North Dakota Oral Health Program
Policy Tool Workshop

June 11, 2010
Bismarck, 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 Bismarck on June 11, 2010 provided a great opportunity to bring together oral health advocates, to discuss North Dakota's political and oral health issues, and to facilitate critical thinking about the state's ongoing oral health policy. Twenty-eight individuals attended the half-day workshop, representing public health, community health centers, dental hygienists, advocacy groups, the state dental and dental hygiene associations, and others. A state legislator also participated in the entire workshop. While some of the attendees had worked with the policy tool during the 2007 workshop, most were previously unfamiliar with the process.

The half-day session began with a welcome by Kimberlie Yineman, Oral Health Program Director and an introduction to the policy tool by facilitator Dr. Lynn Mouden. Attendees introduced themselves and identified any policy experience they may have had. While some people felt they had little or no policy experience, the facilitator helped them understand the many ways and levels in which policy is affected, and that they themselves have addressed.

The policy issues to be discussed were determined by the group as a whole. Each attendee had previously been asked via email to think about potential policy issues. Some attendees brought suggested policy issues and a few had several to offer. In an hour of open discussion, the group developed twenty-five potential policies to consider. Through group discussion, the suggested policies were grouped to eighteen separate issues. The potential policies included:

Committing funds for training dentists to treat special needs patients, with a continuing education requirement
Creating formal linkages and consultations between state and tribal entities
Creating an awareness program on oral health and general health with emphasis on educating legislators
Expanding tobacco education efforts
Creating an integrated scope of practice addressing expanded function dental assistants, public health dental hygienists and 'mid-level providers'
Reauthorizing and expanding a student loan repayment program for dentists with priority on those in pediatric practice, dental safety net clinics and rural practice settings
Simplifying the ability to move temporary state employees to permanent status

Funding an oral health education campaign
Increasing funding for dental Medicaid and safety net dental clinics
Enhancing recruitment programs for dentists to practice in rural settings or treating special needs patients
Identifying funding for purchasing dental equipment in underserved areas
Establishing a safety net dental clinic in southwest North Dakota
Recommending 'omnibus' dental legislation to include prevention programs with appropriate funding
Creating a Medicaid case management program based on the Community Dental Health Coordinator concept
Identifying funding for nursing home dental care
Identifying state funding for safety net dental clinics
Creating a grant-in-aid ("signing bonus") program for dentists establishing practice in underserved areas
Developing an economic development health care program and coalition

An open discussion followed and each attendee was allowed five votes to determine priority policies. Ultimately, five potential policies were chosen:

- Increasing funding for dental Medicaid and safety net dental clinics (26 votes)
- Creating an integrated scope of practice addressing expanded function dental assistants, public health dental hygienists and "mid-level providers" (23 votes)
- Creating an awareness program on oral health and general health with emphasis on educating legislators (21 votes)
  Reauthorizing and expanding a student loan repayment program for dentists with priority on those in pediatric practice, dental safety net clinics and rural practice settings (15 votes)
- Developing an economic development health care program and coalition (9 votes)

The group then worked in open discussion on making decisions about the potential opportunities for policy change or systems development. The policies were scored on whether it was quantifiable, would reach the intended population, community perception of the problem, and advocates' perceived sense of urgency using Worksheet 1. Potential policies were scored and ranked as shown below.

- Developing an economic development health care program and coalition (20 points)
- Increasing funding for dental Medicaid and safety net dental clinics (16 points)
- Reauthorizing and expanding a student loan repayment program for dentists with priority on those in pediatric practice, dental safety net clinics and rural practice settings (16 points)
- Creating an integrated scope of practice addressing expanded function dental assistants, public health dental hygienists and "mid-level providers" (12 points)
- Creating an awareness program on oral health and general health with emphasis on educating legislators (10 points)

Following instruction for the feasibility scoring, the group was divided into three smaller groups to reach a consensus score on each of the potential policies against 18 different

criteria using Worksheet 2. The scores from each small group were recorded and averaged to arrive at a final determination. (See Figure 1). The diverse make-up of each small group allowed for considerable difference in feasibility scores across the group. Every group was able to complete the scoring for the five policies in less than ninety minutes . This may have been due to the fact that the worksheets and a general explanation of the process were emailed to participants in advance of the workshop.

Figure 1 – Policy feasibility scoring spreadsheet

	Economic development program	Medicaid and safety net funding	Student loan repayment	Integrated scope of practice	Oral health awareness program
Feasibility Ranking					
group 1	28	21	34	11	23
group 2	18	21	21	22	17
group 3	28	20	36	12	23
AVERAGE	24.6	20.5	30.3	15.0	21.0

Policy opportunity scores were then added to feasibility scores to arrive at a final total (see Figure 2). Policies were then ranked according to the total scores as shown in Worksheet 3.

Figure 2 – Opportunity + feasibility score sheet

	Economic development program	Medicaid and safety net funding	Student loan repayment	Integrated scope of practice	Oral health awareness program
Opportunity Ranking					
SCORE	20	16	16	12	10
Feasibility Ranking					
AVERAGE	24.6	20.5	30.3	15.0	21.0
TOTAL SCORE	**44.6**	**36.5**	**46.3**	**27.0**	**31.0**
FINAL RANKING	**2**	**3**	**1**	**5**	**4**

#1 - Reauthorizing and expanded a student loan repayment program for dentists with priority on those in pediatric practice and rural practice settings
#2 - Developing an economic development health care program and coalition
#3 - Increasing funding for dental Medicaid and safety net dental clinics
#4 - Creating an awareness program on oral health and general health with emphasis on educating legislators
#5 - Creating an integrated scope of practice addressing expanded function dental assistants, public health dental hygienists and "mid-level providers"

Because of the previous experience with the policy tool in North Dakota, and planning for extra time, the facilitator walked the group through a discussion of policy development steps as outlined in Part Two of the policy tool. The top priority policy of student loan repayment was used as the example. A simplified handout with the sixteen steps of Part Two was used to facilitate the group discussion.

Attendees were asked to complete evaluations of the policy tool exercise. A summary of the twenty-six workshop evaluations showed that the all attendees appreciated the utility of the tool and none found any section of the exercise without value. As with other states, some people mentioned it would have been ideal to have more time allowed for the policy tool exercise. The facilitator explained at the onset of the workshop that enough time is never possible for a totally complete discussion of potential policies. At least one evaluation noted that the warning was helpful in moving the discussions along. The small groups did not feel they were overly rushed in completing the feasibility worksheets. Starting the workshop at 8:15 AM proved to be useful in providing sufficient time before the noon adjournment.

In the evaluations, an overriding positive feedback from many attendees was the opportunity for open communication, in both the large and small group settings. Even though the attendees were provide the glossary of terms well before the workshop, and the facilitator translated unfamiliar terminology and acronyms during the discussion, some attendees still felt that the technical terms were confusing. Many evaluations reflected on how the tool could be useful for diverse groups and settings well beyond oral health.

It is interesting to note that, while the small groups were on their own to determine discussion leadership, one group was led by the legislator, one was led by a health department leader, and one group functioned well without an identified discussion leader. One group was able to come to consensus quite easily while another required a vote on most feasibility scores.

The members attending the workshop were well-informed and most definitely engaged in the process. 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.

Submitted, June 24, 2010

Worksheet 1

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:**

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____ ⇒   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____
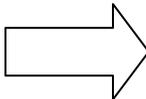
Worksheet 2
Feasibility Scoring

Addressing the feasibility of a policy on_____:

	Level 1 (negative)			Level 2 (neutral)		Level 3 (positive)	
	8 (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:_____

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) _____