

**Tributaries for Local Dental Programs:
New Resources for
Planning, Practices & Partners**

National Oral Health Conference

May 2, 2005

Pittsburgh, PA

Presenter:

Lawrence F. Hill, DDS, MPH

Reactors:

Patrick L. Libbey

Steven J. Steed, DDS

Ivan Lugo, DMD, MBA

Background

- NEED for the Project
Opportunities & Responsibilities
- AACDP/HRSA/ASTDD
- NACCHO/NALBOH

Background

Dr. Polly Ayers, in her presidential address at the annual meeting of AAPHD in New York City on Sept. 13, 1999, said that something must be done to enhance the status of the local dental director.

Background

A 1960 workshop planning committee later came up with objectives classified into six blocks:

1. Provide a forum for an exchange of ideas expected to lead to a pattern of concepts regarding local dental programs that includes a) objectives, b) content, c) methods...

Background

2. Afford an impetus for developing a substantial and sustained interest in local dental programs at all levels of agencies – federal, state, local.
3. Draw national attention to local dental programs as the activity most intimately associated with dental problems of the public.

DPH Background

“The Administration of Local Public Health Programs”

-Kenneth A. Easlick, AM, DDS, 1963

Product of the 5th workshop on dental public health organized and supervised by the School of Public Health, University of Michigan, June 19-22, 1961

DPH Background

- The Administration of Local Dental Programs, Kenneth Easlick, 1963
- Myron Allukian/Dr. Julius Richmond, 1970's
- AACDP, 1980's & 90's
- Guidelines for State and Territorial Oral Health Programs
- AACDP request to develop standards and guidelines for local dental programs
- Partnership: AACDP/ASTDD/HRSA, 2004-05

DPH Background

- Institute of Medicine “The Future of Public Health”
 - 3 core functions
 - Assessment
 - Policy development
 - Assurance
 - Ten Essential PH Services
 - NACCHO’s operational definition of a local public health agency

Public Health

Dental Public Health

Confluence

A Model Framework for
Community Oral Health Programs

Background

- Purpose of the *Framework*
- Intended Audience
- Plan for 2 Documents
- First: *A Model Framework for COHPs*
- Second: *COHP Guidelines*

Background

Possible Uses

1. Integrate OH activities into LPHA
2. Increase # COHPs
3. Enhance existing COHPs
4. Planning tool
5. Build awareness of need in community

Ten Essential PH Services

1. Monitor Health Status
2. Diagnose and Investigate
3. Inform, Educate and Empower
4. Mobilize Partnerships
5. Develop Policies and Plans
6. Enforce Laws and Regulations
7. Link to Needed Services
8. Assure Competent Workforce
9. Assess Effectiveness
10. Research

Model Framework

- About the 10 Essential Services
- Why chosen for the *Framework*
- Indicators within each Essential Service
- How the work was done

ES#1: Monitor Health Status...

1. Obtain data that provide information on the community's oral health
2. Determine access to oral health...
3. Analyze data to identify trends...
4. Obtain state, regional and national oral health data...
5. Contribute OH expertise to community health assessments...
6. Integrate oral health data...
7. Develop relationships...

ES#2: Diagnose & Investigate...

1. Identify oral health problems...
2. Track trends...
5. Maintain access to lab expertise...to help monitor community and environmental health status (e.g. water plant operations, private wells)

ES#3: Inform, Educate, Empower...

1. Share OH information with community
2. Provide culturally appropriate info to various targeted audiences
3. Conduct health promotion activities to improve oral health
4. Engage community to advocate for policies
5. Work with media...

ES#4: Mobilize Partners...

1. Contribute OH expertise to comprehensive planning process
3. Develop partnerships
4. Identify potential advocates and orgs that represent special populations
5. Develop advocates to support COHP

ES#5: Develop Policies...

1. Serve as primary OH resource...
2. Provide OH expertise to policy development efforts
3. Engage in LPHA strategic planning...
4. Develop a COHP vision/mission...

ES#6: Enforce Laws...

1. Monitor laws, ordinances, regulations...
2. Educate policymakers
3. Inform and educate individuals
4. Determine need to change
5. Monitor and respond to legislation...

ES#7: Link People...

1. Lead or join efforts to increase access
2. Partner with the community to establish systems and programs for treatment...
3. Partner with the community to establish systems for prevention...
4. Link individuals to appropriate health services

ES#8: Assure Competent...

1. Assure appropriate presence of the COHP in the LPHA and state org...
3. Evaluate, train and develop...
5. Provide educational experiences...
11. Identify and address barriers...

ES#9: Assess Effectiveness...

1. Evaluate the effectiveness of strategies to achieve goals...
2. Evaluate the effectiveness and quality of OH programs...
3. Review effectiveness of OH interventions provided by others

ES#10: Research

1. Using the most current data, develop evidenced-based COHPs
3. Develop research activities in a collaborative manner...mutual benefit...
4. Provide data and expertise to support research
5. Share findings with community
6. Contribute to the evidence base by sharing

Next Steps

- Pilot survey
- NOHC, 5/1/05 – conference presentation
- NACCHO, 4/25/05 – mail to members
- NALBOH, 8/12/05 – conference presentation
- Develop COHP Guidelines, 1/05 – 10/05
- Disseminate: NACCHO, NALBOH, LPHA's, NGA, NCSL, CDC, IOM, APHA, ADA, etc.

Guidelines for Community Oral Health Programs:

*Implementing New Programs and
Enhancing Current Programs*

Purpose

- Assist LPHA, boards, and advisory bodies in agency efforts to **develop** appropriate oral health components and integration of oral health activities.
- Assist the above and oral health program managers to **improve** existing oral health components and integration.
- Provide guidance with linkages to best practices and relevant resources.
- Provide a tool for internal and external evaluation.

Content

- Guide to assessment, planning, assurance and evaluation
- Linkages to resources
- Policies supporting dental public interventions and evidence-based practices
- Advocacy & coalition building
- Collaborative community-based research
- Workforce access & dental public health integration opportunities
- Provides a basis for developing a self-assessment tool

I. Introduction

II. Assessment

- Community-wide oral health assessment
 - Essential components
 - Building partnerships
 - Locating funding
 - Relevant reference materials (ie, ASTDD's 7 Step Model)

III. Planning

- How to develop a detailed plan based on the assessment and prioritize needs
- Examples of systematic approaches to planning with references and links to related resources
- Building additional support (moral and \$\$)
- Examples of best practices and evidence-based models

IV. Policy

- Addresses whether existing laws, regulations or policies are enforced or sufficient (ie, fluoridation, access to care for Medicaid & CHIP recipients, local clinical services, etc.)
- Guidance on advocacy, lobbying, and leveraging community support
- Monitoring and responding to pending legislation

V. Evaluation

- The reason for evaluation
- How to develop evaluation methods
- Examples of evaluation measures
- How evaluation can promote programs, build support, leverage funding, improve oral health.

VI. Research

- How research activities can benefit local programs (enhances visibility, improves collaboration, promotes understanding)
- The importance of research being of mutual benefit to all parties
- Considerations for collaborative planning, implementation and reporting

To Your Health

■ Thank You from the Work Group

Chair, Robert Jones, DDS (MD-ACCDPHO)

M. Teresa Cunningham, RDH, MS (Proj. Coord.)

Myron Allukian, DDS, MPH (AACDP)

Lawrence Hill, DDS, MPH (President, AACDP)

Susan Sanzi-Schaedel, RDH, MPH (Portland, OR)

Harvey Wallace, PhD (Past-President, NALBOH)

Scott Wolpin, DMD (Federalsburg, MD)

Bev Isman, RDH, MPH (ASTDD Project Manager)

Harry Goodman, DMD, MPH (ASTDD, UMD-Dental School)

Katrina Holt (NMCOHRC-Georgetown Univ.)

That's All Folks!!!