

Date:
Site:

Number of participants:

Environment Assessment Form -- Support for Public Oral Health

Consider each of the following as they relate to the general support for public oral health in your state including support for the oral health unit, surveillance systems, coalition, etc. If a particular policy or mandate is not in place in your state, indicate in the comments section and report if the lack of this policy inhibits, supports, or is neutral regarding the promotion of public oral health programs in your state.

I		STRUCTURES AND PROCESS										Comments
		Strongly Inhibits				Neutral				Strongly Supports		
A		Governor's Office										
1	Presence of champion for oral health within the governor's office	-4	-3	-2	-1	0	1	2	3	4		
2	State government planning process (Governor, administration etc.)	-4	-3	-2	-1	0	1	2	3	4		
3	Governor's agenda	-4	-3	-2	-1	0	1	2	3	4		
B		Legislature										
1	Presence of legislative champion for oral health	-4	-3	-2	-1	0	1	2	3	4		
2	Legislature leadership supportive of oral health	-4	-3	-2	-1	0	1	2	3	4		
3	Legislative agenda	-4	-3	-2	-1	0	1	2	3	4		
C		Health Department (Agency)										
1	Presence of oral health champion within the health department	-4	-3	-2	-1	0	1	2	3	4		
2	Health department policy	-4	-3	-2	-1	0	1	2	3	4		
3	Health department planning process	-4	-3	-2	-1	0	1	2	3	4		
4	Health department agenda	-4	-3	-2	-1	0	1	2	3	4		
5	Reporting lines of authority between the OH Unit and the department/agency	-4	-3	-2	-1	0	1	2	3	4		
6	Health department leadership	-4	-3	-2	-1	0	1	2	3	4		
7	State chronic disease coordinator	-4	-3	-2	-1	0	1	2	3	4		
8	State public health officer	-4	-3	-2	-1	0	1	2	3	4		
9	OH placement in agency organizational chart	-4	-3	-2	-1	0	1	2	3	4		
10	Division of public health functions (in one agency or several)	-4	-3	-2	-1	0	1	2	3	4		
11	Hiring process/policy	-4	-3	-2	-1	0	1	2	3	4		
12	Stability of organization (reorganization happens often or not)	-4	-3	-2	-1	0	1	2	3	4		
13	Competition for visibility and dollars among chronic disease programs	-4	-3	-2	-1	0	1	2	3	4		
14	Agency budget and fiscal priorities	-4	-3	-2	-1	0	1	2	3	4		
D		Oral Health Unit (department)										
1	Involvement of dental director in infrastructure development	-4	-3	-2	-1	0	1	2	3	4		
2	Ability for all staff to be involved in strategic planning and direction	-4	-3	-2	-1	0	1	2	3	4		
3	Succession planning for state dental director	-4	-3	-2	-1	0	1	2	3	4		
4	Location of oral health staff (centralized or decentralized)	-4	-3	-2	-1	0	1	2	3	4		
5	OH distance from state health officer -- lines of reporting and access to	-4	-3	-2	-1	0	1	2	3	4		
6	Presence of an OH program coordinator	-4	-3	-2	-1	0	1	2	3	4		
7	Ability to work with diverse populations	-4	-3	-2	-1	0	1	2	3	4		

		Strongly Inhibits				Neutral				Strongly Supports				Comments	
E	Local Boards of Health														
1	State agency authority over local HDs	-4	-3	-2	-1	0	1	2	3	4					
F	Partners														
	Presence of oral health champions														
1	outside of the health department or OH Unit	-4	-3	-2	-1	0	1	2	3	4					
2	Ability to collaborate with other states	-4	-3	-2	-1	0	1	2	3	4					
3	Location of other chronic disease programs within your state agencies	-4	-3	-2	-1	0	1	2	3	4					
4	Oral health advocacy groups	-4	-3	-2	-1	0	1	2	3	4					
5	Private foundation support	-4	-3	-2	-1	0	1	2	3	4					
6	Medicaid agenda/policy	-4	-3	-2	-1	0	1	2	3	4					
7	Support from nontraditional partners	-4	-3	-2	-1	0	1	2	3	4					
8	Level of interagency collaboration	-4	-3	-2	-1	0	1	2	3	4					
9	Existence of MOUs/MOAs	-4	-3	-2	-1	0	1	2	3	4					
10	between OH Unit and other oral health programs	-4	-3	-2	-1	0	1	2	3	4					
G	Legislation/policy														
1	Practice Act	-4	-3	-2	-1	0	1	2	3	4					
2	Mandatory screening	-4	-3	-2	-1	0	1	2	3	4					
3	Loan repayment programs	-4	-3	-2	-1	0	1	2	3	4					
4	Other (explain: _____)	-4	-3	-2	-1	0	1	2	3	4					
H	Other														
1	Geography of state	-4	-3	-2	-1	0	1	2	3	4					
2	Population (urban/rural/frontier)	-4	-3	-2	-1	0	1	2	3	4					
3	Relations between the OH Unit and the water department (or unit responsible for fluoridation)	-4	-3	-2	-1	0	1	2	3	4					
4	Ability to address special populations in your state	-4	-3	-2	-1	0	1	2	3	4					

II	RESOURCES	Strongly Inhibits				Neutral				Strongly Supports				Comments	
1	Financial resources for oral health Unit	-4	-3	-2	-1	0	1	2	3	4					
2	Financial resources for health education promotion	-4	-3	-2	-1	0	1	2	3	4					
3	Health department human resources	-4	-3	-2	-1	0	1	2	3	4					
4	Presence of dental director	-4	-3	-2	-1	0	1	2	3	4					
5	Access to epidemiologic support	-4	-3	-2	-1	0	1	2	3	4					
6	Access to evaluation support	-4	-3	-2	-1	0	1	2	3	4					
7	Access to sealant coordinator	-4	-3	-2	-1	0	1	2	3	4					
8	Access to fluoridation manager	-4	-3	-2	-1	0	1	2	3	4					
9	Access to program manager	-4	-3	-2	-1	0	1	2	3	4					
10	Access to communication specialist	-4	-3	-2	-1	0	1	2	3	4					
11	Access to health education specialist	-4	-3	-2	-1	0	1	2	3	4					
12	Access to coalition coordinator	-4	-3	-2	-1	0	1	2	3	4					
13	Access to dental consultants	-4	-3	-2	-1	0	1	2	3	4					
14	Access to support staff	-4	-3	-2	-1	0	1	2	3	4					
15	Fiscal department human resources	-4	-3	-2	-1	0	1	2	3	4					
16	Web presence	-4	-3	-2	-1	0	1	2	3	4					
17	Expertise in the state to promote program growth	-4	-3	-2	-1	0	1	2	3	4					
18	Academic programs	-4	-3	-2	-1	0	1	2	3	4					
19	Medicaid coverage	-4	-3	-2	-1	0	1	2	3	4					
20	Oral health Unit leadership team	-4	-3	-2	-1	0	1	2	3	4					
21	Numbers of partner organizations	-4	-3	-2	-1	0	1	2	3	4					
22	Number of partnerships with other chronic disease programs	-4	-3	-2	-1	0	1	2	3	4					
23	Number of contract employees v. number of state staff	-4	-3	-2	-1	0	1	2	3	4					

III	CLIMATE/CULTURE	Strongly Inhibits				Neutral				Strongly Supports				Comments
1	Legislative history of using data to direct fiscal decisions	-4	-3	-2	-1	0	1	2	3	4				
2	Health department emphasis on using data to direct program and fiscal decisions	-4	-3	-2	-1	0	1	2	3	4				
3	OH Unit history of using data to direct program and fiscal decisions	-4	-3	-2	-1	0	1	2	3	4				
4	Legislature focus on intervention vs. prevention programs	-4	-3	-2	-1	0	1	2	3	4				
5	Health department focus on intervention vs. prevention programs	-4	-3	-2	-1	0	1	2	3	4				
6	OH Unit focus on intervention vs. prevention programs	-4	-3	-2	-1	0	1	2	3	4				
7	Statewide norms and values (high valuation of oral health as a public health issue)	-4	-3	-2	-1	0	1	2	3	4				
8	Ability to recognize that oral health services are a party of primary care by those outside of the OH Unit	-4	-3	-2	-1	0	1	2	3	4				
9	Communication between OH Unit and governor's office/staff	-4	-3	-2	-1	0	1	2	3	4				
10	Communication between OH Unit and legislature	-4	-3	-2	-1	0	1	2	3	4				
11	Communication between OH Unit and state public health officer	-4	-3	-2	-1	0	1	2	3	4				
12	Communication between OH Unit and state chronic disease coordinator	-4	-3	-2	-1	0	1	2	3	4				
13	Communication between OH Unit and local boards of health or HDs	-4	-3	-2	-1	0	1	2	3	4				
14	Relationship between OH Unit and other oral health organizations in the state	-4	-3	-2	-1	0	1	2	3	4				
15	Relationship between OH Unit and general public	-4	-3	-2	-1	0	1	2	3	4				
16	Relationship between OH Unit and private care providers	-4	-3	-2	-1	0	1	2	3	4				
17	Relationship between OH Unit and state dental society	-4	-3	-2	-1	0	1	2	3	4				
18	Relationship between OH Unit and state hygiene society	-4	-3	-2	-1	0	1	2	3	4				
19	Relationship between state dental society and legislature	-4	-3	-2	-1	0	1	2	3	4				
20	Relationship between state dental hygiene society and legislature	-4	-3	-2	-1	0	1	2	3	4				
21	Public education/awareness of oral health and disease	-4	-3	-2	-1	0	1	2	3	4				
22	Attitudes towards dental visits within the general population	-4	-3	-2	-1	0	1	2	3	4				
23	Attitudes towards public health efforts in general within the general population	-4	-3	-2	-1	0	1	2	3	4				
24	General state government value of oral health as a public health issue	-4	-3	-2	-1	0	1	2	3	4				
25	General support for growth in public oral health programs from the "outside-in" (i.e., outside groups have a loud voice for growing PH-OH programs)	-4	-3	-2	-1	0	1	2	3	4				
26	General support for growth in public oral health programs is from the inside-out (health department has the loudest voice)	-4	-3	-2	-1	0	1	2	3	4				

IV	INFRASTRUCTURE ELEMENTS	Strongly Inhibits				Neutral				Strongly Supports				<u>Comments</u>	
1	Staff capacity within the state OH program	-4	-3	-2	-1	0	1	2	3	4					
2	Comprehensive burden document	-4	-3	-2	-1	0	1	2	3	4					
3	Comprehensive state plan	-4	-3	-2	-1	0	1	2	3	4					
4	Diverse, statewide coalition	-4	-3	-2	-1	0	1	2	3	4					
5	Surveillance system/measures that provide the data needed for stakeholders, program evaluation, and program growth	-4	-3	-2	-1	0	1	2	3	4					
5a	Surveillance system as it specifically relates to ability to provide information for program evaluation	-4	-3	-2	-1	0	1	2	3	4					
5b	Surveillance data specifically for children not yet school age	-4	-3	-2	-1	0	1	2	3	4					
5c	Surveillance data specifically for school-aged children	-4	-3	-2	-1	0	1	2	3	4					
5d	Surveillance data specifically for adolescents	-4	-3	-2	-1	0	1	2	3	4					
5e	Surveillance data specifically for adults	-4	-3	-2	-1	0	1	2	3	4					
5f	Surveillance data specifically for senior population	-4	-3	-2	-1	0	1	2	3	4					
5h	Surveillance data specifically for special needs populations	-4	-3	-2	-1	0	1	2	3	4					
6	Policy development	-4	-3	-2	-1	0	1	2	3	4					
7	Partnerships	-4	-3	-2	-1	0	1	2	3	4					
8	Fluoridation management	-4	-3	-2	-1	0	1	2	3	4					
9	Evaluation capacity and use	-4	-3	-2	-1	0	1	2	3	4					
10	Fluoridation campaigns														
11	School-based/school-linked dental sealant programs	-4	-3	-2	-1	0	1	2	3	4					

V Comments:

- 1 Further explain organization chart and advantages or challenges presented
 - 2 Further explain health department's mission (i.e., direct services, health education, etc) and describe how that affects the program
 - 3 Further describe the expertise available in your state (i.e., university public health program, evaluation consultant availability, dental/hygiene schools, etc)
 - 4 Additional comments regarding the climate/culture in the state that impacts ability to implement program.
 - 5 Who influences what funding you can apply for and what programs funding is to be directed? How does this affect your program?
 - 6 Who influences what can be written in your annual and semi-annual reports and how does this affect your program?
 - 7 Who influences what data/reports can be published and how does this affect your program?
 - 8 Please provide a copy of your health department's mission statement as well as one for the oral health unit.
- 9 Is your organizational structure:**
- a Super agency: public health functions distributed across several agencies within the superagency.
 - b Embedded: public health functions performed by a single agency (Dept. of Public Health) within the superagency.
 - c Freestanding: (Department of Public Health is its own agency).
- 10 In your opinion, what is the single major supporting factor that has contributed to your overall program development and implementation?
 - 11 In your opinion, what is the single major inhibiting factor that has hindered your overall program development and implementation (not including staff or funding levels)?

VI	ADDITIONAL INPUT	Strongly Inhibits				Neutral				Strongly Supports				<u>Comments</u>	
1	Presence of state mandate for OH program. Please provide a copy of language.	-4	-3	-2	-1	0	1	2	3	4					
2	State-level legislation/policy on community water fluoridation. Provide copy of language if applicable.	-4	-3	-2	-1	0	1	2	3	4					
3	Ability of OH Unit to provide decision makers with information beyond data alone.	-4	-3	-2	-1	0	1	2	3	4					
4	Ability of OH Unit to draft legislation/policy.	-4	-3	-2	-1	0	1	2	3	4					
5	Ability of OH Unit to provide training and technical assistance for building local capacity.	-4	-3	-2	-1	0	1	2	3	4					
6	Current level of local capacity building efforts.	-4	-3	-2	-1	0	1	2	3	4					
7	Ability for OH Unit to access outside T/A -- from national sources.	-4	-3	-2	-1	0	1	2	3	4					
8	Ability for OH Unit to access outside T/A -- from other states.	-4	-3	-2	-1	0	1	2	3	4					