



## Association of State & Territorial Dental Directors (ASTDD)

# A History of the ASTDD Best Practices Project The Journey Taken From 2000 To 2008

## A. Background

The ASTDD Best Practices (BP) Project was initiated with the support of the Centers for Disease Control and Prevention (CDC), Division of Oral Health cooperative agreement with ASTDD in 2000. The BP Project has developed and evolved. It is now supported by the cooperative agreements from CDC and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau.

The BP Project followed up on the work from the 1999 ASTDD project that assessed the need and identified the top essential elements of building infrastructure and capacity for state and territorial oral health programs. The need for infrastructure to achieve Healthy People 2010 oral health objectives, to respond to the Surgeon General's Report on Oral Health calling dental and oral diseases a "silent epidemic" among poor children and families, and to meet the National Call to Action to Promote Oral Health asking for more planning and collaborations to replicate effective programs, led to ASTDD establishing a project that supports the states in developing their best practices for promoting oral health.

Building Infrastructure &  
Capacity in State and  
Territorial Oral  
Health Programs



Prepared by:  
Association of State and Territorial  
Dental Directors (ASTDD)

## B. Project's Purpose and Goal

ASTDD and its members, supported from the cooperative agreements with Centers for Disease Control and Prevention (CDC) Division of Oral Health, and Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau, provide leadership in promoting and cultivating best practices in dental public health. The ASTDD BP Project organizes and coordinates this effort.

Oral Health in America:

A Report of the  
Surgeon General



The ASTDD BP Project aims to build more effective state, territorial and community oral health programs. Effective programs will be better able to:

- Build infrastructure and capacity for state, territorial and community oral health programs to promote oral health;
- Meet the Call to Action set by the Surgeon General's Report on Oral Health and by the National Call to Action to Promote Oral Health to improve quality of life and reduce health disparities; and
- Make advancement towards achieving Healthy People 2010 objectives.



The goal of the ASTDD BP Project is to promote the development of best practices by state, territorial, and community oral health programs to enhance the oral health of Americans and reduce disparities.

The Project recognizes that oral health programs have different environments, infrastructure, cultures, resource availability, local burden of disease, and political considerations. Therefore, end-users need to critically assess best practice information and adapt ideas and strategies to better meet their needs.

A logic model (see **Attachment A**) has been developed to guide and assess the progress of the BP Project.

## C. Project's Expected Outcomes



*Optimal oral health across the lifespan...*

The following are expected outcomes or achievements for the ASTDD BP Project:

- Raise awareness of oral health among the public and policymakers.
- Document successful practices of the state/territorial/community oral health programs, implemented through leadership, partnership and/or collaboration.
- Share ideas and lessons learned from successful practices of state/territorial/community oral health programs.
- Promote communications and technical cooperation between the states, territories and communities on solutions to improve oral health.
- Establish evaluation approaches and measures to better identify the "gold standard" and guide the promotion/cultivation of *best practices*.
- Update ASTDD guidelines for state/territorial/community oral health programs by incorporating *best practices*.
- Develop *best practice* criteria or models to guide practice improvement and illustrate implementation strategies.
- Create a *best practice* system that will sustain efforts in identifying, promoting and cultivating *best practices*.

## D. Project's Activities and Milestones

The following outlines the activities implemented and milestones reached by the ASTDD Best Practices Project during FY 2000-2008 (organized by activity areas).

### 1. BP Project Management

FY 2000-01	ASTDD contracted Julie Tang, DMD, MPH as BP Project Director.
FY 2000-01	The steering committee for the BP Project, called the ASTDD BP Committee, was established with 9 members representing national/state/local perspectives. (At the present, state/local dental directors, CDC, HRSA, ADA, OHA and CDHP are represented by Committee members.)
FY 2000-01	Conducted literature searches, interviews and information gathering of best practice concepts, principles, guidelines, initiatives, coordinated efforts and grant programs in oral health and other disciplines. Information used for BP Project development of resource information and to guide the Project activities.
FY 2000-01	Conducted ASTDD Best Practices Survey 2001 to obtain states' input in developing Best Practice criteria and type of BP information needed by state oral health programs.
FY 2000-01	Conducted the ASTDD Survey of Successful Practices to assess what states considered as their "best practices."
FY 2000-01	BP Committee established Project's purpose, goal, expected outcomes and framework for activities.
FY 2000-01	BP Committee established Project's criteria for BP and set a definition for BP.
FY 2000-01	Project Director proposed a process for analyzing BP Approaches and using successful practices to illustrate implementation methods; BP Committee approved the process and to prepare BP Approach Reports and collect

successful practice descriptions as resource information to help states develop BP.

FY 2003-04 Developed a logic model for the ASTDD BP Project.

FY 2003-08 Established two BP subcommittees to increase efforts for BP dissemination and contribute to evidence building (BP Communication Team and BP Evidence Team).

FY 2004-08 Established process to return to states to update their practice submissions previously submitted to the BP Project.

FY 2005-06 First BP Committee Chair appointed: Mary Foley, RDH, MPH

FY 2006-07 New BP Committee Chair appointed: Lynn Douglas Mouden, DDS, MPH

FY 2007-08 BP Committee planned new activity areas to move the BP Project into the next stage of development.

## 2. BP Committee's Conference Calls & Planning Meetings

FY 2000-08 BP Committee held quarterly conference calls every fiscal year to review progress of the Project activities, direct actions, and address issues.

FY 2000-08 BP Committee held face-to-face planning meetings (twice a year during the first 3 fiscal years of the Project and then once a year thereafter) on:

03/2001	11/2001	07/2002	11/2002	03/2003
06/2004	06/2005	06/2006	03/2007	03/2008

## 3. BP Resource Information Development

### a. Preparing BP Approach Reports

The BP Project conducted BP Approach analysis that examined the strategic framework of a public health strategy/intervention and its range of activities, reviewed and determined the strength of evidence from research, expert opinion, field lessons and theoretical rationale, identified guidelines/recommendations, examined a collection of successful practices, and established initial review standards for the Project's BP criteria. BP Approach Reports were prepared based on the analysis as resource information for states to develop their best practices.

FY 2001-2003 Completed 8 BP Approach analyses and reports:

- State Oral Health Surveillance System
- State Oral Health Coalitions
- State Oral Health Plans (strategic plans)
- Mandate for a State Oral Health Program
- Community Water Fluoridation
- School Dental Sealant Programs
- School Fluoride Programs
- Access to Care: Workforce Development

FY 2004-08 Conducted annual review on the need to update BP Approach Reports, work with experts to add updates, and posted updated reports on the ASTDD Website.

FY 2006-07 Completed and released BP Approach Report on oral health of children and adults with special needs.

FY 2006-08 Initiated BP Approach analyses and began preparing new BP Approach Reports on:

- Infant and toddler oral health
- Integrating oral health into coordinated school health
- Prevention and control of oral cancer

### b. Collecting Descriptions of Successful Practices

The BP Project enlisted states to submit descriptions of their successful practices to use for BP Approach analysis, build evidence from the field for public health strategies/interventions, illustrate successful implementation of BP Approaches, establish a support network of field experts, promote oral health, and support public health actions.

FY 2000-01	Designed, tested and established a standard reporting format for states and their partners to submit a description of their successful practices.
FY 2000-02	Collected Practice Submissions / Round 1: Enlisted 22 states to prepare successful practice submissions.
FY 2001-03	Collected Practice Submissions / Round 2: Enlisted an additional 17 states to prepare successful practice submissions.
FY 2001-08	Built and maintained a BP database to store information on successful practices.
FY 2002-03	BP Committee assessed 100+ practice submissions to establish a standardized process for reviewing and approving submissions for Web posting.
FY 2003-04	Collected Practice Submissions / Round 3: Focused on dental summits and head start forums/action plans.
FY 2004-08	Refined an ongoing process for soliciting states to provide practice submissions, reviewing, giving technical assistance to states to prepare submissions, and updating previously submitted practice descriptions.
FY 2004-05	Collected Practice Submissions / Round 4: Focused on Head Start forums/action plans for oral health.
FY 2005-07	Collected Practice Submissions / Round 5: Focused on states and territories that have not yet submitted successful practices and on practices showing progress in building infrastructure.
FY 2006-07	Collected Practice Submissions / Round 6: Focused on special needs practices.
FY 2007-08	Collected Practice Submissions / Round 7: Focused on practices for perinatal, infants and toddler oral health, and on school oral health programs.

#### **4. BP Web-based Resources & BP Website Development/Maintenance**

FY 2001-02	Designed a new BP Web section on ASTDD Website and organized BP Web-based resource information for online posting.
FY 2002-03	Published the new BP Web section on the ASTDD Website posting BP Approach Reports and descriptions of successful practices (Version 1 released on Aug. 2003).
FY 2003-04	Announced and promoted Web-based Resource to partner organizations and states.
FY 2003-05	Began designing online support systems and backend administrative controls to efficiently manage the growing online BP databases and build capacity to collect/share successful practices and other BP resource information.
FY 2003-08	Presented BP Web-based Resources at presentations, Webcasts, newsletters, etc. (e.g., NOHC plenary/concurrent sessions, CDC/Infrastructure Grantees Meeting, HRSA/TOHSS Grantees Meeting, Family Voices Webcast, and ADEA Newsletter).
FY 2005-08	Worked with ASTDD Web Committee and CDC to improve the ASTDD Website; used heuristic evaluation and usability testing of the BP Web section to improve user interface.
FY 2005-08	Continued enhancement of the BP Section for the new ASTDD Website (re-organized BP information, improved layout and display of online information, and set up databases to manage online display of information).
FY 2005-06	An enhanced BP Web section was published as part of the new ASTDD Web site (Version 2 released on Jan. 2006).
FY 2005-06	Developed and released a new BP Webpage on State of the Science.
FY 2005-06	Developed and released a new BP Webpage on Emergent Issues in dental public health and state oral health programs.
FY 2006-07	Completed an online support system for review and posting of successful practice submissions.
FY 2007-08	Continued work to increase the Project's capacity to manage BP data for the Website through new backend administration and online systems that support collecting, reviewing and updating practice submissions.
FY 2007-08	The ASTDD Website posted:

- 200+ summaries of successful practices from states and territories  
[http://www.astdd.org/index.php?template=sactnav\\_temp.php](http://www.astdd.org/index.php?template=sactnav_temp.php)
- 100+ expanded descriptive reports of successful practices  
<http://www.astdd.org/index.php?template=bestpractices.html>
- 9 BP Approach Reports  
<http://www.astdd.org/index.php?template=bestpractices.html>

## 5. Building Evidence & Expanding the Knowledge Base for Dental Public Health Strategies

### a. Obtaining Input from States to Guide BP Project

FY 2000-01	Conducted phone interviews with 20+ state dental directors to discuss their needs on best practice information and what they want the project to offer for their programs.
FY 2000-01	Implemented ASTDD BP Survey asking all state dental directors to develop a set of BP criteria and rank their importance, and identify the type of BP information states wanted.
FY 2000-01	Implemented ASTDD Survey of Successful Practices resulting in 39 states reporting 340+ oral health practices.
FY 2003-04	Conducted a survey asking all state dental directors to identify current barriers and critical knowledge gaps that hindered their program development, implementation and sustainability; survey findings guided the BP Project in how to meet state needs.
FY 2005-06	Established an ad hoc group of end-users to obtain input on emergent issues for dental public health; conducted a survey of state dental directors to identify a list of emergent issues important to state oral health programs.
FY 2007-08	Established an ad hoc group of end-users representing local oral health programs to obtain input in meeting local programs' need for BP.
FY 2007-08	A total of 45 states and 2 territories have submitted their successful practices to the BP Project; two additional states are in the pipeline to prepare submissions.

### b. Disseminating BP Information

FY 2000-01	Presented the BP Project working framework to the ASTDD members at its Annual Business Meeting in April 2001.
FY 2001-02	Presented the ASTDD BP Project at a plenary session at the NOHC 2002 called "Building Blocks: Establishing Evidence Based Practice for Communities and Clinicians."
FY 2002-03	Networked and connected with current and potential partners to link BP resource information with BP Project (e.g., National Maternal and Child Oral Health Resource Center and the Community Catalyst, a national organization building consumer and community participation in shaping health system).
FY 2003-04	BP Communication Team established to guide BP dissemination.
FY 2003-08	Disseminated BP information that included: <ul style="list-style-type: none"> <li>▪ CDC, Division of Oral Health Annual Program Review – presentations (2003)</li> <li>▪ CDC Infrastructure Grant Program – BP presentations (2003-06)</li> <li>▪ ASTDD Annual Business Meeting – BP presentations (2003-08)</li> <li>▪ Various state forums – BP presentations, e.g., New England Oral Health Forum, Texas Dental Summit, South Florida Foundation and Colorado Oral Health Network (2003-2007).</li> <li>▪ ADEA Washington Update Newsletter – an article in the Aug. 2003 issue</li> <li>▪ National Maternal &amp; Child Oral Health Resource Center – linked Center's resource information to BP Approaches (2003-2008)</li> <li>▪ NOHC – BP Project worked with CDC to sponsor and present a concurrent session at the called "Building Analytical Capacity for Stronger State Oral Health Programs through Tools and Training" (2006).</li> </ul>

- American Academy of Pediatric Dentistry – The BP Project was presented at the conference “Lifetime Oral Health Care for Patients with Special Needs” (2006).
  - The BP Project contributed information to the 2006 journal article: Gooch BF, Griffin SO, Malvitz DM. The role of evidence in formulating public health programs to prevent oral disease and promote oral health in the United States. J Evid Base Dent Pract 2006;6:85-89.
  - Prepared article on BP Project for ASTDD newsletter Oral Health Matters (Dec. 2006)
  - American Academy of Pediatric Dentistry, Lifetime Oral Health Care for Patients with Special Needs Conference – BP presentation (2006)
  - ADHA Annual Session “One Voice One Vision” – BP presentation (2007).
  - National MCH Partnership Meeting – BP plenary session for MCH directors and special needs program directors (2007)
  - NOHC – The BP Project collaborated with CDC, Division of Oral Health in planning and presenting two concurrent sessions at the 2007 NOHC on Surveillance Strategies and Putting Surveillance Data to Public Health Actions (2007)
  - Grantmakers in Health – The BP Project and the role of state dental directors and oral health programs were presented at two roundtables at the conference (2007).
  - Building linkage with National Oral Health Policy Center and CDHP to work on policies that support BP (2006-2008).
- FY 2004-08      Annually updated ASTDD Guidelines:
- Added BP information (links to BP Approach Reports and examples of successful practices) to the ASTDD Guidelines for State and Territorial Oral Health Programs.
  - Revised ASTDD Guidelines matrix describing state roles and activities for core public health functions and essential services to better relate to best practices.
  - Contributed BP information to the ASTDD State Evaluation Committee Reviews Guidelines of State Oral Health Programs.
- FY 2007-08      Continued to network and connect with initiatives to promote BP:
- CDC and ASTDD sponsored Webcast on Best Practices promoting best practices to state oral health program staff and their community partners (Oct. 2007)
  - A plenary session on the BP Project for the MCH Partnership Meeting “Building Blocks 4 Promising Practice Models” (Oct. 2007).
  - HRSA Targeted MCH Oral Health Service Systems (TOHSS) Grant Program – supporting grantee states to share and duplicate their success in other states (presented at the 1<sup>st</sup> grantees meeting March 2008)
  - ADA Give Kids A Smile Program – BP Director invited to the Promising Practice Symposium and asked for recommendations

**c. Supporting Efforts to Build Evidence for Dental Public Health Strategies**

- FY 2003-04      BP Evidence Team established.
- FY 2003-04      Prepared a set of research questions related to best practice approaches to promote building evidence for dental public health strategies and to put science into developing best practices.
- FY 2004-05      Prepared a report describing the gaps in knowledge, need for research that will advance dental public health efforts and improve state oral health programs. ASTDD provided the report as testimony for CDC’s request for partner organizations to give input in developing an agency-wide research agenda.
- FY 2006-08      BP Project Director served on CDC Evaluation Workgroup to guide and learn from a national evaluation of CDC funded states’ success in building infrastructure.

FY 2007-08 BP Evidence Team developed an action plan for FY 2008-09 to build infrastructure to work with the research community to address oral health programs need for evidence.

## 6. Integrating/Linking BP to Public Health Initiatives & Programs

### a. Interfacing with ASTDD Committees, National Organizations & Grant Programs

FY 2002-08 CDC Infrastructure Grant Program: Project Director followed the progress of CDC funded states in building infrastructure, attended the CDC grantees workshops, presented the BP Project, and incorporated CDC tools as BP resource information to share with all states, and enlisted grantee states to submit their infrastructure building practices.

FY 2002-06 ASTDD Mini Grants: Enlisted grantees to provide practice submissions on dental summits, Head Start forums/action plans, and CSHCN oral health forums.

FY 2002 -06 HRSA State Oral Health Collaborative Systems (SOHCS) Grant Program: Recommended to MCHB that support of grantees to build oral health systems include infrastructure (e.g., develop state oral health plans and build surveillance systems); enlisted grantee states to submit their SOHCCS practices to the BP Project.

FY 2003-08 Worked with ASTDD Committees to promote best practices that included:

- ASTDD Guidelines Committee – Update ASTDD Guidelines.
- ASTDD State Evaluation Committee – Contributed to new guidelines for onsite review of state oral health programs.
- ASTDD Special Needs Committee – Prepared a BP Approach Report.
- ASTDD Dental Summit Evaluation Committee – Enlisted funded states to submit practice submissions to the BP Project.
- ASTDD School and Adolescent Oral Health Committee – Collaborated to prepare a new BP Approach Report on integrating oral health to coordinated school health.
- ASTDD Policy Committee – Explored how to collaborate on promoting policies for BP.

FY 2003-08 Collaborated with ASTDD partner organizations that included:

- CDC Evaluation Workgroup – Provided input on evaluation of CDC grantee states on building infrastructure
- ADEA – Informed ADEA members of the ASTDD BP Project and Web-based resources.
- National Oral Health Policy Center and Children's Dental Health Project to promote best practices – Explored how to collaborate on policy promotion.
- ADA Give Kids A Smile Program – Provided recommendations in enlisting state oral health programs as a public health partner, support infrastructure building, and promote systems thinking in expansion of the program.
- Children's Dental Health Project – Collaborated to prepare a new BP Approach Report on infant/toddler oral health.
- HRSA Targeted Oral Health Collaborative Services Systems (TOHSS) Grant Program – Invited to present BP at the first TOHSS grantees meeting.

### b. Building a Supportive Environment for BP

FY 2000-2008 Linkages and/or working relationships developed with agencies and organizations to support BP (e.g., CDC, HRSA, ADA, OHA, CDHP, NNOHA, National Maternal and Child Oral Health Resource Center, Family Voices, and Community Catalysts).

FY 2006-2008 Networked with the National Oral Health Policy Center and Children's Dental Health Project to explore how to promote best practices through policies; proposed BP Project activities for collaboration.

## 7. BP Project Evaluation

FY 2003-04	Assessed the state dental directors' experience accessing the BP Web-based resource during the 1 <sup>st</sup> year of posting. The survey evaluated the extent of use and problems related to navigating the ASTDD Website for BP information.
FY 2005-08	Annual ASTDD membership feedback survey findings (2005, 2006 and 2007 surveys) showed members consistently used of BP Web-based resources, state dental directors shared BP information with state/local partners, and the BP information was put to public health actions.
FY 2005-06	Developed a new Evaluation Plan for BP Project; the BP Project Director worked with an evaluation consultant.
FY 2006-07	Pilot tested the new Evaluation Plan for BP Project by collecting data and completing the BP Project Evaluation Data Reporting Template.
FY 2007-08	Completed a BP Project Evaluation Data Reporting Template for 2007 and reviewed evaluation findings with the BP Committee to assess progress in completing BP Project activities and in achieving Project outcomes.

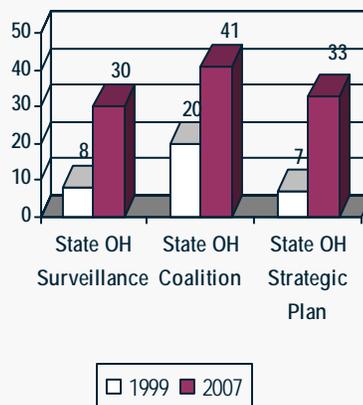
## E. Project's Outcomes

The BP Project has used the Project's logic model and developed evaluation indicators to monitor activities and outcomes. With limited resources, the Project is focusing on using secondary data from existing data collection efforts such as the ASTDD Annual Member Survey, State Synopsis, etc. If needed, the BP Project will periodically collect primary data if no other sources are available. In addition, the BP Project Director documents anecdotal stories of how states, communities and partner organizations have used the BP Project's resource information for public health actions.

The following outcomes are reported to illustrate the BP Project's achievements. It is important to note that long-term outcomes are not attributed to the ASTDD BP Project alone. However, the Project has contributed to the synergy created by a wide range of partners and stakeholders in promoting oral health. Grant programs funded by CDC and HRSA, initiatives supported by national organizations such as the America Dental Association, Oral Health America and Children's Dental Health Project, and state/local oral health programs all created the synergy to build infrastructure, develop systems and improve oral health status.

1. Increased number of states have expanded public health infrastructure for promoting oral health (see Figure 1). A 1999 to 2007 comparison showed: Almost 4 times as many states reported having a state oral health surveillance system (8 vs. 30 state); twice as many states have a state oral health coalition (20 vs. 41 states); and almost five times as many states established a state oral health strategic plan (7 vs. 33 states with several states having plans in development).

**Figure 1. States with Expanded Public Health Infrastructure for Oral Health (OH)**



2. A wide acceptance was observed among states to begin building infrastructure with oral health surveillance systems, state oral health coalitions, and state oral health strategic plans.
3. State oral health programs have disseminated BP information to their state and local partners and collaborating with partners to take action.
4. A total of 49 states have shared 200+ of their successful dental public health practices contributing to a knowledge base, providing building blocks for BP, and establishing a support network.

5. More than 96% of ASTDD members (included state dental directors and Federal/state/local dental public health professionals) reported using BP resource information.
6. For the BP Project's Web-based resources on the ASTDD Website, the two main homepages have a total of 75,000+ hits annually and both pages ranked in the top ten most visited pages for the past 5 years since released online.
7. Indications showing that the ASTDD BP Project and its BP Web-based resources reached frontlines and have been recognized by partners:
  - The New York Oral Health Coalition planned a new Promising/BP Program that will ask communities to submit their successful practices to share lessons with partners and constituents in the states. This program was developed after working with the ASTDD BP Project and the coalition intended to forward their submissions to the BP Project.
  - California's "Rural Smiles" – an online Oral Health Resource Guide – provided a framework for looking at issues and components involved in creating, implementing and evaluating community-based oral health programs for young children, especially those in rural areas. Several ASTDD BP Approach Reports were cited as resources and references in developing the Guide ([http://www.first5oralhealth.org/rural\\_smiles/index.htm](http://www.first5oralhealth.org/rural_smiles/index.htm)).
  - Agencies and organizations continued to feature the ASTDD BP Project on their Websites and provide links to BP information (without solicitation from the BP Project):
    - W.K. Kellogg Foundation credited the ASTDD BP Project for guiding the development of their evaluation measures for community programs (<http://www.wkkf.org/OralHealthEvaluation/InteriorPage.aspx?PageID=81&LanguageID=0>)
    - CDC Chronic Disease Prevention and Health Promotion listed the ASTDD BP Project on their "Major Accomplishments" Webpage (<http://www.cdc.gov/nccdphp/index.htm>)
    - American Academy of Pediatrics listed the ASTDD BP Project on the "Oral Health" page under "Guides for Providers" (<http://www.medicalhomeinfo.org/health/oral.html>)
    - Indian Health Service listed the ASTDD BP Approach Report for school fluoride programs in their "Health Promotion & Disease Prevention Best Practices Database" to provide American Indian/Alaska Native communities with a resource to create new programs (<http://www.ihs.gov/NonMedicalPrograms/HPDP/BPTR/index.cfm?module=BestPractices&option=BPTRSearchAll>)
    - National Academy of Health Policy listed the ASTDD BP Website as one of four general resources for financing oral health, integration of oral health into medical care, and strengthening the oral health safety net ([http://www.nashp.org/\\_catdisp\\_page.cfm?LID=6977AA4B-6C21-4B9D-89A4AE281255B8CE](http://www.nashp.org/_catdisp_page.cfm?LID=6977AA4B-6C21-4B9D-89A4AE281255B8CE))
8. HRSA's TOHSS grantees shared their personal experience in using the ASTDD BP resources, which included: learning about current practices/programs that helped them planned their grant activities, connecting with field experts in other states to make inquires, and using reports to educate new program staff.
9. Federal, state and local dental public health professionals cites the ATDD Web-based resources (BP Approach Reports and descriptions of successful practices) in their responses to listserv inquiries, forwarding information to senior administrators, grant applications, etc.
10. The BP Project has received inquires to collaborate, for support and for information from Federal, state and local oral health programs and organizations. Examples included ADA/CAPIR exploring how state dental oral health programs can become a partner for Give Kids a Smile Programs and strengthen private-public partnerships, states asking for information to justify funding to initiate a new statewide dental sealant program, a task force requesting information to develop a state oral health

surveillance system, a new state dental director requesting BP information to support developing a state oral health plan.

11. The support of the state oral health programs had been strong for the BP Project. On average, approximately 85% - 90% of the state dental programs have consistently responded to and participated in the BP Project's activities.
12. States and communities have used the BP resource for public health actions. The annual ASTDD membership feedback surveys (2005-2007) showed:
  - In 2005, of the 37 state dental directors responding to the survey, more than 95% reported viewing the Web-based BP resources and using the information to (a) illustrate implementation to communities and foundations, (b) obtain contact information for specific activities, (c) develop best practices projects, and (d) support the implementation of programs.
  - In 2006, of the 43 state dental directors responding, 60% reported "sometimes use" and 46% reported "often use" the BP Approach Reports and successful practice descriptions.
  - In 2007, of the 37 state dental directors responding, when asked if they reviewed the new BP Approach Report on children and adults with special needs 4 months ago, 18% said they intend to share/use the report and 38% said they have already shared/used the report. Usage included using the report to collaborate with coalitions working with special needs populations, share information at a state oral health forum, justify funding for grant applications, develop a new program, and educating staff.

Some indications showed that the BP Web-based resources are reaching the frontlines. A CDC, Division of Oral Health sponsored Webcast on BP (Oct. 2007) invited state oral health program staff and local stakeholders to participate; the participants reported that they have used the ASTDD BP Web-based resources (88%) and that they find the resources useful (93%). In addition, a local dental hygienist who provides preventive dental services to low-income families in Washington State posted on the Dental Public Health listserv "*Is the ASTDD definition (of best practice) the gold standard?*" and a local dental officer from Massachusetts, after reviewing the new BP Web page on Emergent Issues, asked to join the Ad Hoc Group to work on these issues.

## F. Project's Continued Journey

The ASTDD BP Project will continue to evolve using these BP concepts:

- Use methodologies that, through experience & research, reliably lead to a desired result.
- Commit to using all the knowledge & technology at one's disposal to ensure success.
- Maintain an interactive, ongoing, and dynamic process that does not rest on a static body of knowledge.
- Do not commit to inflexible, unchanging practices.

The next stage of the ASTDD BP Project will invest more efforts to disseminating best practice information, support building evidence, promoting policies for best practices, increase the knowledge base for developing best practices, and building a supportive environment for best practices in promoting oral health.

**ATTACHMENT A**  
**ASTDD BEST PRACTICES PROJECT LOGIC MODEL**

Last Updated: March 2008

**Project Purpose:** The ASTDD Best Practices Project aims to build more effective state, territorial, and community oral health programs. (Effective programs will be better able to (a) build infrastructure and capacity for state, territorial, and community oral health programs; (b) meet the National Call to Action to Promote Oral Health to improve quality of life and reduce health disparities; and (c) make advancement towards achieving Healthy People 2010 objectives.)

**Project Goal:** The goal of the ASTDD Best Practices Project is to promote the development of best practices by state, territorial, and community oral health programs to enhance the oral health of Americans and reduce disparities.

