



# Best Practice Approaches for State and Community Oral Health Programs

## I. Best Practice Approach

### State Oral Health Plans and Collaborative Planning

#### Summary of Evidence Supporting State Oral Health Plans and Collaborative Planning

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

See **Attachment A** for details.

## II. Description

### A. Definition of a State Oral Health Plan

A State Oral Health Plan is a strategic plan to systematically address the burden of oral diseases and to enhance oral health of the citizens residing in the state. Ideally, the plan is based on appropriate oral health needs assessment and surveillance findings at the state and local levels and uses evidence-based interventions that have been shown effective through research (1). Such a plan is key to establishing a vision for improving the oral health and well-being of the citizens of a state and local communities, developing policies, and targeting actions.

A State Oral Health Plan can provide an overarching direction or roadmap. In many states, localities have their own health improvement plans that may not be related to one another. A State Oral Health Plan can provide the linkage and coordination needed to set goals and objectives, integrate interventions, and efficiently use available resources.

### B. Collaborative Planning

The process of planning is invaluable and the success of a plan needs the support of those who must make it happen. Therefore, a collaborative process should be used in developing a State Oral Health Plan. Collaborative planning includes pooling information from state and community needs assessment studies and surveillances to identify needs, coordinating activities with the state dental director and the state oral health program, linking to appropriate state and community stakeholders including consumers, and working with partners in setting priorities and implementing intervention strategies.

The development of a State Oral Health Plan should include the following, which will contribute to the successful implementation of intervention programs and achieving goals (2,3):

1. Provide a vision for the future to enhance oral health;
2. Identify and enlist stakeholders that will collaborate and contribute to the plan's implementation;
3. Acknowledge the different roles of stakeholders;

4. Identify key issues within selected priority population groups and for oral health across the life-span;
5. Identify existing oral health and general health plans and build upon these existing plans;
6. Assess and recognize existing and potential resources and obtain commitment of resources;
7. Establish goals and objectives based on needs identified through needs assessment studies or surveillance data and priorities determined through consensus of primary stakeholders;
8. Establish long-term and short-term goals and measurable objectives.
9. Review current evidence-based strategies;
10. Select strategies that integrate interventions, maximize oral health into general health programs, establish strong collaborations and partnerships, and incorporate aspects for success such as building social value for oral health and ensuring cultural sensitivity in the delivery of services;
11. Establish evaluation of the selected strategies using measurable outcomes;
12. Have the plan be flexible so it is able to be integrated and/or coordinated with other existing state and local health plans and policies, particularly the state's general health plan;
13. Have the plan be linked to national goals and objectives such as Healthy People 2010, Surgeon General's Report on Oral Health, and/or *A National Oral Health Call to Action to Promote Oral Health*;
14. Coordinate and identify additional resources needed to achieve objectives;
15. Establish accountability of the plan through monitoring of the plan, periodic assessment of progress made, appropriate evaluation of outcomes

achieved, and regular reporting to partners;

16. Assign responsibilities to stakeholders for implementation, monitoring and reporting of the plan;
17. Disseminate the plan widely;
18. Periodically update the plan as new information becomes available and continuous feedback requires alignment of the plan to current environment and emerging issues.

Centers of Disease Control and Prevention (CDC), Division of Oral Health has developed a conceptual model for a comprehensive oral health plan process (4). The model is provided on the CDC website at <http://www.cdc.gov/oralhealth/library/infrastructure.htm>. (See **Attachment B.**)

The development of a State Oral Health Plan is only the beginning. Implementation of the plan is critical to the strategic planning process. All key players must be committed and dedicated to the implementation of the strategies for the plan to be effective.

### C. Current State Oral Health Plans

A 2003 survey, implemented by CDC, Division of Oral Health, showed (4):

- 14 states reported having a state oral health plan that is statewide in scope, developed collaboratively with stakeholders, a "stand-alone" document, and published for external use;
- 6 states reported having a state plan that is a chapter of their state's Healthy People 2010 document;
- 10 states reported that a state oral health plan is in development;
- 20 states reported not having an identified state oral health plan.

The status of states with a state oral health plan and examples of the current state oral health plans are provided on the CDC website at [http://www.cdc.gov/OralHealth/state\\_reports/OH\\_plans/index.htm](http://www.cdc.gov/OralHealth/state_reports/OH_plans/index.htm). This website will be

periodically updated as new plans are developed and existing plans are revised.

Although the current state oral health plans have different formats and components, collectively these plans illustrate elements of a state plan that include:

- A vision statement
- A description of the state's oral health overview/assessment or identifying oral health problems of the state with supporting data
- References to the national Healthy People 2010 objectives
- A description of the current state resources and gaps
- Priority issues and/or goals
- Objectives including baseline information, targets and timeframe
- Recommendations, strategies and/or actions to achieving goals/objectives
- Responsible members for each objective or strategy
- Measures of outcome or success

Current state oral health plans were developed through collaborative planning processes provided by various opportunities, such as:

- The development of a state's Healthy People 2010 plan or a state public health plan
- The development of a strategic plan for the state health agency or the oral health program
- A statewide dental summit
- A state oral health coalition
- A commission, task force or advisory committee for oral health
- A national sponsored event such as the National Governors Association (NGA) Policy Academy for Children's Oral Health

States reported that, on an average, a year is needed to develop a state oral health plan through a collaborative process. Having funding and a facilitator to support plan development made the process easier (4).

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### III. Guidelines & Recommendations from Authoritative Sources

#### A. Healthy People 2010

Healthy People 2010 provides a set of overall national health objectives (5). These objectives and their benchmark statistics enable the assessment of progress made towards improving the health of Americans. One of the HP 2010 objectives, Public Health Infrastructure Objective 23-12 supports the need of all states to have a state health improvement plan:

*Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.*

#### B. Surgeon General's Report on Oral Health and A National Call to Action to Promote Oral Health

*Oral Health in America: A Report of the Surgeon General* was released in May 2000 (6).

According to the report: All Americans can benefit from the development of a National Oral Health Plan to improve quality of life and eliminate health disparities by facilitating collaborations among individual, health care providers, communities, and policy makers at all levels of society and by taking advantage of existing initiatives. Everyone has a role in improving and promoting oral health. The following are principal components of the plan:

- Change perceptions oral health and disease so that oral health becomes an accepted component of general health.

- Accelerate the building of the science and evidence base and apply science effectively to improve oral health.
- Build an effective health infrastructure that meets the oral health needs of all Americans and integrates oral health effectively into overall health.
- Remove known barriers between people and oral health services.
- Use public-private partnerships to improve the oral health of those who suffer disproportionately from oral diseases.
- Strengthen and expand oral health research and education capacity.
- Ensure the development of a responsive, competent, diverse, and "elastic" workforce.

*A National Oral Health Call to Action to Promote Oral Health*, a report released by the Office of the Surgeon General in April 2003, emphasized the need for action plans with monitoring and evaluation components to improve oral health (7). Planning and implementation at the state level will be needed to support the national *Call to Action*.

### **C. State and Territorial Dental Directors**

State dental directors or state dental consultants from 43 states responded to an ASTDD survey in 1999 and identified ten essential elements that would build infrastructure and capacity to achieve HP 2010 Oral Health Objectives (8). Among the top ten elements is the development and maintenance of a state oral health improvement plan.

### **D. Oral Health America**

Oral Health America, a national and independent organization dedicated to improving oral health, publishes an annual report card to call greater policy attention to areas of need in prevention, access to care, infrastructure, oral health status, and oral health policies across the country. The 2003 Oral Health Report Card gives an "A" grade to a state oral health plan that is a long-term plan, developed through a collaborative process with a broad range of

constituents, and is reviewed regularly. The report card can be accessed on <http://www.oralhealthamerica.org/> (9).

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## **IV. Research Evidence**

There is a lack of reporting in the research literature on the effectiveness of state strategic plans or strategic planning to improve oral health. Even for the broader field of health care, limited evidence is available documenting that strategic planning is effective (10-12). However, extensive research has examined strategic planning and its relationship to performance in corporate settings. This body of research provided mixed support for an association between planning and performance (13). Several comprehensive reviews have summarized prior research on corporate strategic planning and the influences on performance (13-16). Most studies completed before 1975 report positive results with higher corporate performance in firms adopting formal strategic planning systems. Research findings since 1975 are somewhat inconsistent with some studies demonstrating positive association between planning and performance and some studies did not. Several factors have been suggested as possible contributors for the more recent mixed results supporting effectiveness of strategic planning. They include: simplistic conceptualization of planning, difficulty in operationalizing a plan, sampling bias, interactive effects of environments and strategy, narrow performance measures, and not controlling for the effects of different industries (17). Future studies, such as longitudinal research studies that track planning, performance and strategy over several years, could clarify the inconsistent results for the planning-performance relationship.

## V. Best Practice Criteria

For the best practice approach of **State Oral Health Plans and Collaborative Planning**, the ASTDD Best Practices Committee has proposed the following initial review standards for five best practice criteria:

### 1. Impact/Effectiveness

- State oral health plan is based on accepted assessment and elements of surveillance to establish goals and objectives and prioritize actions.
- State plan is developed through a collaborative process that includes key state and local representation and/or obtain stakeholders' input.
- State plan has identifiable and measurable outcomes (intermediate & distal outcomes) and their evaluation is incorporated in the state plan.

### 2. Efficiency

- Stakeholders commit time and resources in supporting the development, implementation and maintenance of the state plan.

### 3. Demonstrated Sustainability

- Accountability, monitoring, periodic review, and reporting of progress made are incorporated in the state plan.

### 4. Collaboration/Integration

- Linkage with stakeholders, including local communities, and are established for the development of state plan.
- The state oral health plan contains a core set of objectives that is easily customized to meet local needs/objectives as well as other organizations.

### 5. Objectives/Rationale

- The state oral health plan objectives reflect the broader vision for the state and are measurable in terms of oral health

outcomes that can be linked to overall health outcomes where appropriate.

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## VI. State Practice Examples

The ASTDD Best Practices Committee has considered the variability in resources and infrastructure among states and recognizes that there are several conceptual frameworks by which a State Oral Health Plan can be developed. 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 **State Oral Health Plans and Collaborative Planning**. 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  
State Oral Health Plans and Collaborative Planning**

Item	Practice Name	State	Practice #
1	<a href="#">Developing a State Oral Health Plan</a>	IL	16005
2	<a href="#">National Governors Association (NGA) Policy Academy on Oral Health Care for Children</a>	MN	26001
3	<a href="#">Montana Dental Summit</a>	MT	29001
4	<a href="#">Director of Health's Task Force on Access to Dental Care</a>	OH	38003

**B. Highlights of Practice Examples**

IL [Developing a State Oral Health Plan \(Practice #16005\)](#)

Illinois' process in developing a state oral health plan included gathering local input through community meetings across the state, involving the IFLOSS state oral health coalition, using of the community oral health infrastructure development plan, and getting feedback from a statewide oral health summit. A steering committee oversees the design, refinement and implementation of the state plan.

MN [National Governors Association \(NGA\) Policy Academy on Oral Health Care for Children \(Practice #26001\)](#)

The National Governors Association Policy Academy required a participating state to form a state team. Minnesota's NGA team represented major stakeholders of oral health. The Academy led the team to develop an action plan to improve children's oral health in the state addressing oral health care coverage and services.

MT [Montana Dental Summit \(Practice #29001\)](#)

The Dental Summit resulted in the establishment of the Montana Dental Access Coalition and the development of the *Montana Dental Action Plan*. The state plan proposes strategies to improve dental access. The development of the plan engaged key stakeholders and developed short term and long term strategies that were presented to the Legislative Interim Committee on Children, Families, Health, and Human Services.

OH [Director of Health's Task Force on Access to Dental Care \(Practice #38003\)](#)

In 1999, Ohio's Director of Health appointed the Task Force on Access to Dental Care. More than 70 people with a broad range of expertise and experience contributed to the process of studying and making recommendations for improving access to dental care for vulnerable Ohioans. The Task Force formulated recommendations that included improving Medicaid and SCHIP, dental care delivery system, community action for oral health access, and public awareness of oral health. A state action plan was developed based on the task force recommendations.

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## 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.

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<u>Promising</u> <u>Best Practice Approaches</u>				<u>Proven</u> <u>Best Practice Approaches</u>	
Research	+			Research	+++
Expert Opinion	+	⇒	⇒	Expert Opinion	+++
Field Lessons	+			Field Lessons	+++
Theoretical Rationale	+++			Theoretical Rationale	+++

#### Research

- + 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.

#### Expert Opinion

- + 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.

#### Field Lessons

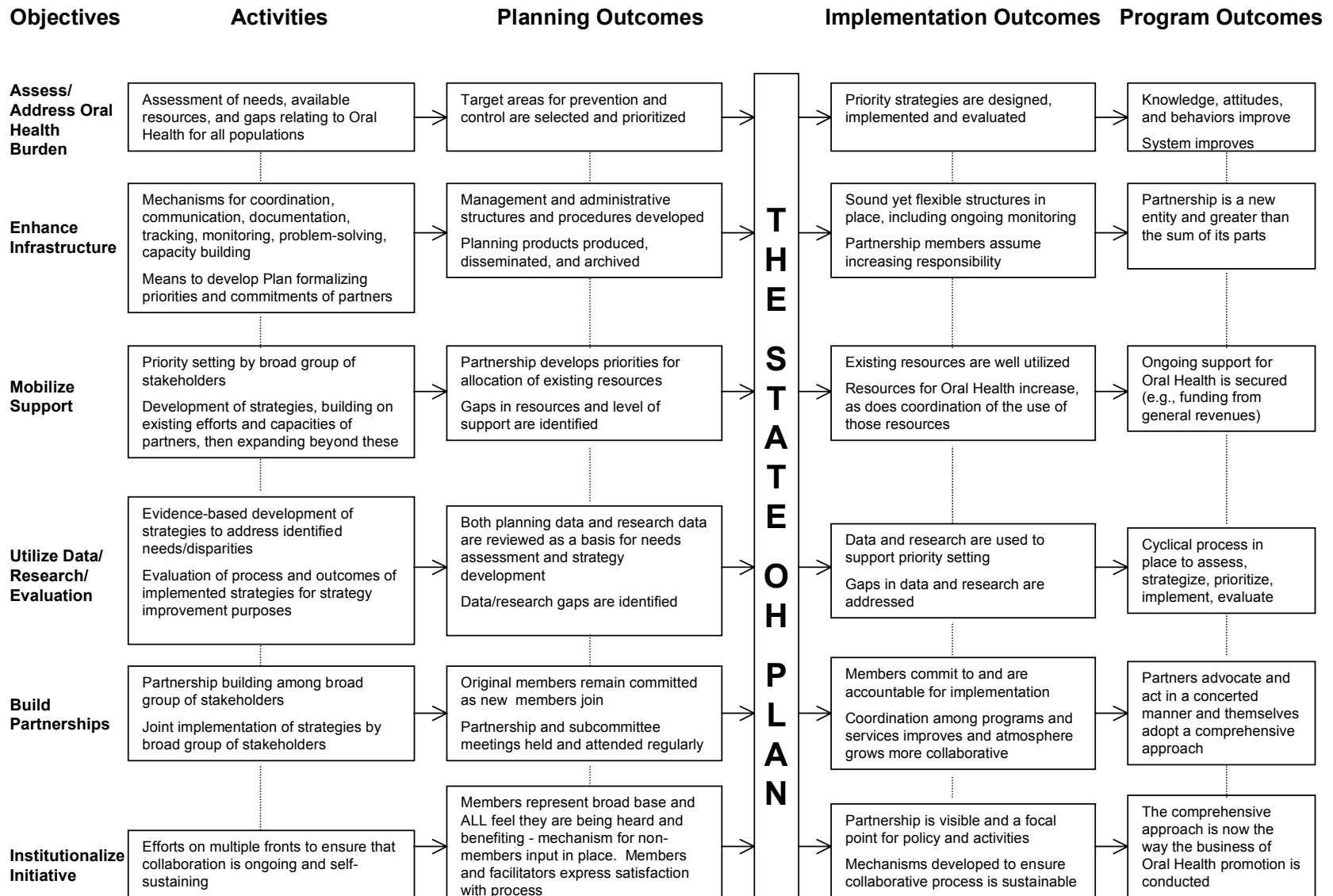
- + Successes in state practices reported without evaluation documenting effectiveness.
- ++ Evaluation by a few states separately documenting effectiveness.
- +++ Cluster evaluation of several states (group evaluation) documenting effectiveness.

#### Theoretical Rationale

- +++ 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**

**Conceptual Model of Comprehensive Oral Health State Plan Process**



Source: CDC, Division of Oral Health, <http://www.cdc.gov/oralhealth/library/infrastructure.htm> (accessed May 19, 2003)