

A Model Framework  
For  
Community Oral Health  
Programs

Based Upon  
The Ten Essential  
Public Health Services

Prepared by

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Programs

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## Introduction

Oral disease affects every community. It is the responsibility of local public health agencies (LPHAs) to assess the oral health needs of the communities they serve and to develop policies and programs to help ensure that those needs are met. LPHAs are ideally positioned to identify specific community oral health problems; to compare community data with overall state and national surveillance data; and to build broad community support for public policies, regulations, funding, and other means for improving community oral health. In 2001, the National Association of County and City Health Officials (NACCHO) estimated that there were about 2,900 LPHAs nationwide, of which only 658 have community oral health programs.<sup>1</sup> LPHAs vary in organization, type, staffing, and services provided, so not all of them can provide the same level of community oral health programming.

The American Association for Community Dental Programs (AACDP) developed *A Model Framework for Community Oral Health Programs* (the *Framework*), a policy document describing the integration of oral health into the 10 essential public health services.<sup>2</sup> The 10 essential public health services provide a nationally accepted framework within which to describe the public health core functions needed to achieve the goal of healthy people living in healthy communities. The *Framework* provides a context in which to consider the relationship between oral health activities, public health responsibilities, and desired outcomes and describes how oral health can be promoted within the context of the 10 essential public health services to improve a community's overall health status.

To accomplish their goals, LPHAs must strive to meet the *Competencies for Dental Public Health*.<sup>3</sup> They must also work toward complying with accepted standards and guidelines that address *Healthy People 2010* oral health objectives.<sup>4</sup> LPHAs need to be creative and flexible to optimize community oral health outcomes. The *Framework* can help LPHAs advocate for community oral health within the context of overall public health.

AACDP has also developed *A Guide for Developing and Enhancing Community Oral Health Programs* (the *Guide*) as a companion to the *Framework*. The *Guide* walks readers through the steps needed to develop, integrate, expand, or enhance community oral health programs. Together, the *Framework* and the *Guide* may be used to stimulate LPHAs' interest in integrating oral health into existing programs or activities and to facilitate the development, expansion, or enhancement of existing community oral health programs.

## Background

In 1985, the Association of State and Territorial Dental Directors (ASTDD) developed *Guidelines for State and Territorial Oral Health Programs* based on the public health core functions of assessment, policy development, and assurance, as identified in the 1988 Institutes of Medicine report, *The Future of Public Health*.<sup>5</sup> In 2005, ASTDD revised the *Guidelines* to encompass and expand upon the 10 essential public health services. The revised edition of the *Guidelines* is linked to the ASTDD proven and promising best practices for state and community oral health programs.<sup>6</sup>

The 10 essential public health services were developed in 1994 by the Essential Public Health Services Work Group of the Core Public Health Functions Steering Committee as a companion to the three public health core functions described in *The Future of Public Health*. The 10

essential public health services grew out of a need to better communicate the scope and importance of government public health to the general public and to legislators.

In 2005, NACCHO used the 10 essential public health services to develop the *Operational Definition of a Functional Local Health Department*.<sup>7</sup> The goal of the *Operational Definition* is “to develop a shared understanding of what people in any community, regardless of its size, can reasonably expect its local public health agency to provide.” LPHAs can use the *Operational Definition* to identify gaps between expectations and actual performance.

In 2004, a workgroup of AACDP, with funding from ASTDD (which is supported by the Health Resources and Services Administration’s [HRSA’s] Maternal and Child Health Bureau [MCHB]), began work on the *Framework*, which is based on NACCHO’s *Operational Definition* and the 10 essential public health services.

## **The Ten Essential Public Health Services**

The 10 essential public health services are described below. For each service, oral health activities are cited that illustrate the role of oral health in the context of overall public health.

### Essential Public Health Service 1: Monitor health status to identify community health problems.

1. Obtain and share data that provides information on the community’s oral health (e.g., prevalence of early childhood caries and dental caries, untreated caries, oral cancer rates).
2. Determine access to oral health care for the uninsured or underinsured, and determine community capacity to meet oral health needs.
3. Analyze data to identify trends and population oral health risks (e.g., poverty levels, undocumented immigrants, lack of water fluoridation, adverse pregnancy outcomes, cardiovascular disease).
4. Review national, regional, and state oral health data for comparison and planning purposes.
5. Conduct efforts or contribute oral health expertise to community health assessments to develop a comprehensive picture of the public’s oral health (e.g., Title V needs assessment) and to educate.
6. Integrate oral health data with other health-assessment and data-collection efforts conducted by the public health system (e.g., Youth Risk Behavior Survey).
7. Develop relationships with oral health professionals and others in the community who have information on diseases and other conditions relevant to public health, and facilitate information exchanges (e.g., among Head Start programs, community health centers, schools, nursing homes, and hospital emergency units).

### Essential Public Health Service 2: Diagnose and investigate identified health problems and health hazards in the community.

1. Identify oral health problems and environmental hazards to general health (e.g., improper fluoride levels, amalgam disposal).
2. Track trends and behaviors that identify emerging oral health problems (e.g. diabetes mellitus, obesity, lack of dental insurance, inadequate Medicaid/State Children’s Health Insurance Program [SCHIP] coverage, insufficient number of oral health professional participating in Medicaid/SCHIP).
3. Participate in LPHA planning for emergency preparedness.

4. Identify and advocate for changes in social and economic conditions that adversely affect the public's oral health.
5. Maintain access to laboratory expertise and capacity to help monitor and report on community and environmental health status (e.g., water plant operations, private well monitoring).

Essential Public Health Service 3: Inform, educate and empower people about health issues.

1. Share oral health and related information with individuals, community groups, agencies, and the general public to improve understanding of the issues affecting public health (e.g., social, economic, educational, and environmental issues).
2. Provide information that is appropriate for the cultures and literacy levels of various audiences to help individuals understand the decisions they can make to promote their own oral health and the actions agencies can take to promote oral health.
3. Conduct health-promotion activities to improve the oral health status of the community (e.g., tobacco-cessation activities, oral-cancer-detection activities).
4. Mobilize the community to advocate for policies and activities that will improve the public's oral health (e.g., community water fluoridation policies).
5. Work with the media to convey information of oral health significance (e.g., relationship between diet and oral health).

Essential Public Health Service 4: Mobilize community partnerships to identify and solve health problems.

1. Contribute oral health expertise to a comprehensive planning process that engages the community in identifying, prioritizing, and solving their public health problems and establishing oral-health-related goals.
2. Support and/or implement strategies that address identified oral health problems through the development and maintenance of partnerships of public and private organizations, government agencies, businesses, schools, and the media.
3. Develop partnerships to generate interest in and support for improved community oral health status.
4. Identify potential advocates and organizations that represent populations effected by oral health problems and disparities (e.g., Head Start participants, individuals with developmental disabilities, families who are homeless, senior citizens).
5. Develop advocates (i.e., "champions") to support the development of community oral health programs.

Essential Public Health Service 5: Develop policies and plans that support individual and community health efforts.

1. Serve as a primary oral health resource to guide federal, state, and local elected and appointed officials to establish and maintain sound public health and oral health policies, practices, and capacity (e.g., fluoridation, oral services in Medicaid/Medicare, state dental practice acts, MCH block grant, tobacco policy, comprehensive school health programs, oral health services for high-risk populations).
2. Provide oral health expertise to policy development efforts to improve physical, social, and environmental conditions in the community that adversely affect public health (e.g., school

lunch programs/beverage contracts, long-term care and correctional facilities, tobacco-free public places).

3. Engage in LPHA strategic planning to develop a vision, mission, and guiding principles for the agency that is responsive to the community's oral health needs.
4. Develop community oral health vision and mission statements and guiding principles that reflect the community's oral health needs.

#### Essential Public Health Service 6: Enforce laws and regulations that protect health and ensure safety.

1. Monitor laws, ordinances, regulations, and policies that impact oral health, and take steps to ensure their enforcement to maintain or improve oral health in the community (e.g., Medicaid/Early and Periodic Screening, Diagnosis and Treatment requirements; Head Start program performance standards; nursing home oral examination requirements; fluoridation laws; blood-borne pathogen standards).
2. Educate policymakers on gaps in public health law, ordinances, regulations, and policies needed to protect the public's oral health (e.g., adult Medicaid oral services).
3. Inform and educate individuals and organizations about the purpose, meaning, and benefit of public health laws, ordinances, regulations, and policies that impact oral health.
4. Determine whether modifying, repealing, or developing new laws, regulations, ordinances, or policies is needed to maintain or improve the community's oral health, and take appropriate steps to effect change.
5. Monitor and respond to proposed legislation, regulation, ordinances, and policies that may impact community oral health.

#### Essential Public Health Service 7: Link people to needed personal health services, and ensure the provision of health care when otherwise unavailable.

1. Lead or join efforts to increase access to comprehensive culturally competent oral health care that includes health promotion, prevention, and treatment services.
2. Partner with the community to establish systems and programs to meet oral health treatment needs (e.g., for individuals with special health care needs, for families who are homeless).
3. Partner with the community to identify and establish systems and programs that include preventive services (e.g., school-based/linked dental sealant and fluoride programs, mouth guard programs, early-childhood-caries-prevention programs).
4. Link individuals to appropriate oral health services (e.g. using care coordination mechanisms, patient navigators).

#### Essential Public Health Service 8: Ensure a competent public health and personal health care work force.

1. Ensure appropriate presence of community oral health programs in the LPHA and state organizational structure and decision-making processes.
2. Apply appropriate public health competencies to the recruitment, training, and development of the community oral health director and work force.
3. Assess the dental public health competencies of community oral health program staff, and promote these competencies through training, continuing education, and leadership development activities.

4. Provide expertise in developing and implementing public health curricula through partnerships with academia (e.g., public health/dental/medical/allied health students,).
5. Provide educational experiences in community oral health for the future oral health work force.
6. Recruit, train, develop, and retain a diverse and culturally competent oral health work force.
7. Promote the use of effective oral health practices among all professionals and agencies engaged in public health interventions.
8. Promote the use of effective preventive services among oral health professionals and other health professionals in the community.
9. Provide the community oral health program work force with access to the training and resources needed to develop and maintain their competencies.
10. Identify and provides strategies for addressing public- and private-sector shortages in the oral health care work force (e.g., dental health professional shortage area designations, utilization of National Health Service Corps, loan repayment mechanisms).
11. Identify and address barriers to the utilization of oral health services (e.g., transportation, financial, health literacy, language).

Essential Public Health Service 9: Assess effectiveness, accessibility and quality of personal and population-based health services.

1. Evaluate the effectiveness of strategies implemented through the comprehensive health-planning process to achieve the identified goals for the community oral health program.
2. Evaluate the effectiveness and quality of all community oral health programs and activities against evidence-based criteria, and use the information to improve performance and outcomes (e.g., community oral health programs, community health centers).
3. Review the effectiveness of oral health interventions provided by other health professionals (e.g., physicians, nurses) and agencies (e.g., Head Start, maternal and child health, WIC).

Essential Public Health Service 10: Research for new insights and innovative solutions to health problems.

1. Use current data and research findings to develop evidence-based community oral health programs.
2. Collaborate with researchers to actively involve the community in oral health research.
3. Develop research activities in a collaborative fashion so as to provide mutual benefit to all parties.
4. Provide data and expertise to support research that benefits the community's oral health.
5. Involve the community in developing, conducting, and disseminating research.
6. Ensure confidentiality and safety for community members participating in research.
7. Contribute to the evidence base of community oral health programs and the identification of best practices by sharing results of research and program evaluations.

## References

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