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Analysis for Action: Using Data to Drive Public Health Action to Improve Oral Health

Kim S. Kimminau, Ph.D.
Department of Family Medicine

Outline

- How to make data work for you
- Value of data to informed decision-making
- What policymakers think, but don't tell you
- Reaction to today's presentations

What happens to good people and bad data

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Simple, but not simplistic

“Everything should be made as simple as possible, but not simpler.”

Albert Einstein

The good, the bad and the ugly of presenting data

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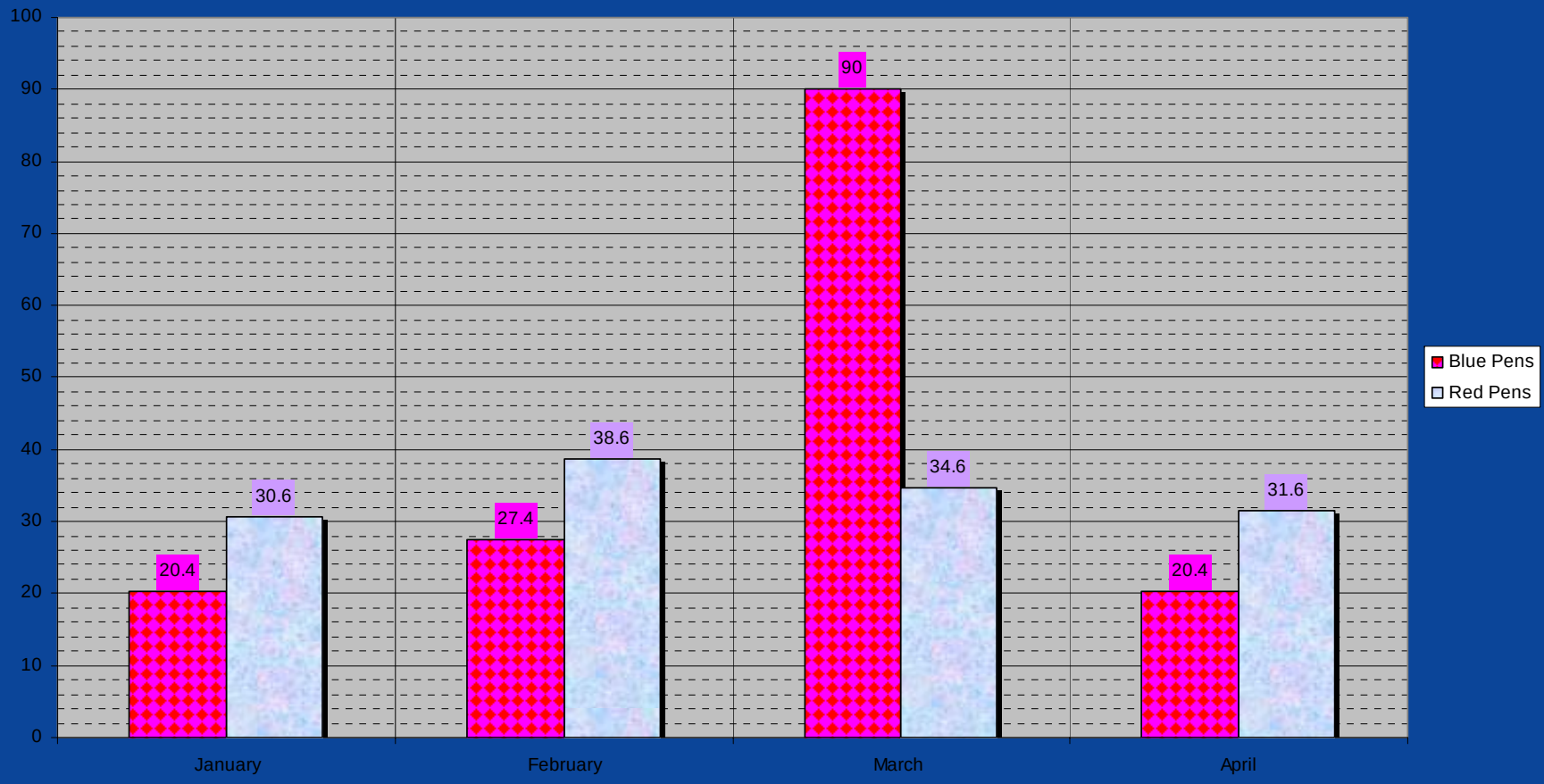
Tables – the "bad"

	January	February	March	April
Blue Pens	20.4	27.4	90	20.4
Red Pens	30.6	38.6	34.6	31.6

Tables – the "better"

	January	February	March	April
Blue Pens	20.4	27.4	90	20.4
Red Pens	30.6	38.6	34.6	31.6

Graphs – the “bad” and “ugly”



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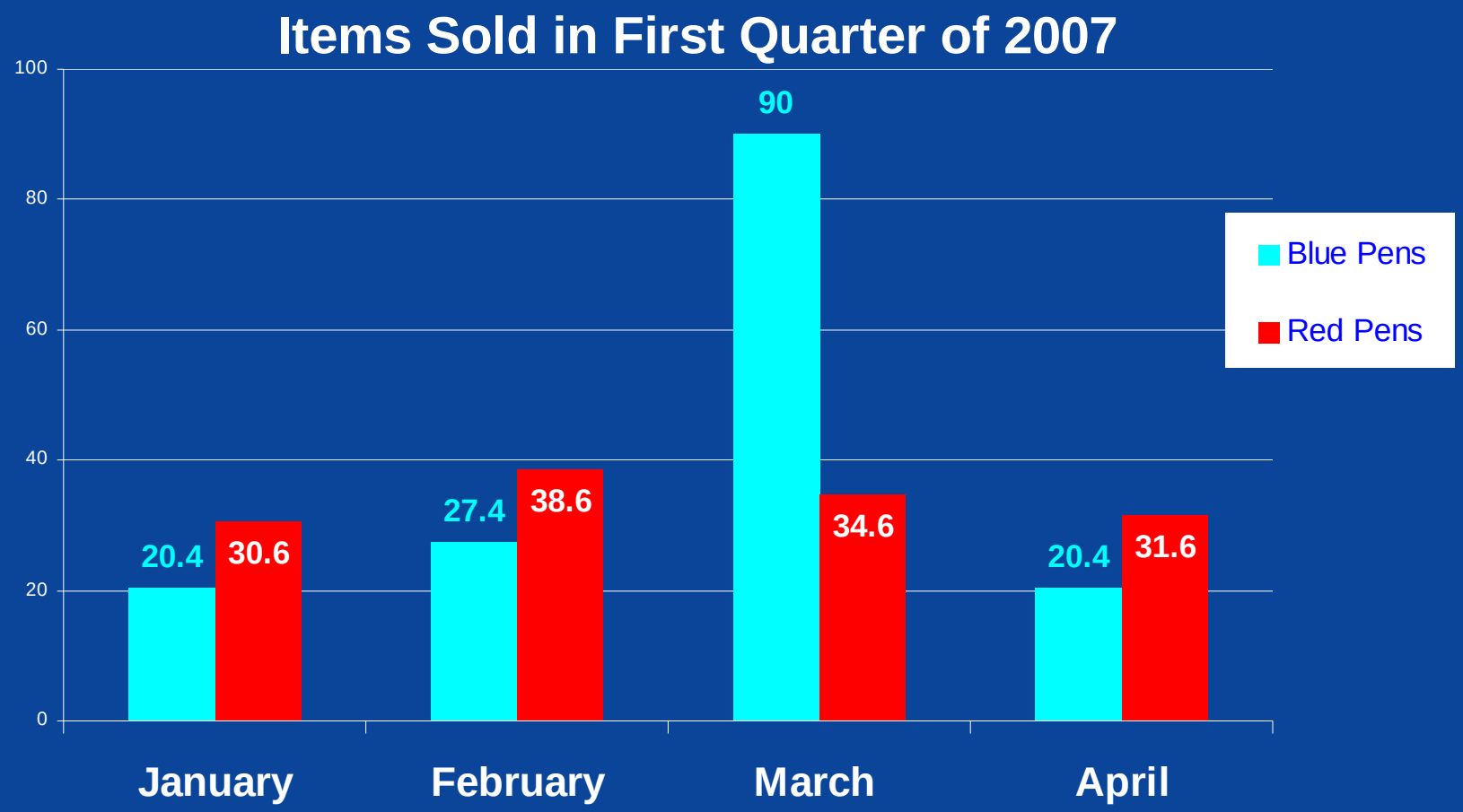
Graphs – the "good"



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The value of data to policy and decision-making

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Policy

1. Policy is based frequently on anecdote
2. Reciprocal altruism is core to politics
3. Need to contextualize the data
4. The search for perfect can get in the way of better
5. Balance, compromise and timing are everything

Just-in-time information

- Split second to capture attention
- Information has to be compact
- If you're advocating, what's your "ask"?
- If you're testifying, what's your point?

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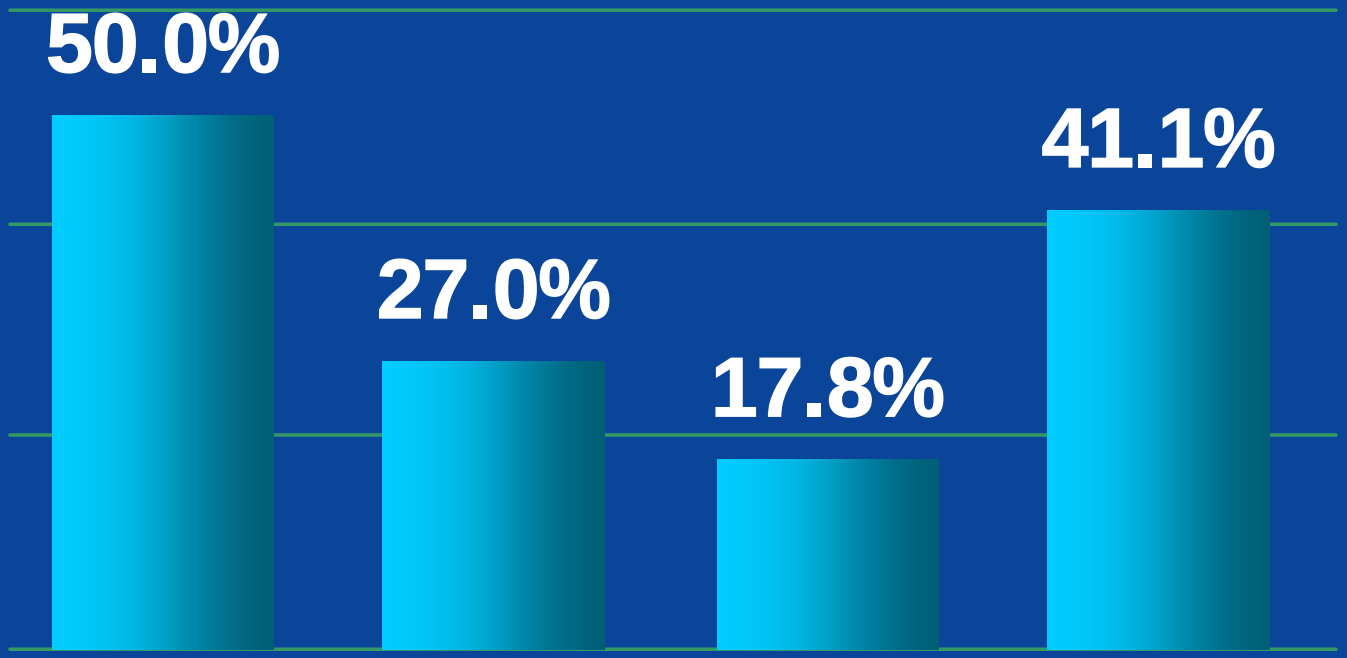
What policymakers need you to do:

- ✓ Be concise
- ✓ Be clear
- ✓ Be polite
- ✓ Be gone

Reaction to the panel presentations

Altshul -NY Sealant data



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Altshul –NY data

- Data matters and partnerships matter
- Data opens doors to policy change
- Local data (maps) gets attention

Moral of the story: elements of a data-driven model and dependence on data take time to put in place

O'Connell –Colorado data

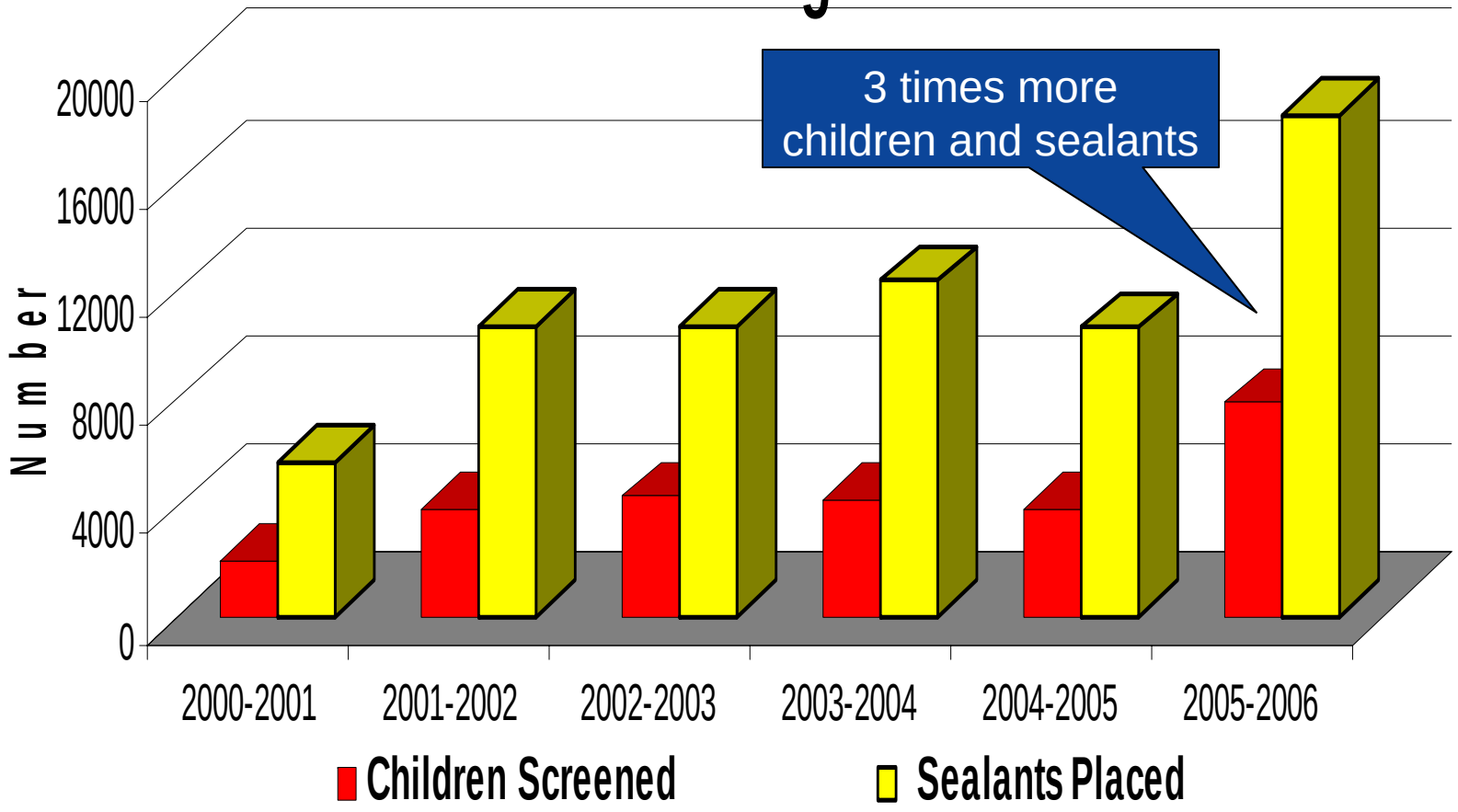
- Averted costs is tough concept
- Model is persuasive when presented against costs of doing nothing or "same old"
- Savings of $50 million large enough for attention
- 52 communities; 6 large ones ripe for policy targeting

Moral of the story: If interest in oral health isn't there (or even if it is), policymakers always pay attention to costs

SAS Over the Years

Program Year	Children Screened	Children Receiving Dental Sealants	Number of Dental Sealants Placed	Available GPR Funds to Distribute
2000-01	2,077	1,560	5,626	$60,000
2001-02	3,919	2,918	10,701	$60,000
2002-03	4,367	2,670	10,697	$60,000
2003-04	4,255	2,898	12,344	$60,000
2004-05	4,000	2,720	10,608	$60,000
2005-06	7,835	4,909	18,480	$120,000
Totals	26,453	17,675	68,456	

Seal-A-Smile Achieves Unprecedented Success with GPR Funding Increase



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Crespin – Wisconsin data

- Can use data to educate legislators
- Success in doubling budget
- Task Force can make change
- "Speak" data to leverage more funding
  - Four in 10 children have untreated decay (vs. 40.9%)
  - One child in 10 has an urgent need for dental care (vs. 10.2% have urgent needs)

Moral of the story: Data is a powerful tool in advancing a statewide agenda for oral health

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Final comments

1. Data must be understood by all partners if each is expected to help move the agenda forward

2. Data must be seen, explained and understood; don't assume audience "gets it"

3. Use data in simplest way, but don't be simplistic

4. Use clear graphics

5. Use declarative statements

6. Avoid using (most) numbers with policymakers

Kim S. Kimminau, Ph.D.
Associate Professor,
Department of Family Medicine

Director of Community Health Research and Assistant for Policy to the Executive Vice Chancellor

kkimminau@kumc.edu

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