Guidebook for Policy Consensus Tool

Steps to Create a Successful Oral Health Consensus-Building Session

Includes a new Policy Profile Template to track current programmatic, professional, & public policies

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The Children's Dental Health Project (CDHP)
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children's dental health project

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This Guidebook contains a series of templates that can be reproduced and adapted to meet specific needs.

Tool User's Guide

PURPOSE and AUDIENCE

The purpose of this user's guide is to assist oral health stakeholders and partners with aggregating stakeholder input and building policy consensus priorities for new oral health initiatives.

This guide offers:

- Background and worksheets for a two-part tool (Section 1)
- A policy profile template to track a range of policies (Section 2)
- Sample templates for organizing a policy tool session (Attachments)
- Facilitator tips

Activities designed to "foster coalition building and consensus on public health initiatives" are specifically permitted for CDC/HHS award recipients.

Please Note: There is a prohibition on the use of federal funds for lobbying, including any activity designed to "influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Orders proposed or pending before the Congress or any state government, states legislature or local legislature or legislative body." [DHHS Lobbying Restrictions (June 2012)].

VALUE and BENEFITS

Think about the Policy Consensus Tool (hereinafter referred to as "the Tool") as a method for bringing oral health stakeholders together for structured, facilitated communication and assessment of systems change and public health policy -- broadly defined as professional, programmatic, and public policy.

This Tool will:

- Support a process for identifying and prioritizing policy issues
- Enhance strategic thinking about oral health in the state
- Structure and aggregate input on priorities for use in updating state oral health plans, committee work, and/or other planning purposes
- Increase stakeholder satisfaction through a strategic use of time
- Strengthen communication among oral health advocates by encouraging an exchange of views, while providing a path to consensus
- Encourage transparency in obtaining and aggregating stakeholder input

General Guidance

CDHP will recommend an outside facilitator who has an in-depth understanding of the Tool and extensive group-process experience to conduct this process. The 'outsider' status is key; all participants should feel their views are being treated impartially and that no one with "an axe to grind" is leading the priority selection process.

Prior to using the Tool

- Use the guidebook's Task and Timeline Guide (Attachment 3) to develop your work plan.
- Appoint a *planning* committee to identify invitees for broad-based participation. The final number of participants has ranged from 10-100, but most often averages 30-35. The committee can also help with logistics and on-site organization.
- Use the Policy Profile Template (Attachment 2) or another template to gather or update past policies.
- Communicate regularly with a recommended facilitator. See Attachment 5 for guidance.

During the Tool session:

- Stakeholders will meet for ¾ day (includes lunch).
    - Firstly, in a group as a whole;
    - Secondly, in two successive break-out groups;
    - And thirdly, reconvening in a group as a whole.
- Each stakeholder contributes, and input is aggregated through numerical scoring.
- Part I of the Tool is designed for a diverse stakeholder group to arrive at five (5) statewide policy priorities.
- Part II of the Tool is reviewed by the facilitator and a sponsoring group leader as a template for action to gain momentum.

After using the Tool *(within 30 days)*

- Session facilitator will provide a written report to CDHP and the state oral health coalition.
- CDHP conducts post-session interview.
- Leader(s) calendar action planning for implementation.

The Policy Consensus Tool Session

Part I – Method for Gathering Stakeholder Input
The initial steps of the Tool ask participants to consider scientific data, professional judgment, community input, and feasibility in ranking suggested priorities. Based on this information, stakeholders may better understand the actual and perceived needs of communities and weigh that knowledge when assessing the environment for systems change and public health at any particular time. Repeating this process periodically enables stakeholders to take advantage of the most current information.

Part I of the Tool was inspired by a simple approach used by public health workers in developing countries[1] and adapted to apply aspects of the political science research of John Kingdon [2] and models developed by Vilnius and Dandoy.[3] Initial steps provide the opportunity to discuss, rate, and effectively pair public oral health "problems" with "solutions," and eventually measure these priorities against real-world factors in the political "stream."[4] As a result, what may have appeared to be an opportunity for change may in fact not be "doable" at the particular time. Alternatively, the group may discover that an activity that originally did not stand out once measured against these criteria, is a real opportunity.

Step 1:
- Ask participants to create an initial list of 5 priorities for state oral health policy and systems change by responding to a survey (Attachment 1).

Step 2:
- Display priority list (from survey).
- The facilitator works with the group to narrow the list of priorities to five.

Step 3:
- In small groups, use Worksheet #1 (on the next page) to rate each priority (low-moderate-high) to establish the size and severity of the problem as well as the effectiveness of the policy (or systems change) proposal.
- Re-order the priorities according to their scores.

Step 4:
- In small groups, participants use Worksheet #2 to rate the five (5) priorities against real-world environment (e.g., feasibility factors).
- Rate each option -3 to +3 based on least to most potential.
- Re-order the rated priorities.

Step 2.

[1] Hines, E. MPH, RDH (Centers for Disease Control and Prevention), adapted from Morley, D. *Pediatric Priorities in the Developing World.* (Reprinted 1979). Butterworth Inc.
[2] Kingdon, J. W. *Agendas, Alternatives and Public Policies* 2nd ed. (New York: Longman, 2003).
[3] Vilnius D. and Dandoy S. "A Priority System for Public Health Programs." *Public Health Reports*, 105(5):463-470 (1990).
[4] Kingdon (see note 4)

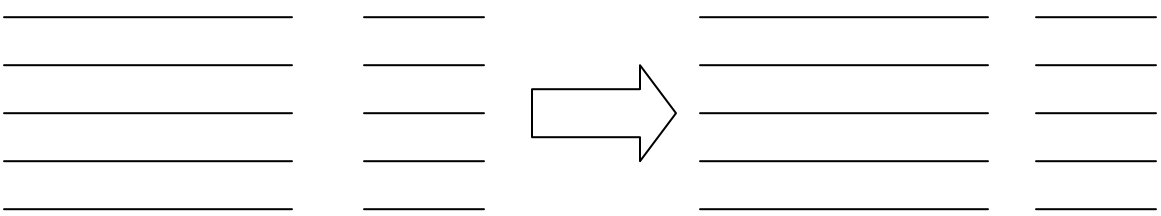
Step 2.

WORKSHEET #1: Rating Stakeholder Priorities

List the 5 group-identified priorities (for policy/systems change) in the middle column and rate each priority based on the question posed.

Ask:	**About each opportunity:**	**What Rating? Low**		**Moderate**		**High**
What is the extent of the **problem** (as quantified through **data** sources) that the policy or systems change opportunity would address?	***1.***	**1**	**2**	**3**	**4**	**5**
	2.	**1**	**2**	**3**	**4**	**5**
	3.	**1**	**2**	**3**	**4**	**5**
	4.	**1**	**2**	**3**	**4**	**5**
	5.	**1**	**2**	**3**	**4**	**5**
How **urgent** is the need for the policy or systems change addressed by the priority?	***1.***	**1**	**2**	**3**	**4**	**5**
	2.	**1**	**2**	**3**	**4**	**5**
	3.	**1**	**2**	**3**	**4**	**5**
	4.	**1**	**2**	**3**	**4**	**5**
	5.	**1**	**2**	**3**	**4**	**5**
To what extent does the **state/community perceive a need** for a policy or systems change (e.g., based on surveys, media reports, advocacy activity)?	***1.***	**1**	**2**	**3**	**4**	**5**
	2.	**1**	**2**	**3**	**4**	**5**
	3.	**1**	**2**	**3**	**4**	**5**
	4.	**1**	**2**	**3**	**4**	**5**
	5.	**1**	**2**	**3**	**4**	**5**
To what extent will the policy or systems change **reach and be effective for** the intended target **population**?	***1.***	**1**	**2**	**3**	**4**	**5**
	2.	**1**	**2**	**3**	**4**	**5**
	3.	**1**	**2**	**3**	**4**	**5**
	4.	**1**	**2**	**3**	**4**	**5**
	5.	**1**	**2**	**3**	**4**	**5**

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



Step 3.

Factor in *Feasibility* for a final rank order of proposed priorities.

What environmental factors create barriers or opportunities to succeed?

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

Eight factors are offered to assess the feasibility of the policy options you have identified through Step 3. In small groups, participants will score each policy option/system change priority against these factors of influence.

FACTORS of INFLUENCE

1) **Cost Effectiveness**
   - Rate the extent to which we have data showing return on investment that will offset much or all of the long-term costs (e.g., every $1 invested in community water fluoridation saves approximately $38 in dental treatment costs.)

2) **Public and/or Private Funding**
   - Who will finance the proposal in the short term?
   - Rate the extent of currently available public and/or private funding.

3) **Regulatory Impact**
   - Rate the extent of regulatory change involved.
     - Is it administratively simple or complex?

4) **Recognized Support by "Agenda Setter(s)"**
   - Rate the extent to which there is a "policy entrepreneur" either inside or outside government, who is prepared to overcome periodic obstacles and move forward.

5) **Identified Individual(s) to Broker Alternatives and Move Forward**
   - Rate the extent to which there is a "policy entrepreneur" either inside or outside government, who is always prepared to overcome periodic obstacles and move forward.

6) **Strength, Breadth, and History of Supportive Public Stakeholders**
   - Rate the strength of support, including partnerships.

7) **Strength, Breadth, and History of Opposing Public Stakeholders**
   - Rate the strength of the opposition, including partnerships.

8) **Favorable Timing**
   - Rate the extent to which timing is favorable based on a catalyzing event such as a change of legislative control or term limits of key players, or a coattail or other opportunity.

WORKSHEET #2: Feasibility and Stakeholder Priorities

(5 worksheets per participant)

Addressing the feasibility of _____:

	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
Dentists	-3	-2	-1	0	+1	+2	+3
Dental Hygienists	-3	-2	-1	0	+1	+2	+3
Patient Population	-3	-2	-1	0	+1	+2	+3
Past policy focus on this topic:	-3	-2	-1	0	+1	+2	+3
Regulatory Impact:							
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 Potential 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:_____

Compute separately and list total score for each of 5 topics

List Policy Option	Total Score
1.	
2.	
3.	
4.	
5.	

COMPUTE
THE FINAL RANK:

Final Rank:

1) _____
2) _____
3) _____
4) _____
5) _____

Congratulations, you have just completed all the steps for Part 1 of the TOOL!

Part II: Developing an Action Plan

The second part of the Tool reflects the experience of the Children's Dental Health Project 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.

Follow-Up Checklist
(Review now and check off steps as they're completed over time.)

☐ **1. State the *Priority* as a SMART objective[5].** Know with absolute clarity the goal you seek – exactly what you want to accomplish and what you want the policymaking-authority to do.

> *Example 1:* Deliver community water fluoridation training to 60% of the state's rural water system operators by June 30, 2016.
>
> *Example 2:* Evaluate and report on the effectiveness of our state's dental sealant programs by December 30, 2016.

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

☐ **3. Establish a clear argument** regarding the:
- importance;
- timeliness; and
- public health 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 1-7.

☐ **5. Assess the competitive environment:**
- Identify the communities of interest that would favor and those that would oppose your desired action.
- Detail arguments in favor of your goal and arguments that others could use to counter your goal.

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

☐ **6. Identify existing or potential "champions"** with questions such as:

- Who is most interested in information about the topic?
- Who may have a personal experience that is relevant?
- Who is best positioned to be an effective champion?
- Who can best persuade a reluctant champion?

☐ **7. Identify exactly what information is needed for a specific champion** and, if possible, include it in developing a plan and a message for meeting oral health policy goals (institutional memory can be short and you may have more capital than you realize):

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

☐ **8. Identify efforts from other states** that have succeeded in attaining what you seek.

- How similar and how different are those past efforts from yours?
- What are the "lessons learned" by the states that were successful?

☐ **9. Develop your message(s):**

- with a clear and concise statement of goal and value;
- with an understanding of policymakers' perspectives and interests;
- with a strong substantiation of need; and
- with a clear connection to the *state oral health plan* and how its impact will be tracked and reported through the *oral health program evaluation.*

☐ **10. Develop your "message bearer(s):"**

- determine the person(s) best positioned to carry the message to a specific audience; and
- ensure that the message bearer is fully informed about the goal, cost, value, benefits, opposition, timeline, importance, and relevance.

☐ **11. Identify supporting strategies that will facilitate the message bearer's potential for success**, including:

- providing fact sheets and other information for hearings and briefings for policymakers, report drafting and dissemination, policy positions by influential organizations;
- providing information for public events: e.g. press conferences, speaking and photo opportunities for policymakers, high visibility events, sponsorships, report releases;
- providing information for private events: e.g. private dinners or meetings for policymakers with key constituents and supporters, engagement of those who have personal relationships with key policymaker(s); and
- leveraging outreach through national associations and other groups.

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

☐ **13. Refine your action plan** by working with key coalition members, partners, and designated message carriers to:
- assure that everyone is in sync and fully supportive of the effort (so that the policymaker won't possibly hear different messages or priorities from different members of your coalition);
- obtain consensus on exactly who will do what, when, and with whom to carry out the plan; and
- determine how and by whom the process will be measured, tracked, reevaluated, modified, and sustained.

☐ **14. Implement your plan.**

☐ **15. Reassess and modify your plan until success is accomplished**

Related Questions for Discussion:

Leadership:

- Where in the Health Department organization does the Oral Health Unit reside?
- Is there a legislative mandate for the Dental Director or Oral Health Unit?

Surveillance:

- Do Department of Education policies, rules and regulations allow or inhibit conducting Basic Screening Surveys?
- Do Medicaid Agency policies allow or inhibit access to Medicaid data for public health/analysis?

<u>Example Questions Related to Prevention Interventions</u>

Community Water Fluoridation

- Does state legislation or administrative rules allow decisions by city councils, water utility boards, or local boards of health?
- Does legislation or administrative rules allow decisions by voter referendum or initiative?
- Is there state legislation or administrative rules mandating fluoridation for certain size communities?
- Do state regulations address optimal and acceptable concentrations, reporting to health department, split sampling, water system design review, operator training?
- Does the Department of Health require cities or towns to provide advance notice to their residents of a council or board vote on whether to stop fluoridation?

School-Based/Linked Sealant Programs:

- What are the current rules for dental practice/supervision concerning screening and placement of sealants?
- Do Department of Education policies, rules and regulations allow or inhibit establishing school-based/linked sealant programs?
- Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for school-based/linked sealant programs?
- Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for school-based/linked sealant programs by community health centers or local health departments?

***Health Systems*:**

- What are the current rules for dental practice/supervision concerning screening and placement of sealants?
- What are the current rules for medical/dental practice/supervision concerning placement of fluoride varnish?
- What are the current rules for dental practice/supervision concerning screening and preventive treatment in nursing homes or other public health practice sites?
- Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for preventive services? For treatment services? For which populations?

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Attachment 1

Pre-Session Survey

Attachment 1: Pre-Session Survey

Sent to all confirmed participants by CDHP

Welcome to [name of event] on (day, date).

We'll work with a policy tool process to set new oral health policy priorities and/or systems change recommendations for the state's oral health system.

To get started and make the most of our time together on (date), please share your own "Top 5" new priorities for either policy and/or system changes. We want to break new ground, so please choose new initiatives and policies, as opposed to re-emphasizing current priorities.

Please list your priorities (up to 5) with #1 being the most important and so on. *We'll tabulate the results, combine similar responses and hit the ground running at the meeting.*

1.

2.

3.

4.

5.

Thank you for sharing your priorities.

When you arrive on Friday morning for breakfast (8:30 am), please sit with someone you don't know. This will help us build camaraderie and strengthen networking.

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Attachment 2

Policy Profile Template

(to identify, monitor and track state oral health programmatic, professional, and public policies)

Attachment 2: Policy Profile Template

A template follows to assist you in monitoring and tracking your state oral health policies. An original template was devised by the Children's Dental Health Project based on three categories (professional, programmatic and public policies) with topics populated from CDC's State Oral Health Plan Index. The attached version was adapted by Maryland's State Oral Health Program (and is further adaptable by your state).

Examples of each category are:

- Professional policies – (*e.g.,* 8-Week Mini-Pediatric Dentistry course for GP DDS)
- Public policies in laws, regulations, other (*e.g*., statewide fluoridation mandate)
- Programmatic policies (*e.g.,* MOU with your Department of Environment)

Tips:

1) Begin with one category – the public policy category (*i.e.,* laws on the books) is a great starting point.
   - Laws are available on almost every State Legislative website and State Board of Dental Examiners website.
   - A centralized database (FLUID) is available for community water fluoridation nationwide at www.fluidlaw.org
   - National and State policy briefs, white papers, and other materials are also helpful (e.g., CDHP Policy Brief on state laws requiring certification of an exam, screening, or assessment for school entry at www.cdhp.org

2) Adding professional and programmatic policies enables a State to crosswalk information to educate, plan, evaluate and for other purposes.

3) The Policy Profile adds value because it provides information for:

   - New partners who are unlikely to be aware of existing policies
   - Long-standing partners who may not be clear on nature and extent of policies
   - Planning/education/outreach/evaluation, which requires up-to-date information
   - Historical knowledge to inform and enhance Policy Consensus Tool activity.

To see Maryland's completed profile, please visit: http://bit.ly/1q52WI8

State Policy Activity Related to Oral Health Professional, Public and Programmatic Policies						
	Date	**Professional Policies**	**Date**	**Public Policies**	**Date**	**Programmatic Policies**
ACCESS STRATEGIES						
1. Access for Children						
2. Access for Adults						
3. Access during perinatal period						
4. Access for seniors						
5. Access for populations experiencing disparity						
6. Access for populations experiencing special needs						
7. Access for low-income populations						
8. General dental education						
9. Pediatric dentistry and/or residency						
10. Residency training, other training for working with high risk populations						
11. Hygiene/technical education						
12. Public health in existing schools						
13. Loan repayment program						
14. Licensure issues						
15. Screening/Referral						
16. Safety nets						
17. Coordinate management or system of care						
18. Medicaid/CHIP						
19. Equipment (mobile/portable) buldings						
20. Private insurance						

State Policy Activity Related to Oral Health
Professional, Public and Programmatic Policies

	Date	Professional Policies	Date	Public Policies	Date	Programmatic Policies
TOOTH DECAY						
1. Experience						
2. Untreated decay						
3. ECC						
4. In children						
5. In youth						
6. In adults						
7. In pregrant women						
8. In seniors						
9. In special needs populations						
EDUCATION and/or AWARENESS PROGRAM(s)						
1. Public awareness						
2. Policymaker outreach						
3. On non-traditional settings						
4. Provider training and/or awareness programs						
5. School-based education						
6. Other						
INFECTION CONTROL ISSUES						
INTEGRATION OF ORAL HEALTH with OVERALL HEALTH / PARTNERSHIPS						
1. Integration with disease prevention programs						
2. Establish a diverse, statewide oral health coalition						
ORAL AND FACIAL INJURIES						
1. Face masks/mouth guards						
2. Awareness / Education						
3. Other						

State Policy Activity Related to Oral Health
Professional, Public and Programmatic Policies

	Date	Professional Policies	Date	Public Policies	Date	Programmatic Policies
ORAL CANCER						
1. Early detection						
2. Awareness / Education						
3. Coordination with tobacco/cancer programs						
4. Other						
PERIODONTAL DISEASE						
1. Screening for periodontal disease in clinical settings						
2. Awareness / Education						
PREVENTION STRATEGIES						
1. Fluoridation						
(i) Water Fluoridation						
(ii) Mouthrinse and/or Tablet Program						
(iii) Awareness Campaigns						
(iv) Varnish Programs						
(v) Water Testing						
2. School-based, School-linked sealant programs						
3. Other						
SURVEILLANCE						
1.Oral disease burden document						
2. NOHSS Reporting						
OTHER						

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Attachment 3

Task & Timeline Guide

Attachment 3: Task & Timeline Guide

When	What	Who
Week 16	Choose several workable dates and city; target number of participants; check facilitators' availability	CDHP/State
Week 15	Survey meeting locations available for desired dates Secure meeting space with these specs for 30-50 participants (depending on your target number): • One large room for seating in rounds (6-8 per table) • Two 8' tables for materials and registration • One breakout room for 2-3 groups of 5-8 • Overflow breakout space if needed F&B: Continental breakfast, morning refreshment break, lunch A/V: projector and screen; flip charts, easels and markers for groups of 5-8 depending on total group size, (tabletop charts okay; need at least one full size easel and chart); one mic Appoint planning committee	State
Week 14	Decide elements of policy	State

	profile to be completed for session; outline timeline and responsibilities	
Week 12	Final booking for CDHP facilitator	CDHP in consultation with state
Week 11	Make preliminary invitation list; review with key leaders	State/
Week 8	First conversation between state leader and facilitator; set up pre-session onsite meeting; facilitator book hotel and travel	State/facilitator
Week 6	Develop agenda. Invite kickoff speakers (oral health director, coalition chair, for example). Clarify who will emcee the day	State/facilitator/CDHP review
Week 5	Send invitations w/agenda	State
Week 3	2nd round of invitations/reminders	
	Facilitator/ state check-in	State/facilitator/ CDHP available for consultation
	Work with onsite providers on menus, A/V, room setups—finalize all	State
	Review all handouts and powerpoints	State/CDHP/facilitators
Week 2	Final reminder to those who have not responded/cutoff at end of week	State
	Send survey monkey asking for priorities	CDHP in consultation with facilitator and state; CDHP will compile results for state and facilitator
	Arrange for copying of handouts, registration list, agendas, name tents, tags etc; assemble packets	State/CDHP supplies worksheets and agenda
Policy Consensus Tool Session Week	Pre-meeting with facilitator and key staff to	

	review day in detail	
	Last check with onsite service providers. Make sure registration is set and staffed	State
	Conduct the session	Facilitator and emcee
	Follow-up-Send email to all advising that feedback survey is on survey monkey	CDHP
Week following meeting	Thank you's to all participants with final priority scores/ results.	State
	Schedule follow-up action planning	State
	Reminder to complete feedback survey	CDHP
2 weeks after meeting	Compile survey results and send to facilitator	CDHP
4 weeks after meeting	Final report to CDHP and State	Facilitator

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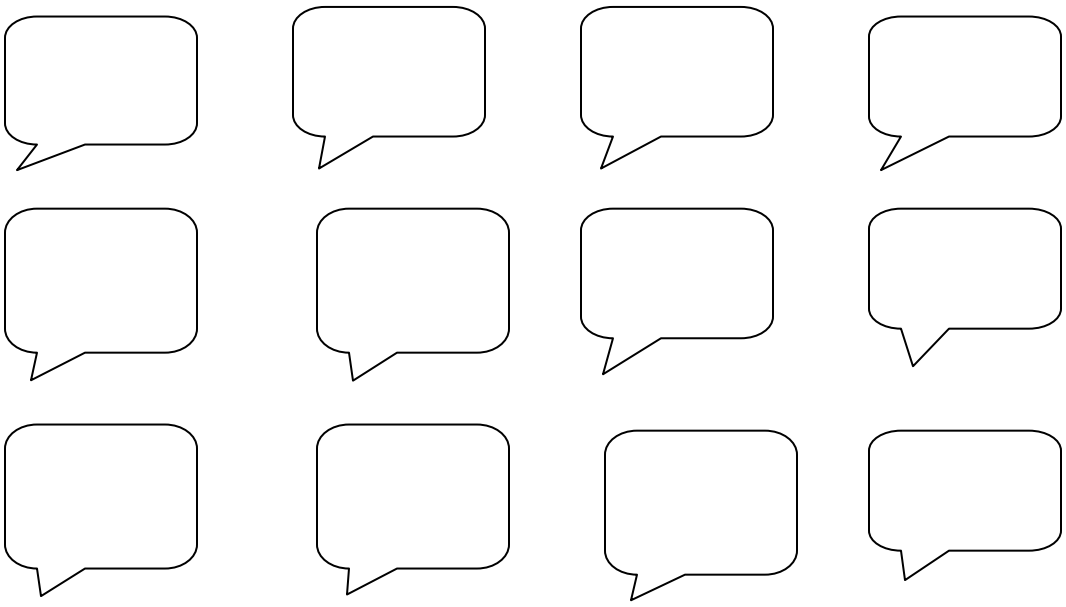
Attachment 4

Assessing Stakeholders

Attachment 4: Assessing Stakeholders

This template is provided to trigger assessment of the breadth/diversity of potential invitees for the Tool activity. Consider forming an Advisory Committee whose members are tasked to objectively identify the voices of individuals and groups who represent oral health stakeholders in your state. How can broad-based representation in the Policy Tool activity best be ensured?

For *informal discussion*, begin to list who is currently "at the table" and who has an interest in oral health but is not currently "at the table."



Stakeholder Analysis Matrix

A template for more formal stakeholder analysis is also provided.

Name of Person / Group	Description	Primary or Secondary Stakeholder	Interest or impact for Stakeholder	Capacity for Involvement	Partnership/ Synergy Opportunity

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Attachment 5

Organizing Facilitation

Attachment 5: Organizing Facilitation

Experienced facilitation is key for the Tool activity. Facilitation options may change for states if they are currently in cooperative agreements with CDC, so information is provided for CDC grantees and non-grantees separately.

CDC Grantees:

States are eligible to work with a facilitator who is already funded to assist in Tool activities among the grantee states. The Children's Dental Health Project (CDHP) provides technical assistance to grantee states and makes the necessary arrangements.

Non-Grantees:

CDHP can help you identify a facilitator who has experience to work with the Tool (and a facilitator may be available to you, if funding permits). If engaging a facilitator independently, please consider the following characteristics of an effective facilitator[6]:

- ✓ Manages the process, not the content of group interaction
- ✓ Is widely acceptable to those participating
- ✓ Remains neutral at all times
- ✓ Refrains from decision making
- ✓ Stresses the needs of the group first
- ✓ Balances input
- ✓ Maximizes group effectiveness

Tool activities include a series of group discussions, strategic thinking, and planning. An individual who has direct experience with these activities is ideal. Regardless of professional experience, strive for an individual who is open minded and well- organized but flexible.

A Tool facilitator should also:

- Understand and be comfortable with the format:
- Understand and be comfortable with the prioritization method(s):
- Understand and be comfortable with the time commitment (pre and post-session work involved)
- Be knowledgeable about oral health

[6] Vareela F & Chene R. *Introduction to Group Facilitation Skills Course Outline,* University of New Mexico, 1999.

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Attachment 6

Sample Agenda

Attachment 6: Sample Agenda

Date, location, time

Address

Title of session

Agenda

8:30 am Registration and Continental Breakfast
9:00 am Welcome and Introductions
9:15 am Update and Today's Goals & Objectives

9:45 am -- Break

10:00 am Oral Health Policy Consensus Tool
Name of Facilitator(s)

Why use the CDC/CDHP Policy Consensus Tool?

- Enhance strategic thinking about oral health in Michigan
- Strengthen communication among oral health advocates by encouraging an exchange of views, while providing a path to consensus.
- Support process for identifying and prioritizing policy issues.
- Encourage transparency in obtaining and aggregating stakeholder input.
- Enhance implementation and evaluation of the State Oral Health Plan.

10:15 am Consensus-Building: Top 5 Oral Health Priorities
11:45 am Morning Review and Afternoon Preview

12:00 pm -- Networking Luncheon

1:00 pm Oral Health Policy Tool Session Continues-Small group work

2:00 pm Small Group Reporting and Final Priority Determination

2:30 pm Policy Consensus Tool-Part II: Developing the Implementation Plan
2:45 pm Session Review and Feedback

3:00 pm – Adjourn

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Attachment 7

Sample Invitation

Attachment 7: Sample Invitation

Dear _____ (*e.g.,* coalition Members, key stakeholders),

As a key oral stakeholder in (name of state), you are invited to participate in [*insert name of your meeting*]. You'll join other oral health stakeholders to engage in a facilitated process to build consensus on new oral health policy and system changes. The Policy Consensus Tool provides for an engaging, interesting, and helpful exercise for aggregating stakeholder input. We hope you will think so too!

The Tool was developed collaboratively by the Centers for Disease Control and Prevention and the Children's Dental Health Project to assist states on a number of objectives such as:

- **Strengthening communication** among stakeholders by encouraging a bona fide exchange of views, while also providing a path for coming to a clear resolution.
- Create or strengthen the state's **structure for prioritizing**.
- Enhancing processes for thinking and acting **strategically**.
- Increasing **transparency** in aggregating stakeholder input.
- Enhancing **implementation and evaluation** of the **State Oral Health Plan**.
- Please RSVP to [*insert contact name/info*] by [*date*].

We hope that you will join us!

Sincerely,

_____

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Attachment 8

Participant Survey: Tool Evaluation

Attachment 8: Participant Survey – Tool Evaluation

Objective 1.1: *Increased structure for communication among stakeholders about policy and systems development opportunities.*			
Question:	**Yes**	**No**	**Comments:**
1. Did the structure of the Tool result in a high level of participation among stakeholders attending?			
2. Did the structure of the Tool result in substantive communication among stakeholders attending? If applicable, was the level of communication improved over previous experience(s)?			
Objective 1.2: *Increased structure for prioritizing policy change and systems development opportunities*			
Question:	**Yes**	**No**	**Comments:**
3. Were the steps for developing a priority among policy or systems development opportunities successfully completed?			
4. Was the time allocated for completing the steps sufficient?			
5. Was the facilitation appropriate and useful? If not, would you recommend more facilitation or less?			
6. If applicable, was a power point or other background presentation useful?			
7. Were any aspects of the process particularly useful?			
8. Were any aspects of the process of no utility or cumbersome?			
9. If applicable, did use of the Tool improve processes over previous experience(s)?			
Objective 1.3: *Increased structure for planning for policy change and systems development*			
Question:	**Yes**	**No**	**Comments:**
10, Was each step understandable?			
11. Did you increase your knowledge based on the process?			
12. Do you feel your group can translate the results into next steps?			
13. Would you recommend using the planning checklist on a regular basis?			

Objective 1.4: *Increased ability to strategize*			
Question:	**Yes**	**No**	**Comments:**
14. Did the Tool facilitate more disciplined and timely decision making related to strategies for policy or systems development change?			
15. Would you recommend use of the Tool as an institutional process for prioritizing oral health initiatives?			
Objective 1.5: *Increased implementation and evaluation of State Oral Health Plan (or other reference framework)*			
Question:	**Yes**	**No**	**Comments:**
16. Did you participate in the development of your state oral health plan?			
17. Does the Tool assist in addressing the question of moving your oral health plan (or other framework document) from plan to action? If not, why?			
18. Will you recommend revisions to your state oral health plan (or other framework document) based on your experience with the Tool?			
Objective 1.6: *Increased satisfaction with stakeholder roles and confidence in competencies related to policy and systems development*			
Question:	**Yes**	**No**	**Comments:**
19. Did the Tool session improve your knowledge about how to prioritize policy systems development opportunities?			
20. Did the Tool session improve your knowledge about planning for policy and systems development change?			
21. As a result of the session with the Tool, do you have a stronger sense of your role in assessing oral health policy in your state?			
22. As a result of the session with the Tool, do you feel increased satisfaction with your role as a stakeholder in the outcomes of oral health policy in your state?			

State _____ Date_____

Glossary of Key Terms

Caries (dental decay or cavities): An infectious disease that results in de-mineralization and ultimately cavitation of the tooth surface if not controlled or remineralized. Dental decay may be either treated (filled) or untreated (unfilled). See also “early childhood caries” and “root caries.”

Cleft lip or palate: A congenital opening or fissure occurring in the lip or palate.

Congenital anomaly: An unusual condition existing at, and usually before, birth.

Craniofacial: Pertaining to the head and face.

Caries experience: The sum of filled and unfilled cavities, along with any missing teeth resulting from decay.

Early childhood caries (ECC): Dental decay of the primary teeth of infants and young children (aged 1 to 5 years) often characterized by rapid destruction.

Edentulism/edentulous: A condition characterized by not having any natural teeth.

Endocarditis: Inflammation of the lining of the heart.

Fluoride: A naturally occurring element that strengthens enamel, helping resist tooth decay.

Gingivitis: An inflammatory condition of the gum tissue, which can appear reddened and swollen and frequently bleeds easily.

Oral cavity: Mouth.

Oral health literacy: Based on the definition of health literacy, the degree to which individuals have the capacity to obtain, process, and understand basic oral and craniofacial health information and services needed to make appropriate health decisions.

Periodontal disease: A cluster of diseases caused by bacterial infections and resulting in inflammatory responses and chronic destruction of the soft tissues and bone that support the teeth. Periodontal disease is a broad term encompassing several diseases of the gums and tissues supporting the teeth.

Root caries: This dental decay occurs on the root portion of a tooth. (In younger persons, root surfaces are usually covered by gum [gingival] tissue.)

Sealants: Plastic coatings applied to the surfaces of teeth with developmental pits and grooves (primarily chewing surfaces) to protect the tooth surfaces from collecting food, debris, and bacteria that promote the development of dental decay.

Soft tissue lesion: An abnormality of the soft tissues of the oral cavity or pharynx.

Squamous cell carcinoma: A type of cancer that occurs in tissues that line major organs.

Xerostomia: A condition in which the mouth is dry because of a lack of saliva.

Adapted from: ***Healthy People 2010 Oral Health Toolkit***

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