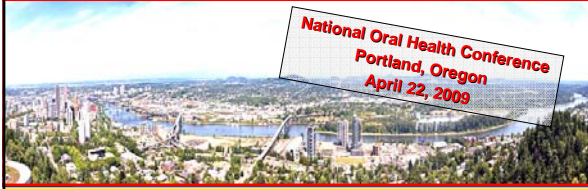


**Building State and Local
Dental Public Health Infrastructure:
Using Successes to Survive the Budget Crisis**



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**Building State and Local
Dental Public Health Infrastructure:
Using Successes to Survive the Budget Crisis**

**You (your community, your state, your
program) are not in this alone**

**In the current budget crisis, you can't survive by
just doing things better, you have to do things
BEST!**

**ASTDD Best Practices for
State and Community Oral Health Programs**

2009 National Oral Health Conference

Infrastructure Building

- National efforts
- State efforts
- Local efforts

Where We Started



2009 National Oral Health Conference

Infrastructure & Capacity

Infrastructure includes systems, people, relationships, and resources
&
Capacity enables the development of expertise and competence and the implementation of strategies

2009 National Oral Health Conference

Infrastructure & Capacity

- Four States (A – D)
 - Funding required to build infrastructure and capacity (based on population)
 - \$ 445,000 to \$ 4,760,000

And it came to pass that infrastructure and capacity begat Best Practices

Or, now that you know what you need, find the best way to do it.

The ASTDD Best Practices Project

- Best Practices Committee
- Best Practices Consultant
- Best Practices Protocol
- Best Practice Submissions
- Best Practice Approaches
- Best Practice Approach Reports

Best Practice Approach Reports

- Coalition
- State plan
- State mandate
- Surveillance system
- Water fluoridation
- Special health care needs
- School fluoride program
- School sealant program
- Workforce development
- (Perinatal and infant oral health)

Oral Health Coalitions

from 20 to 41

Why bother with Coalitions?

Government is **BIG**

Why bother with Coalitions?

Public Health is ...

small

Oral Health is miniscule (e.g. 0.02% of the ADH budget; 0.00015% of the Arkansas state budget)

CDC Cooperative Agreement 1

- **12 states and 1 territory**
 1. Leadership
 2. Burden document
 3. State plan *
 4. Coalition *
 5. Surveillance *
 6. Policy development
 7. Partnerships
 8. Evaluation
 9. Fluoridation * or sealants *

CDC Cooperative Agreement 2

- **16 states**
 1. Staffing, management, support
 2. Data collection and surveillance *
 3. State plan *
 4. Partnerships and coalition (external) *
 5. Prevention (fluoridation and sealants) *
 6. Policy development
 7. Evaluation
 8. Program collaboration (internal)

HRSA Grant Funding

- State Oral Health Collaborative Systems and Targeted Oral Health Services Systems (SOHCS and TOHSS)



TOHSS Program Areas

- Increase number of children receiving age 1 dental visits
- Increase number of children completing restorative treatment needs identified through sealant programs

Best Practices Promotes Copy Cats

(replication of model programs)

The Dental Health Action Team – Arkansas

Seal the State in '98 – North Carolina

Healthy Smile / Happy Child Program – Nevada

Seal the State in 2008 – Arkansas

Access to Baby & Child Dentistry Program – Iowa

Tooth Tutor Dental Access Program – Vermont