

Taking Action and Advancing Your Program

National Oral Health Conference

May 1, 2007

Rene Lavinghouze, MA (shl3@cdc.gov)

Division of Oral Health

National Center for Chronic Disease and

Prevention and Health Promotion

Centers for Disease Control and Prevention



SAFER • HEALTHIER • PEOPLE™



Outline

- Why have a state plan?
- Why did CDC do a content analysis?
- Content analysis
- Monitoring and evaluating implementation
- Tools and resources

Benefits of a State Plan

- A State Oral Health Plan enables a state:
 - ❖ to design a comprehensive, integrated approach to meeting the oral health needs of its population through oral health promotion, disease prevention and control*
- Recommended strategy in *Call to Action* and *HP2010*

WHY DID CDC DO A CONTENT ANALYSIS?

CDC/DOH Objectives for Reviewing Plans

- Gain insight into state plan development, content, and evaluation
- Promote quality practices
- Direct program support
- Obtain baseline information and monitor trends

CDC/DOH Objectives for Reviewing Plans

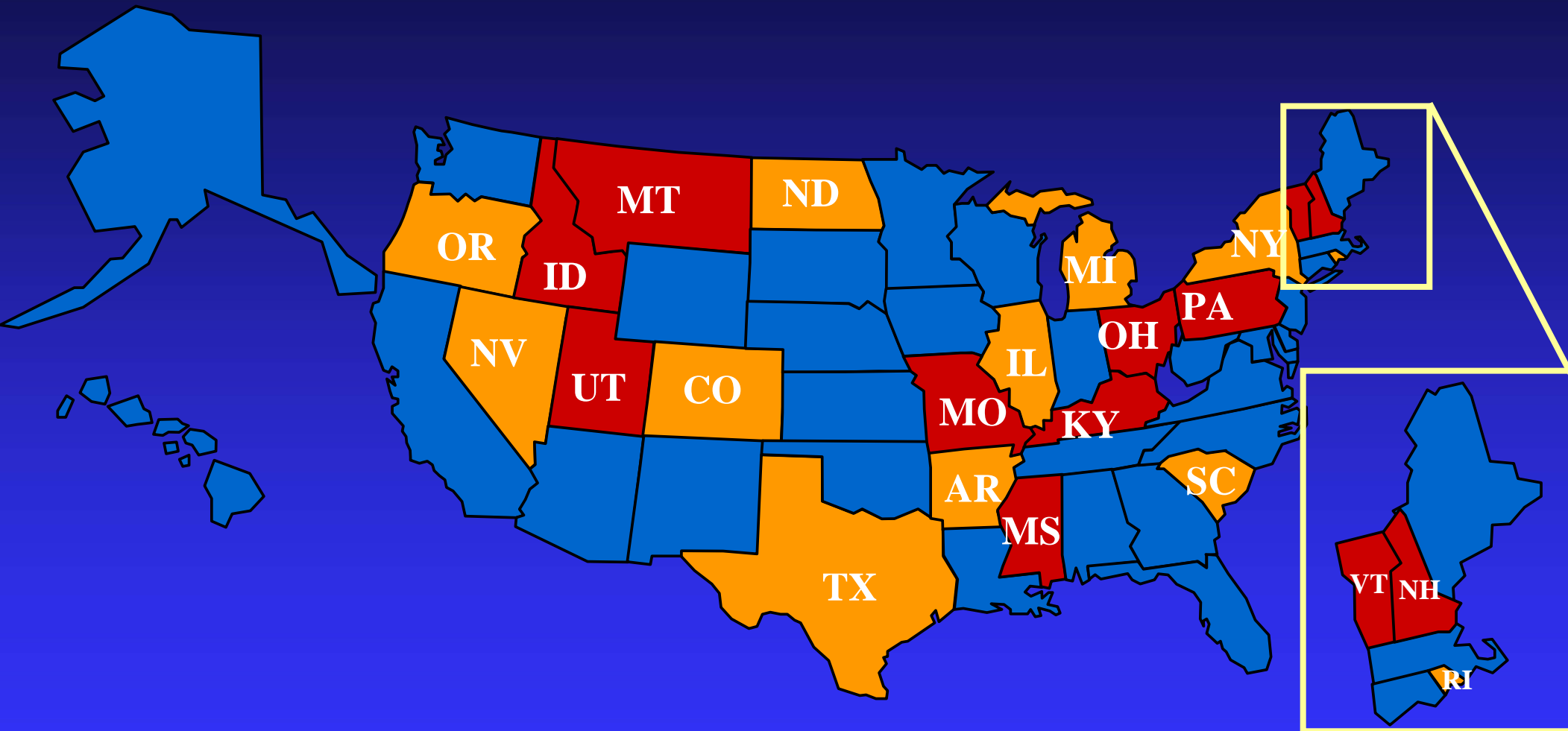
- Gain insight into state plan development, content, and evaluation
- Promote quality practices
- Direct program support
- **Obtain baseline information and monitor trends**

Identification Criteria

- ✓ State identified plan
- ✓ State-wide scope
- ✓ Developed collaboratively with stakeholders
- ✓ “Stand-alone” document
- ✓ Published for external use

Identified Oral Health State Plans

N=22

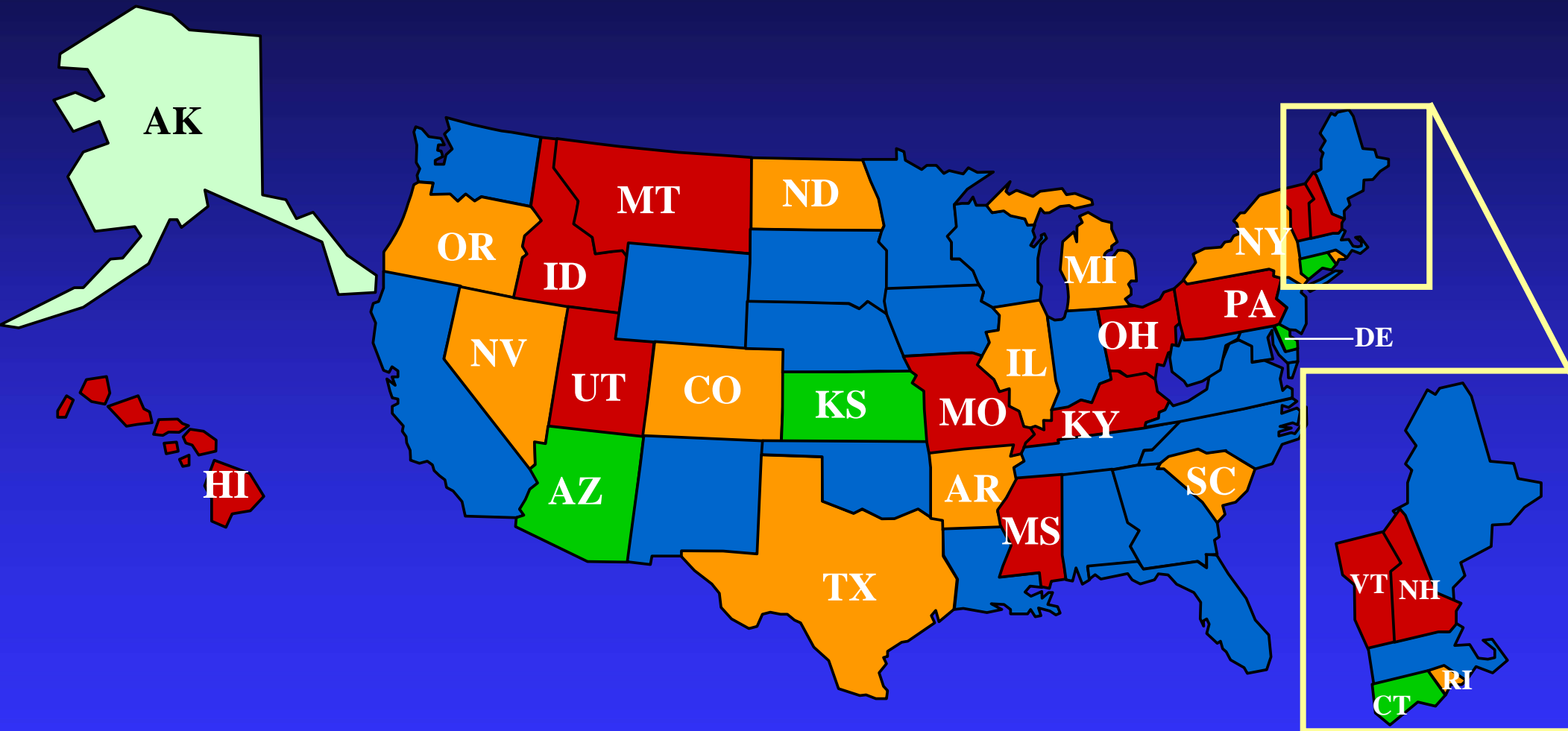


 CDC Funded states with a plan by 2006

 States with a plan by 2006

Identified Oral Health State Plans

N=27



 CDC Funded states that will have a plan in 2007

 States that will have a plan in 2007

Growth in Plans by Year

Year	Number of Plans
2002	8
2003	9
2004	11
2005	16
2006	22
2007	27*

*Based on number of plans reported to be in-progress and anticipate a 2007 publication date

Growth in Plans by Year

Year	Number of Plans
2002	8
2003	9
2004	11
2005	16
2006	22
2007	27*

*Based on number of plans reported to be in-progress and anticipate a 2007 publication date

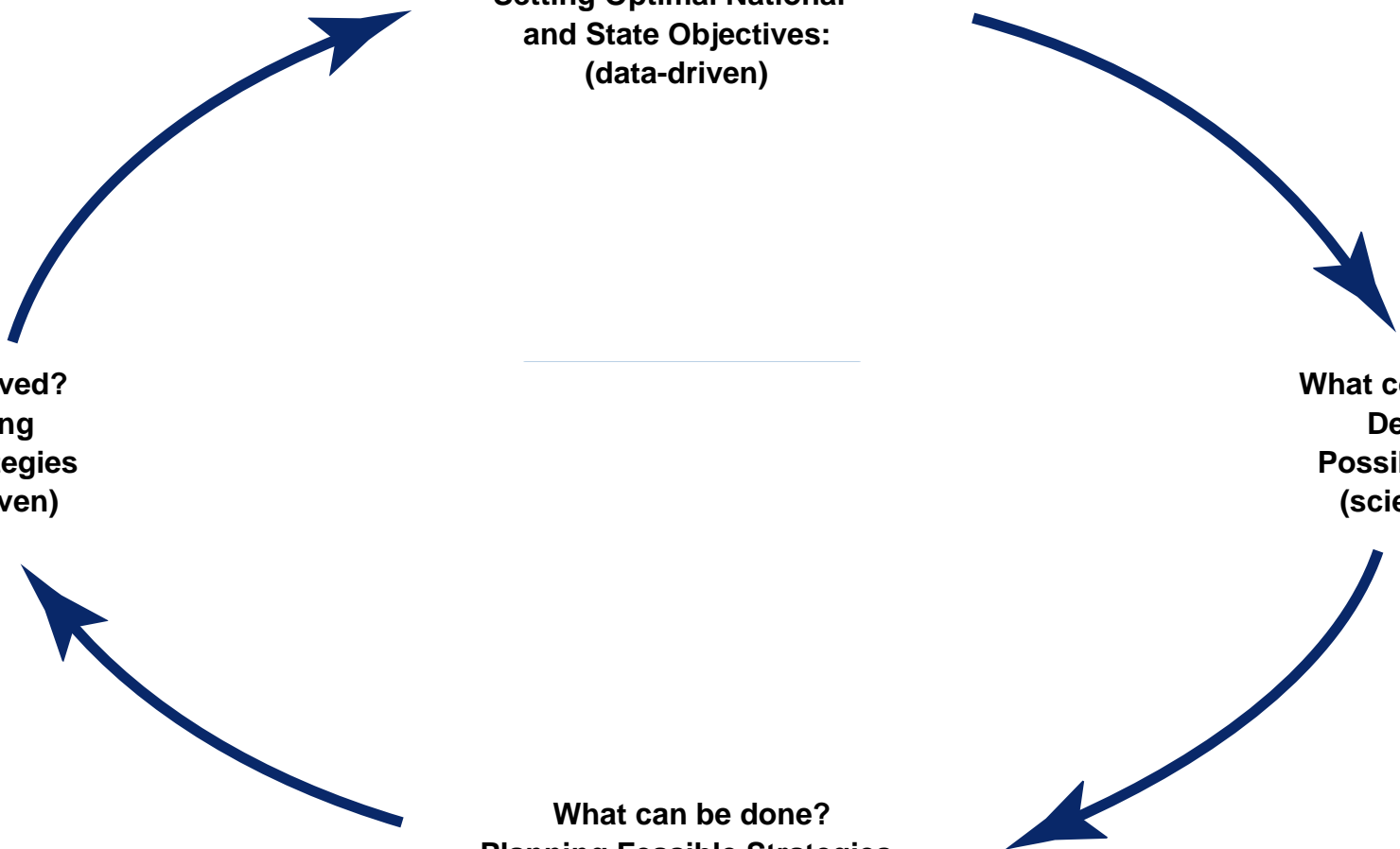
Framework for Comprehensive State Oral Health Plans

What should be done?
Setting Optimal National
and State Objectives:
(data-driven)

What could be done?
Determining
Possible Strategies
(science-driven)

What can be done?
Planning Feasible Strategies
(capacity-driven)

What is achieved?
Implementing
Effective Strategies
(outcome-driven)



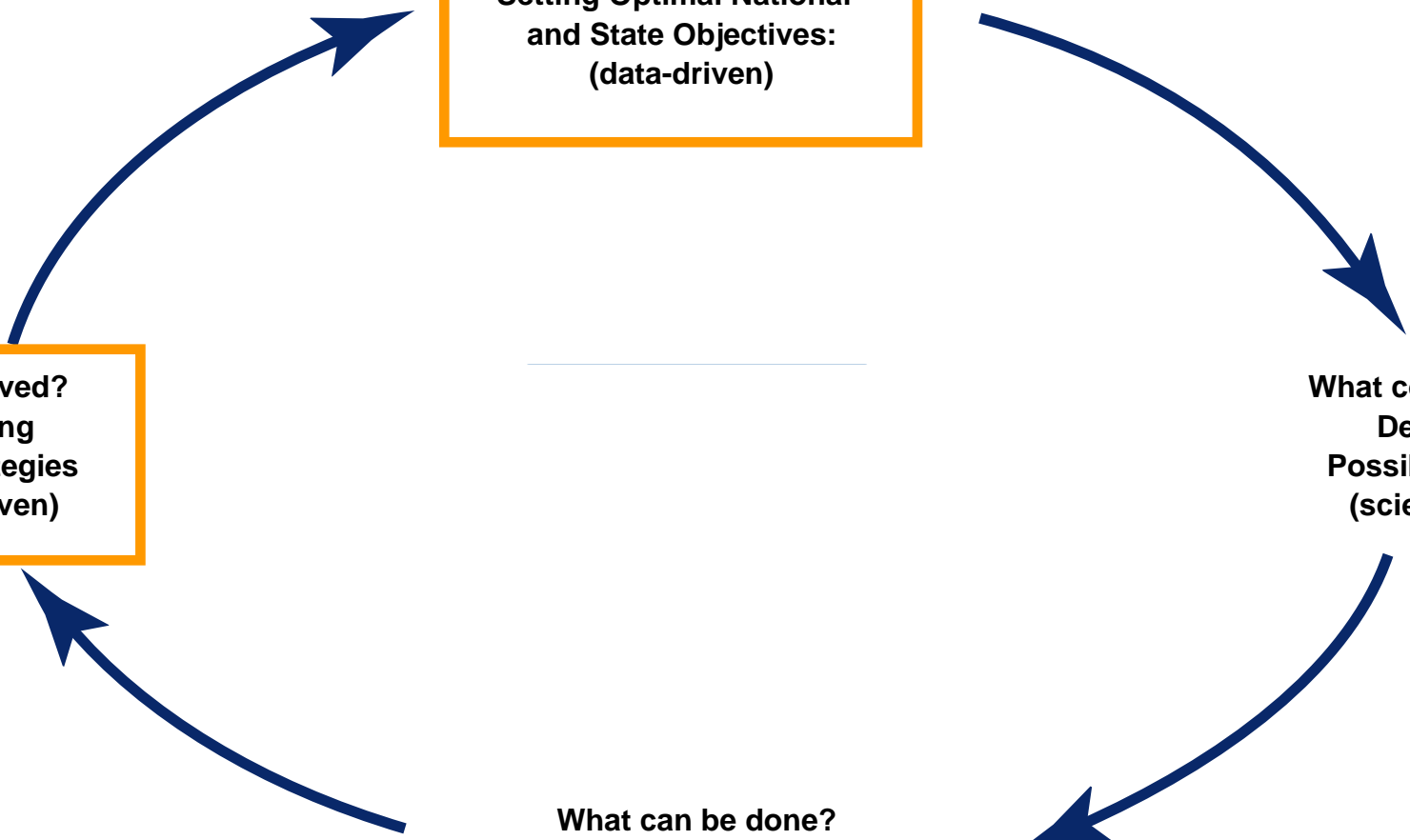
Framework for Comprehensive State Oral Health Plans

**What should be done?
Setting Optimal National
and State Objectives:
(data-driven)**

**What is achieved?
Implementing
Effective Strategies
(outcome-driven)**

**What could be done?
Determining
Possible Strategies
(science-driven)**

**What can be done?
Planning Feasible Strategies
(capacity-driven)**



Content Areas Addressed in Plans (N=22)

Content Area	Average % of Goals	Average % of Objectives
Access	35%	43%
Education	22%	20%
Prevention	15%	11%
Infrastructure Development	28%	26%

Policy goals and objectives included with corresponding focus area

Research goals and objectives included in Infrastructure Development (N=2)

State Program Infrastructure

- 91%** Develop or expand surveillance system
- 82%** Develop and renew partnerships
- 59%** Develop or sustain coalition
- 50%** Develop infrastructure to support state plan
- 41%** Develop or grow state OH-PH program
- 36%** Community water fluoridation program management
- 36%** School-based/linked dental sealant programs
- 18%** Develop or sustain an advisory group

Prevention

- 82%** School-based/linked dental sealant programs
- 68%** Community water fluoridation
- 59%** Oro-facial injury
- 50%** Oral cancer screenings/exams
- 36%** Tobacco and/or alcohol focus
- 32%** Fluoride supplements, mouth rinse, varnish
- 23%** Nutrition focus
- 18%** Periodontal screenings/exams
- 5%** Xylitol

Access

91% Workforce

82% Screening activities

77% Increase access sites

73% Medicaid issues

59% Scope of practice

59% Safety net

59% Insurance issues

55% Systems of care

50% Professional training

27% Dental home

27% Non-oral health
providers

Education

- 95%** Tailored to professionals
- 73%** Value of oral health
- 68%** Education activities not specified
- 59%** Related to school curriculum
- 59%** Tailored for decision makers
- 50%** Address tobacco or alcohol issues
- 41%** Culturally appropriate
- 36%** Tailored to at-risk or special populations

Education (continued)

- 36%** Prenatal issues
- 32%** Community water fluoridation
- 27%** Other fluorides
- 23%** Oral cancer
- 14%** Dental sealants
- 14%** Nutrition issues
- 5%** Periodontal disease

Activities to Build Data Sources

73% State synopsis	27% State need assessment
68% Other state source	27% Cancer registry
59% BRFSS	14% DMFT survey
50% WFRS	9% Medicaid
36% BSS	5% Hospital discharge
36% PRAMS	5% Health insurance
32% NOHSS	5% NHANES
32% YRBS	

Efforts to Collaborate with other Chronic Disease Areas

77% Diabetes

73% Cancer control

68% Cardiovascular

32% HIV/AIDS

27% Violence/abuse

18% Osteoporosis

14% Obesity

14% Lung disease

9% Arthritis

**Are we doing what it will take to reach the
Oral Health *Healthy People 2010* Goals?**



MONITORING AND EVALUATING IMPLEMENTATION

Monitoring *and* Evaluation

- Were activities completed/objectives reached?
- Were activities completed/objectives met on-time?
- Real-time feedback loops
- Information for program improvement
- Information for decision making

Monitoring

- Need a plan and a logic model
- Designated responsibility for monitoring
- Best evidence for use of work plans
- Data submission and tracking mechanism(s)
- Review at regular intervals

Evaluation

- Need a plan, a logic model, and evaluation questions
- Designated responsibility and evaluation expertise
- Best evidence for use of work plans
- Data submission and tracking mechanism(s)
- Review at regular intervals
- Dissemination and use of evaluation results

Evaluation Plans

- 22 mentioned “evaluation” at least once
- 17 mentioned evaluating the plan
- 5 mentioned evaluating a specific activity but not the entire scope of the plan

S.M.A.R.T. Objectives

- **S** – single focus/specific
- **M** – measurable
- **A** – achievable
- **R** – relevant/realistic
- **T** – time-framed

Work Plan Table Example

Objective 1.1: (in SMART format)

Action steps	Responsible individual, partners, collaborators	Resources/ contributions needed	Monitoring/ evaluation Measure and data source	Completion date(s) and/or frequency

TOOLS AND RESOURCES

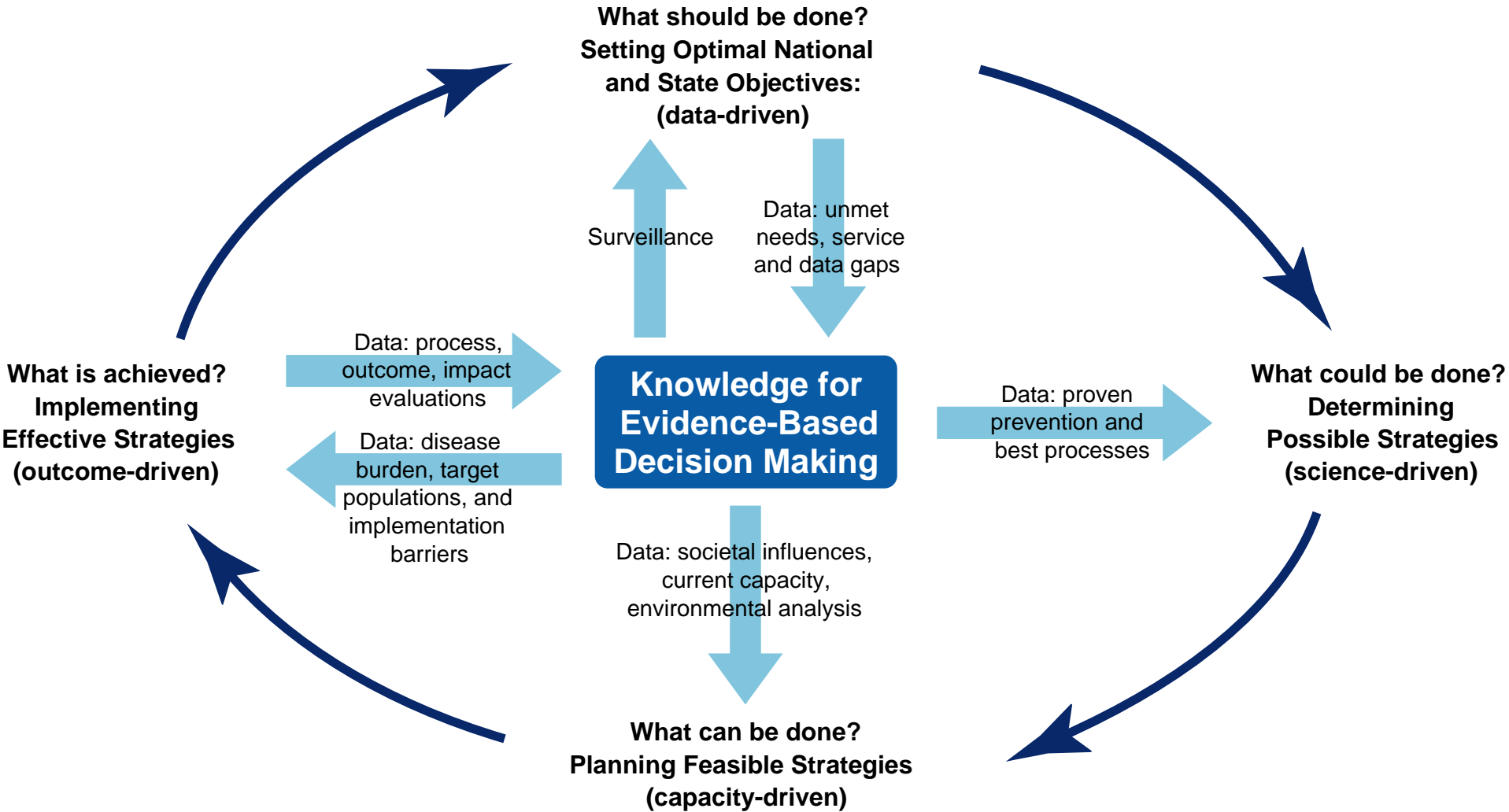
Tools and Resources

- State Plan collection page

www.cdc.gov/oralhealth/state_reports/OH_plans/index.htm

- Planning and review index tool
- Planning and review frameworks

Framework for Comprehensive State Oral Health Plans



Overview of the Development of an Oral Health State Plan



Tools and Resources

- Guide to evaluating state plans
- Impact and Value: Telling Your Program's Story

WWW.CDC.GOV/ORALHEALTH

