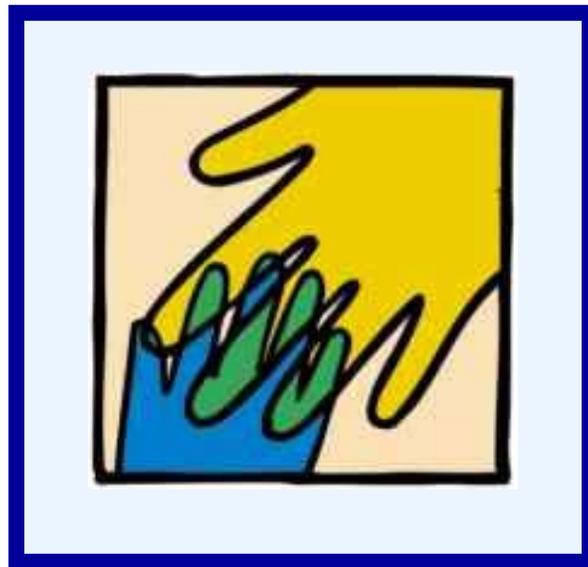


Local Oral Health Programs and Best Practices

Voices from the Field: The End-Users' Perspective



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

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Preface

Local oral health programs serve on the frontline providing an array of oral health services to our nation's families and communities. They are essential components of the overall health care system. Best practices information is needed to assist local programs in expanding their ability and capacity to carry out core public health functions and essential dental public health services. Their growth and long-term viability are dependent upon the availability and incorporation of best practices; along with the integration of their programs and services into state level systems and other local health department entities.

Recognizing these issues, the ASTDD Best Practices Committee established an ad hoc group to develop a best practices approach report regarding the needs of local oral health programs (including city, county, and other community-based entities) that offers recommendations for improving these programs. The report, *Local Oral Health Programs and Best Practices – Voices from the Field: the End-Users' Perspective*, describes the need for best practices to build or enhance local infrastructure, through integration of oral health, while improving oral health program operations.

This report is intended to be used by oral health stakeholders as a "Call to Action" to ensure that best practice information is available, relevant and translatable at the state and local levels. These best practices are intended to guide efforts toward meeting both state and local program challenges, including financial and personnel program issues, while providing adequate oral health services to the public and needy populations.

Acknowledgement

Members of the Ad Hoc Group on Local Oral Health Programs wish to recognize the Best Practices Committee and leadership of the Association of State and Territorial Dental Directors for providing the opportunity for the Group's participants to meet and develop this report. Local oral health programs serve on the frontline providing health services to our nation's families and communities. The long-term growth and viability of local oral health programs are essential components of the health care system, and the ability of their local program staffs to provide optimal health care is dependent upon the availability and delivery of Best Practices and their integration with state level systems and other local health department entities.

Group members also want to recognize the valuable assistance and support of the following individuals who led the efforts in preparing this report: Ms. Lee Ann Cooper, Ms. Mary Ellen Yankosky, Dr. Robert H. Selwitz, and Dr. Julie Tang.

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I. Introduction and Background

For many 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.

Periodically, the Best Practices Committee convenes an ad hoc group to obtain input from end-users of best practice information. Ms. Mary Ellen Yankosky, the then newly appointed director of the Office of Oral Health at the Boston Public Health Commission served as the Ad Hoc Group Chair. Dr. Julie Tang, ASTDD Best Practices Project Director, provided support as an advisor. Additional state/local dental directors and lead dental administrators were recruited to join the Ad Hoc Group. In 2008, the group began to meet. (**Appendix A** provides more information on the Ad Hoc Group.)

The charge to the Group as agreed upon during its first meeting was to:

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.

To achieve the goals established by the charge to the Ad Hoc Group, members agreed to view local programs' need for best practices from three perspectives:

- Local Infrastructure – an essential need for local programs and the counties and communities that they serve.

- Integration of Oral Health – in recognition of the need to integrate oral health with all other local system components and the need to work with other local agencies and programs.
- Oral Health Programs' Operational Needs – addressing planning, implementation, and administration of local programs to promote oral health.

During the Ad Hoc Group's series of discussions, members focused on two core questions to assist the Group in attaining its goals:

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

During the series of discussions, Group members reflected on their own program experience and specific need, as well as their observations and impressions of the environments, issues, and needs of local oral health programs in general. The following are their responses, ideas and perspectives.

Significant Issues and Priorities of Local Oral Health Programs: Perspectives of the Ad Hoc Group

We are in this together and need each other to be successful. Federal, state and local efforts only will succeed and be sustainable if we build on each others' strengths and collaborate from top down and bottom up.

Oral health program efforts are strongest when there are excellent local connections. It is important to recognize that local public health efforts strengthen long term acceptance of public health programs championed by state governments and national efforts.

Size matters. Different program sizes mean different decisions, different priorities, and different activities must be planned and implemented. Local often means smaller. Programs delivering local services are often the face of dental public health to families.

Support for local programs includes multiple funding streams from local, state, and Federal resources (including grants and/or fees-for service). Reporting demands and administrative costs can disproportionately affect smaller programs.

Local oral health programs' personnel differ by education, training, skills, and abilities. Experience in the oral health profession may not be a requirement for program delivery or management.

We must strengthen local program capacity, to champion and improve oral health. Given the state of the economy, with deep budget cuts at every level, heightened awareness of the need to enhance local program capacity provides an opportunity not only to expand efforts to improve oral health, but also to maximize oral health program collaboration.

Call to action: The group members recognize and agree that action is needed now to maximize collaborative efforts among local, state, and Federal oral health programs. The following quotes from group members illustrate this need at the frontline of public health efforts.

"In South Carolina, we have almost no local infrastructure to promote oral health. The state oral health program is working with communities to address oral health."

*Chris Veschusio, R.D.H., M.A.
Director, Oral Health Division
South Carolina Department of Health & Environmental Control*

In Illinois, local oral health programs are vital to our ability to successfully improve the oral health of our residents, especially those who are under and un-insured and with the greatest needs. The Division of Oral Health feels that it is our responsibility to assist communities to build strong comprehensive programs that will lead to local oral health improvement.

*Julie Ann Janssen, RDH, MA, CDHC
Acting Chief, Division of Oral Health
Illinois Department of Public Health*

"Our state program is decentralized and depends upon local infrastructure. My local program was just reduced from three people to one, by eliminating the school-based dental sealant program. What are the dental public health priorities for local programs?"

*LeeAnn Hoaglin Cooper, RDH, BS
Public Health Dental Hygienist
Snohomish Health District, Washington State*

"We want an oral health program that addresses the entire life span. What are best programming practices now employed, requiring small initial investments and small incremental steps, that have shown to result in some degree of improvement in oral health status for adolescents, young adults, working adults, and older adults...at the local level? What small interventions can we initiate a partnership with...that will make a difference?"

*Judy A. White RDH, MPH
Program Administrator, Office of Oral Health
Maricopa County Department of Public Health, Arizona*

II. Preliminary Assessment of Need for Best Practices and Best Practices Information by Local Programs

A. Need for Best Practices and Best Practices Information

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. The missions of local programs guide their functions and activities to promote oral health and respond to the needs of the children, families and communities they served. Yet, staffs of local oral health programs face many challenges when carrying out their missions.



Incorporating a strategy and philosophy of developing and using Best Practices provides a focus for local programs to be both effective and cost-effective in achieving improved oral health status within local communities. Best Practices attributes such as the use of a scientific base, building sustainable services, and responsiveness to the needs of populations or communities served also will contribute to local successes. Best Practices resource information provides a needed structure for the art of leadership, implementation, and systems thinking required for developing effective local policies and local programs. With limited resources and staffing, local programs need information that translates state and national strategies into approaches appropriate to meet a variety of existing local priorities. Best Practices can serve as a forum for sharing and replicating successful local models and highlighting linkages with state and national philosophies and state health outcomes.

Local oral health programs need *LOCAL* best practices for three high priority reasons:

- **to build local infrastructure for sustainability,**
- **to integrate oral health into local health care systems, and**
- **to support local oral health program administration, implementation and evaluation of local oral health programs.**

(1) Local Infrastructure

Local infrastructure is essential for local oral health programs' effectiveness. Without people and other resources, less is able to be accomplished. Local infrastructure varies from community to community and from county to county. Some states have a large number of counties and others have few or none. Some counties have well established public health infrastructure and others have little or none. Some communities have strong local oral health programs and others have small programs or none. Mobilization of partners and development of working relationships between stakeholders vary among communities and counties.

Local infrastructure has a "big picture" implication for counties and communities.

Building local infrastructure involves connecting health care systems and enlisting the support of internal, as well as external agencies, organizations, and individuals. It involves increasing expertise in dental public health competencies and expanding the capacity to implement effective strategies and service delivery.

Best Practice models need to be developed that will help translate building local infrastructure at the local level. The need for local oral health leadership is a key element of local infrastructure. Local programs need a strong identity to become influential partners in statewide planning and implementation of oral health strategies. Local programs coordinate, collaborate, and partner with state agencies and in particular with the state oral health program, just as state and national programs partner together. Leveraging grass root efforts and building local constituency strengthens oral health systems both locally and statewide.

"Even in states that have built local infrastructure for public health programs, local demand for services often exceeds available resources and capacity."

*Robert H. Selwitz, DDS, MPH
Dental Director,
Duval County Health Department, FL*

Benefits of building local infrastructure include:

- engaging multiple systems and local partners to support oral health care ultimately advancing state and national efforts to improve oral health status, and
- increasing consistency and coordination within Federal, state and local programs when implementing new oral health strategies.

State and national programs can strengthen local program infrastructure by:

- providing technical assistance to all agencies that contract with state oral health programs in support of infrastructure needs,
- joining in funding strategies to increase infrastructure so that service delivery is commensurate with the state's strategic planning,
- providing a platform to share successful practices at state and national meetings, and by
- increasing communication and alliances between state and local programs.

(2) Integration of Oral Health

Integration of oral health education and services is essential at the local level to impact population and individual oral health status. Integration is an effective strategy to build and support local AND state inclusion of oral health related concerns among many political health issues. To effectively and efficiently reduce risks and prevent/control oral disease, interventions and services should be integrated into health care systems for children, families, and communities practiced at the local level. An array of intermittent, fragmented, and disjointed services does not meet health-related needs within local communities.

Integration of oral health into general health and Maternal and Child Health (MCH) programs also has significance at the local level. It is common at the local public health agency or in a community organization for a much smaller number of staff to address oral health issues. Some local programs have extensive networks of clinical service programs. Some local programs have no clinical service programs at all. In our discussion groups, the roles of dental public health and of community clinics often are misunderstood by agencies and by consumers. Many county health departments and community organizations across the nation have no personnel with a dental education, much less understanding of dental public health. Many community clinics have no personnel who understand the public health aspects of dental service delivery or the populations in which they work. MCH programs are confused further by the array of messages that vary significantly from private or public providers. Hence integration, consistency, and relevance of all local health programs are needed to build oral health program capacity for state and national initiatives.

Integrating oral health addresses how oral health programs need to work with other state/local agencies, systems, and programs.

Benefits of oral health integration include:

- capitalizing on the diversity of health care systems--informal and formal--that exist in a wide variety local communities,
- increasing local partners' and stakeholders' understanding of the complexity of oral health, as well as the public health and individual interventions to prevent and control oral diseases,
- increasing capacity in state and local programs when implementing new oral health strategies,
- improving education of non-dental health care providers and local administrators regarding the oral disease process, risk factors, systems of care, and evidenced-based practices, etc., and
- translating the application of local public health standards to oral health practices, performance standards, and policies for coordinated implementation.

Challenges to integrating oral health at the local level include:

- diversity in regional/local geographic settings,
- tailoring strategies and actions from state and national initiatives to local needs,
- range of capacity of local programs to support oral health initiatives, and
- greater diversity of local levels in the burden of disease and capacity to address those burdens.

(3) Oral Health Program Administration, Implementation and Evaluation

Local oral health program administrators must be able to evaluate effective and cost-effective service delivery for oral health programs. Program needs range from deciding how best to invest limited resources, selecting which community based prevention programs to implement, how to improve effectiveness and efficiency, how to develop policies for a wide breadth of health services for which they may be unfamiliar.

Best Practices information is needed to help local programs expand their capacity and capability for performing the three core public health functions and 10 essential dental public health services. Also, current Best Practices information specific for state level oral health efforts needs to have translation for local application, describe the role of local programs, and recommend local partnerships.

Best practice information can offer guidance and assurance that science is applied to practice by:

- developing comprehensive local program information based on research and field experience,
- defining a local program's role in performing core public health functions and essential public health services,
- providing lessons on innovative and successful implementation methods,
- providing program evaluation strategies to obtain meaningful oral health outcomes and impacts at the local level,
- reducing trial and error in development of new practices,
- sharing best processes for program implementation for disease prevention and service delivery,
- encouraging funding streams and grants that will support local programs with more flexibility in planning and implementing other services,
- bringing essential public health practices to the front lines at the county, city, and township levels,

Best Practices information can support local oral health program administration and implementation by helping programs with performing public health functions and conducting day-to-day operations.

- supporting local oral health programs in different settings that have a wide range of environmental demands (e.g., a well-structured county government vs. a group of unconnected townships),
- helping local programs develop leadership and become an effective partner in statewide dental public health efforts, and
- improving coordination and collaboration with the state and other local oral health programs to translate national and state guidelines/standards/initiatives for consistent and successful implementation within communities.



Challenges for program administration and implementation include:

- unfunded or underfunded mandates for service delivery,
- raising priority for oral health in competition with other public health priorities,
- independent and competitive environments for limited funding, and
- varying regulation for oral health services delivery, program administration, and community outcomes.

Best practice information can assist local programs apply sound oral health and public health practices, use the best available evidence to guide programs and services, and develop policies that will achieve and sustain long-term benefits for communities and populations. (**Appendix B** provides a full listing of ideas on the need of best practices that were exchanged among the group members.)

B. Availability of Best Practice Information and Related Issues

Members of the Ad Hoc Group cited several resources that they have used for best practice information that addresses the issues for local programs, as listed below. **This is not a comprehensive list and more efforts are needed to gather additional resources.** These published and Web-based resources included (hyperlinks provided in **Appendix C**):

- 1. Association of State and Dental Directors (ASTDD)**
 - a. Guidelines for State & Territorial Oral Health Programs*
 - b. Building Infrastructure and Capacity for State and Territorial Oral Health Programs*
 - c. Best Practice Approach Reports*
- 2. American Association for Community Dental Programs (AACDP)**
 - a. A Guide for Developing and Enhancing Community Oral Health Programs*
 - b. A Model Framework for Community Oral Health Programs Based Upon the Ten Essential Public Health Services*

3. Other best practice information appropriate for local oral health programs

- a. *Healthy People 2010 Tool Kit*
- b. *The Guide to Community Preventive Services*
- c. Standards for Public Health in Washington State
- d. *The Community Tool Box* [free information on essential skills for building healthy communities]
- e. Big Cities Health Inventory, 2007: The Health of Urban USA [available from the National Association of County and City Health Officials (NACCHO)]



Strengths of available resource information for local oral health programs to develop Best Practices (See **Appendix D** for more information.):

- National efforts by Federal agencies and national organizations have invested in providing resource information to guide development of oral health programs. The Association of State & Territorial Dental Directors (ASTDD) publications, such as *Guidelines for State and Territorial Oral Health Programs* and *Best Practice Approach Reports*, are examples of Best Practices resource information.
- Two publications from the AACDP, *A Guide for Developing and Enhancing Community Oral Health Programs* and *A Model Framework for Community Oral Health Programs Based Upon the Ten Essential Public Health Services*, provide more specific local program information that can be used to develop best practices.
- Other resources have been developed by national task forces, foundations, and state government, for example, to support community based efforts. These include the online *Community Tool Box* and Washington State's public health standards.
- Additional information is available in the literature regarding the behavior risk process.



Deficiencies of available resource information for local oral health programs to develop Best Practices (See **Appendix D** for more information.):

- There is limited best practice information that “drills down” to the local level and provides guidelines that translate and apply details for local programs.
- There is a lack of information that provides “how to” guidance for local programs to build local infrastructure needed to establish an effective working relationship with the state oral health programs.
- In general, current resource information does not offer protocols, standards, or common elements for successes, etc., which would be useful as building blocks for local programs.

- Information is missing to help program staff prioritize use of limited available resources and use of existing local resources to implement strategies for high return in investment.
- Much of the current Best Practices resource information does not address local strategies, local challenges, and local implementation methods.
- Current resource information for local programs describes a broad range of functions and activities; however, a model of a comprehensive local program that provides a vision and structure for incremental growth of a program is needed.
- Currently, a central communication platform does not exist to share widely local successes and be easily accessible to all local programs; experienced programs are not routinely sharing their success stories.
- There is a lack of Best Practices information on how effectively to implement strategies, given that frequently successful implementation depends upon the size of a program (e.g., staff number, program budget, and level of service delivery) and other attributes of local programs and their environments.

C. SUMMARY: Best Practices and Best Practices Information Needed for Local Oral Health Programs

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.

III. Recommendations for Best Practices from the Ad Hoc Group on Local Programs

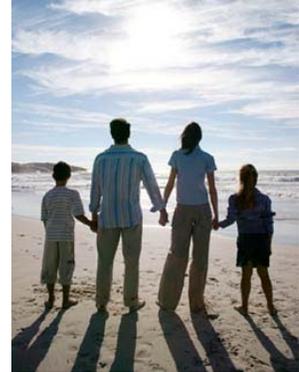
Members of The Ad Hoc Group on Local Programs provide the following recommendations to the Best Practices Committee for improving Best Practices information, optimizing its usefulness to local program staff, and enhancing national, state and regional support for local programs.



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.

IV. Closing Statement

The economic downturn in recent years and the ensuing budget crisis have severely impacted local oral health programs. Reduced staffing levels and decreased funding have resulted in the loss of oral health services for vulnerable children, families, and communities. These negative influences have emphasized the need for best practices, as local programs struggle to have impact with fewer resources. Furthermore, when the economy cycles back to growth and prosperity, recovery should help rebuild local oral health programs. Best practices are needed to assist and support this effort.



In public health, our common goal is to improve the health of children, families and communities. Achieving this goal will require reducing disease, eliminating disparities, and reaching a high level of health throughout society. To be effective, integration and coordination of Federal, state and local policies, strategies, and interventions will be needed. There is a special role for local oral health programs to use best practices to integrate oral health into total health education, counseling, and preventive services for children and families; reduce risk factors and promote behaviors for optimal oral health as part of overall health and well-being of individuals and populations, and build healthy communities. Local oral health programs are needed to ensure that services to prevent and control chronic disease appropriately link to oral health; programs to reduce health disparities always include oral health; and priorities set by local agencies or groups to improve health value oral health's impact on the quality of life.

"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."

*Mary Ellen Yankosky, R.D.H., B.S.
Chair, Ad Hoc Group on Local Oral Health Programs
Principal, Quaker Street Management
President, Empire Project for Oral Health*

V. Appendices

- A. Ad Hoc Group on Local Oral Health Programs**
- B. Ad Hoc Group Ideas on Need for Best Practices**
- C. Resource List of Information to Develop Best Practices Used by Local Oral Health Programs**
- D. Ad Hoc Group Ideas on Strengths & Weakness of Current Need for Best Practices Information**

Appendix A: Ad Hoc Group on Local Oral Health Programs

The ASTDD Best Practices (BP) Project periodically convenes ad hoc groups of end-users of Best Practice information to learn about and understand their issues and priorities. Ad hoc groups provide end-users, who have a different focus, an opportunity to voice their perspective. Such efforts allow the BP Project to gather ideas to improve BP Project activities and share the ad hoc groups' issues and ideas with the ASTDD BP Committee, ASTDD Executive Committee, and other stakeholders as appropriate. The ASTDD Best Practices Committee, the steering group for the Best Practice Project, recommended that the ad hoc group provide an assessment and recommendations to improve the development of best practices resource information that will better meet the needs of local and community oral health programs.

Invited members of the ad hoc group included both local oral health directors/officers and state oral health programs directors/staff who work directly with communities. This group is not intended to be a full representation of partners, stakeholders, and field experts for local oral health programs. Instead, the group members are individuals on the frontline who had demonstrated an interest in the charge of the committee.

Members of the Ad Hoc Group on Local Oral Health (OH) Programs:

LeeAnn Hoaglin Cooper
Lead Public Health Dental Hygienist
Snohomish Health District, WA

Julie Janssen
Acting Chief, Division of Oral Health
Illinois Department of Public Health

Robert H. Selwitz
Dental Director
Duval County Health Department, FL

Chris Veschusio
Director, Oral Health Division
South Carolina Department of Health &
Environmental Control

Judy White
Administrator, Office of Oral Health
Maricopa County Dept of Public Health, AZ

Mary Ellen Yankosky
Principal, Quaker Street Management
President, Empire Project for Oral Health
[Chair, Ad Hoc Group on Local OH Programs]

Julie Tang
ASTDD Best Practices Project Director
[Advisor, Ad Hoc Group Local OH Programs]

Appendix B: Ad Hoc Group Ideas on Need for Best Practices

A. Local Infrastructure

1. Build local infrastructure and capacity for oral health.
2. Address local infrastructure challenges such as having no county structure, or a large number of counties, or no local oral health program, or a large number of diverse local oral health programs.
3. Build a strong local identity and become a strong partner in statewide planning and implementation of oral health strategies.
4. Build stronger partnership and coordination of programs/services with state agencies and particularly the state oral health program.
5. Increase public-private partnerships to support local oral health programs and services.
6. Build constituency.
7. Assist local health jurisdiction/public health entities (that develop programs and hires staff) to recognize or understand the complexity of the oral health care systems.
8. Ensure consistency in interventions at the state and local level and a partnership in implementation.
9. Ensure that a “best practice” model developed at the state level be planned, implemented, and evaluated similarly at the state and local level.
10. Assist communities that are similar to replicate or adapt proven strategies and practices.
11. Share experiences and expand knowledge base throughout all counties and communities within a state and at the national level.
12. Bridge state perspective (which may at times be global and philosophical) and translate for community implementation at the frontline.

B. Integration of Oral Health

1. Ensure local health programming works from both the perspective of oral health program staff and from the perspective of the ‘public health’ agency (where oral health staff work).
2. Educate and add to the knowledge of local administrators and providers on effective oral health practices.
3. Apply and translate oral health practices that meet established public health standards.
4. Better serve different counties (urban and rural counties) having different settings and needs.
5. Ensure institutionalization of oral health programs and services in counties and communities.
6. Support asset based community development that will incorporate oral health.
7. Ensure coordination between state and local governments in public health standards and practices.
8. Gain greater understanding of state and local roles in public health.
9. Promote “a good fit” and connection in public health practice, clinical oral health practice, and dental public health practice.
10. Promote a higher level of knowledge in best practices, evidence-based practices, and application of science to practice.

11. Develop an effective role in policy promotion and development that will include integrating oral health with efforts that have local political support.
12. Address state guidance for best practices at the local level.
13. Collaborate among local entities to maximize available resources and avoid duplication of efforts.

C. Oral Health Program Administration, Implementation and Evaluation

1. Develop a comprehensive local program.
2. Provide effectiveness management and use of limited resources and funding.
3. Provide guidance of day-to-day operation of frontline programs.
4. Carry out local entity's mission.
5. Develop effective strategies and practices; improve community-based disease prevention practices.
6. Assist local agencies and community organizations, with no or minimal oral health expertise, to develop oral health programs and practices.
7. Support integration of oral health into local systems and programs.
8. Obtain measurable impact from implemented strategies and practices.
9. Encourage advances in local solutions for improving oral health without re-inventing the wheel.
10. Reduce the need for an extended period of trial and error in order to test and adjust oral health strategies, which may lead to lost of confidence in oral health strategies.
11. Ensure science is applied to practice, using the best available evidence in developing local strategies and implementing local practices.
12. Learn and use "best" processes (e.g., increasing parental consent responses for school program).
13. Address advancing a local program, in order to maximize impact through core public health functions and essential public health services.
14. Overcome the challenge of having funding streams and grants dictate the core business of a local program, and not having funding that provides flexibility in planning and implementing other services.
15. Be responsive to the children, adults, and families served by the program and/or residents of the community/city/county.
16. Ensure using the best approaches for improving the health of families/populations.
17. Improve disease prevention practice and service delivery.
18. Ensure an upstream approach to prevention and control of disease that will complement clinical services provided at the local level.
19. Translate state level guidance for local programs.
20. Remind local programs to connect with the core public health functions and essential public health services.
21. Coordinate and collaborate with state oral health program and other local oral health programs for greater impact in improving oral health for communities.
22. Bring essential public health practices to the frontlines at the county, city, and township levels.

Appendix C: Resource List of Information to Develop Best Practices Used by Local Oral Health Programs

1. Association of State and Dental Directors (ASTDD)

<http://www.astdd.org>

- a. Guidelines for State & Territorial Oral Health Programs
<http://www.astdd.org/state-guidelines/>
- b. Building Infrastructure and Capacity for State & Territorial Oral Health Programs
<http://www.astdd.org/docs/Infrastructure.pdf>
- c. Best Practice Approach Reports
<http://www.astdd.org/best-practices/>

2. American Association for Community Dental Programs (AACDP)

<http://www.aacdp.com/>

- a. A Guide for Developing and Enhancing Community Oral Health Programs
<http://www.aacdp.com/Guide/>
- b. A Model Framework for Community Oral Health Programs Based Upon the Ten Essential Public Health Services
<http://www.aacdp.com/docs/Framework.pdf>

3. Other best practice information appropriate for local oral health programs

- a. Healthy People 2010 Toolkit and Healthy People 2020 Tools for Public Health Professionals
<http://www.healthypeople.gov/2010/state/toolkit/>
<http://www.healthypeople.gov/2020/connect/tools.aspx>
- b. The Guide to Community Preventive Services
<http://www.thecommunityguide.org/oral/>
- c. Standards for Public Health in Washington State
<http://www.doh.wa.gov/PHIP/initiative/phs.htm>
- d. The Community Tool Box (essential skills for building healthy communities)
<http://ctb.ku.edu/en/>
- e. Big Cities Health Inventory, 2007: The Health of Urban USA (from NACCHO)
http://www.naccho.org/pubs/product1.cfm?Product_ID=202

Appendix D: Ad Hoc Group Ideas on Strengths & Weakness of Current Need for Best Practices Information

A. Strengths in General

1. Information on behavior risk process available.
2. Online Community Tool Kit available.
3. Have guideline documents from ASTDD (Guidelines for state oral health programs and Infrastructure report), which can be translated for local programs if a local program has dental public health expertise.
4. Have guidelines documents from American Association for Community Dental Programs (AACDP).
5. Have ASTDD BP Project's information.
6. Have state development information such as Washington State public health standards.

B. Deficiencies in General

1. Frequently do not have Information that “drills down” to local level to help translate/apply guidelines specific to local programs.
2. Lack protocols to standardize practice for local programs (e.g., standardize data collection protocol for a local needs assessment).
3. Lack information that provides guidance for coordination of activities between state and local programs.
4. Lack standards that can be used by local programs so that common strategies, common data, etc., can be used collectively and/or for comparison.
5. Need practical directions on how to use and leverage limited resources at the local level.
6. Need guidance in using local resources (e.g., integrating assessment efforts with existing local efforts).
7. Current BP resource information does not provide in-depth ideas to:
 - Help local program understand “best practices” concepts and how to apply and adapt best practice information for varying settings/environment.
 - Provide local strategies that are on target for local programs to address program survival, program sustainability, and comprehensive program development that will result in long-term benefits in improving oral health and meeting challenges of local programs with limited available resources.
 - Offer “how to” information to perform public health functions and essential public health services.
 - Use in developing “one voice” to advocate for more local program funding/support through grant programs from Federal/state agencies and through the private sector, such as foundations.

8. Current BP resource information needs to address how local programs seek and leverage resources (grant funding, partnership with state programs, etc.).
9. Current BP resource information does not support a clear set of messages that advocate what local oral health programs “should” do and do not describe strategies specific to local programs that help them be more effective and sustainable.
10. BP concepts need to be developed and/or be disseminated that help local programs:
 - Interface with state and national leaders who can link like-minded programs.
 - Connect with other local programs within the state and in other states to share experience and successful implementation ideas.
 - Establish communication channels with national agencies/organizations.
 - Learn strategies such as serializing grants for sustaining services.
 - Establish stronger working relationship with state oral health programs, develop partnerships with other agencies/organizations, connect to the state oral health plan and coalition(s), and find ways to be partners for grant programs.
 - Use BP to educate funders (e.g., foundations) to create grants for local oral health programs that are not as restrictive and contribute to strengthening local programs.
 - Encourage infrastructure building and systems development (including participating in collaborative planning, coalition, etc.).
 - Demonstrate and celebrate successes as part of strategic communication, marketing, etc.
 - Advocate that:
 - Every local health dept should have someone who has oral health within their responsibilities.
 - At a minimum (depending on available resources) that the goal of the local health department is to have a dental public health consultant (may be the state dental director, someone from a dental school, or a local dental public health professional from another community).
 - Advocate that:
 - Every city and county health department should have an assessment of what the oral health needs are in that community.
 - The assessment should drive what the staff and programmatic needs are.
11. Lack a central communication platform to share local successes that will reach all local programs. Experienced programs are not routinely asked to share their success stories.
12. Lack information on the size and other key attributes of existing local oral health programs. BP information on “how to” effectively implement strategies frequently depends upon the size of a program (e.g., staff number, program budget, and level of service delivery). It is helpful to have a linking system that provides such information on the size/attributes of local dental public health programs.