



California Oral Health Infrastructure

BACKGROUND

At the core of any successful initiative, big or small, is a solid foundation from which the purpose, functions, activities and accomplishments can be built. This type of infrastructure is as essential in building a state public oral health plan as it is in building a 50-story high-rise.

Today in California, a state oral health program is almost non-existent and the state falls desperately short of meeting its requirements for an oral health infrastructure. Indeed, the State's Office of Oral Health was reduced to an oral health unit in 2010, staffed by one person who is responsible for carrying out all essential functions.

In 2009 the Legislature eliminated all but emergency related dental benefits for adults in the Medi-Cal program. Similarly, the Legislature "indefinitely suspended" funding for the California Children's Dental Disease Prevention Program (CCDDPP) which provided screening, oral health education, and fluoride applications to more than 300,000 school and pre-school children in 32 counties. More than 15,000 children also received dental sealants each year.¹

What used to be a robust program serving California's school children and offering care to many of its citizens has been decimated by budget cuts and program cancellations and what little remains is constantly threatened by additional budget and program cuts.

Solid foundational support for comprehensive state oral health infrastructure in California is an achievable goal. Several other states have such an infrastructure led by a dental director. Such leadership is essential to the ultimate success of a state oral health plan. A dental director, placed prominently in the Administration, who can assertively promote, protect and secure funding for oral health programs, is essential if California is to develop public programs that will be effective in reducing oral health disparities.²

STATE ORAL HEALTH PLAN

According to a report commissioned by the California Dental Association (CDA), *California's State Oral Health Infrastructure: Opportunities for Improvement and Funding*, conducted by Joel Diringer, JD, MPH and Kathy Phipps, DrPH, RDH, the following were key elements for success in other states with strong statewide oral health programs.

- **Leadership:** The most critical element for an effective state oral health office is leadership. It is essential to have a person with an oral health background and a public health orientation, coupled with a vision for how to improve the oral health status of a state.
- **Strong support from the state health department and policymakers:** Support and understanding from leadership in the state health department, as well as those in policymaking roles within the executive and legislative branches is important.
- **Visibility in state agency:** A state oral health office must have sufficient visibility in the state health department to be considered a core component of the health infrastructure and the department's budget. Access to department heads and policymakers is key to developing and implementing strategic agendas.
- **State legislation establishing an office of oral health and director position is helpful but not essential:** Some states with strong oral health offices do not have any legislative mandate for such an office, and having a legislative mandate does not guarantee an effective office.

LEGISLATIVE AND EXECUTIVE RESOURCE HANDBOOK



- **Models and infrastructure support are readily available from the Centers for Disease Control and Prevention (CDC) and Association of State and Territorial Dental Directors (ASTDD):** These agencies have national standards for offices of oral health, tools and have national standards for offices of oral health, tools and roadmaps for developing a strong infrastructure, funding and valuable technical assistance.
- **Not all work needs to be done by the state:** Successful state dental directors emphasized that the state oral health office does not generally operate large programs, but rather partners with other agencies in the public and private sectors to implement them.
- **Doing something is better than doing nothing:** It took a number of years for the successful programs to develop. Rather than trying to plan and implement all components at one time, the directors developed the programs over time. Having a strong leader, developing an oral health plan in partnership with statewide coalitions, and accessing available funding are important first steps.

FEDERAL SUPPORT

States with strong oral health programs rely heavily on federal support. One of the biggest advantages to establishing a more solid and comprehensive state infrastructure program in California that includes a dental director would be the ability for the state to draw down additional resources and funding from the federal government.

The Patient Protection and Affordable Care Act (PPACA), otherwise known as federal healthcare reform, significantly expands federal funding for oral health. It expands CDC's funding for oral health infrastructure from the current 16 states to all states. It also expands funding for school-based sealant programs to all 50 states. These funds must be requested by a state, and only state agencies can be the recipient of these funds.³

California should be in a place to take advantage of these funds at every opportunity. The state continues to lose these resources by not having the appropriate infrastructure in place.

PUBLIC & PRIVATE COLLABORATION

Certainly, there is recognition that today we live in a world of limited resources, especially government resources at a state level. This type of economic climate creates many

opportunities for partnerships between public agencies and private organizations interested in achieving the same goals. Again, noted in the report commissioned by CDA, Mr. Diring describes the benefits of collaboration:

- **Coalitions and partnerships at the statewide and local levels, both in and out of government, are critical.** State oral health programs rely heavily on coalitions and partnerships to develop and implement their strategies. These partners include associations of dental professionals, educational institutions, dental plans, local health jurisdictions, health advocates and policymakers. It is also important for oral health offices to develop strong relationships with other state departments such as Medicaid, Title V Maternal and Child Health programs, professional licensing and education.
- **Build on successes and existing programs and resources.** California is fortunate to have a wide array of programs and funders such as dental schools, engaged dental and dental hygienist associations, First 5 commissions, oral health advocacy groups, school-based programs, a statewide oral health access coalition and private philanthropies. Building on these programs and drawing from their experiences and resources will support the success of an oral health program.
- **Build partnership and "champion" strategies.** Developing and strengthening programs requires strategies for building partnerships and champions. Having strong champions for oral health on local and statewide levels is critical to garnering support from policymakers and funding sources. The nurturing of



these partnerships is an essential part of successful programs.

Health Literacy

Health literacy initiatives are promoted by public health advocates, government agencies, and organized dentistry and are widely considered an important part of efforts to improve the health outcomes of disadvantaged populations.

populations. Raising the dental IQ of all Californians should be a core principle for a state oral health program. For many reasons, health literacy programs can be a significant undertaking. Health literacy programs can be very expensive, outcomes are difficult to define and measure, and as important as these programs are, they have some limitations. A solid infrastructure could work to overcome some of these barriers and incorporate a robust program for improving oral health literacy in the state.

SURVEILLANCE

Beyond the essential functions described here - of program development, maximizing funding and partnerships, and supporting expanded oral health literacy - another key function of a state oral health program is surveillance: the ability to measure disease incidence and evaluate the success of programs and strategies.

Building a surveillance system that monitors and reports the burden of oral disease allows oral health programs to track progress on key indicators, develop new strategies and highlight its successes to policymakers and the public. Having accurate data is critical to decision making and garnering support from partners and policymakers.⁴

CONCLUSION

The state of California has a responsibility to meet the oral health needs of its most vulnerable populations. The state should immediately begin to work on building that foundational support for a comprehensive state public oral health infrastructure. To achieve those goals, the state should begin with the following principles:

- Hire a dental director with dental public health experience;
- Develop an oral health plan building on what exists throughout California;
- Work with existing stakeholders and programs;
- Seek federal and private funding to support programs; and
- Develop new childhood dental disease prevention programs

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RESOURCES

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1-4. Diringer, J, Phipps, K. (2010) *California's State Oral Health Infrastructure: Opportunities for Improvement and Funding.*

ASTDD Guidelines for State and Territorial Oral Health Programs: www.astdd.org

ASTDD State Oral Health Program Competencies: www.astdd.org