



NOHC Pre-Conference Session “Oral Health Policy to Practice”

April 28, 2012

Marcy Frosh & Colin Reusch
Children’s Dental Health Project



Disclaimer

The information in this presentation does not represent official positions of the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention/HHS, or state and local governments.



2012 Federal Appropriations Language

Sec. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.



2012 Federal Appropriations Language (cont.)

- (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.**
- (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.**



AR-12: Lobbying Restrictions

- http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm#ar12

Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan



What is Policy?

- Most broadly, policy can be a **GOAL** for action or the actual **RULES** that set a course of action.
- Institute of Medicine (IOM) describes policy development as an **essential public health function**
- CDC core domain is **Policy, Systems, and Environmental change (PSE)**



Oral Health Policy Tool

***The Policy Assessment Tool is a
framework for aggregating
stakeholder input***



A few basics on “Tool” experience:

- **18 states between 2007-2011 (4 states twice)**
- **Facilitated process with < 10 to > 100**
- **More than 270 suggested priorities between 2009-2011 alone**
- **Few states otherwise conducted policy assessment**
- **Transparent process that builds trust and consensus**
- **EDUCATES AND ENGAGES STAKEHOLDERS!**



Bringing a range of stakeholders to the oral health “table”

- Oral health coalition members & SOHP staff
- Aging groups
- Children & family groups (WIC / Head Start)
- Dental professional associations
- Safety Net
- Medicaid/Medicare and/or CHIP
- Philanthropies
- Academics
- Chronic disease agencies and groups
- Health consumer groups
- Other



Stakeholder analysis is recommended !

Tool organizers are encouraged to create an ad hoc committee to ensure broad-based participation in the activity!



Post-Survey Feedback Snapshot:

- **99% of respondents said the structure of the Tool elicited high stakeholder participation**
- **95% of respondents said the structure allowed for substantive communication (Note: potential to educate non-oral health partners!)**





Background on the Policy Tool

- **Part I consensus scoring based on 2 sets of criteria: opportunity for public health impact + feasibility**
- **Part II is a “next steps” checklist**
- **Facilitator completes a report on the process**



Policy Assessment Tool: Step 1

Create a consensus list of opportunities for the Tool activity

1

2

3

4

5



Step 2: Four questions for each of the five opportunities

- What is the extent of the **problem** (as quantified through **data** sources that the policy or systems opportunity would address?)
- How **urgent** is the need for policy or systems change addressed by the opportunity?



Step 2 (cont'd)

- To what extent does the **community perceive a need** for a policy or systems change (e.g., based on surveys or media reports)?
- To what extent will the policy or systems change **reach and be effective** for the intended **target population**?



Step 3: Rate the 5 opportunities: Feasible in the real world?

- Available resources (e.g., public/private funding)
- Recognized support from agenda setters*
- Past policy focus
- Regulatory impact (e.g., scope of practice)
- Strength of public voices pro and con
- Strength of partnerships
- Timing
- Other areas of influence

* *John Kingdon. Agendas, Alternatives, and Public Policies. 2nd ed. (NY: Longman, 2003)*



STAKEHOLDER PRIORITIES (2009-2011)

Of ~**270** different suggested opportunities, most duplicated are:

- ***Developing a public education program on oral health***
- ***Creating modalities for cross-disciplinary training on dental issues***



Policy Assessment Tool: Part II

Strategy:

- Capitalize on existing opportunities
- Create new opportunities

Limitations:

- State-specific restrictions
- Federal restrictions



Part II Checklist:

- **Clarify the goal (a SMART objective is specific, measurable, achievable, realistic, & timed).**
- **Know the costs.**
- **Establish a clear argument.**
- **Develop a broad base of support.**
- **Assess the environment.**
- **Identify champions.**
- **Identify opponents.**
- **Past efforts in your state – lessons learned?**



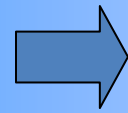
Part II – (cont'd)

- **What are other states are doing – lessons learned?**
- **Develop a clear and succinct message.**
- **Identify effective message bearers (not always obvious).**
- **Identify supporting strategies.**
- **Ensure strategies are in compliance and appropriate.**
- **Refine – are strategies following SMART goals and is everyone on message and in sync?**
- **Implement.**
- **Evaluate.**



Part II Example: Develop Your Message -- BE SUCCINCT & SUBSTANTIATE NEED!





Post-Interview Comment:

“Policy has always been a difficult area for us – it’s rally hard to sell to stakeholders without a process like this.”



Valuable preliminary

We'll see from North Dakota how disease burden data and needs assessment information informs the Tool session and helps to build oral health champions



What else supports policy assessment?

SCAN of past policies and systems in place:

- **New partners are unlikely to be aware of existing policies**
- **Long-standing partners may be unclear**
- **Education/Outreach requires up-to-date information**



Status of state-by-state oral health policy scan:

- **50-state database (e.g., NCSL) on comprehensive oral health topics is not yet available**
- **Scans of state legislation by year are available for some topic areas:**
 - **Nat'l. Assoc. of Community Health Centers**
 - **American Dental Hygienists Association**
 - **Other**



What NCSL 50-State Database Captures for Environmental Health

Environmental Health Legislation Database

Search Results 137 bills in 24 different states Return **ColoradoConnecticut**

[Bill Text Lookup](#)CT H 6539 **Environmental Health 2009**Status:Enacted -

Public Act No. 220 **Date of Last Action:**07/08/2009 - Enacted*

Author:Joint Public Health **Topics:** Children's Environmental Health| Indoor Air Quality| Indoor Air Quality – Radon **Summary:**

Concerns environmental health, eliminates the December 31, 2008, deadline for the Commissioner of Public Health to establish and define categories of discharge that constitute alternative on-site sewage treatment . . . **History:** Click for History



Scanning by individual State can capture a range of policies

For example:

- **Professional policies – (e.g., *Perinatal Guidelines*)**
- **Public policies in laws, regulations, other (e.g., statewide fluoridation mandate)**
- **Programmatic policies (e.g., MOU with Dept. of Environment)**



Maryland's Approach

- Finding information to populate tracking sheet:
 - Original tracker in use
 - Policy white papers
 - Maryland General Assembly website
 - Dental Action Committee recommendations



Maryland Approach: Methods

- Need for user-friendly tool:
 - Organize past legislation
 - Update easily
 - Identify instances of public/programmatic/professional overlap



TOOL RECAP:

- Oral Health Policy Assessment Tool is an opportunity for **open and transparent communication** on stakeholder policy/systems priorities based on a facilitated process
- The process educates about oral health and has the potential to **build oral health champions**
- **Information on the status of current policy** is critical for stakeholders participating in the Tool process



THANK YOU!

Find the CHILDREN'S DENTAL HEALTH
PROJECT (CDHP) at: WWW.CDHP.ORG

