

A Best Practice Approach Report describes a public health strategy, assesses the strength of evidence on the effectiveness of the strategy, and uses practice examples to illustrate successful/innovative implementation.

I. Best Practice Approach

Statutory Mandate for a State Oral Health Program

Summary of Evidence Supporting Statutory Mandate for a State Oral Health Program

| | |
|-----------------------|-----|
| Research | + |
| Expert Opinion | +++ |
| Field Lessons | ++ |
| Theoretical Rationale | +++ |

See **Attachment A** for details.

II. Description

A. State Oral Health Programs Administered by Health Departments

Addressing oral health issues is often needed to be coordinated at the level of the state health department. Leadership within the health department is best provided by trained dental public health professionals, and must be ongoing. To ensure the continuation of effective leadership, states should mandate oral health programs in their statute.

B. Maintenance of a State Oral Health Program

Maintenance of a state oral health program is often dependent on current policy makers at the state level. Arrival of a new state health officer, or other changing priorities in the executive branch, often leaves oral health without the champions necessary to sustain its importance to policy makers. Creation of a state law to mandate the oral health program helps the program survive in the face of outside pressures and expresses the importance of oral health for all to see. With a mandate, legislators and state health officials have more reason to maintain the oral health program and to give it the support required for success.

C. Creating a Legislative Mandate

Steps in creating a legislative mandate for the state oral health program vary from state to state based on current political considerations. However the process begins, it must have support from a broad constituency for successful passage in the legislature. While state agencies are prohibited from lobbying for legislation, they may be called upon for input. Outside agencies or organizations may not have any limit on their lobbying and are invaluable for enacting a bill. The state and local dental associations, dental hygiene groups, community health centers, and others may be useful in making the case for the needed legislation.

Successful passage of legislation requires identifying a “champion” in the state legislature, in either the upper or lower chamber or preferably one in each chamber. Such individual(s) are material in working the legislative process and identifying potential friends and foes in moving the bill to passage.

Successful passage of a statutory mandate also requires careful wording of the draft legislative language to ensure that the bill addresses the elements of a useful mandate. The bill should address the agency designation (e.g., within the state health department) and the name of the entity (e.g., Office of Oral Health or Division of Dental Health). The bill should specify the duties of the entity including the core functions of public health as they relate to oral health. The bill should identify the requirements for leadership within the agency and also specify the chain of command, answering to the state health officer or MCH director.

A member of the legislature will need to introduce the bill. Outside organizations may provide input during consideration of the bill and lobby for its passage. Upon passing the legislature, additional discussions with the Governor’s office may also be necessary to ensure that the bill is signed into law.

D. States with Statutory Mandate for a State Oral Health Program

An ASTDD survey in October/November 1999 assessed states’ gaps in their dental public health infrastructure and capacity. The survey found that approximately 37% of 43 responding states reported having statutory authority for their state oral health program (1). The survey and further ASTDD communications with the state dental directors in 2003 found that 23 states reported having a statutory mandate for a state oral health program. These states are: AZ, AR, CA, FL, HI, ID, IL, IN, KY, MD, MS, MO, NE, NV, NM, NY, NC, OK, OR, PA, RI, TX and WY (2).

Statutory language of current mandates for a state oral health program varied widely. Some state programs draw their authority from a broad-based mandate that gives the state health agency the authority to promote and protect the health of the people of the state. Other state programs have mandates succinctly stating that an oral health program shall be maintained and/or preventive dental services shall be delivered. A few states have mandates providing more details on the powers and duties of the program and the state dental director. Examples of sixteen current statutory mandates for a state oral health program are provided in **Attachment B**.

III. Guidelines & Recommendations from Authoritative Sources

A. Healthy People 2010

Healthy People 2010 **Public Health Infrastructure** Objective 23-15 specifies an increase in the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services (3).

In addition, Healthy People 2010 **Oral Health** Objective 21-17 requires that all state health agencies serving jurisdictions of 250,000 or more people have an effective dental public health program in place directed by a dental professional with public health training (3).

B. Surgeon General's Report on Oral Health

A finding of the Surgeon General's Report on Oral Health is that the public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups. The report calls for action to address disparities by building an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health (4).

C. ASTDD Guidelines for State and Territorial Oral Health Programs

The ASTDD Guidelines suggest that the state oral health program be mandated in state law. The state oral health program should be placed at a high enough and visible level to provide overall agency coordination and leadership, develop and carry out specific program initiatives, and represent the agency to outside organizations. The location of the oral health unit within the structure of the state health agency should be such that the director of the oral health program can communicate readily with the state health official, or at least with the assistant or associate director responsible of preventive health services (5).

D. ASTDD Infrastructure Report

The ASTDD report, *Building Infrastructure and Capacity in State and Territorial Oral Health Programs*, specifies that a key infrastructure element is having leadership to address oral health problems with a full-time state dental director and an adequately staffed oral health unit with competence to perform public health functions. Leadership is essential in determining priorities, setting agendas, developing plans, making funding decisions, and establishing policies. Also, leadership is important in increasing awareness and raising priorities for oral health among a broad constituency. To ensure oral health leadership within a state health agency, a dental professional with public health training should serve as a state dental director. The state dental director should have supervisory authority for oral health programs within the state health agency (1).

IV. Research Evidence

There is a lack of research evaluating the effectiveness of statutory mandate for a state oral health program. However, two surveys, one conducted in 1994 and a follow-up in 1999, demonstrated substantially more oral health related assessment, policy development and assurance activities occur in states with a direct commitment of human resources. The presence of more activities related to the essential public health functions were found in states with full-time dental directors compared to those states with part-time directors, no directors, or no oral health program in the state health agency (Centers for Disease Control, 1994; ASTDD, unpublished data). The levels of involvement by state health agencies with core public health functions related to oral health demonstrated the importance of dedicated capacity and infrastructure in state efforts to improve oral health (5).

V. Best Practice Criteria

For the best practice approach of a **Statutory Mandate for a State Oral Health Program**, the ASTDD Best Practices Committee has proposed the following **initial review standards** for five best practice criteria:

1. Impact / Effectiveness

- Documentation that the statutory mandate helps the state oral health program succeed and remain in place during any attempts to eliminate or reduce the program.

2. Efficiency

- The statutory mandate contributes to the funding the state oral health program and its activities and/or supports the funding of the state health department and its programs.

3. Demonstrated Sustainability

- The statutory mandate's language is appropriate in sustaining the state oral health program.

4. Collaboration / Integration

- The statutory mandate has support of outside entities that can champion the need for leadership in public health.

5. Objectives / Rationale

- The statutory mandate for the oral health program has the objective or rationale of building or maintaining infrastructure for enhancing oral health and reducing disparities through the existence of a state oral health program.

VI. State Practice Examples

During the first phase of the ASTDD Best Practices Project, states submitted descriptions of their successful practices to share their experiences and implementation strategies. The following practice examples illustrate various elements or dimensions of the best practice approach for a **Statutory Mandate for a State Oral Health Program**. These reported success stories should be viewed in the context of the state's and program's environment, infrastructure and resources. End-users are encouraged to review the practice descriptions (click on the links of the practice names) and adapt ideas for a better fit to their states and programs.

A. Summary Listing of Practice Examples

See **Figure 1**. Each practice name is linked to a detailed description report.

Figure 1.

**State Practice Examples of
Statutory Mandate for a State Oral Health Program**

| Item | Practice Name | State | Practice # |
|------|---|-------|------------|
| 1 | Statutory Authority for the Arizona Department of Health Services/Office of Oral Health | AZ | 04002 |
| 2 | Statutory Mandate for State Oral Health Program | AR | 05004 |
| 3 | Statutory Mandate/Authority for State Dental Program | MO | 28001 |

B. Highlights of Practice Examples

- AZ [Statutory Authority for the Arizona Department of Health Services/Office of Oral Health](#) (Practice #04002)
The Arizona Revised Statutes for the Department of Health services, Powers and Duties authorize the Director of the state health agency to administer community health services, which shall include “dental care prevention.” Arizona’s statutory mandate for the state oral health program was significant in ensuring the integrity of the state oral health program and maintaining its services during the 1997 program authorization review mandated by legislation with the intent to retain, eliminate or modify state government programs. In 2007, the Arizona Department of Health Services underwent a collective planning process of reorganization and consolidation of various Offices and Bureaus. The statute authority again helped to maintain the Office of Oral Health’s integrity and continue its role to serve the state.
- AR [Statutory Mandate for State Oral Health Program](#) (Practice #05004)
Working with the Arkansas State Dental Association, the Office of Oral Health offered wording suggestion for a bill to mandate the state oral health program and its basic structure. The dental association drafted the bill and had a state representative sponsored it. The bill passed in 2001. The statutory mandate was paramount to the continued existence of the state oral health program during budget cuts enacted less than one month after the bill’s passage.
- MO [Statutory Mandate/Authority for State Dental Program](#) (Practice #28001)
A statutory mandate enacted in 1985 requires the Department of Health to maintain a Bureau of Dental Health. The mandate played a prominent role in sustaining the state oral health program and maintaining a full time state dental director position.

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References

1. Association of State and Territorial Dental Directors (ASTDD). Building infrastructure and capacity in state and territorial oral health programs, April 2000. Available from: <http://www.astdd.org/docs/Infrastructure.pdf>
2. Association of State and Territorial Dental Directors (ASTDD). Communications with state dental directors. 2003.
3. U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC. January 2000. Available from: <http://www.healthypeople.gov/>
4. U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville, MD: Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000. Available from: <http://www.surgeongeneral.gov/library/oralhealth/>
5. Association of State and Territorial Dental Directors (ASTDD). Guidelines for state and territorial oral health programs. Revised July 2007. Available from: <http://www.astdd.org/docs/ASTDDGuidelines.pdf>

ATTACHMENT A

Strength of Evidence Supporting Best Practice Approaches

The ASTDD Best Practices Committee took a broader view of evidence to support best practice approaches for building effective state and community oral health programs. The Committee evaluated evidence in four categories: research, expert opinion, field lessons and theoretical rationale. Although all best practice approaches reported have a strong theoretical rationale, the strength of evidence from research, expert opinion and field lessons fall within a spectrum. On one end of the spectrum are promising best practice approaches, which may be supported by little research, a beginning of agreement in expert opinion, and very few field lessons evaluating effectiveness. On the other end of the spectrum are proven best practice approaches, ones that are supported by strong research, extensive expert opinion from multiple authoritative sources, and solid field lessons evaluating effectiveness.

| <u>Promising Best Practice Approaches</u> | | | | | <u>Proven Best Practice Approaches</u> | |
|---|---|--|---|--|--|-----|
| Research | + | | ⇒ | | Research | +++ |
| Expert Opinion | + | | ⇒ | | Expert Opinion | +++ |
| Field Lessons | + | | | | Field Lessons | +++ |
| Theoretical Rationale | +++ | | | | Theoretical Rationale | +++ |
| | | | | | | |
| <u>Research</u> | | | | | | |
| + | A few studies in dental public health or other disciplines reporting effectiveness. | | | | | |
| ++ | Descriptive review of scientific literature supporting effectiveness. | | | | | |
| +++ | Systematic review of scientific literature supporting effectiveness. | | | | | |
| | | | | | | |
| <u>Expert Opinion</u> | | | | | | |
| + | An expert group or general professional opinion supporting the practice. | | | | | |
| ++ | One authoritative source (such as a national organization or agency) supporting the practice. | | | | | |
| +++ | Multiple authoritative sources (including national organizations, agencies or initiatives) supporting the practice. | | | | | |
| | | | | | | |
| <u>Field Lessons</u> | | | | | | |
| + | Successes in state practices reported without evaluation documenting effectiveness. | | | | | |
| ++ | Evaluation by a few states separately documenting effectiveness. | | | | | |
| +++ | Cluster evaluation of several states (group evaluation) documenting effectiveness. | | | | | |
| | | | | | | |
| <u>Theoretical Rationale</u> | | | | | | |
| +++ | Only practices which are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on this website. | | | | | |

ATTACHMENT B

Examples of Current Statutory Mandates for a State Oral Health Program

- | | | | |
|---------------|-------------|----------------|--------------------|
| 1. Arizona | 5. Idaho | 9. Mississippi | 13. North Carolina |
| 2. Arkansas | 6. Illinois | 10. Missouri | 14. Oklahoma |
| 3. California | 7. Indiana | 11. Nevada | 15. Pennsylvania |
| 4. Hawaii | 8. Maryland | 12. New York | 16. Rhode Island |

1. Arizona

Arizona Revised Statutes, Chapter I. State and Local Boards and Department of Health, Articles I. Department of Health Services, § 36-104 Powers and duties.

The director shall:

1. Administer the following services:
 - (b) Public health protection programs, to include, but not be limited to:
 - (i) Consumer health protection programs, to include, but not be limited to, the functions of community water supplies...
 - (ii) Epidemiology and disease control programs, to include, but not be limited to the functions of chronic disease, accident and injury control, communicable disease...
 - (iii) Laboratory services programs.
 - (iv) Health education and training programs.
 - (c) Community health services, which shall include, but not be limited to:
 - (i) Medical services programs to include, but not be limited to, the functions of maternal and child health, preschool health screening, family planning, public health nursing, premature and newborn health program, immunizations, nutrition, dental care prevention and migrant health...
 - (iv) Health information programs.

2. Arkansas

Section 1. Arkansas Code 25-9-101, concerning creation of and divisions within the Department of Health, includes the following subsection:

- (e)
 - (1) The Department of Health shall maintain an Office of Oral Health.
 - (2) The Director of the Office of Oral Health shall be an experienced public health dentist licensed to practice under the Arkansas Dental Practice Act, which begins at § 17-82-101.
 - (3) The director shall:
 - Plan, direct, and coordinate all dental public health programs with other local, state, and national health programs;
 - Serve as the department's chief advisor on matters involving oral health; and
 - Plan, implement, and evaluate all oral health programs within the department.

3. California

Health and Safety Code. Section 104750-104765

104750. The department shall maintain a dental program including, but not limited to, the following: (a) Development of comprehensive dental health plans within the framework of the State Plan for Health to maximize utilization of all resources. (b) Provide the consultation necessary to coordinate federal, state, county, and city agency programs concerned with dental health. (c) Encourage, support, and augment the efforts of city and county health departments in the implementation of a dental health component in their

program plans. (d) Provide evaluation of these programs in terms of preventive services. (e) Provide consultation and program information to the health professions, health professional educational institutions, and volunteer agencies. (f) For purposes of this article "State Plan for Health" means that comprehensive state plan for health being developed by the department pursuant to Public Law 89-749 (80 Stat. 1180).

104755. The director shall appoint a dentist licensed in the State of California to administer the dental program.

104760. Nothing in this article authorizes the department to compel dental examinations or services.

104765. The department shall have the power to receive for the dental program any financial aid granted by any private, federal, state, district, or local or other grant or source, and the division shall use such funds to carry out the provisions and purposes of this article.

4. Hawaii

Part V. Dental Health

§321-61 Dental health. The department of health shall constitute the sole agency of the State for the purposes of carrying out the activities and performing the functions provided in this part. [L 1949, c 208, §2; RL 1955, §46-50; am L Sp 1959 2d, c 1, §19; HRS §321-61]

§321-62 General duties of department. The department of health shall study and appraise the State's dental health needs and resources, and shall foster the development and expansion of dental health services to the people of the State. The department may:

- (1) Conduct research, investigations, experiments, demonstrations, and studies relating to the incidence, causes, diagnosis, treatment, and prevention of dental diseases;
- (2) Supervise, provide, and direct clinical dental health services for adults and children in the State;
- (3) Develop and conduct a program of dental health education of the public;
- (4) Provide information and education relating to dental health to public health nurses, teachers, social workers, and others who deal in a professional capacity with the public, through publications, seminars, institutes, and other appropriate means; and
- (5) Provide training for professional personnel to staff state and local dental health programs. [L 1949, c 208, §5; RL 1955, §46-53; am L Sp 1959 2d, c 1, §19; HRS §321-62; am L 1992, c 70, §5]

§321-63 Director's specific duties and powers. To carry out the purposes of this part the director of health shall:

- (1) Take such action as may be necessary, and authorized by law, to meet conditions prescribed for participation in all related federal dental health programs and the regulations adopted thereunder; determine qualifications of personnel requiring professional training and licenses and correlate the programs of the department with the profession and related agencies for the proper and efficient functioning of the department;
- (2) Enter into cooperative arrangements with other departments, agencies, and institutions, public or private;
- (3) Submit plans relating to dental health to the United States Public Health Service and make application for such federal funds as will assist in carrying out the purposes of this part;
- (4) Accept on behalf of the State and deposit with the director of finance any grant, gift, or contribution from the federal government or other source made to assist in meeting the cost of carrying out the purposes of this part and expend the same for such purposes;
- (5) Make an annual report on activities and expenditures pursuant to this part, including recommendations for additional plans, measures, or legislation relating to the purposes of this part. [L 1949, c 208, §6; RL 1955, §46-54; am L Sp 1959 2d, c 1, §§14, 19; am L 1963, c 114, §1; HRS §321-63]

5. Idaho

There is no Idaho statute that specifically authorizes an oral health program. The Idaho Department of Health and Welfare was formed pursuant to Idaho code 39-101 "to promote and protect the life, health, mental health, and environment of the people of the state." The Idaho Oral Health Program functions under this same statutory authority.

6. Illinois

Illinois Compiled Statutes. Executive Branch. Department of Public Health Powers and Duties Law. 20 ILCS 2310. Sec. 2310-360

Division chief of dental health. The Department shall select a division chief of dental health who shall be a dentist licensed under the Illinois Dental Practice Act. The division chief of dental health shall plan, direct, and coordinate all dental public health programs within the State of Illinois and shall integrate dental public health programs with other local, state, and national health programs; shall serve as the Department's chief advisor on matters involving dental health; shall maintain direction for monitoring and supervising the statewide fluoridation program within Illinois; and shall plan, implement, and evaluate all dental programs within the Department.

7. Indiana

IC 16-19-3-20 Dental public health

Sec. 20. The state department shall provide facilities and personnel for investigation, research, and dissemination of knowledge to the public concerning dental public health.
As added by P.L.2-1993, SEC.2. Amended by P.L.142-1995, SEC.5.

8. Maryland

Maryland Senate Bill 590 passed in 1998 reads "...requiring the Department to establish an Office of Oral Health in the Department with certain responsibilities, including the establishment of certain demonstration projects for certain high risk children in certain State programs; ..."

9. Mississippi

§41-3-15. General duties of state board of health; establishment of office of rural health.

- (5)(a) The State Board of Health shall have the authority, in its discretion, to establish programs to promote the public health, to be administered by the State Department of Health. Specifically, such programs may include, but shall not be limited to, programs in the following areas:
 - (vii) Dental health

10. Missouri

192.050. The department of health and senior services shall maintain a bureau of vital statistics, a bureau of laboratories, a bureau of communicable diseases, a bureau of food and drug inspection, a bureau of child hygiene, a bureau of public health nursing, a bureau of tuberculosis control, a bureau of cancer control, a bureau of dental health, and other bureaus as may be necessary from time to time. The director of the department shall formulate orders and findings for the proper conduct of the bureaus.

11. Nevada

NRS 439.272 State dental health officer: Appointment by health division; classification; qualifications; duties; outside pursuits; solicitation and acceptance of gifts and grants.

1. The health division shall appoint a state dental health officer, who is in the unclassified service of the state. The state dental health officer must:
 - (a) Be a resident of this state;
 - (b) Hold a current license to practice dentistry issued pursuant to chapter 631 of NRS; and
 - (c) Be appointed on the basis of his education, training and experience and his interest in public dental health and related programs.
2. The state dental health officer shall:
 - (a) Determine the needs of the residents of this state for public dental health;
 - (b) Provide the health division with advice regarding public dental health;
 - (c) Make recommendations to the health division and the legislature regarding programs in this state for public dental health;
 - (d) Supervise the activities of the state public health dental hygienist; and
 - (e) Seek such information and advice from a dental school of the University and Community College System of Nevada as necessary to carry out his duties.
3. Except as otherwise provided in this subsection, the state dental health officer shall devote all of his time to the business of his office and shall not pursue any other business or vocation or hold any other office of profit. Notwithstanding the provisions of NRS 281.127 and 284.143, the state dental health officer may engage in academic instruction, research and studies at a dental school of the University and Community College System of Nevada.
4. The health division may solicit and accept gifts and grants to pay the costs associated with the position of state dental health officer.

(Added to NRS by 2001, 2690)

NRS 439.279 State public health dental hygienist: Appointment by health division; classification; qualifications; duties; outside pursuits; solicitation and acceptance of gifts and grants.

1. The health division shall appoint a state public health dental hygienist, who is in the unclassified service of the state. The state public health dental hygienist must:
 - (a) Be a resident of this state;
 - (b) Hold a current license to practice dental hygiene issued pursuant to chapter 631 of NRS with a special endorsement issued pursuant to NRS 631.287; and
 - (c) Be appointed on the basis of his education, training and experience and his interest in public health dental hygiene and related programs.
2. The state public health dental hygienist:
 - (a) Shall assist the state dental health officer in carrying out his duties; and
 - (b) May:
 - (1) Make recommendations to the health division regarding programs in this state for public health dental hygiene; and
 - (2) Perform any acts authorized pursuant to NRS 631.287.
3. Except as otherwise provided in this subsection, the state public health dental hygienist shall devote all of his time to the business of his office and shall not pursue any other business or vocation or hold any other office of profit. Notwithstanding the provisions of NRS 281.127 and 284.143, the state public health dental hygienist may engage in academic instruction, research and studies in a program of the University and Community College System of Nevada.
4. The health division may solicit and accept gifts and grants to pay the costs associated with the position of state public health dental hygienist.

(Added to NRS by 2001, 2690)

12. New York

Consolidated Laws of New York: Book 44, Public Health Law

Title I, Section 200. There shall continue to be in the state government a department of health. The head of the department shall be the commissioner of health of the state of New York.

Title I, Section 202. Divisions. There shall be in the department such divisions, bureaus and other units as the commissioner from time to time may determine to be necessary and the director of the budget shall approve.

13. North Carolina

Article 14 NCGS 130A-366

Department (DHHS) to establish dental health program.

- (a) The Department shall establish and administer a dental health program for the delivery of preventive, educational and dental care services to preschool children, school-age children, and adults. The program shall include, but not to be limited to providing teacher training, adult and children education, consultation, screening and referral, technical assistance, community coordination, field research and direct patient care. The primary emphasis of the program shall be the delivery of preventive, educational, and dental care services to preschool children and school age children.

14. Oklahoma

Title 63, Section 1-105

There is hereby created a State Department of Health, which shall consist of the State Commissioner of Health, and such divisions, sections, bureaus, offices, and positions as may be established by the State Board of Health, or by law

15. Pennsylvania

Department of Health reorganization Bill – Act 87 of 1996 (HB 216) – became law and provides the following:

- (E) The Department shall apportion this commonwealth into dental health districts administered by a public health dentist within the Department, who shall implement dental health policies and programs for the various counties and political subdivisions within this commonwealth.

16. Rhode Island

The only reference in Rhode Island statute concerning oral health is that regarding the regulation of businesses and professions, i.e., the dental practice act. The statute, RIGL 5-31, states:

"There is created within the department of health, the Rhode Island board of examiners in dentistry which is composed of the following members: six licensed dentists, four public members not associated with the dental field, two licensed dental hygienists and the chief of the office of dental public health, who serves as a member of the board."