North Dakota Children's Oral Health Conference: Mapping the Future for Access

November 2, 2007
Fargo, North Dakota

A Report of Activities and Outcomes, Including Use of the Policy Development Tool, developed by the Children's Dental Health Project in Cooperation with the CDC Division of Oral Health

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The conference held in Fargo on November 2, 2007 provided a tremendous opportunity to bring together oral health advocates, discuss North Dakota oral health issues, learn about state and national oral health initiatives, and to facilitate critical thinking about the state's ongoing oral health policy. Fifty-six individuals attended the full-day conference, representing public health, private practice dentists and dental hygienists, the state dental association, Medicaid, Head Start, the Indian Health Service, and others. The diversity of the audience was evident in the agencies and organizations represented.

The conference began with welcoming remarks by representatives of the sponsoring organizations: the North Dakota Oral Health Coalition chair, Janelle Johnson, the North Dakota Dental Association President, Lana Schlecht and the North Dakota Department of Health Oral Health Program Director, Kimberlie Yineman. A keynote presentation by Rick Berg, Majority Leader of the North Dakota House of Representatives, provided insight into recent legislative events and priorities. The presentation titled "wheretheheckisnorthdakota" by conference facilitator Dr. Lynn Mouden gave direction to oral health issues and policy development. Mary Foley, Dean of the Forsyth School of Dental Hygiene, discussed national perspectives on oral health in her session titled "From the Beltway to I-94." Mr. John Holtze, Director of the American Dental Association Department of State Government Affairs, provided perspective from the ADA.

The afternoon session began with a panel discussion delineating the current state of oral health in North Dakota. Panelists included Dr. Mike Goebel, a pediatric dentist from Bismarck; Kimberlie Yineman, RDH, Director of the North Dakota Oral Health Program; Dr. JoAnne Luger, a dentist who serves as a contractor to the Indian Health Service; Jodi Hulm, Director of Medicaid for the North Dakota Department of Human Services; Dr. Rob Lauf, a private practice dentist and former chair of the ADA Council on Access, Prevention and Interprofessional Relations; Linda Rorman, Administrator of the North Dakota Head Start State Collaboration Office; and State Senator Judy Lee.

Use of the policy tool was facilitated by Dr. Lynn Mouden, Director of the Arkansas Office of Oral Health and Immediate Past-president of the Association of State and Territorial Dental Directors. Dr. Mouden led one of the efforts to pilot the policy tool in mid-2007. Because of the large expected attendance (56),

the policy tool discussions were to be held in small discussion groups of 5-8 at separate tables. Table facilitators were provided instruction packets in advance of the conference (see Appendix 1) and met with Dr. Mouden before the day's events began.

The policy issues to be discussed were determined by the small groups. Following 15 minutes of small group discussion, they each reported their five top policy issues. While some overlap did occur from the seven small group lists, a total of 21 potential policies were brought forward. The potential policies collected on Worksheet 1 (see Appendix 2) included:

Increased funding for Medicaid dental reimbursement
Interdisciplinary training for oral health
Increased funding for prevention activities
Increased programs for oral health awareness
Required dentists' participation in Medicaid
Requiring dental exams for school admission
New dentist loan repayment for working in public health settings
Collaborative practice for dental hygienists
Grants for prevention activities
Legislation for expanded functions by dental hygienists
Dental student rotations in community clinics
Increased salaries for conducting prevention activities
Funding for xylitol programs
Nutritional guidelines for children
Funding for public health dental clinics
Decreasing no-shows among Medicaid patients
Early oral health education
Mobile dental programs
Programs to promote and fund public health dentists and hygienists
Oral health education in public and private non-dental programs
Using Medicaid funds to purchase private dental insurance

Through open discussion and a show of hands, the top five policies were chosen:

Increased funding for Medicaid dental reimbursement (46)
Increased programs for oral health awareness (35)
Legislating expanded functions by dental hygienists/collaborative practice (35)
Dental student rotations in community clinics (32)
New dentist loan repayment for working in public health settings (30)

Small groups then worked with their table facilitators in making decisions about the potential opportunities for policy change or systems development. Policy opportunities were developed using Worksheet 2 (see Appendix 3) and reported to the group as a whole. An Excel spreadsheet was used to record the tables' scores and to arrive at the average score (see Figure 1). Potential policies were then ranked according to the average scores.

Figure 1 – Policy opportunity scoring spreadsheet

	increased Medicaid reimbursement	dental student rotations in CHCs	oral health awareness	loan repayment in PH settings	expanded functions/ collab practice
Opportunity Ranking					
group 1	19	8	14	13	15
group 2	11	12	11	14	19
group 3	17	11	20	12	14
group 4	16	9	15	15	13
group 5	17	14	15	14	7
group 6	18	7	16	16	17
group 7	18	10	17	16	16
AVERAGE	16.6	10.1	15.4	14.3	14.4

1. Increased Medicaid reimbursement
2. Oral health awareness
3. Expanded functions/collaborative practice
4. Loan repayment in public health settings
5. Dental student rotations in community health centers

Following a break and instructions for the feasibility scoring, small groups again worked to reach a consensus score on each of the potential policies against 18 different criteria using Worksheet 4 (see Appendix 4). An Excel spreadsheet was again used to record the tables' scores and to arrive at the average score (see Figure 2).

Figure 2 – Policy feasibility scoring spreadsheet

	increased Medicaid reimbursement	dental student rotations in CHCs	oral health awareness	loan repayment in PH settings	expanded functions/ collab practice
Feasibility Ranking					
group 1	17	20	12	25	17
group 2	15	14	3.2	27	14
group 3	17	13	35	25	2
group 4	19	24	34	24	23
group 5	13	0	13	11	0
group 6	25	20	23	28	39
group 7	18	29	24	31	15
AVERAGE	17.7	17.1	20.6	24.4	15.7

Policy opportunity scores were then added to feasibility scores to arrive at a final total (see Figure 3). Policies were then ranked according to the total scores. Table scoring was collected from Worksheet 3 (see Appendix 5).

Figure 3 – Opportunity + feasibility score sheet

	increased Medicaid reimbursement	dental student rotations in CHCs	oral health awareness	loan repayment in PH settings	expanded functions/ collab practice
Opportunity Ranking					
AVERAGE	16.6	10.1	15.4	14.3	14.4
Feasibility Ranking					
AVERAGE	17.7	17.1	20.6	24.4	15.7
TOTAL SCORE	**34.3**	**27.3**	**36.0**	**38.7**	**30.1**
FINAL RANKING	**3**	**5**	**2**	**1**	**4**

The facilitator then led the full group in a discussion of the sixteen steps of the Policy Tool Part Two necessary to bring a potential policy to fruition. Discussion included an analysis of strengths, weaknesses, opportunities and threats (SWOT); planning; designing a consistent message; determining the messenger; evaluating historical and best practices from other states and programs (see Appendix 6). While it could have been useful to have had a more in-depth discussion of action steps, the attendees had been actively involved in the conference for more than seven hours and continuing the discussion beyond 4:30 PM would not have been useful.

Attendees were asked to completed evaluations of both the conference and use of the policy tool. A summary of the policy tool evaluations showed that the vast majority of attendees appreciated the utility of the tool. Several people mentioned that the feasibility scoring was difficult and that it would have been ideal to have more time allowed for the policy tool exercise.

It is interesting to note that an original impetus for the conference was the defeat of a Medicaid rate increase in the 2007 North Dakota legislative session. Conference organizers had thought a directed policy development exercise would have led to a broad consensus among the diverse audience for a renewed effort on Medicaid rates. However, the feasibility exercise moved the Medicaid fee increase policy from #1 to #3.

The Children's Dental Health Project / CDC Division of Oral Health Policy Development Tool proved to be a useful exercise in critical thinking about oral health policy. The North Dakota experience proved that the tool could be used in a large group setting by using experienced facilitators.

Appendix 1 – Facilitator instructions

North Dakota Children's Access Summit

Ready to Move, But Where's the Map?

A Tool for Setting Oral Health Priorities
and Moving Oral Health Policy and Systems Development in States
(with deep appreciation to the Children's Dental Health Project, Washington, DC)

INTRODUCTION FOR FACILITATORS

(Facilitator instructions are in **bold underlined**)

As a facilitator, you will be helping the Summit attendees work through the steps of the Policy Tool. Following a brief introduction and instructions to the attendees, you will work in small groups in three separate stages: 1) list opportunities for policy change, 2) rate opportunities related to various outside factors, and 3) determine the feasibility of moving forward on a policy change. After finishing the three breakout sessions, the group will again discuss the proposed policies and work through the steps to see how policy can be brought from discussion to fruition. By reading through this brief background, you are a step ahead of your table group and can help them move easily through the process.

Assessing Opportunities and Developing a Plan for Policy Change and Systems Development

Increasing access to optimum oral health involves building leadership, utilizing proven community-based prevention interventions, maximizing health systems and maintaining an adequate dental health work force.

Support systems also need to be developed to sustain oral health initiatives. State plans, coalitions and partnerships are integral to successful programs. Strategies for developing policy changes that support oral health initiatives are important and may sustain long-term oral health activity at the state level.

How can a state prioritize actions, gain momentum, be recognized for its successes, yield the greatest good for the effort involved, and establish the path to further growth and stability? The Children' Dental Health Project through a cooperative agreement with the Centers for Disease Control and Prevention has developed this tool to assist states in assessing opportunities for and developing systems and policy change.

This is a two-part tool designed to assist states to do two things:

- Part I - Assess Opportunities for Socio-Political, Policy and Systems Change - in three separate steps
- Part II – Develop Policy Action or Systems Development Plan

Background

Policy Making and Oral Health

Policymaking is a process of decision-making through which programs are prioritized and resources (e.g. time, personnel, dollars, programmatic authorizations) are allocated. Often defined as a "plan of action," a policy determines what is and is not possible with the resources available. Priorities may also be determined based on factors such as the perceived importance of the issue or the timeliness of the application. There are decision-makers at all levels in state government. The primary policymakers are the Governor and the Legislature. Decisions made by each and every authority who sits between the oral health community and the Governor (e.g. Legislators, Health and Human Services Secretary, Health Director, MCH Director, etc) effectuates policy by allocating resources "down the food chain."

Partner organizations also are governed by policymakers who are typically elected officers of associations and executives and boards of private businesses. In a world of finite resources, every decision that allocates resources and those that require no resources belie an underlying policy and reflect the authority of the policymaker. The dental community acts as a policymaker, working with planning, budget, personnel, and programmatic authorities to optimize oral health improvements in the state

At all levels and in all circumstances, systems and policy changes are ultimately evidenced through programs and subsequent actions. For example, in one state, an elected official championed a legislative initiative to mandate dental screenings for children entering school. This resulted in legislation that mandates that children at grades K, 2 and 6 receive a dental exam prior to school entry.

This legislation, while welcomed by the state health department, resulted in a problem. There are not enough dentists to provide exams for all the children in this state. The oral health program has worked with the education system to develop a waiver policy. It will take advantage of the opportunity to gather data on children who are unable to receive exams and data about children who do receive exams.

Broad Use of the Policy Tool

The Policy Tool is designed to be used broadly. While the description above involves technical assistance and education to policymakers related to one kind of policy outcome, opportunities for a wide range of initiatives and programs can also be addressed using the Policy Tool. For example, the Policy Tool process might identify a Social Marketing Campaign focused on dental access as an important priority. A coalition or other working group can use to the Policy Tool to systematically address the factors involved in an initiative or program and how to move from plan to action.

In sum, policies create the environmental opportunities and constraints that allow for advocates to develop, implement, and manage their efforts. The dental community, and oral health advocates, need to be able to respond to these

opportunities or to create new opportunities in order for their action plans to be realized and their preventive efforts to succeed.

Policy Tool

Part I - Assessing Opportunities for Policy Change and Systems Development

The assessment component of the tool considers scientific data collection, professional judgment, community input, and feasibility. Based on this information, a state may better understand the actual and perceived needs of communities and weigh that knowledge within the context of the environment or climate at any particular time. Repeating this process periodically allows you to take advantage of opportune times to influence and move policy for the improvement of oral health resources and services.

The following three steps are a systematic approach to assessing which policy areas or systems development may be chosen as a priority for a designated period of time. Each step is designed to "score", in a practical fashion, an aspect of the potential initiative under consideration. It is best to do this activity in a group that includes decision makers and stake holders. Each score will be added to the next and eventually measured against reality by looking at the feasibility of carrying out the activity. In this way, a group may conclude that what may have appeared to be an opportunity may in fact not be "doable" in the time period designated. Or the group may discover that an activity that originally did not stand out, once measured against these criteria, is a real opportunity.

Before beginning, be sure to designate the period of time in which the activity will take place. Each initiative should be considered within that specific time frame.

<u>Facilitators: Have one person at your table serve as "recorder" to take notes during the breakouts, and another as "reporter" to speak for the group as we come back together each time.</u>

Policy Tool: Part I: Assessing Opportunities for Policy Change or Systems Development

Step 1: Review potential opportunities for change:

If your state already has a process for identifying and implementing potential opportunities for policy change or systems development, review and briefly note here how the process is intended to work and whether it is meeting its potential.

<u>Facilitators: if your group thinks this process is in place, note how that system is intended to work. If no such process is identified, move to the next step.</u>

List opportunities for policy change or systems development identified as part of your Oral Health Plan or other source:
<u>Facilitators: While staying within the announced time limit, please allow open, creative thinking. This is a "no idea is a bad idea" session.</u>

(1) ______________________________________

(2) ______________________________________

(3) ______________________________________

(4) ______________________________________

(5) ______________________________________

Have these policy opportunities been prioritized by your coalition or other groups?

Prioritized? ____ yes ______ no

Facilitators: We will have narrowed the discussion to no more than 5 potential policies. For each one, help your table come to a quick consensus on how it rates on the following criteria. List the policies under each criterion. The recorder will circle the agreed upon score.

Step 2. List your identified opportunities (for policy/systems change) in the middle column and rate each opportunity based on the question posed.

Ask:	About each opportunity:	What Rating? Low Moderate High

To what extent is there a **problem** that is quantifiable through **data** sources (e.g. burden document)?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

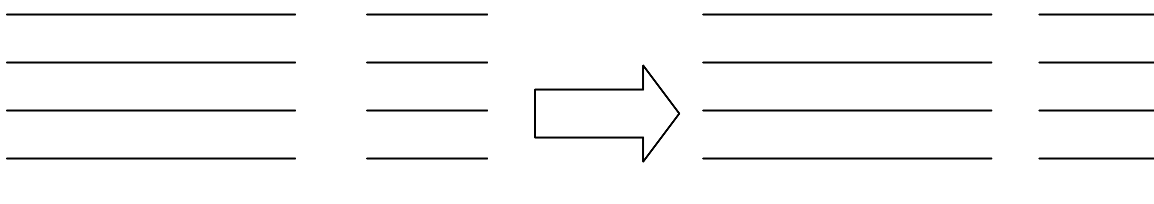
To what extent will the policy or systems change **reach** the intended target **population**?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

To what extent does the **community** perceive a **need** for a policy or systems change (e.g., based on surveys or media reports)?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

To what extent do **oral health advocates** believe in the **urgency** for change in this area?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

Facilitators: Add the score for each policy (one score from each criteria). Re-rank the policies by score, high to low.

Total the scores for each: **Re-rank by score, high to low:**



Step 3: Factor in Feasibility for a final rank order of proposed policy or systems development initiatives:

What environmental factors compete to create barriers or opportunities to succeed?

- **How difficult will it be?**
- **How likely is it to happen?**

To make it simple, a format has been devised that allows for coding (-3 to +3) based on selected policy "areas" (e.g. resources, partnerships).

Facilitators: use the Feasibility score sheet, one for each identified policy that will be provided for each table. Help your table come to a quick consensus on each of the areas, scoring it from -3 to +3.

To add a "Feasibility" score:

5) Use the feasibility template from the last page
6) Consider whether any area should be "weighted" (e.g., timing may be particularly auspicious because of circumstances that have focused public attention on an issue of oral health)
7) Complete the coding for each policy or systems development topic
8) Add the Feasibility score to each topic as rank in Step 2

Rank order from Step 2	List Feasibility Score:
1) ____________________	______
2) ____________________	______
3) ____________________	______
4) ____________________	______
5) ____________________	______

After final brainstorming, ask the group to order the policy or systems development opportunities:

Final Rank:

1) ____________________
2) ____________________
3) ____________________
4) ____________________
5) ____________________

<u>Facilitators: Unless unforeseen issues arise, this section will be conducted as a committee of the whole in open discussion.</u>

Part II: Developing a Policy Action or Systems Development Plan

The second part of the tool addresses options for capitalizing on or creating opportunities. Once priorities are established, this tool considers the basic sequential steps for formulating and moving public policy or systems development. This section stresses the importance of the role of state oral health stakeholders in providing technical assistance and education based on the evidence developed through burden documents, surveillance efforts, and evaluation activities. Communication is a key theme both within coalitions and beyond, as individuals engage partners and carry forward their oral health prevention message.

An action plan for policy change or systems development that advances the public's oral health requires a balanced approach between (1) capitalizing on existing opportunities and (2) creating new opportunities. This plan can be applied to a number of desirable outcomes.

While constitutional separation of powers requirements and limitations on lobbying activities preclude some of these steps from being pursued by state employees, they are nonetheless useful, and sometimes indispensable components of moving progressive public policy. State officials can provide the expertise, information, and other background support that can make these approaches possible and effective and can thereby empower their partners and coalition members in moving policy actively, concertedly, and effectively to secure the policies that will be most supportive of your programs.

The basic sequential steps for moving public policy or systems development will be addressed by the group in open discussion. The step-by-step process will provide an orderly method for each element so that those involved in the process can track progress in attaining the desired goal.

Feasibility Scoring

Addressing the feasibility of a policy on______________________________:

	Level 1 (negative)			Level 2 (neutral)		Level 3 (positive)	
	(if a criteria does not seem to apply for the proposed policy, give it a neutral rating = 0)						
Areas of Influence							
Available resources:							
Private funding	-3	-2	-1	0	+1	+2	+3
Public funding	-3	-2	-1	0	+1	+2	+3
Access to OH staff	-3	-2	-1	0	+1	+2	+3
Access to other staff	-3	-2	-1	0	+1	+2	+3
Support from:							
Governor	-3	-2	-1	0	+1	+2	+3
State Legislator(s)	-3	-2	-1	0	+1	+2	+3
Health or social services	-3	-2	-1	0	+1	+2	+3
Org. dentistry/hygiene	-3	-2	-1	0	+1	+2	+3
Communities	-3	-2	-1	0	+1	+2	+3
Past policy focus on this topic:	-3	-2	-1	0	+1	+2	+3
Current “Scope of Practice” regulations Licensing):	-3	-2	-1	0	+1	+2	+3
Other regulations:							
State	-3	-2	-1	0	+1	+2	+3
County	-3	-2	-1	0	+1	+2	+3
Schools	-3	-2	-1	0	+1	+2	+3
Strength of public “voices” (pro’s and con’s):	-3	-2	-1	0	+1	+2	+3
Strength of Partnerships:	-3	-2	-1	0	+1	+2	+3
Timing:	-3	-2	-1	0	+1	+2	+3
Other Areas of Influence:	-3	-2	-1	0	+1	+2	+3

TOTAL FEASIBILITY SCORE: _____________

Worksheet 1

North Dakota Children's Access Summit

Ready to Move, But Where's the Map?

A Tool for Setting Oral Health Priorities
and Moving Oral Health Policy and Systems Development in States
(with deep appreciation to the Children's Dental Health Project, Washington, DC)

Assessing Opportunities and Developing a Plan for
Policy Change and Systems Development

Part I - Assessing Opportunities for Policy Change and Systems Development

Step 1: Review potential opportunities for change:

If your state already has a process for identifying and implementing potential opportunities for policy change or systems development, review and briefly note here how the process is intended to work and whether it is meeting its potential.

List opportunities for policy change or systems development identified as part of your Oral Health Plan or other source:

(6) ____

(7) ____

(8) ____

(9) ____

(10) ____

Have these policy opportunities been prioritized by your coalition or other groups?

Prioritized? ____ yes ______ no

Appendix 3 – Worksheet 2

Worksheet 2

Step 2. List your identified opportunities (for policy/systems change) in the middle column and rate each opportunity based on the question posed.

Ask:	**About each opportunity:**	**What Rating? Low**		**Moderate**		**High**
To what extent is there a **problem** that is quantifiable through **data** sources (e.g. burden document)?		**1**	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
To what extent will the policy or systems change **reach** the intended target **population**?		**1**	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
To what extent does the **community** perceive a **need** for a policy or systems change (e.g., based on surveys or media reports)?		**1**	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
To what extent do **oral health advocates** believe in the **urgency** for change in this area?		**1**	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**
		1	**2**	**3**	**4**	**5**

Total the scores for each: → **Re-rank by score, high to low:**

____________________	________	____________________	________
____________________	________	____________________	________
____________________	________	____________________	________
____________________	________	____________________	________
____________________	________	____________________	________

Appendix 4 – Worksheet 4
Feasibility Scoring

Addressing the feasibility of a policy on______________________________:

	Level 1 (negative)			**Level 2 (neutral)**			**Level 3 (positive)**
	(if a criteria does not seem to apply for the proposed policy, give it a neutral rating = 0)						
Areas of Influence							
Available resources:							
Private funding	-3	-2	-1	0	+1	+2	+3
Public funding	-3	-2	-1	0	+1	+2	+3
Access to OH staff	-3	-2	-1	0	+1	+2	+3
Access to other staff	-3	-2	-1	0	+1	+2	+3
Support from:							
Governor	-3	-2	-1	0	+1	+2	+3
State Legislator(s)	-3	-2	-1	0	+1	+2	+3
Health or social services	-3	-2	-1	0	+1	+2	+3
Org. dentistry/hygiene	-3	-2	-1	0	+1	+2	+3
Communities	-3	-2	-1	0	+1	+2	+3
Past policy focus on this topic:	-3	-2	-1	0	+1	+2	+3
Current "Scope of Practice" regulations (e.g. licensing):	-3	-2	-1	0	+1	+2	+3
Other regulations:							
State	-3	-2	-1	0	+1	+2	+3
County	-3	-2	-1	0	+1	+2	+3
Schools	-3	-2	-1	0	+1	+2	+3
Strength of public "voices" (pro's and con's):	-3	-2	-1	0	+1	+2	+3
Strength of Partnerships:	-3	-2	-1	0	+1	+2	+3
Timing:	-3	-2	-1	0	+1	+2	+3
Other Areas of Influence:	-3	-2	-1	0	+1	+2	+3

TOTAL FEASIBILITY SCORE:_____________

Appendix 5 – Worksheet 3

Worksheet 3

Step 3: Factor in Feasibility for a final rank order of proposed policy or systems development initiatives:

What environmental factors compete to create barriers or opportunities to succeed?

- **How difficult will it be?**
- **How likely is it to happen?**

To make it simple, a format has been devised that allows for coding (-3 to +3) based on selected policy "areas" (e.g. resources, partnerships).

To add a "Feasibility" score:

1) Use the feasibility template from the last page
2) Consider whether any area should be "weighted" (e.g., timing may be particularly auspicious because of circumstances that have focused public attention on an issue of oral health)
3) Complete the coding for each policy or systems development topic
4) Add the Feasibility score to each topic as rank in Step 2

Rank order from Step 2	List Feasibility Score:
1) ______________________	______
2) ______________________	______
3) ______________________	______
4) ______________________	______
5) ______________________	______

After final brainstorming, ask the group to order the policy or systems development opportunities:

Final Rank:

1) ________________________
2) ________________________
3) ________________________
4) ________________________
5) ________________________

Appendix 6 - Policy Tool Part Two: Discussion to Fruition

Policy Tool: Part II Worksheet to Develop a Policy Action or Systems Development Plan

Consider all individuals who make policy as you follow the steps below.

☐ 1. State the *Priority Policy Initiative* (from Part I) as a SMART objective[1]. Know with absolute clarity the goal you seek – exactly what you want to accomplish and what you want the policymaking authority to do.

☐ 2. Have the information necessary to support your desired outcome including
   a. a clear statement of need (using your *oral disease burden document* and *oral disease surveillance system*)
   b. potential result if implemented
   c. dollar costs
   d. value in terms of benefit per dollar to be spent.

☐ 3. Establish a clear argument regarding the
   a. importance
   b. timeliness
   c. public benefit to be derived from your goal relative to other related policy goals that may be sought by others or are of current relevance to policymakers (using your *environmental assessment tool*)

☐ 4. Develop as broad a base of support as you can from your *statewide oral health coalition* members and from your *partnerships* and engage them in reviewing and updating activities.

☐ 5. Assess the competitive environment
   a. detailing arguments in favor of your goal and arguments that others could use to counter your arguments;
   b. detailing the communities of interest that would favor and those that would opposed your desired action.

☐ 6. Identify exactly which policymakers are potentially
   a. most interested in information about the topic area
   b. best positioned by virtue of their policymaking role
   c. most critical to obtaining your desired goal and clarifying exactly why you have identified each. If possible, involve that policymaker in developing your messages and strategic plan.

☐ 7. Identify exactly which policymakers are potentially most opposed to your desired goal and their relative strengths in terms of motivation and position. Determining how to placate or diffuse their potential opposition with evidence that supports oral health promotion outcomes.

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[1] SMART objective: Specific, Measurable, Achievable, Realistic, Timed

☐ 8. Identify efforts in your state that have succeeded in advancing or meeting oral health policy goals (institutional memory can be short and you may have more capital than you realize).

a. review "successes" of all types, including examples such as: chronic disease partners; leadership recognition (e.g. Governor accepts spot a keynote speaker for coalition); corporate sponsors; and widely-accessed web-based materials
b. determine how similar and how different those past efforts were from yours
c. review the "lessons learned" by all involved (including those who have moved to other positions)

☐ 9. Identify efforts from other states that have succeeded in attaining what you seek (as policymakers are favorably disposed to replicating successful efforts from other states) and
a. determine how similar and how different those past efforts were from yours
b. determine how similar and how different the situation that the other state was responding to parallels your own
c. determine what were the "lessons learned" by those who succeeded in the other state(s).

☐ 10. Develop your message(s)
a. with a clear and very succinct statement of goal and value
b. with regard to the targeted policymaker's opportunities and interests (see "hooks")
c. with a strong substantiation of need
d. if necessary, with a recognition of opposition arguments
e. with a clear indication of breadth of support from communities of interest and constituencies
f. with a clear and specific "ask"
g. be able to show how the desired policy goal supports and advances the *state oral health plan* and how its impact will be tracked and reported through the *oral health program evaluation.*

☐ 11. Develop your "message bearer(s)"
a. determine who is/are best positioned to carry the message to the targeted policymaker and why
b. tailor the message to the particular message bearer and targeted policymaker
c. ensure that the message bearer is fully informed about the goal, cost, value, benefits, opposition, timeline, importance, and relevance to the policymaker(s)' interests and opportunities.

☐ 12. Identify supporting strategies that will facilitate the message bearer's potential for success including

a. print and electronic press strategies: e.g. op ed pieces, meetings with influential press editorial staff, human interest stories for use by the press, letters to the editor, background information for reporters.
b. letter writing, hearings and briefings for policymakers, report drafting and dissemination, policy positions by influential organizations.
c. public events: e.g. press conferences, speaking and photo opportunities for policymakers, high visibility events, sponsorships, report releases.
d. private events: e.g. private dinners or meetings for policymakers with key constituents and supporters, engagement of those who have personal relationships with they key policymaker(s).
e. capitalizing and leveraging national associations of state policymakers that may have dealt with your issue

☐ 13. Determine which of these supportive strategies can be appropriately (and legally) provided by you, by your coalition members, by your partners, or by others. Determine what financial, human, and organizational resources are available to support these strategies. Refine these attendant strategies to best fit your overall goal and strategic plan.

☐ 14. Refine your policy action plan by working with key coalition members, partners, and designated message carriers to
a. assure that everyone is in sync and fully supportive of the effort (so that the policymaker won't possibly hear different "asks" from different groups);
b. obtain consensus on exactly who will do what, when, and with whom to carry out the plan;
c. determines how and by whom the process will be tracked, reevaluated, modified, and sustained.

☐ 15. Implement your policy action or system development plan.

☐ 16. Reassess and modify your plan until success is accomplished