

Investment in Infrastructure

National Oral Health Conference
April 22, 2009

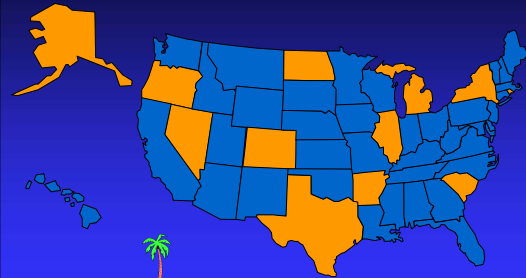
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SAFER • HEALTHIER • PEOPLE™



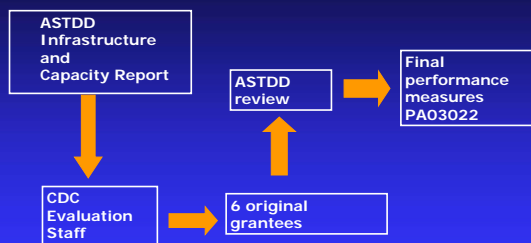
Infrastructure Development Sites



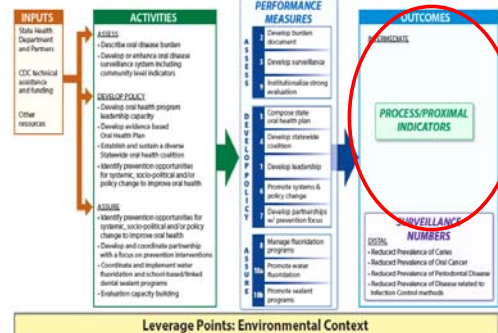
Republic of Palau

CA1046/3022

Collaboratively Developed Performance Measures



Performance Based Oral Health Infrastructure Development Logic Model



Program Status

2001-2002

- 2 states did not have a program
- 2 states restarted program with Coordinated School Health CA
- 3 states lost essential program staff at the time of award
- 1 program established less than 5 years
- 4 programs established at least 5 years
- 1.38 FTEs average per state

2008

- 12 established programs
- 1 mandated in state statute; 1 in progress on state mandate
- 5.44 FTEs average per state
- Expertise in: leadership, epidemiology, health education, program management, evaluation, fluoridation and sealant coordination at state level, fluoridation engineer, and administrative support

Program Status

2001-2002

- 7 did not have a coalition; 2 had multiple, independent coalitions; 2 had regional coalitions; 1 had a state wide coalition
- 1 state had a state plan published in September, 2001
- 1 state engaged in evaluation-research
- 3 states submitted qualifying data to NOHSS for children's oral health

2008

- 12 programs have coordinated, state-wide coalitions
- 12 programs have a collaboratively developed state plan
- 12 programs engage in routine program evaluation
- 11 programs have submitted qualifying data to NOHSS for children's oral health; 4 states have submitted data for a second school year

What States Say about Focusing on Infrastructure

- The evaluation highlights that building infrastructure does indeed lead to a decrease in disparities and an improvement in oral health and that federal support and technical assistance have made a difference
- Increased infrastructure by CA is key to establishing surveillance system -- process allowed for assessment and planning time not previously available, leading to identifying areas of strength and areas for improvement for the program
- Most state and federal funding is received by the OHP is prescribed for a specific purpose, with little or no flexibility in developing infrastructure at the state level. No previous funding stream has included a specific focus on building the infrastructure and capacity needed to carry out the public health essential services or to achieve the *HP 2010* goals for oral health

Why a case study?

To Understand Whether and How the Infrastructure of State Oral Health Programs Impacts Progress Towards Oral Health Outcomes?

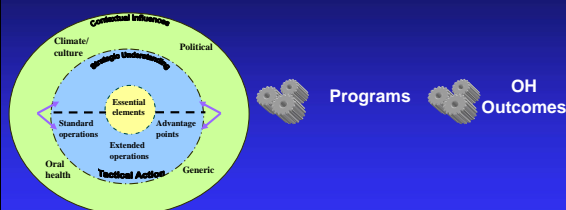
Site Selection

- Rate of Progress
- Environment
- Geography
- Willingness to Participate

Case Study Methodology

- Yin's Approach:
 - Study questions
 - Study propositions: logic model
 - Unit of analysis
 - Logic linking data to propositions
 - Criteria for interpreting the findings

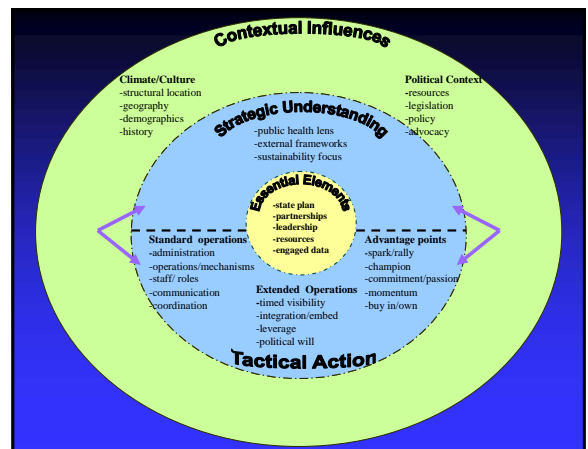
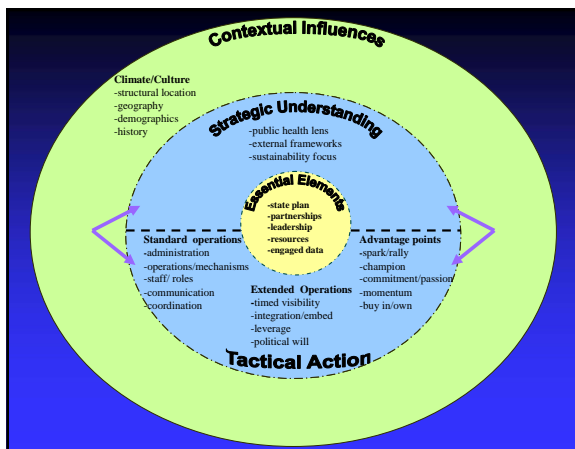
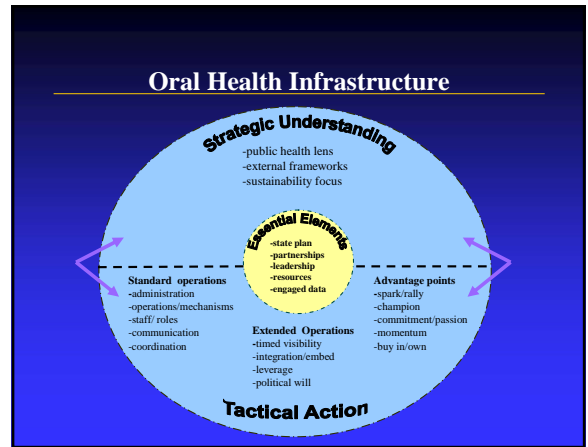
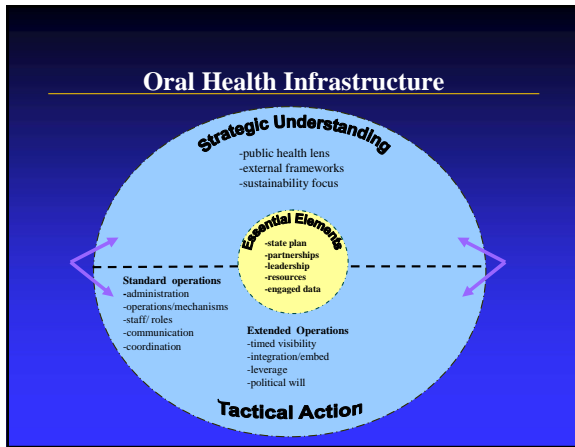
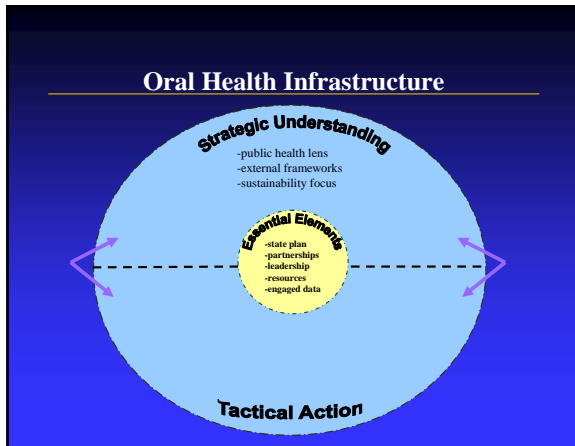
Capacity, Programs, and Outcomes

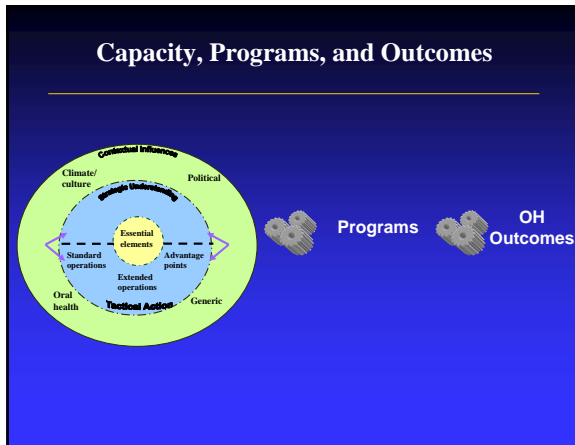
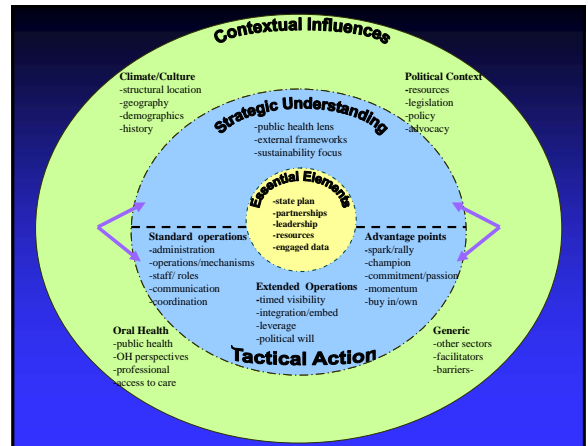
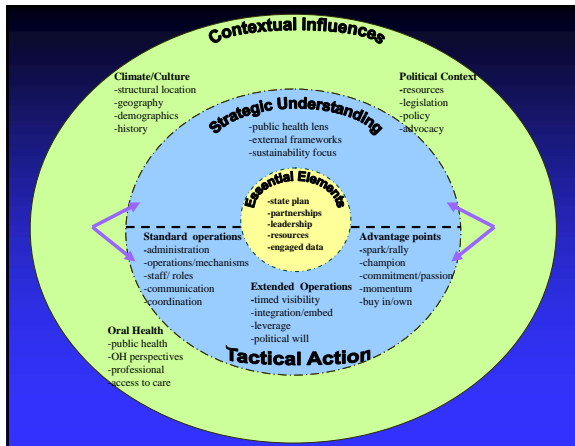


Oral Health Infrastructure

Essential Elements

- state plan
- partnerships
- leadership
- resources
- engaged data





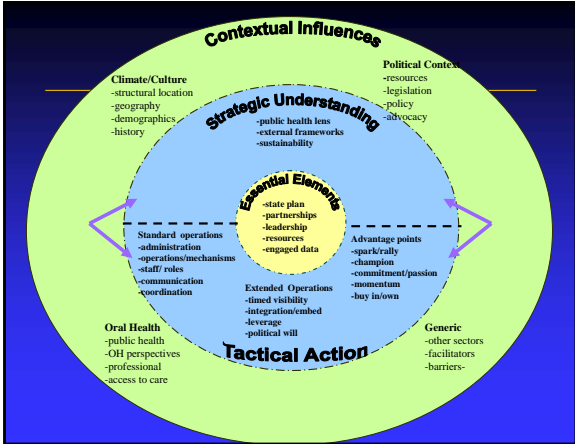
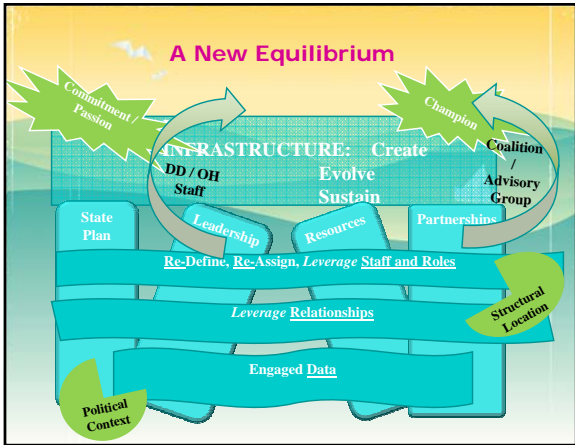
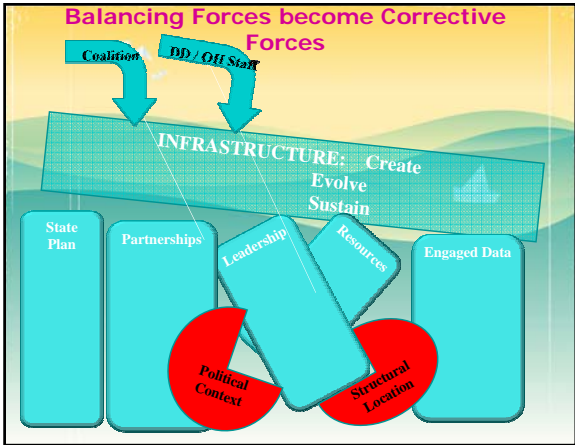
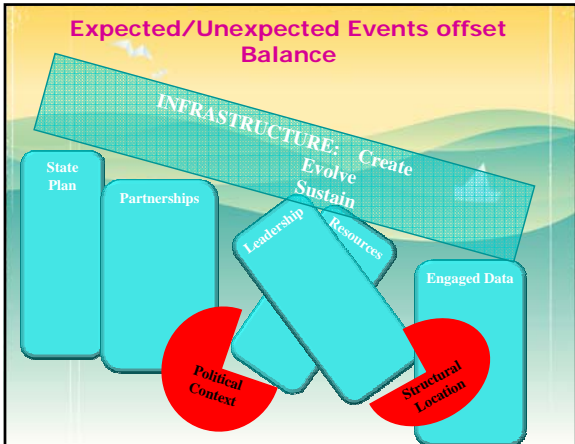
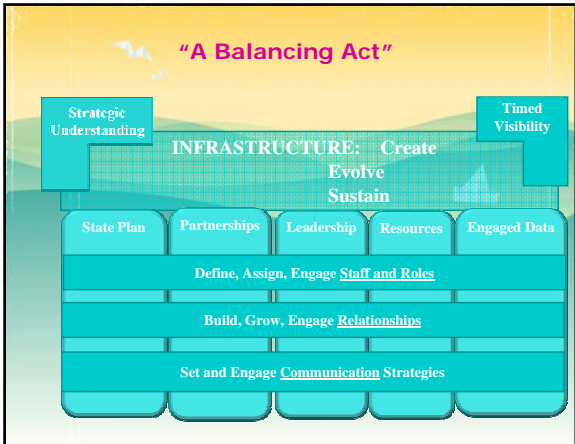
- ### Suggested Proximal Outcomes Related to Infrastructure
- Oral health "products"
 - Dissemination
 - Use data and state plans
 - Leadership
 - Program outcomes
 - Leverage or reciprocity
 - Health awareness
 - Policy change

Infrastructure = Capacity

"infrastructure, to me, is the overall capacity to achieve"

"... it's a great deal more than positions or people."

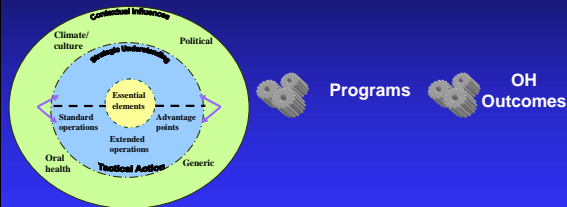
- ### Ecological Model in Action
- By definition every state program evolves within contextual influences
 - Essential elements, strategic understanding and tactical action support the day-to-day implementation of a state plan.
 - Essential elements, strategic understanding and tactical action serve as balancing and correcting forces helping states add new components to programs and deal with challenges, both expected and unexpected.



Integrated Stories

- State 1 - Leadership Vacuum
- State 2 - Distribution of Dentists.
- State 3 - The Little Program That Could

Capacity, Programs, and Outcomes



Conclusions and Recommendations

- Infrastructure is more than the essential elements.
 - For example, timed visibility – under the radar quotes
- Relationships build over time and are a driving force in evolving infrastructure.
- Strengthening your program beyond the foundation of core components.
- No one program is perfect
- No one way – no cookie cutters
- Important to see the pieces and the whole (forest and the trees)

Important to see the pieces and the whole (forest and the trees)

- Build and grow essential elements with strategic understanding and tactical action in mind

Recommendations Around Core Elements

- State plan
- Partnerships
- Leadership
- Resources
- Engaged Data

State Plan

- The state plan should be an evolving document.
- The plan should be adjusted according to both predicted and unpredicted responses to implementation of initial elements of the plan.
- Not everything that needs to be done can be known at the onset.

Partnerships

- “Ownership” is critical to getting key partners to the table and keeping them at the table.
- Partners should be involved in all phases of building a state program and have a role in decision making, design and implementation of key programs and initiatives.
- When partners “possess” the process their investment increases and is more likely to be maintained.

Leadership

- Posture of leaders – It is critical for state DD to develop and maintain their own styles and priorities while remaining open to new ideas.
- There are many models of effective leadership.
- Consistency of approach is common across all styles as is incorporating feedback from key players. One DD used partners as a key resource in developing the state program, another used data to inform decision making. Both styles worked well within the context of her or his state.

Resources

- Resources are more than money – Each state learned very quickly that they must know how to operate with or without cash.
- An important element in this process is a form of reconnaissance of available resources.
- Learning what partners bring to the table in terms of skills to execute a program, access to data, and community connections facilitates a state's ability to grow a program that reaches across the state and involves a diverse group of actors.

Engaged Data

- Data should be used through all phases of building a state program including surveillance and evaluation data.
- Department of Oral Health programs should work closely with their partners and states to access data about the state as a whole and specific data about the conditions within local communities.
- Attention to evaluation is vital to assessing the health and effectiveness of its overall and component programs is critical.
- The oral health programs share a philosophy that values data as the key to decision making with the state program as a whole.

Next Steps



Questions and Answers

THANK YOU

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