



Dental Public Health Activity Descriptive Report Submission Form

The Best Practices Committee requests that you complete the Descriptive Report Submission Form as follow-up to acceptance of your State Activity Submission as an example of a best practice.

Please provide a more detailed description of your **successful dental public health activity** by fully completing this form. Expand the submission form as needed but within any limitations noted.

ASTDD Best Practices: [Strength of Evidence Supporting Best Practice Approaches](#)
Systematic vs. Narrative Reviews: <http://libguides.mssm.edu/c.php?g=168543&p=1107631>

NOTE: Please use Verdana 9 font.

CONTACT PERSON PREPARING THE SUBMISSION AND TO ANSWER QUESTIONS
<p>Name: Kimberlie Yineman</p> <p>Title: North Dakota Dental Director</p> <p>Agency/Organization: North Dakota Department of Health</p> <p>Address: 600 East Boulevard Avenue, Bismarck ND 58501</p> <p>Phone: 701.204.3438</p> <p>Email Address: kyineman@nd.gov</p>
PROVIDE CONTACT INFORMATION FOR ONE ADDITIONAL PERSON WHO COULD ANSWER QUESTIONS REGARDING THIS PROGRAM
<p>Name: Janna Pastir</p> <p>Title: Division Director, Health Promotions</p> <p>Agency/Organization: North Dakota Department of Health</p> <p>Address: 600 E. Blvd., Avenue Bismarck, ND 58501</p> <p>Phone: 701.328.2315</p> <p>Email Address: jpastir@nd.gov</p>

SECTION I: ACTIVITY OVERVIEW

Title of the dental public health activity:

Sustainability of an Oral Health Program

Public Health Functions*: Check one or more categories related to the activity.

"X"	Assessment
	1. Assess oral health status and implement an oral health surveillance system.
	2. Analyze determinants of oral health and respond to health hazards in the community
	3. Assess public perceptions about oral health issues and educate/empower them to achieve and maintain optimal oral health
Policy Development	
X	4. Mobilize community partners to leverage resources and advocate for/act on oral health issues
X	5. Develop and implement policies and systematic plans that support state and community oral health efforts
Assurance	
	6. Review, educate about and enforce laws and regulations that promote oral health and ensure safe oral health practices
	7. Reduce barriers to care and assure utilization of personal and population-based oral health services
X	8. Assure an adequate and competent public and private oral health workforce
	9. Evaluate effectiveness, accessibility and quality of personal and population-based oral health promotion activities and oral health services
	10. Conduct and review research for new insights and innovative solutions to oral health problems

[*ASTDD Guidelines for State and Territorial Oral Health Programs that includes 10 Essential Public Health Services to Promote Oral Health](#)

Healthy People 2020 Objectives: Check one or more key objectives related to the activity. If appropriate, add other national or state HP 2020 Objectives, such as tobacco use or injury.

"X"	<u>Healthy People 2020 Oral Health Objectives</u>
	OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
	OH-2 Reduce the proportion of children and adolescents with untreated dental decay
	OH-3 Reduce the proportion of adults with untreated dental decay
	OH-4 Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease
	OH-5 Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis
	OH-6 Increase the proportion of oral and pharyngeal cancers detected at the earliest stage
	OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
	OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year
	OH-9 Increase the proportion of school-based health centers with an oral health component
	OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
	OH-11 Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers each year

	OH-12	Increase the proportion of children and adolescents who have received dental sealants on their molar teeth
	OH-13	Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water
	OH-14	Increase the proportion of adults who receive preventive interventions in dental offices
	OH-15	Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams
	OH-16	Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system
X	OH-17	Increase health agencies that have a dental public health program directed by a dental professional with public health training

"X"	Other national or state Healthy People 2020 Objectives: (list objective number and topic)

Provide 3-5 Key Words (e.g. fluoride, sealants, access to care, coalitions, policy, Medicaid, etc.) These will assist those looking for information on this topic:
 Program Sustainability, Partnerships, Collaboration, Oral Health Coalition, Job Sharing

Executive Summary: Complete after Section II: Detailed Activity Description. Please limit to 300 words in one or two paragraphs.

When vital program funding from federal sources was reduced, 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.

SECTION II: DETAILED ACTIVITY DESCRIPTION

Provide detailed narrative about the dental public health activity using the headings provided and answering the questions. Include specifics to help readers understand what you are doing and how it's being done. References and links to information may be included.

****Complete using Verdana 9 font.**

Rationale and History of the Activity:

- 1. What were the key issues that led to the initiation of this activity?

The key issues that led to the initiation of this activity was loss of our major funding sources.

- 2. What rationale/evidence (may be anecdotal) did you use to support the implementation of this activity?

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.

- 3. What month and year did the activity begin and what milestones have occurred along the way? (May include a timeline.)

In September 2013, the Oral Health Program did not receive two vital grants that supported the program. To minimize the damage from budget reductions, the 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. Since this time, we have received funding from many different grant sources including foundation, state and local funding and federal grants. We utilized all the resources and partners we could to help keep our oral health program intact.

The sections below follow a logic model format. For more information on logic models go to: [W.K. Kellogg Foundation: Logic Model Development Guide](#)

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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- 1. What resources were needed to carry out the activity? (e.g., staffing, volunteers, funding, partnerships, collaborations with various organizations, etc.)

The OHP worked with its partners by sharing of resources (e.g., travel and transportation, printing, administrative services) with partner organizations which enabled the OHP to stretch its budget dollars. Additionally, close collaboration with other organizations within the 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 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.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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2. Please provide a detailed description the key aspects of the activity, including the following aspects: administration, operations, and services.

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.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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3. What outputs or direct products resulted from program activities? (e.g., number of clients served, number of services units delivered, products developed, accomplishments, etc.)

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.

INPUTS	PROGRAM ACTIVITIES	OUTPUTS	OUTCOMES
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4. What outcomes did the program achieve? (e.g., health statuses, knowledge, behavior, care delivery system, impact on target population, etc.) Please include the following aspects:
- How outcomes are measured
 - How often they are/were measured
 - Data sources used
 - Whether intended to be short-term (attainable within 1-3 years), intermediate (achievable within 4-6 years), or long-term (impact achieved in 7-10 years)

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.

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 staffing and services is currently at previous levels.

Budgetary Information:

NOTE: Charts and tables may be used to provide clarity.

1. What is the annual budget for this activity?
N/A
2. What are the costs associated with the activity? (Including staffing, materials, equipment, etc.)
N/A
3. How is the activity funded?
The program is now funded through many different funding sources including CDC, HRSA, DentaQuest, Bremer Foundation, Delta Dental, MCH, and the North Dakota Dental Foundation.
4. What is the plan for sustainability?
The North Dakota Oral Health Program was concerned about the sustainability of their program and keeping the basic infrastructure and capacity. The collaboration and willingness to share resources and opportunities addressed the building of basic infrastructure and capacity into the practice to assure sustainability?

Lessons Learned and/or Plans for Addressing Challenges:

1. What important lessons were learned that would be useful for others looking to implement a similar activity? Was there anything you would do differently?

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 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.

2. What challenges did the activity encounter and how were those addressed?

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.

Available Information Resources:

Share any models, tools, and/or guidelines developed by the program specifically for this activity that may be useful to others seeking additional information. Hyperlink resources if possible.

N/A

TO BE COMPLETED BY ASTDD	
Descriptive Report Number:	37004
Associated BPAR:	Developing Workforce Capacity in State Oral Health Programs; State and Territorial Oral Health Programs and Collaborative Partnerships
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