



# Iowa Oral Health Plan

## 2016 - 2020



**Iowa Department of Public Health • Bureau of Oral and Health Delivery Systems  
Centers for Disease Control and Prevention Grant Project**

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## Introduction

The *Iowa Oral Health Plan 2016-2020* was developed with input from stakeholders across Iowa and is intended to serve as a guide for oral health strategies in the state over the next five years. This plan is considered to be a working document, and revisions will be made as necessary to reflect changes in Iowa's oral health priorities and environment.

The process of developing this state oral health plan began in November of 2014 with a strategic planning forum. This forum used a standardized procedure from the Children's Dental Health Project, consisting of a Policy Consensus Tool and a trained facilitator, to prioritize the most pressing oral health issues in Iowa. Thirty-four stakeholders from across the state and representing a wide range of health organizations participated in this forum. Attendees brainstormed priorities for improving oral health in Iowa and developed action statements from their ideas. These action statements were voted on by the group, and the top five priorities were identified. These priorities are:

1. Increase oral health literacy
2. Expand care coordination
3. Improve integration of dental and medical care
4. Improve dental team function
5. Improve transportation

A full report on the process and results of this strategic planning session can be found in Appendix A.

Following this forum, three strategic planning sessions were held with Iowa Department of Public Health (IDPH) staff to transform the five priorities and remaining action statements into an oral health plan organized into focus areas, objectives, and activities. Special emphasis was placed on ensuring that the top five priorities were incorporated within the plan. Forum participants were invited to provide additional suggestions via email during this process.

The IDPH Bureau of Oral and Health Delivery Systems will take primary responsibility for the implementation of this plan. However, within each objective, multiple stakeholders have been identified as partners to assist in accomplishing these tasks. With support from these partners, the IDPH staff plans to achieve these objectives by 2020. Activities will serve as concrete steps that can be taken to assist in accomplishing the objectives. When possible, the *Iowa Oral Health Plan 2016-2020* highlights how it aligns with Healthy People 2020 objectives.

The *Iowa Oral Health Plan 2016-2020*, along with the *2015 Burden of Oral Disease in Iowa Report* and the *Iowa Oral Health Environmental Scan Summary 2014*, is part of a comprehensive Centers for Disease Control and Prevention grant project strategy to strengthen Iowa's oral health infrastructure. These reports can be found at <http://idph.iowa.gov/ohds/oral-health-center/reports>.

## Focus Area One – Oral Health Education and Oral Health Literacy

**Objective One - By 2020, state oral health stakeholders will understand oral health literacy gaps and educational needs in Iowa and be mobilized to make improvements.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, University of Iowa College of Dentistry, Title V Maternal and Child Health Contract Agencies/I-Smile™ Coordinators

Activities:

- Conduct a literature review and research existing resources to identify oral health literacy issues.
- Conduct surveys and focus groups to identify educational needs and literacy levels.
- Develop an oral health literacy action plan that addresses gaps in oral health literacy.
  - Action plan could include, but is not limited to: methods, target populations, and topics to address.

**Objective Two - By 2020, targeted oral health education messages and resources will be available and used to increase oral health awareness and improve the oral health of Iowans.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, University of Iowa College of Dentistry, Title V Maternal and Child Health Contract Agencies/I-Smile™ Coordinators

Activities:

- Develop written and electronic educational messages and materials for targeted population groups as determined by assessment and indicated in oral health literacy plan.
  - Examples of target populations could include, but are not limited to: older adults, dental office staff, parents of infants and children, minority populations, non-English speaking populations, school staff, pregnant women, and medical providers.
  - Examples of materials could include, but are not limited to: factsheets, presentations, social media content, toolkits, videos, and webinars.
- Disseminate written and electronic oral health educational materials.
- Provide presentations to state and community leaders at conferences and other venues.
- Establish annual state oral health campaign with focused message.
  - Examples of messages could include, but are not limited to: school-based sealant programs, tobacco use, community water fluoridation, and age one dental visit.

## Focus Area Two - Medical and Dental Integration

### **Objective One - By 2020, an increased number of health care professionals will provide oral health preventive services and referrals.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Title V Maternal and Child Health Contract Agencies/I-Smile™ Coordinators, physicians, physician assistants, and physician assistant associations

#### Activities:

- Conduct a literature review and research existing resources to determine national best practices on medical/dental integration models.
  - Examples could include, but are not limited to: provider incentives and pilot projects.
- Conduct surveys and focus groups of health care providers to assess current oral health service delivery and barriers to providing preventive services and referrals.
- Seek health care professional champion for oral health integration.
- Based on research, focus groups, and surveys, develop models for educating and incentivizing medical professionals to incorporate oral health preventive services into their practices.
  - Examples could include, but are not limited to: promoting Smiles for Life curriculum, developing best practice toolkits, delivering trainings in academic settings, presenting joint medical/dental continuing education webinars, and employment of hygienists in medical practices.
- Implement models for educating and incentivizing medical professionals to incorporate oral health preventive services.

This objective aligns with:

- Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

### **Objective Two - By 2020, an increased number of dental professionals will provide chronic disease assessment and referral.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, University of Iowa College of Dentistry, Title V Maternal and Child Health Contract Agencies/I-Smile™ Coordinators, Iowa Dental Association

Activities:

- Conduct a literature review and research existing resources to determine national best practices on dental/chronic disease models.
  - Examples could include, but are not limited to: incentives, pilot projects, teledentistry, and sharing electronic health records.
- Conduct a survey of dental providers regarding current practices related to chronic disease assessment.
  - Current practices could include, but are not limited to: tobacco screening and referral and blood pressure screening.
- Complete a comprehensive evaluation of the Dental Chronic Disease\* project and explore opportunities for expansion.
- Based on literature review, survey results, and Dental Chronic Disease project evaluation, develop models to educate dental professionals about chronic disease/oral health link and incentivize participation in chronic disease assessment and referral.
  - Example could include, but is not limited to joint dental/medical CEU webinars.

This objective aligns with:

Healthy People 2020 Goal (OH-14): Increase the proportion of adults who receive preventive interventions in dental offices.

Healthy People 2020 Goal (TU-9.3): Increase tobacco screening in dental care settings.

Healthy People 2020 Goal (TU-10.3): Increase tobacco cessation counseling in dental care settings.

**Objective Three - By 2020, oral health will be integrated into accountable care organization (ACO) structures.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, IDPH Office of Health Care Transformation, Iowa Medicaid Enterprise, Iowa Primary Care Association

Activities:

- Research other state successes regarding oral health/ACO linkage.
- Research current Iowa ACO models and determine options for replication.
- Provide technical support to I-Smile™ Coordinators and local partners for advancement of ACO integration at the local level.
- Monitor changes in Medicare and Medicaid integration models and requirements.

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\* The Dental Chronic Disease project is 3-year pilot project implemented in partnership with the University of Iowa College of Dentistry. The project trains local nurses and dental hygienists who then provide onsite “lunch and learn” sessions within dental practices on tobacco and blood pressure screening.

### Focus Area Three – Systems of Care

**Objective One - By 2020, the I-Smile™<sup>†</sup> model of care coordination will be expanded to additional at risk populations.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Iowa Medicaid Enterprise, Title V Maternal and Child Health Contractors/I-Smile™ Coordinators

Activities:

- Complete an assessment of current care coordination practices and reimbursement structures in Iowa and the nation, including a literature review and review of I-Smile™ best practices.
- Based on results of assessment, develop a factsheet to describe care coordination and its benefits as a public health practice.
- Based on results of assessment, develop care coordination expansion plan to include new providers, settings, and techniques (such as text, email, shared electronic health records).
- Develop a standardized training to strengthen care coordination skills.
- Seek resources to fund care coordination for all populations at risk.

This objective aligns with:

Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.

Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**Objective Two - By 2020, all members of the dental team (dentists, dental hygienists, and dental assistants) will work at their full scope of practice.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Iowa Dental Board, Iowa Dental Association, Iowa Dental Hygienists' Association, Iowa Dental Assistants' Association

Activities:

- Continually monitor national and state trends related to Registered Dental Hygienist and Registered Dental Assistant scope of practice.
- Create reports based on longitudinal data to display the impact and success of public health supervision agreements and dental public health programs.
- Participate in ongoing meetings with state and local partners to monitor and support scope of practice issues in Iowa, including scope of practice expansion in public health settings.
- Seek resources to fund reimbursement of dental hygienists in public health settings.

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<sup>†</sup> The I-Smile™ Dental Home Program is a multi-disciplinary system of care that includes dental hygienists, nurses, and physicians providing screenings, education, anticipatory guidance, and preventive services with referrals and care coordination to dentists for diagnosis and treatment.

This objective aligns with:

- Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**Objective Three - By 2020, dental care settings and services will be expanded to optimally serve at-risk Iowans.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Title V Maternal and Child Health Contractors/I-Smile™ @ School Program<sup>‡</sup> Coordinators, I-Smile™ Silver<sup>§</sup> and I-Smile™ Coordinators

Activities:

- Increase the number of schools served by the I-Smile™ @ School (school-based sealant) Program.
- Evaluate I-Smile™ Silver pilot project for expansion and feasibility of new settings for dental care.
- Based on evaluation of I-Smile™ Silver, develop best practice model for dental care delivery to older Iowans.
- Secure funding to expand and sustain I-Smile™@School and I-Smile™ Silver statewide.
- Conduct assessment of various dental care setting models in Iowa and the nation.
- Based on results of assessment, consider additional settings and services for at-risk Iowans of all ages.
  - Examples of settings to consider include, but are not limited to: malls, stores, schools, and worksites.

This objective aligns with:

Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.

Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

Healthy People 2020 Goal (OH-12): Increase the proportion of children and adolescents who have received dental sealants on one or more of their molar teeth.

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<sup>‡</sup> The I-Smile™@School Program serves students in high-risk elementary and middle schools with oral health services including education, dental sealants, fluoride varnish, and referrals to dentists for dental care.

<sup>§</sup> The I-Smile™ Silver Program is a three-county pilot project focused on improving access to care for older Iowans. Services include oral health training and education, screenings, and care coordination and referrals for dental care.

## Focus Area Four – Infrastructure

**Objective One – By 2020, dental workforce and transportation support systems will be in place to improve access to oral health care for at-risk Iowans.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Delta Dental of Iowa Foundation, University of Iowa College of Dentistry

Activities:

- Support dental loan repayment programs, including those that focus on rural and Health Professional Shortage Areas.
  - Examples of these loan repayment programs include, but are not limited to: Primary Care Recruitment and Retention Endeavor (PRIMECARRE) and Fulfilling Iowa’s Need for Dentists (FIND).
- Explore additional funding opportunities for dental public health workforce placement.
  - Examples may include new funding mechanisms for dental hygienists to address gaps in care.
- Develop materials and deliver presentations to promote dental public health careers.
  - Settings for presentations could include, but are not limited to: college fairs, middle and high school classrooms, and dental and pre-dental student seminars.
- Support University of Iowa Office of Practice Opportunities to strengthen dental recruitment for alternative settings.
- Support I-Smile™ Coordinator efforts to provide transportation assistance to at-risk Iowans seeking dental care.
  - Examples of this may include focused trainings, presentations, and technical assistance.
- Participate in transportation workgroups and meetings with key transportation stakeholders to discuss options for reducing barriers to oral health care

This objective aligns with:

Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.

Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

**Objective Two – By 2020, partnerships will be created and strengthened to improve Iowans’ oral health.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Lifelong Smiles Coalition, Iowans for Oral Health Coalition, I-Smile™ Coordinators Network



Activities:

- Conduct evaluation of current partners to identify gaps.
- Support sustainability of current state oral health coalitions.
- Support I-Smile™ Coordinators with local oral health partnership building and coalition development.
  - This support could include, but is not limited to: best practice guidelines and technical **assistance**.
- Partner with other health coalitions to create opportunities for oral health and systemic health integration.
  - Examples for partnership could include, but are not limited to: diabetes, tobacco, individuals with special healthcare needs, cancer, and HIV/AIDS.
- Create State Oral Health Plan Advisory Workgroup to encourage partner participation, leverage resources, and more effectively advance Iowa oral health initiatives.

**Objective Three – By 2020, a state community water fluoridation (CWF) program will exist to support optimal state and local implementation of water fluoridation strategies.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Iowa Public Health Association/Iowans for Oral Health Coalition, Delta Dental of Iowa Foundation

Activities:

- Review Health Resources in Action and Iowa Public Health Association assessments and surveys to identify barriers and assets for continued water fluoridation.
- Secure an Iowa Department of Public Health water fluoridation coordinator.
- Establish Iowa Department of Public Health fluoridation webpage as source of community water fluoridation information.
- Based on assessment, collaborate with partners to develop state plan for water fluoridation advancement in Iowa.
  - Information to include in state plan could include, but is not limited to: improvements to local water testing and reporting and increased funding for water fluoridation equipment.
- Develop and distribute CWF educational materials for general public, health care providers, and water professionals.
  - Examples of educational materials could include, but are not limited to: toolkits, presentations, newsletters, articles, public service announcements, factsheets, and webinars.
- Support Iowans for Oral Health coalition as state rapid response team for fluoridation threats.

This objective aligns with:

Healthy People 2020 Goal (OH-13): Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

**Objective Four - By 2020, further develop the Iowa oral health surveillance system for optimal data collection and dissemination.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, IDPH Bureau of Planning Services

Activities:

- Assess other state surveillance systems and national best practices.
- Based on assessment, develop an Iowa Oral Health Surveillance Plan that will identify data sources, present data, monitor trends, and describe dissemination strategies.
- Seek opportunities to leverage resources and integrate oral health data within other IDPH data systems.
  - Examples of these other data systems could include, but are not limited to: maternal and child health systems and the IDPH Public Health Tracking Portal.
- Seek opportunities for inclusion of additional oral health questions within state and national health surveys.
  - Examples of these surveys could include, but are not limited to: Pregnancy Risk Assessment Monitoring System (PRAMS), Behavioral Risk Factor Surveillance System (BRFSS), and Barriers to Prenatal Care Survey.
- Create and disseminate annual reports that provide oral health data.
  - Examples of these reports include, but are not limited to: Burden of Disease Reports, Inside I-Smile™ Reports, and School-Based Sealant Program Reports.

This objective aligns with:

Healthy People 2020 Goal (OH-16): Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system.

## Focus Area Five – Insurance and Reimbursement

### **Objective One – By 2020, all Iowans will have access to and awareness of payment resources for dental care.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Iowa Medicaid Enterprise, Delta Dental of Iowa

Activities:

- Conduct an assessment of available dental plan coverage options in Iowa and potential barriers to use.
- Collaborate with partners to develop and distribute promotional materials to encourage awareness and use of benefits.
- Complete an assessment of state and national programs with successful payment models for older adults.
- Based on assessment and review of I-Smile™ Silver pilot project, make policy recommendations and seek resources to fund dental care for older Iowans.
- Maintain involvement in national discussions about inclusion of oral health benefits in Medicare.

This objective aligns with:

Healthy People 2020 Goal (AHS-1.2): Increase the proportion of persons with dental insurance.

### **Objective Two – By 2020, Medicaid coverage for Iowans will be improved for optimal use by providers and members.**

Stakeholder Participation: IDPH Bureau of Oral and Health Delivery Systems, Iowa Medicaid Enterprise, Delta Dental of Iowa

Activities:

- Create a workgroup/advisory group focused on insurance and reimbursement.
- Monitor state and national trends in dental Medicaid coverage.
- Assess current barriers of use of Medicaid coverage.
- Based on assessment, identify and prioritize potential policy changes based on feasibility.
  - Policy changes could include, but are not limited to: increased reimbursement rates, minimum case load requirement for dentists, new provider types, marketplace requirements or incentives for dental plan, increase reimbursement of preventive services, and changes to physician reimbursement.
- Seek legislative champion to advance oral health Medicaid policy priorities.

This objective aligns with:

- Healthy People 2020 Goal (AHS-1.2): Increase the proportion of persons with dental insurance.
- Healthy People 2020 Goal (OH-7): Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.
- Healthy People 2020 Goal (OH-8): Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.

## Acknowledgements

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### Plan Contributors

The authors would like to acknowledge all of the individuals and organizations that contributed to the *Iowa Oral Health Plan 2016-2020*. Please note: Content of this plan may not necessarily represent the official views of these participating organizations.

The attendees of the *Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future* and the organizations they represent. Their names can be found within Appendix A.

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**Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future**  
**November 12, 2014**  
**Ankeny, Iowa**

**A Report of Activities and Outcomes, Utilizing a Policy Consensus Tool developed by  
the Children's Dental Health Project (CDHP) in Cooperation with the Centers for  
Disease Control and Prevention (CDC) Division of Oral Health**

The workshop was designed to bring together stakeholders to begin the process of developing a state oral health plan in Iowa. The first step in this process was utilizing the Policy Consensus Tool to prioritize the most significant oral health issues. A one-day workshop was held in Ankeny, Iowa on November 12, 2014, which included 34 participants from a broad array of key stakeholders. Six members of the Iowa Department of Public Health (IDPH) Bureau of Oral and Dental Health Delivery Systems also attended to provide meeting support. A full list of participants is included in Appendix A. The organizations and institutions that were represented included:

- American Academy of Pediatrics-Iowa Chapter
- Child Health Specialty Clinics
- County health departments (Black Hawk, Lee, Webster counties)
- Delta Dental of Iowa
- Early Childhood Iowa
- Head Start
- Healthiest State Initiative
- Iowa Association of Nurse Practitioners
- Iowa CareGivers Association
- Iowa Dental Hygienists' Association
- Iowa Department on Aging
- Iowa Department of Education
- Iowa Department of Public Health
  - Chronic Disease Prevention and Management
  - Environmental Health Services
  - Family Health/Title V MCH
  - Health Care Transformation
  - Local Public Health Services
  - Nutrition and Health Promotion
  - Oral and Health Delivery Systems
  - Tobacco Use Prevention and Control
- Iowa Health Care Association
- Iowa Medicaid Enterprise
- Iowa Primary Care Association
- Iowa Public Health Association
- Iowa Specialty Hospital-Clarion
- Minority and Multicultural Health Advisory Council
- Oral health coalitions (Lifelong Smiles, Iowans for Oral Health)
- Pediatric dentistry

- Principal Financial Group
- Universities and colleges (University of Iowa College of Dentistry, Des Moines University, Des Moines Area Community College)

Sara Schlievert, CDC grant project coordinator at IDPH, organized the event and began the day with a welcome and logistics. Dr. Bob Russell, dental director of the IDPH Bureau of Oral and Health Delivery Systems, delivered the formal greeting. Dr. Catherine Hayes introduced the Policy Consensus Tool to begin the process.

Prior to the session, participants were sent a Survey Monkey link and asked to provide their top five oral health priority, policy or system change suggestions. This resulted in a list of 121 suggestions (Appendix B), which Dr. Hayes reviewed, summarized and compiled into six broad categories. These were provided in each of the participant packets and via a PowerPoint presentation. The following were the six categories:

- Access
- Medicaid
- Workforce
- Education/health promotion
- Fluoride
- Other issues
  - Leverage abilities of provider types with state practice acts
  - Address high cost of dental services
  - Lower disease burden

### **Oral Health Priorities: General Discussion**

During the initial phase of the morning session, the large group spent time providing comments around the categories as highlighted below (Medicaid issues were discussed within the Access category):

#### Access/Medicaid:

- Improve ability for children with special health care needs to receive dental treatment
- Focus on access to prevention and early identification
- Transportation is a large issue that affects all ages
- Focus on English as a second language, diversity issues
- Iowa has no requirement for children to have dental coverage due to a loophole in buying insurance in the exchange (families do not have to purchase dental insurance if it is not embedded in the medical coverage)
- Medicaid reform support is needed
- Separate 65+ population into those with Medicaid and those without Medicaid

#### Workforce:

- Iowa Dental Board is currently considering expanded functions for dental hygienists and dental assistants
- Allow dental hygienist screenings to meet Head Start mandates, as Minnesota currently allows

- Scope of practice is an issue; dental assistants can only work in public health settings (e.g. school-based sealant programs) if a supervising dentist has examined all patients first; if education and demonstration is confirmed there should not be any reason they cannot provide the services; arbitrary restriction is horrible waste with inadequate numbers of providers
- All oral health providers should be allowed to practice to the height of their licensure without restriction
- Health professionals must work together to promote the expansion of the oral health team; include direct care workforce
- Need sufficient workforce; can better utilize providers by allowing full functionality to meet the needs of Iowans
- Expand alternative settings (e.g. school-based) for dental treatment services; in alternate settings abscesses and gross caries are seen and there is a need to find care for these kids since definitive treatment is not available in these settings
- Care coordination may be beneficial in workforce issue
- American Dental Association has a Community Dental Health Coordinator (CDHC) program to train people to provide care coordination, etc.
- Recruit and retain professionals, especially in rural and underserved areas which have trouble attracting health care providers; fear of not retaining these professionals

#### Education:

- Need to educate families to utilize the benefits they are entitled to and bring people into the system that aren't yet in the system
- Incorporate oral health education into the schools; 345 public school districts in Iowa
- It is not just the children that need the education; adults are not understanding oral health and the systemic relation; perhaps target physicians and medical facilities to improve education and awareness
- Oral health literacy is a major issue; send broad oral health message to reach multiple generations
- Innovative programs in California; integration of oral health and medical care
- Annual physicals should include dental screenings; engage pediatric providers especially; utilize Smiles for Life curriculum for competency to provide screenings
- I-Smile is working, education is paying off; trick is finding the best way to get that information to families; 2<sup>nd</sup> and 3<sup>rd</sup> kids are being seen with fewer dental issues
- Prenatal education and guidelines would be helpful
- Focus on getting Medicaid-enrolled clients into the dental chair; education is needed

#### Fluoridation:

- Iowa is at risk because community water fluoridation (CWF) is not required
- Most dental providers are not aware of Iowa CWF laws and should be engaged in CWF discussion
- There is lack of awareness because we haven't had to address lack of CWF; many don't see what would happen without CWF; a larger mindset needed and it is going to take us as a state to promote water fluoridation
- IDPH should have a bigger role in CWF
- With fluoride search on Google, top results are 'anti'
- CWF equipment is aging

- National Fluoridation Advisory Council has committed \$500,00 to a media campaign; public awareness, social media, ongoing financial commitment
- Need to target the public, as well as dental and medical professionals
- Medicaid pays for physicians and nurse practitioners to provide fluoride varnish applications for kids 0 to 36 months only
- Many insurance companies are not paying for adults to have fluoride varnish
- Need statewide message about lack of fluoride in bottled water

Other Issues:

- Lower the disease burden
- Increase use of telemedicine
- Link better with medical professionals; electronic medical records that truly talk to each other
- Collect and use data to create policy

**Oral Health Priorities: Top Five**

Participants were engaged throughout this process and used the discussion items to then determine priority/policy statements within each of the categories. As a last step in the morning group session, all attendees were provided time to review the priority/policy statements and then vote to select their top five. The resulting priorities, as well as the number of votes, are included below. The top five priorities are **bolded**:

Access/Medicaid:

1. No optional dental coverage for children; require that dental coverage is either embedded in medical coverage or purchased separately – 3 votes
2. **Increase workforce recruitment and retention (all providers, not just dentists) – 15 votes**
3. Expand access to children with special health care needs – 6 votes
4. Expand access to English as second language (ESL) population – 0 votes
5. Expand access to nursing home population – 2 votes
6. Expand access to early prevention and treatment – 3 votes
7. **Improve transportation – 19 votes**
8. Increase Medicaid reimbursement – 4 votes
9. Support Medicaid reform – 7 votes
10. Expand access to adults 65+ without Medicaid – 7 votes
11. Expand access to Medicaid population – 1 vote

Workforce:

1. **Improve dental team function (including scope of practice, adequate workforce, expanded function for dental hygienists) - 27 votes**
2. Expand dental care settings (e.g. school based, mobile) - 14 votes
3. **Expand care coordination (build on I-Smile model) - 18 votes**
4. Modify Head Start dental exam requirements - 0 votes



Education:

1. Expand school oral health education - 1 vote
- 2. Increase oral health literacy - 21 votes**
- 3. Improve integration of dental and medical care; educate all providers - 15 votes**
4. Improve prenatal education - 2 votes

Fluoride:

1. Promote provider and public education on CWF (including regulation) - 8 votes
2. Increase IDPH role in CWF - 6 votes
3. Increase fluoride reimbursement for all age groups (Medicaid, private insurers) - 0 votes
4. Improve fluoride varnish application tracking between providers - 0 votes
5. Provide better education regarding fluoride and bottled water - 0 votes

Other Issues:

1. Improve telehealth - 0 votes
2. Focus on electronic health records - 3 votes
3. Focus on evidence-based policy - 0 votes
4. Improve oral health surveillance - 0 votes

There was a tie for 5<sup>th</sup> place and a vote-off took place which resulted in **“Improve integration of dental and medical care”** being selected as the fifth priority area:

- Improve integration of dental and medical care: 23 votes
- Increase workforce recruitment and retention: 9 votes

**The resulting top five priorities were as follows:**

- 1. Improve dental team function**
- 2. Increase oral health literacy**
- 3. Improve transportation**
- 4. Expand care coordination**
- 5. Improve integration of dental and medical care**

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**Oral Health Priorities: Ranking and Reaching Consensus**

To finish the morning session, the large group had an open discussion about ranking the five priorities using Worksheet #1-Opportunity (Appendix C). With this worksheet, small groups at each table rated the priorities based on opportunities for policy change or systems development. This included: the extent of the problem as quantified through data sources; the urgency of the problem, the state and community perception of the problem; and the expected reach and effectiveness for the target population. Priorities were scored and ranked as shown below:

- Expand Care Coordination 17.17
- Increase Oral Health Literacy 16.50
- Improve Transportation 15.83
- Improve Dental Team Function 15.83
- Integrate Dental and Medical Care 15.33

To start the afternoon session, the group received instructions for Worksheet #2-Feasibility (Appendix D). The large group was randomly divided into six new groups to reach a consensus score on each of the priorities using eighteen different criteria on Worksheet #2. The scores from each small group were recorded and averaged to arrive at a final determination as shown in the following table. The scores ranged from 9.8 to 23.2. Worksheet #1 scores were then added to Worksheet #2 scores to arrive at a final total score. The priorities were then ranked according to the total scores as shown below:

### Opportunity Score

	Improve Dental Team Function	Increase Oral Health Literacy	Improve Transportation	Expand Care Coordination	Integration of Medical and Dental
Table 1	16	17	19	18	14
Table 2	16	18	15	18	17
Table 3	14	17	20	17	15
Table 4	17	15	11	15	16
Table 5	18	15	10	19	14
Table 6	14	17	20	16	16
<b>Average</b>	<b>15.83</b>	<b>16.50</b>	<b>15.83</b>	<b>17.17</b>	<b>15.33</b>

### Feasibility Score

	Improve Dental Team Function	Increase Oral Health Literacy	Improve Transportation	Expand Care Coordination	Integration of Medical and Dental
Table 1	-2	25	6	22	16
Table 2	24	27	20	34	21
Table 3	19	27	13	21	20
Table 4	11	25	4	21	22
Table 5	3	27	9	27	8
Table 6	25	8	7	4	-2
<b>Average</b>	<b>13.3</b>	<b>23.2</b>	<b>9.8</b>	<b>21.5</b>	<b>14.2</b>

<b>Total Score</b>	29.2	39.7	25.7	38.7	29.5
<b>Final Ranking</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>3</b>

The following is the final priority ranking incorporating both opportunity and feasibility:

1. Increase oral health literacy
2. Expand care coordination
3. Improve integration of dental and medical care
4. Improve dental team function
5. Improve transportation

## Evaluation

Attendees were asked to complete evaluations on the use of the Policy Consensus Tool. Twenty eight (82.4%) participants completed the evaluation, Appendix E. All of the respondents agreed that the tool resulted in a high degree of participation. Comments included

- *“Thought the participation was excellent. More than in similar planning sessions.”*
- *“Everyone was extremely engaged.”*
- *“The structure brought about discussion around the state of Iowa.”*
- *“I appreciated the two opportunities to participate in small groups and the two larger opportunities to discuss identification of priorities and the final wrap around review of the scores at the end.”*

All agreed that the structure of the tool resulted in substantive communication amongst stakeholders. The diversity of participants was noted in the comments as well as the ability to discuss freely their priorities. The majority (96.4%) agreed that the steps for developing a priority among policy or systems development was successfully completed. The majority (89.3%) felt there was enough time allotted to complete the tool. The majority (96.4%) felt that the facilitation was appropriate. One person did not. Comments included a request for more timekeeping to move them along.

The majority (85.7%) agreed that the process was useful, particularly using two small groups, ranking feasibility, and allowing time for discussion in the large group. A few (28.6%) felt that it was a cumbersome process, noting the long list of potential priorities to vote on. The majority (60.7%) agreed that this process was an improvement over previous priority setting processes, with the remainder indicating it was not applicable. The majority felt that the process increased their knowledge and helped in translating results into next steps. The majority agreed that the tool was useful in establishing priorities for a state oral health plan and felt engaged in the process.

Overall the meeting was very successful with a high degree of consistent engagement by a diverse group of stakeholders resulting in a set of five priorities, which incorporated feasibility in the ranking. It was an impressive discussion throughout the day resulting in a set of important and feasible oral health priorities for the state of Iowa. The support for the use of The Children’s Dental Health Project / CDC Division of Oral Health Policy Consensus Tool was overwhelmingly positive.

*This report was submitted to CDHP by Catherine Hayes, forum facilitator, on December 4, 2014. Additional information for the benefit of IDPH and forum stakeholders was included by Sara Schlievert, CDC project coordinator and Kelsey Feller, CDC project intern.*

<b>APPENDIX A-ATTENDEES</b>		
<b><u>Person</u></b>	<b><u>Organization</u></b>	<b><u>Sub-Organization</u></b>
Jill Lange	IDPH	Nutrition and Health Promotion
Tracy Rodgers	IDPH	Oral and Health Delivery Systems
Marcus Johnson-Miller	IDPH	Family Health/Title V MCH
Lindsey Jones	IDPH	Chronic Disease Prevention and Management
Sieglinde Prior	IDPH	Tobacco Use Prevention and Control
Angie Doyle Scar	IDPH	Healthcare Transformation
Carmily Stone	IDPH	Environmental Health Services
Rachael Patterson-Rahn	Lee County Health Department	
Diane K. Anderson	IDPH	Local Public Health Services
Lori Brown	Des Moines Area Community College	
Pamela Duffy	Des Moines University	
Valerie Peckosh	Pediatric Dentistry	
Nadine DeVoss	Iowa Dental Hygienists' Association	
Corrie Patten	American Academy of Pediatrics	Iowa Chapter
Cheryll Jones	Child Health Specialty Clinics	Iowa Association of Nurse Practitioners
Mary Jane (MJ) Carothers	Iowa Health Care Association	Lifelong Smiles Coalition
Carlene Russell	Iowa Department on Aging	
Di Findley	Iowa CareGivers Association	
Heidi J. Ball	Drake University Head Start	
Debra Scrowther	Early Childhood Iowa	
Melissa Walker	Iowa Department of Education	
Angie Halfwassen	Webster County Public Health	
Rey Solis	Iowa Specialty Hospital - Clarion	Minority and Multicultural Health Advisory Council
Joan Gilpin	Black Hawk County Health Department	
Pat Hildebrand	Iowans for Oral Health Coalition	
Sabrina Johnson	Iowa Medicaid Enterprise	
Sally Nadolsky	Iowa Medicaid Enterprise	
Gretchen Hageman	Delta Dental of Iowa	
Suzanne Heckenlaible	Delta Dental of Iowa Foundation	
Mary Johnson	Principal Financial Group	
Jeneane Moody	Iowa Public Health Association	
Nancy Adrianse	Iowa Primary Care Association	
Julie McMahan	Iowa Public Health Association	Lifelong Smiles Coalition
Michelle McQuistan	University of Iowa College of Dentistry	Healthiest State Initiative

<b>STAFF</b>		
Sara Schlievert	IDPH	Oral and Health Delivery Systems
Mary Kay Brinkman	IDPH	Oral and Health Delivery Systems
Steph Chickering	IDPH	Oral and Health Delivery Systems
Greg Freedman	IDPH	Oral and Health Delivery Systems
Kelsey Feller	IDPH	Oral and Health Delivery Systems
Bob Russell	IDPH	Oral and Health Delivery Systems
Catherine Hayes	Children's Dental Health Project	

# Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future

## Q1 Please list your priorities (up to 5) with #1 being the most important.

Answered: 26 Skipped: 0

Answer Choices	Responses
1.	100.00% 26
2.	100.00% 26
3.	100.00% 26
4.	92.31% 24
5.	76.92% 20

#	1.	Date
1	excessive intake of sugary beverages/ milk in the night	11/7/2014 6:22 PM
2	Expansion of access to primary care dentists	11/7/2014 12:38 PM
3	Allow direct Medicaid reimbursement to dental hygienists	11/7/2014 11:02 AM
4	Access to oral healthcare for older lowans living independently.	11/7/2014 9:42 AM
5	Educate public	11/6/2014 11:49 PM
6	Increased Medicaid reimbursement	11/6/2014 11:04 PM
7	increase # of dentists taking Medicaid	11/5/2014 9:50 AM
8	Assure access to oral health providers or extenders for people across the age continuum	11/4/2014 3:45 PM
9	Support and promote utilization of expanded function dental auxiliaries	11/4/2014 7:59 AM
10	Improved oral care for children	11/3/2014 1:31 PM
11	Improvements to the state practice act, to leverage the abilities of all provider types	11/3/2014 9:15 AM
12	Increased access for nursing home residents and home bound seniors to dental services	10/31/2014 9:20 AM
13	Increase the number of Medicaid Dentist see members	10/31/2014 9:09 AM
14	All community water systems in Iowa will be fluoridated	10/30/2014 10:24 PM
15	Maintain/Expand Medicaid oral health coverage for adults	10/30/2014 6:43 PM
16	Using Dental Hygienist screenings as dental exams.	10/30/2014 3:34 PM
17	Lack of providers accepting Medicaid	10/30/2014 2:36 PM
18	Maintain oral health benefits for Medicaid expanded adult population	10/30/2014 12:06 PM
19	standard oral health care training for direct care workers integrated into Prepare to Care Program	10/30/2014 12:03 PM
20	Increasing Access to Oral Health Care - Workforce/Use of mid-level practitioners	10/30/2014 11:58 AM
21	addressing the high cost of oral health care services	10/30/2014 11:46 AM
22	Decrease incidence of dental caries for all ages	10/30/2014 11:25 AM
23	Community water fluoridation	10/30/2014 11:20 AM
24	Access	10/30/2014 11:12 AM
25	Access to dentists for children	10/30/2014 11:10 AM

## Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future

26	educating all dental professionals on the Ask, Advise and Refer and helping clinics adopt this system	10/30/2014 11:10 AM
<b>#</b>	<b>2.</b>	<b>Date</b>
1	fluoride application	11/7/2014 6:22 PM
2	Increase Medicaid payment for oral health services	11/7/2014 12:38 PM
3	Allow dental hygienists to do Autraumatic Restorative Therapy for clients who have difficulty accessing care	11/7/2014 11:02 AM
4	Access to oral healthcare for disabled Iowans aged 18 and over.	11/7/2014 9:42 AM
5	Educate health partners	11/6/2014 11:49 PM
6	Improved access to dental care for nursing home residents	11/6/2014 11:04 PM
7	transportation to dental appointments	11/5/2014 9:50 AM
8	Continue to promote and educate on the importance of performing an oral cancer exam with periodic dental exams	11/4/2014 3:45 PM
9	Increase community fluoridation, fluoride varnish and dental sealant programs	11/4/2014 7:59 AM
10	Improved oral care for the elderly	11/3/2014 1:31 PM
11	Lack of a coordinated system to help adults (e.g. I-Smile for children)	11/3/2014 9:15 AM
12	improved patient and care giver knowledge of the importance of oral hygiene for seniors	10/31/2014 9:20 AM
13	Educate providers on the benefit of and oral risk assessment	10/31/2014 9:09 AM
14	All children will receive a dental exam by age 1	10/30/2014 10:24 PM
15	Expand access to oral health services for people over age 65 or with disabilities	10/30/2014 6:43 PM
16	Getting parents to understand the importance of going to the dentist.	10/30/2014 3:34 PM
17	Dentists refuse to see children until they are at least 3 years old	10/30/2014 2:36 PM
18	Maintain or improve number of Iowans served by CWF	10/30/2014 12:06 PM
19	increased access to good oral health care for older Iowans and people with disabilities	10/30/2014 12:03 PM
20	Increasing Access to Oral Health Care for Older Iowans/65+	10/30/2014 11:58 AM
21	increasing physical access to dental providers ( like having satellite offices to state run facilities)	10/30/2014 11:46 AM
22	Increase rate of children receiving early and regular care beginning at age 1	10/30/2014 11:25 AM
23	Expansion of scope of practice of dental providers	10/30/2014 11:20 AM
24	Disease burden	10/30/2014 11:12 AM
25	Access to dentists for maternal health clients	10/30/2014 11:10 AM
26	work with Oral Health Bureau to come up with ways to systematically make it easier to promote the 2As and R system	10/30/2014 11:10 AM
<b>#</b>	<b>3.</b>	<b>Date</b>
1	fluoride in water	11/7/2014 6:22 PM
2	Regulation or legislation for dental coverage all health plans	11/7/2014 12:38 PM
3	Require nursing homes and care facilities to have a dental hygienist on staff to provide preventive care for residents	11/7/2014 11:02 AM
4	Collection of data related to older Iowans and behavior related to oral healthcare.	11/7/2014 9:42 AM
5	Partner more effectively	11/6/2014 11:49 PM
6	Better access to care for low income, non-insured adults	11/6/2014 11:04 PM
7	interpretation at dental appointments	11/5/2014 9:50 AM

## Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future

8	Support oral health providers in routinely measuring blood pressure and assessing tobacco use, and then make referrals to healthcare providers and tobacco cessation programs	11/4/2014 3:45 PM
9	Promote preventive dental care for very young children and education of dentists to treat young children	11/4/2014 7:59 AM
10	Improved oral care for the disabled	11/3/2014 1:31 PM
11	Changes to payment structures (Medicaid, private insurance) that would allow reimbursement beyond dentists and expand access to preventive care	11/3/2014 9:15 AM
12	Improved caregiver knowledge in the delivery of oral hygiene for seniors	10/31/2014 9:20 AM
13	Increase providers ability to bill electronically	10/31/2014 9:09 AM
14	All pregnant women will have access to oral health care	10/30/2014 10:24 PM
15	consider alternatives to increase access (i.e. dental therapy models, oral health screenings by primary care providers)	10/30/2014 6:43 PM
16	Getting dentists to see children under the age of 3.	10/30/2014 3:34 PM
17	High dental caries in children under 5 years	10/30/2014 2:36 PM
18	Assure that adults over age 65 have access to oral health care that is affordable.	10/30/2014 12:06 PM
19	public policies that are responsive to needs of consumers, particularly low income lowans	10/30/2014 12:03 PM
20	Continue current progress in Increasing Access to Oral Health Care for Children/I-Smile	10/30/2014 11:58 AM
21	address the underutilization of dental hygienists	10/30/2014 11:46 AM
22	Improve Access to Care in Rural and Micropolitan Areas (Address Retiring Workforce)	10/30/2014 11:25 AM
23	Assuring access for disparate populations	10/30/2014 11:20 AM
24	caries	10/30/2014 11:12 AM
25	Reimbursement rates	10/30/2014 11:10 AM
26	to assist the Bureau with any messaging on Quitline Iowa and 2As and R	10/30/2014 11:10 AM
<b>#</b>	<b>4.</b>	<b>Date</b>
1	early plaque and dental caries	11/7/2014 6:22 PM
2	Education and recognition of mid-level providers	11/7/2014 12:38 PM
3	Access to oral health care for lowans residing in rural areas.	11/7/2014 9:42 AM
4	Expand oral health knowledge among general public	11/6/2014 11:04 PM
5	dental curriculum for each grade in school, not just a K/9th grade focus	11/5/2014 9:50 AM
6	Provide/require education to oral health providers regarding signs/symptoms for chronic disease, and use that knowledge for discussion/referral to patient's health care provider	11/4/2014 3:45 PM
7	Support training of medical professional to conduct oral health screenings	11/4/2014 7:59 AM
8	Increased education on oral health needs for parents and caregivers	11/3/2014 1:31 PM
9	Changes in the training of dentists and the dental delivery system structure that reduces barriers for children younger than age 3, pregnant women, and low-income lowans to access dental care.	11/3/2014 9:15 AM
10	Increased use of dental hygienists to deliver basic cleaning and care coordination for seniors	10/31/2014 9:20 AM
11	Promote dental coverages to the underserved	10/31/2014 9:09 AM
12	All men will have access to oral health care services	10/30/2014 10:24 PM
13	increase provider participation with Medicaid and Dental Wellness Plan	10/30/2014 6:43 PM
14	Better State payment for dentists so they will see low income families.	10/30/2014 3:34 PM
15	Uneven distribution of providers in rural areas	10/30/2014 2:36 PM



## Oral Health Strategic Planning Forum: Setting Priorities for Iowa's Future

16	Collaborate with IME to increase the numbers and types of providers who can be reimbursed for providing dental services.	10/30/2014 12:06 PM
17	increase public awareness about the importance of oral care to one's overall health	10/30/2014 12:03 PM
18	Educating Local Boards of Health, other policy makers, and the public on the importance of oral health care/cost-benefit	10/30/2014 11:58 AM
19	allow hygienists to be paid for services they provide in alternative settings	10/30/2014 11:46 AM
20	Improve Medicaid and Dental Wellness Plan acceptance among dentists	10/30/2014 11:25 AM
21	Addressing risk factors (e.g., tobacco use, nutrition, etc)	10/30/2014 11:20 AM
22	Patient Education	10/30/2014 11:12 AM
23	Educating dentists on seeing kids at 1 year	10/30/2014 11:10 AM
24	Promote Quitline Iowa	10/30/2014 11:10 AM
<b>#</b>	<b>5.</b>	<b>Date</b>
1	Expansion of ISmile to low income adults	11/7/2014 12:38 PM
2	Increased awareness of oral health care as a cost containment methodology.	11/7/2014 9:42 AM
3	support adults thru a program like I-Smile does for kids	11/5/2014 9:50 AM
4	Continue to promote education on water fluoridation benefits and practices	11/4/2014 3:45 PM
5	Increase access to dental care for all age groups of underserved populations	11/4/2014 7:59 AM
6	Optimal fluoride levels in all water supplies in Iowa	11/3/2014 1:31 PM
7	Include individual dentists to assist in solutions for system changes and less reliance on organized dentistry to be part of the solution	11/3/2014 9:15 AM
8	Improve communication with dental providers	10/31/2014 9:09 AM
9	All long-term care residents will have access to oral health services	10/30/2014 10:24 PM
10	agree on guidelines and provide clear direction on Medicaid reimbursement for fluoride varnish and sealants	10/30/2014 6:43 PM
11	If Dental Hygienist visits can't count as exams. Getting Dentists into classrooms.	10/30/2014 3:34 PM
12	Public education regarding fluoride	10/30/2014 2:36 PM
13	Maintain Public Health Supervision of Dental Hygienists	10/30/2014 12:06 PM
14	collaboration between various oral health providers, dentists, hygienists, direct care workers, and others	10/30/2014 12:03 PM
15	Expanding private-public partnerships to increase access and educate	10/30/2014 11:58 AM
16	Provide Medicare coverage of dental services	10/30/2014 11:25 AM
17	Increasing access to dental benefits	10/30/2014 11:20 AM
18	Integration into the health care community	10/30/2014 11:12 AM
19	transportation to dental appointments for low income families	10/30/2014 11:10 AM
20	Share data	10/30/2014 11:10 AM

**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 <b>problem</b> (as quantified through <b>data</b> 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

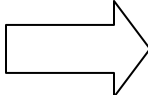
How <b>urgent</b> is the need for the policy or systems change addressed by the priority?	1.	1	2	3	4	5
	2.	1	2	3	4	5
	3.	1	2	3	4	5
	4.	1	2	3	4	5
	5.	1	2	3	4	5

To what extent does the <b>state/community perceive a need</b> 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 <b>reach and be effective for the intended target population?</b>	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:

**Worksheet #2 Feasibility and Stakeholder Priorities**

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
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**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” (pros and cons):**

	-3	-2	-1	0	+1	+2	+3
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**Strength of potential partnerships:**

	-3	-2	-1	0	+1	+2	+3
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**Timing:**

	-3	-2	-1	0	+1	+2	+3
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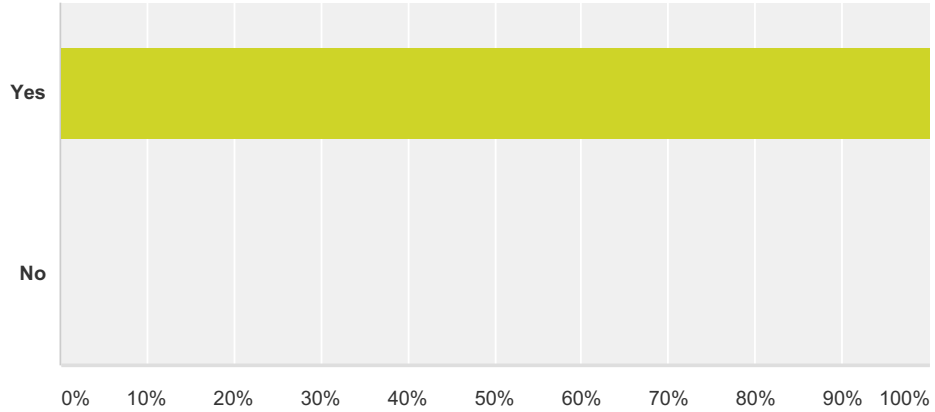
**Other areas of influence:**

	-3	-2	-1	0	+1	+2	+3
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**TOTAL FEASIBILITY SCORE:** \_\_\_\_\_

**Q1 Did the structure of the Tool result in a high level of participation among stakeholders attending?**

Answered: 28 Skipped: 0

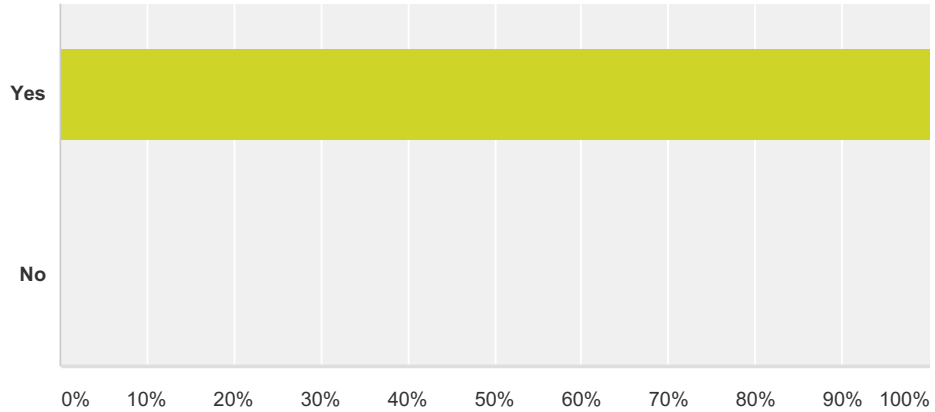


Answer Choices	Responses
Yes	100.00% 28
No	0.00% 0
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Personnel attending voiced opinions and strategies that can be used to improve Oral Health.	11/21/2014 10:42 AM
2	However, I do believe that the pre-survey responses should have automatically been included in the options to prioritize. This was not clear until late in the process.	11/20/2014 5:19 PM
3	Keeping the number of participants lower seemed to help so that people felt comfortable speaking up and sharing. Working in small groups was also beneficial.	11/18/2014 2:40 PM
4	I really enjoyed the meeting. I thought it was very productive, efficient and effective.	11/17/2014 4:44 PM
5	Thought the participation was excellent! More than in many similar planning sessions. In addition to the tool, the participants were those who know one another and feel very comfortable in participating.	11/13/2014 2:56 PM
6	I appreciate the two opportunities to participate in small groups in ranking priorities and the two larger opportunities to discuss identification of priorities and the final wrap around review of the scores at the end.	11/13/2014 12:27 PM
7	Everyone was extremely engaged.	11/13/2014 10:31 AM
8	This structure brought about discussion of needs around the State of Iowa.	11/13/2014 10:06 AM

**Q2 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)?**

Answered: 28 Skipped: 0

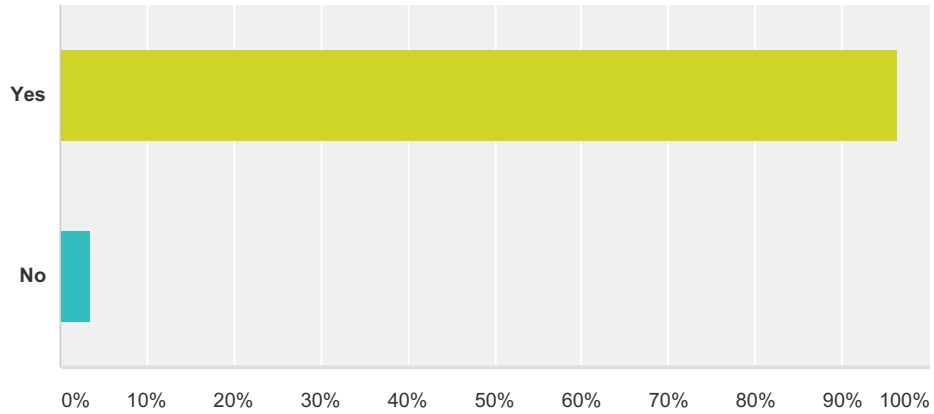


Answer Choices	Responses
Yes	100.00% 28
No	0.00% 0
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Greatly as this was first forum held.	11/21/2014 10:42 AM
2	Not sure that it was better or worse than other experiences, but there seemed to be substantive communication going on.	11/18/2014 2:40 PM
3	It was awesome to be able to discuss issues with stakeholders from disciplines other than my own.	11/13/2014 10:31 AM
4	Personnel in attendance were not influenced by any preset measures, instead we all had input to necessities and priorities.	11/13/2014 10:06 AM
5	Made us think about issues we probably wouldn't have considered before-such as support by various entitties.	11/13/2014 9:56 AM

### Q3 Were the steps for developing a priority among policy or systems development opportunities successfully completed?

Answered: 28 Skipped: 0

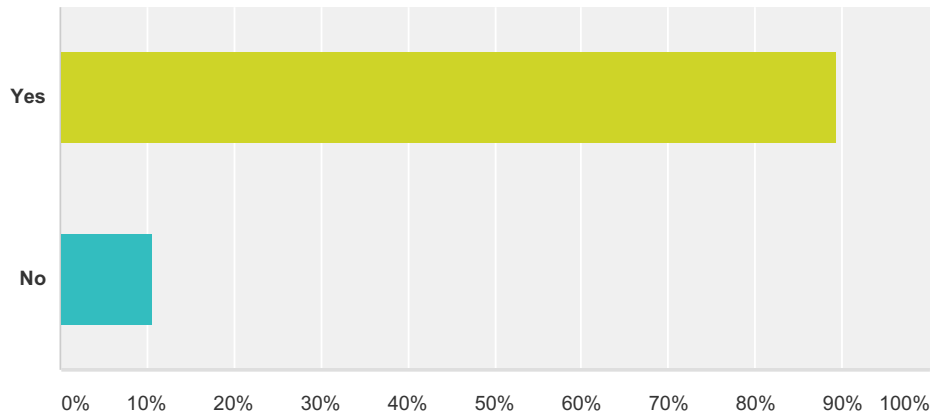


Answer Choices	Responses
Yes	96.43% 27
No	3.57% 1
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Yes. I thought when we were working on the priority areas (the morning session) i was worried about the time due to the conversations/personal beliefs but we were able to move forward	11/17/2014 4:45 PM
2	I've checked yes; however it was a little confusing when we tried to combine several different issues in the first exercise. Might have been better to have those "re-grouped" on the "white sheets" so we were certain as to what we were voting for.	11/13/2014 3:01 PM
3	Prefer using sticky dots then hand voting method utilized because it was hard to keep track of votes. Having 5 stickers and then placing them on the priority would be easier to track.	11/13/2014 2:50 PM
4	Not sure the outcomes based upon participant knowledge. For me, at least, there were a lot of gaps in the awareness I needed about the status of some of the proposed priorities and my ability to make a recommendation or score.	11/13/2014 1:16 PM
5	Felt that the rating system of the last step was difficult to follow. Our group had a hard time making those choices.	11/13/2014 11:26 AM
6	sort of....there was a little confusion at our table over how our votes could be distributed and the objectives overlapped into varying categories.	11/13/2014 10:37 AM

### Q4 Was the time allocated for completing the steps sufficient?

Answered: 28 Skipped: 0

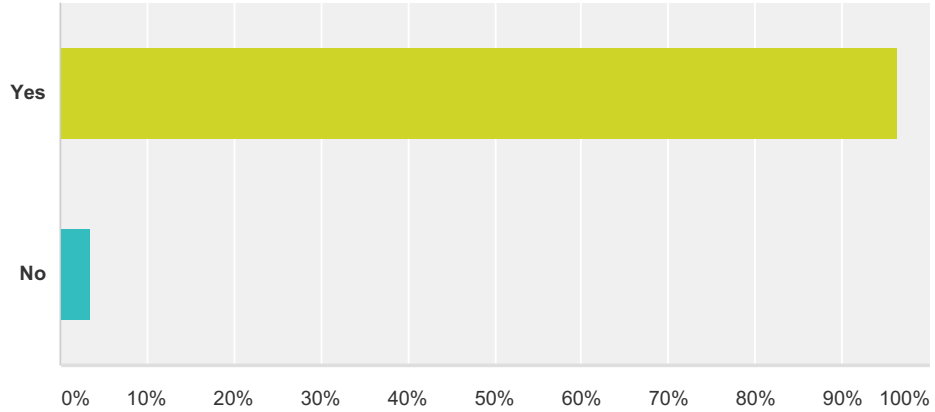


Answer Choices	Responses
Yes	89.29% 25
No	10.71% 3
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Needed additional time to determine the priorities/strategies and less for feasibility.	11/18/2014 2:43 PM
2	Would have been nice to have some kind of timekeeping so we could move on from one goal to the next	11/15/2014 10:00 AM
3	seemed rushed	11/13/2014 1:15 PM
4	I think we could have used more time in the morning getting the objectives more clearly defined.	11/13/2014 10:37 AM
5	We did not really understand the last line on worksheet 2. we skipped those and went back at the end. we determined there was not enough time to address this so we gave them all a 0	11/13/2014 9:36 AM

**Q5 Was the facilitation appropriate and useful? If not, would you recommend more facilitation or less?**

Answered: 28 Skipped: 0



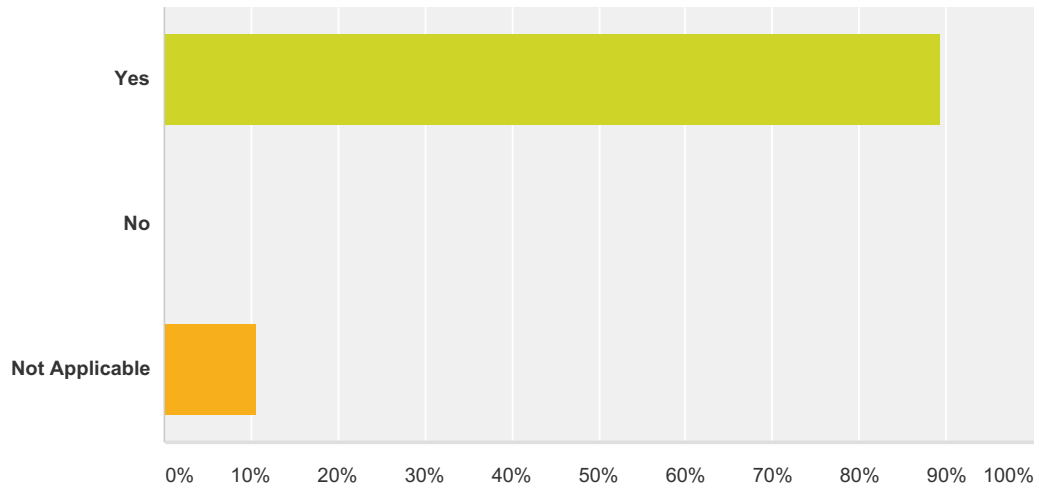
Answer Choices	Responses
Yes	96.43% 27
No	3.57% 1
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Facilitators will need to keep forum attendees informed of decisions being made for their feedback.	11/21/2014 10:44 AM
2	However, the pre-survey results should have been used or clearly stated up front that they were not part of the options for prioritization. By the time the participants knew they were not included, it was too late to consider some of them.	11/20/2014 5:20 PM
3	I felt the process was a bit cumbersome and we spent a lot of time trying to figure out the process rather than working on prioritizing the priorities :)	11/13/2014 1:16 PM
4	Although the discussions were autonomous amongst the groups and not driven by the facilitators, I would recommend that the time management be handled by the facilitators with reminders for the groups to pace discussion.	11/13/2014 12:30 PM
5	seemed to be the right amount	11/13/2014 10:37 AM
6	Better explanation on how to score worksheet 1.	11/13/2014 9:58 AM



**Q6 If applicable, was a power point or other background presentation useful?**

Answered: 28 Skipped: 0

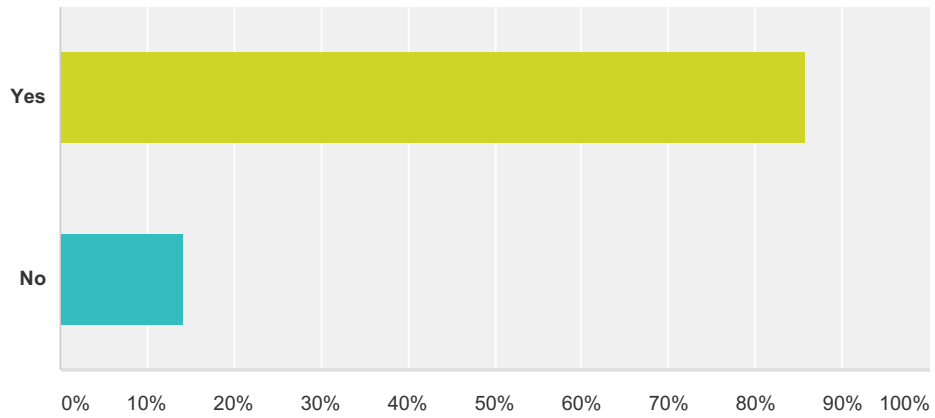


Answer Choices	Responses
Yes	89.29% 25
No	0.00% 0
Not Applicable	10.71% 3
<b>Total</b>	<b>28</b>

#	Comments	Date
1	a powerpoint with the scores and the top 5 areas would have been helpful to have the entire time	11/17/2014 4:45 PM

### Q7 Were any aspects of the process particularly useful?

Answered: 28 Skipped: 0

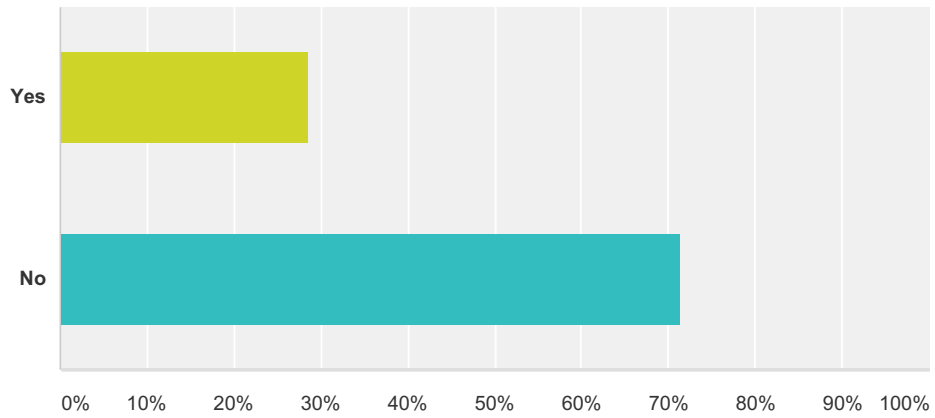


Answer Choices	Responses
Yes	85.71% 24
No	14.29% 4
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Using outside facilitators kept inside influences from overpowering conversations and ideas.	11/21/2014 9:08 AM
2	Feasibility was useful, but the document/tool itself was confusing.	11/18/2014 2:43 PM
3	Explanations from facilitators were helpful.	11/14/2014 11:49 AM
4	Changing the make-up of the groups rather than staying in the same groups throughout the process.	11/13/2014 3:01 PM
5	The feasibility piece was very beneficial.	11/13/2014 2:50 PM
6	Dialogue	11/13/2014 2:40 PM
7	Large group offered more learning opportunities for participants.	11/13/2014 1:16 PM
8	Allowing time to hear from the group and get their vision and ideas.	11/13/2014 11:26 AM
9	the entire process was useful, especially evaluating the feasibility of the action steps.	11/13/2014 10:37 AM
10	I like how we were able to quantify and qualify which initiatives were most important and might have the best opportunity for success!	11/13/2014 10:27 AM
11	Ranking feasibility. Also, I appreciated that you could not vote for the same priority more than once.	11/13/2014 10:04 AM
12	Great to have a variety of disciplines represented. Good insight from a variety of perspectives.	11/13/2014 9:58 AM
13	It was fun-moved fast and gave us plenty of time to think	11/13/2014 9:36 AM

### Q8 Were any aspects of the process of no utility or cumbersome?

Answered: 28 Skipped: 0

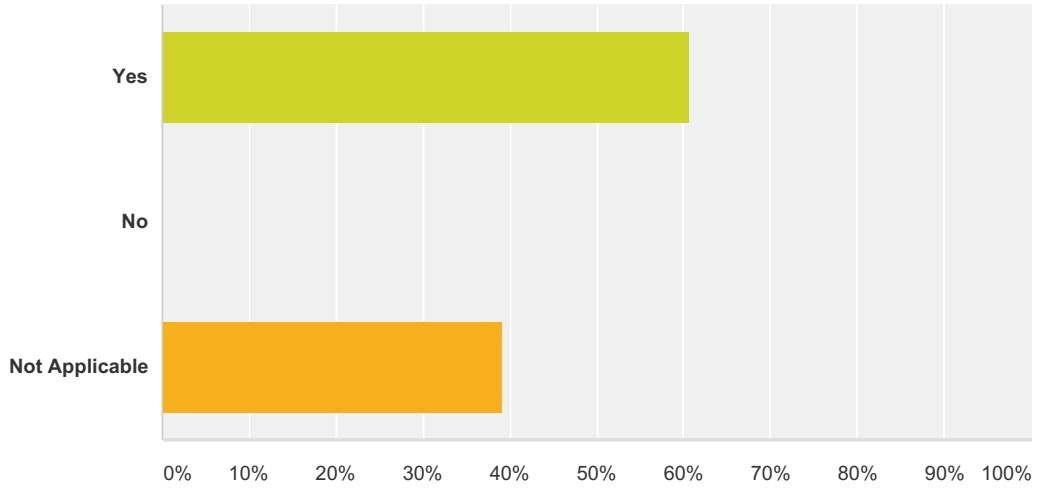


Answer Choices	Responses
Yes	28.57% 8
No	71.43% 20
<b>Total</b>	<b>28</b>

#	Comments	Date
1	The hand voting seemed cumbersome. We read the statements, then read them again to vote. Seems like using stickers to vote as people walked around could have been more efficient.	11/21/2014 9:02 AM
2	????	11/20/2014 8:55 AM
3	The selection of priorities to vote on was confusing. It may have helped to have organized the topic areas first, then listed strategies within each. The lists on the walls weren't read-able from where everyone sat, so it was difficult to remember or know which priorities to select/vote on.	11/18/2014 2:43 PM
4	As stated earlier, would have liked to see the "groupings" organized for easier voting.....but we made it work. I'm also not absolutely certain (and when does that happen!) we all defined "dental health team" in the same way. Hope this is further defined in future activities of the planning process.	11/13/2014 3:01 PM
5	A little cumbersome- wish that we would have done a little more combining of priorities prior to voting.	11/13/2014 2:50 PM
6	Sometime it was a little overwhelming if you didn't have the appropriate background to identify feasibility.	11/13/2014 10:47 AM
7	again, while it was extremely useful to list all the concerns, I did find it "cumbersome" when it came to voting on issues that were important to me.	11/13/2014 10:37 AM

**Q9 If applicable, did use of the Tool improve processes over previous experience(s)?**

Answered: 28 Skipped: 0

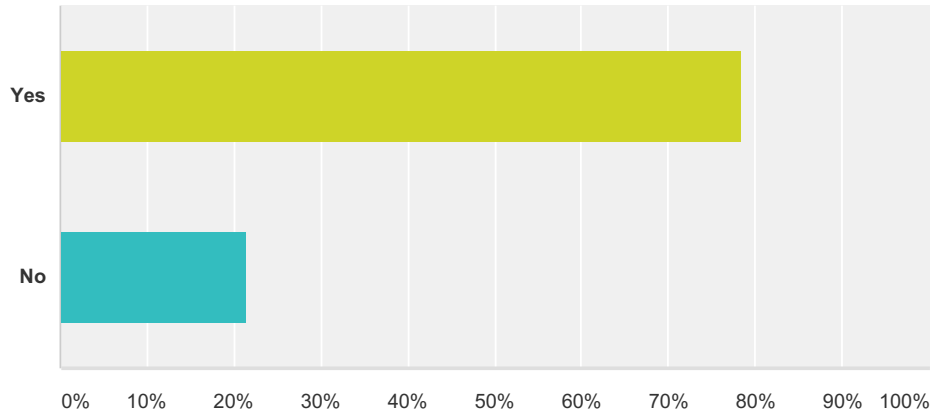


Answer Choices	Responses
Yes	60.71% 17
No	0.00% 0
Not Applicable	39.29% 11
<b>Total</b>	<b>28</b>

#	Comments	Date
1	It was very focused. Our group had issues with one of the questions which was two-pronged and we felt forced us to answer a compound question with only one answer. "What is the extent of the problem that the policy or systems change opportunity would address?" The group was frequently trying to rate the extent of the problem rather than the opportunity for a policy or systems change solution.	11/13/2014 2:40 PM

### Q10 Was each step understandable?

Answered: 28 Skipped: 0

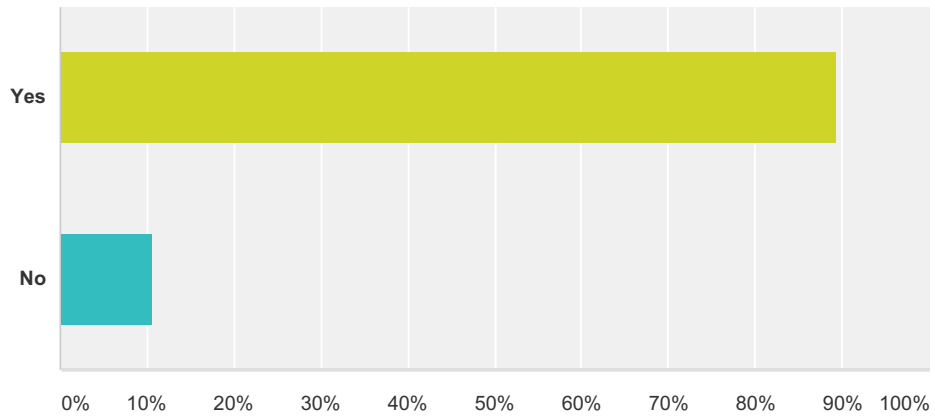


Answer Choices	Responses
Yes	78.57% 22
No	21.43% 6
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Faesability tool was difficult to understand.	11/18/2014 2:44 PM
2	for the most part. some questions needed further clarification	11/17/2014 4:46 PM
3	Some confusion on the group of the items on the flip charts that likely impacted the voting.	11/13/2014 2:41 PM
4	using the voting process was cumbersome, and also ranking each action step did not reflect the importance of the issues we were discussing	11/13/2014 10:39 AM
5	Not clear how to score worksheet 1.	11/13/2014 9:59 AM

### Q11 Did you increase your knowledge based on the process?

Answered: 28 Skipped: 0

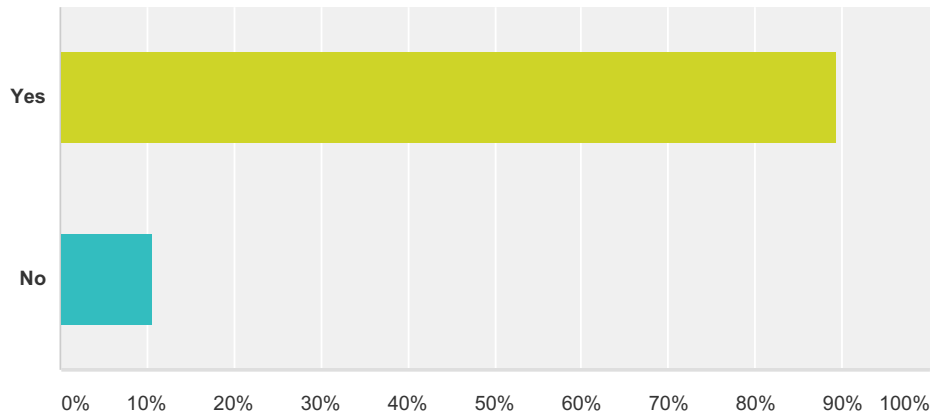


Answer Choices	Responses
Yes	89.29% 25
No	10.71% 3
<b>Total</b>	<b>28</b>

#	Comments	Date
1	This process should be used regularly within all agencies of IDPH	11/21/2014 10:46 AM

### Q12 Do you feel your group can translate the results into next steps?

Answered: 28 Skipped: 0

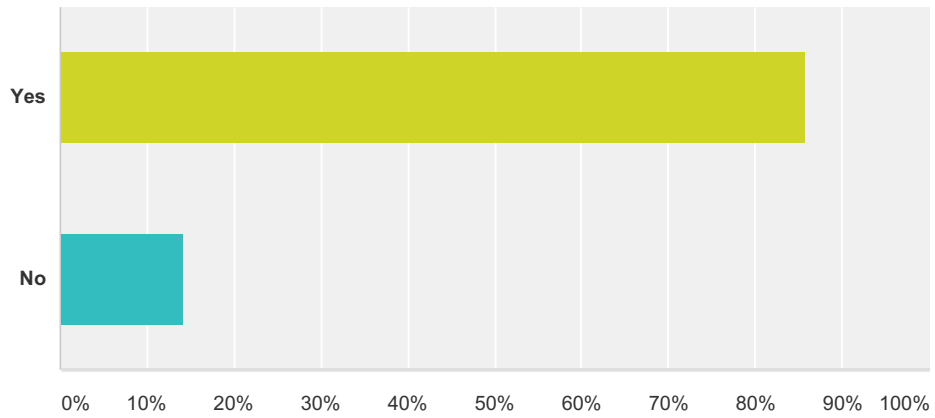


Answer Choices	Responses
Yes	89.29% 25
No	10.71% 3
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Note earlier comment about defining "dental health team"	11/13/2014 3:02 PM
2	Categories were broad. Not sure what to do with the results, how to focus on a specific area within the broad category.	11/13/2014 9:59 AM

### Q13 Would you recommend using the planning checklist on a regular basis?

Answered: 28 Skipped: 0



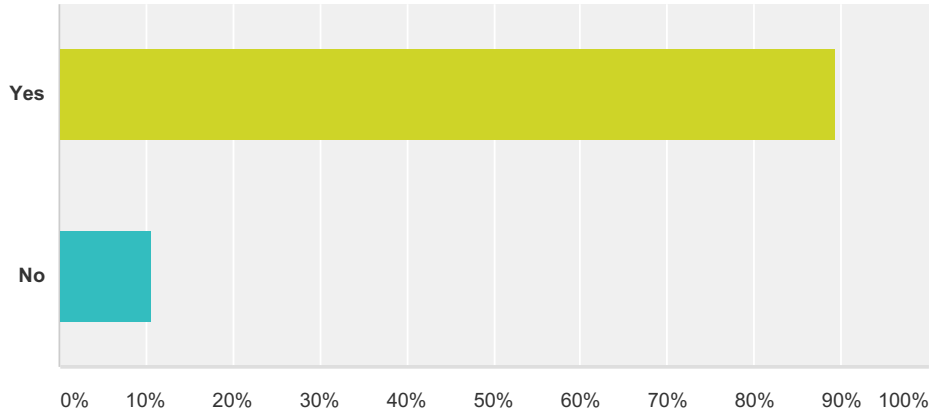
Answer Choices	Responses
Yes	85.71% 24
No	14.29% 4
<b>Total</b>	<b>28</b>

#	Comments	Date
1	Depends on the project and the context of the planning.	11/20/2014 5:21 PM
2	Not sure waht the planning checklist is.	11/18/2014 2:44 PM
3	just make sure that everyone has a clear understanding	11/17/2014 4:46 PM
4	This would be a good way to do updating.	11/14/2014 11:50 AM
5	If the process or some steps could be simplified.	11/13/2014 1:19 PM
6	maybe. this question is not really clear.	11/13/2014 9:37 AM



**Q14 Did the Tool facilitate more disciplined and timely decision making related to strategies for policy or systems development change?**

Answered: 28 Skipped: 0

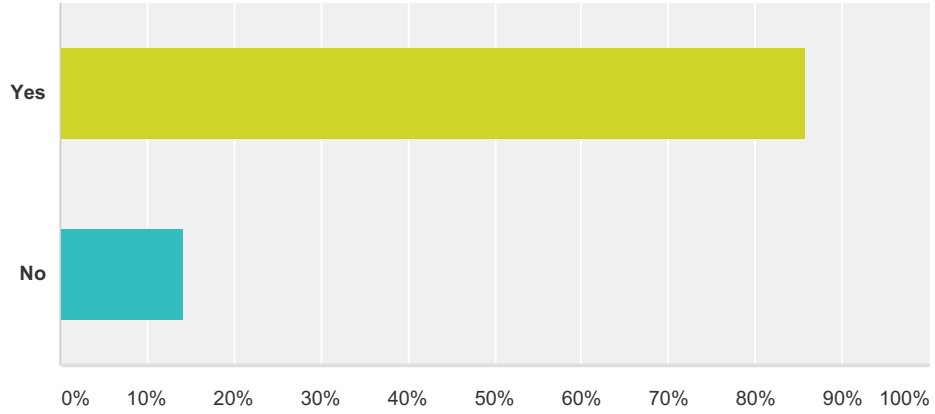


Answer Choices	Responses
Yes	89.29% 25
No	10.71% 3
<b>Total</b>	<b>28</b>

#	Comments	Date
1	group leader received and answered text message during afternoon session. group leader seemed to prolong discussion and decision on values until they were closer to her beliefs	11/20/2014 8:58 AM
2	Although the facilitator moved us along as well. And that was good!	11/13/2014 3:02 PM
3	I appreciated the data that would promote "outcomes and feasibility". The tool provided a systematic process while allowing for free discussion and flow of ideas.	11/13/2014 12:33 PM

**Q15 Would you recommend use of the Tool as an institutional process for prioritizing oral health initiatives?**

Answered: 28 Skipped: 0

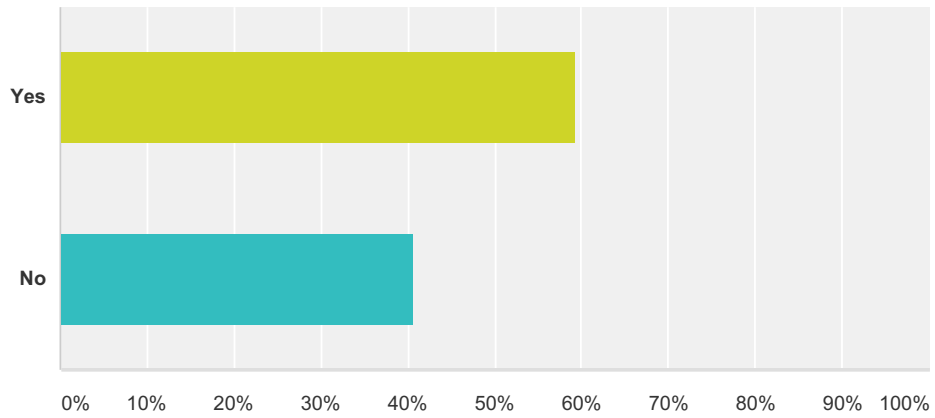


Answer Choices	Responses
Yes	85.71% 24
No	14.29% 4
<b>Total</b>	<b>28</b>

#	Comments	Date
1	The lists for voting could possibly be better. Some of the topics overlapped which with more time for that part could have improved some of the results.	11/14/2014 11:51 AM

### Q16 Did you participate in the development of your state oral health plan?

Answered: 27 Skipped: 1

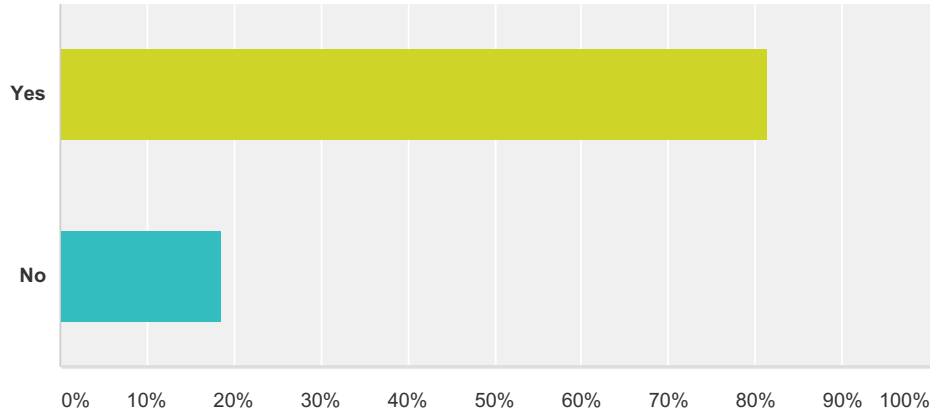


Answer Choices	Responses
Yes	59.26% 16
No	40.74% 11
<b>Total</b>	<b>27</b>

#	Comments	Date
1	That is still to come.	11/18/2014 2:52 PM
2	Not certain how to respond given we really don't have a State Oral Health Plan but do think this process will help formulate the development of a Plan and aligns with earlier strategies to improve access to oral health for all lowans.	11/13/2014 3:04 PM

**Q17 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?**

Answered: 27 Skipped: 1

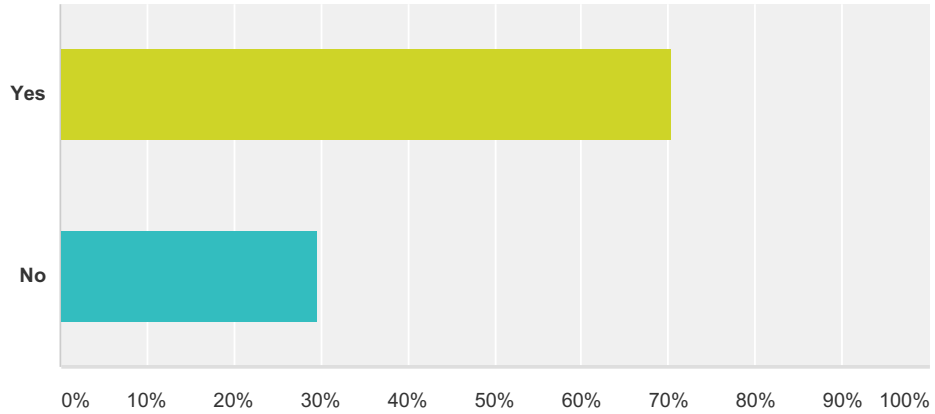


Answer Choices	Responses
Yes	81.48% 22
No	18.52% 5
<b>Total</b>	<b>27</b>

#	Comments	Date
1	Not sure any of the "tools" used provide enough detail from each table's work to assist the state plan coordinator.	11/18/2014 2:52 PM
2	It seems like it helps make a plan, not take action. Isn't there already a plan? Shouldn't the plan contain actionable items already? I can see this tool helping to prioritize actionable item. But as it played out I don't see how anything accomplished in this day leads us to action.	11/14/2014 1:51 PM
3	Some of the results will need to be more detailed to be helped in implementation. For example, just looking at scope of practice for some procedures may not be enough to insure quality of service.	11/14/2014 11:56 AM
4	See earlier response.	11/13/2014 3:04 PM
5	Need more development of action steps	11/13/2014 1:34 PM
6	We voted on broad concepts. Not sure how to determine which areas within the broad concept to focus on.	11/13/2014 10:00 AM

**Q18 Will you recommend revisions to your state oral health plan (or other framework document) based on your experience with the Tool?**

Answered: 27 Skipped: 1

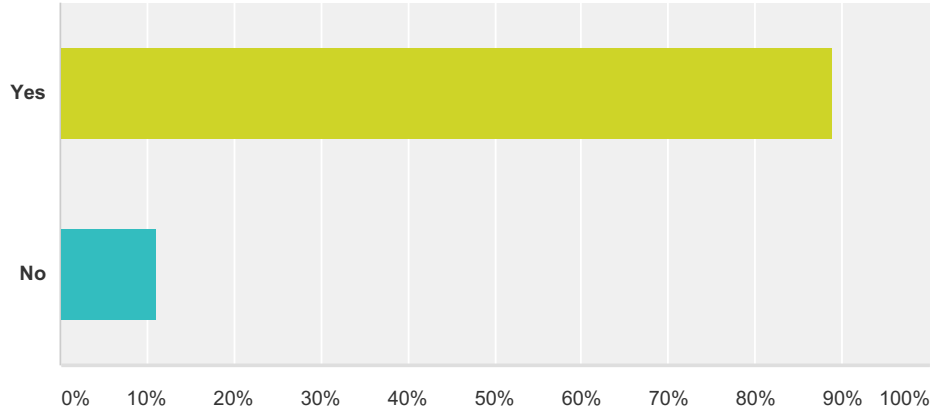


Answer Choices	Responses
Yes	70.37% 19
No	29.63% 8
<b>Total</b>	<b>27</b>

#	Comments	Date
1	Not sure what this means.	11/18/2014 2:52 PM
2	unsure at this time	11/17/2014 4:46 PM
3	Maybe clarification of the topics chosen are in next steps. It's possible there was no time for this in the first planning meeting.	11/14/2014 11:56 AM
4	See earlier response.	11/13/2014 3:04 PM
5	I would recommend revisions according to the experience and discussions with other participants as much as what resulted by using "the tool"	11/13/2014 10:41 AM

**Q19 Did the Tool session improve your knowledge about how to prioritize policy systems development opportunities?**

Answered: 27 Skipped: 1

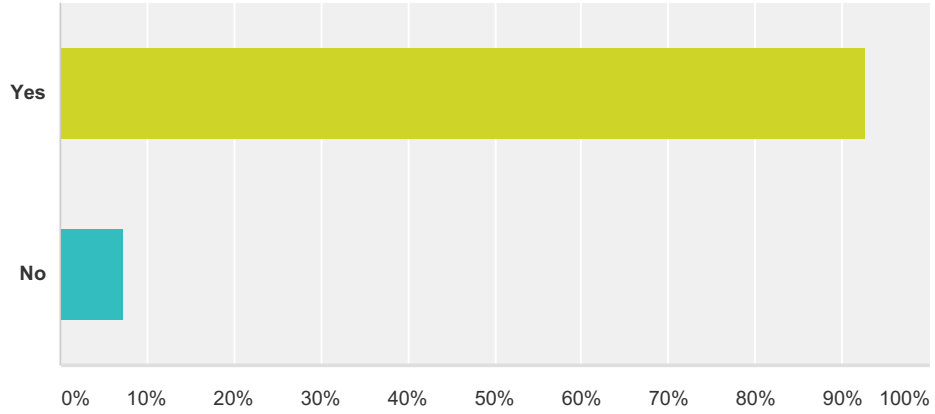


Answer Choices	Responses
Yes	88.89% 24
No	11.11% 3
<b>Total</b>	<b>27</b>

#	Comments	Date
1	somewhat	11/13/2014 10:43 AM

### Q20 Did the Tool session improve your knowledge about planning for policy and systems development change?

Answered: 27 Skipped: 1

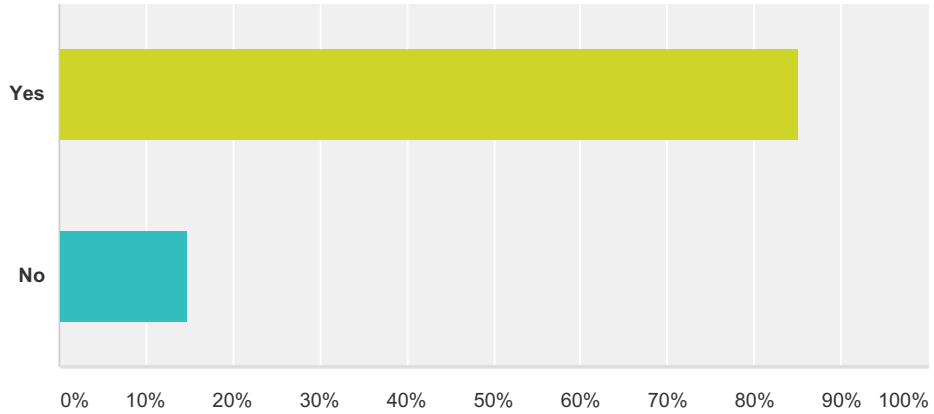


Answer Choices	Responses
Yes	92.59% 25
No	7.41% 2
<b>Total</b>	<b>27</b>

#	Comments	Date
1	The feasibility tool was confusing. Using "negative" and "positive" to describe feasibility didn't make sense. If it had been "less" and "more" - those are more often used to describe "feasible". We spent too long trying to understand what negative feasibility means.	11/18/2014 2:55 PM

**Q21 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?**

Answered: 27 Skipped: 1



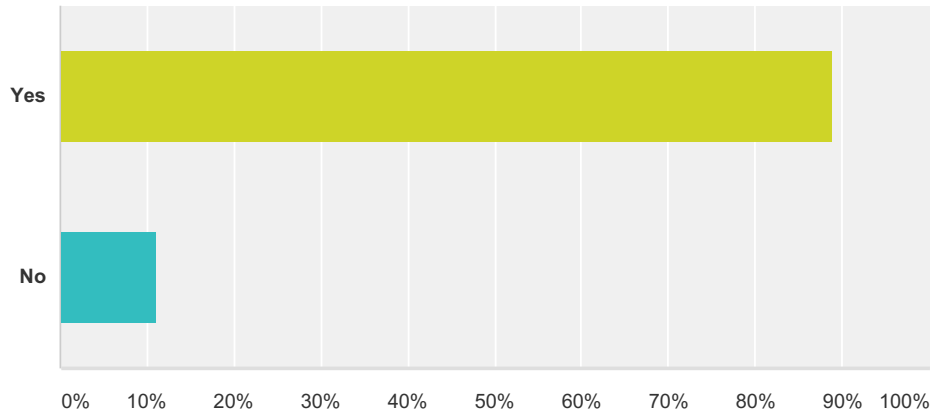
Answer Choices	Responses
Yes	85.19% 23
No	14.81% 4
<b>Total</b>	<b>27</b>

#	Comments	Date
1	The discussion with a broad group of stakeholders was helpful	11/13/2014 9:38 AM



**Q22 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?**

Answered: 27 Skipped: 1



Answer Choices	Responses
Yes	88.89% 24
No	11.11% 3
<b>Total</b>	<b>27</b>

#	Comments	Date
1	extremely so. I was very honored to be included and it gave me a greater sense of responsibility toward achieving these goals.	11/13/2014 10:43 AM