

Educating Oral Health Champions through the Policy Tool Process

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Background: Establishing North Dakota's Oral Health Coalition

Challenges associated with getting the North Dakota Oral Health Coalition started:

- No direction
- Lack of leadership
- Lack of trust amongst members
- Meeting only because they 'have to'
- No systematic approach for policy development



Piloting the Policy Tool in 2007

- The CDC asked the Children's Dental Health Project to help develop a Policy Assessment Tool and North Dakota was one of five states to participate in a pilot.
- The tool was used with a large group as part of an Oral Health Summit.
 - 65 people attended
 - Both Internal and External partners were invited
 - Legislators, Dental Professionals, Head Start, Faith Based Organizations, WIC, Community Health Centers and Chronic Disease



The Policy Tool Assisted in Addressing Coalition Challenges

- Participants valued a structure to discuss data, public health objectives, and critical thinking about solutions.
 - Own ideas and objectives
- Transparent process helped to restore trust.
 - No hidden agendas
- Next steps appeared strategic (i.e., not just meeting for meeting's sake).
 - We were meeting because we had a purpose and common goal
- Education to stakeholders was valued by those who are able to advocate and set the policy agenda.



Additional Findings About the North Dakota Pilot Process

- Role of experienced facilitation is key. (Dr. Lynn Mouden went on to be the lead facilitator.)
- Policy Tool is effective with large groups (e.g., Oral Health Summit) with the right planning.
- Opportunity to provide data on disparities in oral health status and other information to stakeholders who attend, including policymakers.
 - Use of the Oral Health Surveillance System, Burden Document and North Dakota Needs Assessment were used to educate.



Steps Following the Policy Tool

- A Policy Committee was established.
 - Members would track Legislation from beginning to the end
- A plan to prioritize and work together was developed.
 - Members would be responsible for keeping everyone informed
 - Weekly meetings to update on progress
- Attention was paid to timing and providing the right information at the right time.

What information was critical to policy discussion in the 2007 Policy Tool process?

- Data on Medicaid reimbursement rates
- Status of current scope of practice and
- Supervision laws related to public health settings
- Elderly data
- Dental Loan Repayment –retention rates
- Data on CSHCN
- Status of Dental Care Mobile options
- Data on dental workforce needs in rural areas and safety-net clinics



Ongoing Key Role for State Oral Health Program on Policy/Systems Development?

- Best-possible surveillance conducted.
 - North Dakota Burden Document and Needs Assessment
- Fluoride varnish administered by medical professionals.
- School-based Dental Sealant Program implemented.



Systems Development (continued)

- Donated Dental services provided.
- Dental Loan Repayment Program for safety-net clinics in place.
- Increase in Medicaid for adults and children
- Ronald McDonald Care Mobile currently providing services
- Elderly care program



Policy Tool: Round # 2 (June 2010)

- Smaller-sized group
- Same facilitator
- Same positive evaluation of process



Reasons for Repeating the Policy Tool

- Continue the momentum.
- Reestablish priorities.
- Improve on the process.
- Keep partners engaged.
- Keep oral health on the radar screen.

Lessons Learned

- Provide the right information at the right time
ESSENTIAL!
- Everyone must be educated about both intended and unintended consequences of policy or systems change.
- Policy committee members are most successful working on activities that are tailored to their interests and qualifications.
- Planning, prioritizing and working together is critical.



Evidenced-Based Strategies: Status in North Dakota

- Community water fluoridation is community-based. (Ninety-six percent of those using public water have fluoridated systems.)
- Fifty-three percent of third grade students have at least one sealant. A 2007 strategy focuses on reaching high-risk children in school-based or linked settings.
- Evidence-based strategies are not state policy.

North Dakota Policy Scan (current)

Laws / Statutes (North Dakota Century Code)

- NDCC Dentists 43-28-01
- NDCC Dental Hygienists 43-20-01
- NDCC Dental Loan Repayment Program 43-28.1-01
- NDCC 43-17-43 Physician's, Physicians Assistants
- NDCC 43-28-02.6 RN's, LPN's Dental Hygienists, Dental Assistants
- NDCC 43-28-02.7 Advanced Practice RN
- Title 20 State Board of Dental Examiners (General administration, Dentists, Dental Assistants, Dental Hygienists, Fees)

Rules and Regulations (North Dakota Administrative Code)

www.legis.nd.gov/information/acdata/html/Title20.html

www.ndhealth.gov/oralhealth/Laws.htm



Review of Practical Outcomes

- Medicaid is reimbursed at 75 percent of billed charges.
- Care Mobile has been operating since February 2012.
- Hygienists are practicing in school-based settings for prevention programs.
- Elderly Care Program established.
- Donated Dental Services Program in use.
- Dental Loan Repayment for Safety-Net Clinics established.
- Dental Loan Repayment for Rural Areas continues.
- Health Professionals are able to apply fluoride varnish

Questions?





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