborative work. This network was built by OHP in collaboration with a variety of partners including numerous state agencies, non-profit organizations, providers, funders, third-party payers, educational institutions, and communities.

To protect staff and programs from suffering even deeper budget cuts, OHP worked with its partners in the OHC. The sharing of resources (e.g., travel and transportation, printing, administrative services) with partner organizations enabled OHC to stretch its budget dollars. Additionally, close collaboration with other North Dakota Department of Health (DoH) agencies led to job-sharing and leveraging of staff positions. Aided by the co-location of its offices with other DoH agencies, staff was also able to share resources such as newsletters, technical expertise, information fact sheets, and professional development opportunities.

The OHC and ND Dental Association also provided valuable contacts for tapping new funding sources to sustain the OHP infrastructure. Funding from DentaQuest Foundation and the Bremer Foundation helped to fill budget holes until the needed funding was restored. Having survived this difficult period, OHP has emerged stronger, with more diversified funding sources and stronger collaborative relationships with its many partners.

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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The search for alternative resources to sustain OHP programs began in 2013 when a federal funding source was reduced. Although OHP was greatly dependent upon this funding, there was fortunately an extensive network of partners who provided critical resources to sustain the program through this difficult financial period. Three examples of partners who stepped forward to help were the North Dakota Dental Association (NDDA), Bridging the Dental Gap (BDG), and agencies in the North Dakota Department of Health (DoH).

NDDA and BDG shared resources (e.g., travel and transportation, printing costs, and administrative services) with OHP to help compensate for the loss of critical operational funds. Sharing rides and travel expenses with these groups helped stretch operating funds and minimize reductions in the services offered. Partnerships with other DoH agencies aided with the retention of staff. After OHP's initial meeting with DoH agencies to discuss its budget situation, collaborative work led to creative solutions whereby DoH staff were able to job-share and leverage positions. Portions of OHP staff salaries were shifted to other agencies' budgets (e.g., Children's Special Health Services, Maternal and Child Health), enabling more staff to be retained without reductions in work hours.

When informed of OHP's situation, other funding partners also stepped forward. DentaQuest Foundation and the Bremer Foundation provided much needed funding to sustain staff and programs. The Bremer Foundation was a new contact for OHP that was suggested by network partners. A meeting with the Bremer Foundation's Board of Directors led to the awarding of vital funding support to OHP.

Justification of the Practice:

The actions undertaken to protect staff and programs were done so out of necessity. If programs were terminated, it would have undone years of cooperative work in building successful programs and oral health infrastructure. Consequently, it was OHP's top priority to retain functioning programs, even at substantially reduced levels of staffing and service. As an example, funding cuts necessitated the layoff of the public health hygienist who had been managing the sealant program in 48 schools. To prevent the collapse of this program, one OHP staff hygienist, in addition to her normal job duties as Prevention Coordinator, was able to provide sealants at two high needs schools in order to keep the program running and provide oral health services to the most vulnerable students.

Inputs, Activities, Outputs and Outcomes of the Practice:

The changes described above were all related to selective reduction of activities to maintain services to the most vulnerable schools that met the highest free and reduced lunch rate in the state. Inputs (staff and resources) then had to be creatively reallocated to maintain these program activities even in skeletal form.

Budget Estimates and Formulas of the Practice:

The HRSA Workforce Grant was reinstated after one year without funding. An increase in CDC funding was used to maintain and expand the sealant program. All of the funding from HRSA and CDC has

now been restored to previous levels. OHP is in the process of ramping up staffing and services to previous levels.

Lessons Learned and/or Plans for Improvement:

The partnerships and relationships that evolved over several years of collaborative work among oral health care professionals, the North Dakota Dental Association, the Long Term Care Association, the Department of Public Instruction and others in North Dakota enabled leadership to draw upon this network of resources to sustain North Dakota's oral health programs and vital infrastructure until additional resources could be procured. The trust and goodwill in this network fueled creative solutions, leveraging of staff positions, job sharing, and resource sharing that sustained operations during this difficult period. Additionally, the network enabled identification of new partners and funding to help sustain operations. The heightened collaboration during this period served to further strengthen and expand this network and positive working relationships, thus creating a stronger foundation for ND oral health programs.

The OHP will definitely be prepared to share resources and positions as needed if funding issues were to arise in the future.

Available Information Resources:

North Dakota Oral Health Program webpage

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

The impact of this activity stems from the fact that OHP was able to keep programs in operation that would otherwise have been terminated. Providing sealants, fluoridation, and oral health services would not have been possible without the measures taken to shield staff and programs from even deeper budget cuts.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

The reworking of activities and resources required OHP to dramatically redesign operations to retain minimal levels of operation. Some of the resource and job sharing aided efficiency by helping to stretch budget dollars. However, the disruption in operations from budget shortages hampered operations by requiring more staff time to be spent on reorganizing workflow, adjusting staffing patterns (layoff/rehire), and searching for new revenue streams. This diverted some of the staff and resources needed to provide programs and services to OHP's target populations.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The heightened collaboration and work reorganization that enabled OHP to continue operations were a short-term survival strategy. Although it enabled OHP to keep programs in operation until adequate resources could be procured, this strategy could not be sustained. It could, however, be seen as a viable short-term strategy to sustain programs in times of fiscal austerity.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Collaboration between the OHC partners and OHP made it possible to keep programs operating despite the absence of funding from HRSA and CDC. The helpfulness of OHC partners and the many positive working relationships that came from developing creative solutions to OHP budget problems has served to further strengthen these partnerships.

Objectives/Rationale

How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?

The North Dakota Oral Health Program was concerned about the sustainability of their program and keeping the basic infrastructure and capacity of their program. The collaboration and willingness to share resources and opportunities addressed the building of basic infrastructure and capacity.