

Iowa Oral Disease Prevention Program

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Iowa Oral Health Environmental Scan Summary 2016



Iowa Department of Public Health • Bureau of Oral and Health Delivery Systems

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Introduction

In 2014, the Oral Health Center (OHC) within the Iowa Department of Public Health (IDPH) completed an environmental scan survey of OHC staff to determine opportunities for state oral health program advancement and program improvement. In 2016, this internal survey was repeated to reanalyze the environment surrounding the state oral health program. Within this report, IDPH will identify changes that have occurred since the last survey and also highlight new opportunities for state oral health program growth.

Results of 2016 Environmental Scan Survey

To complete the environmental scan, OHC personnel took a survey based on an evaluation tool, the *Environmental Assessment Instrument*, provided by the Division of Oral Health at the Centers for Disease Control and Prevention (CDC). Survey recipients rated 109 environmental factors based on how they impact the state oral health program. The results of this survey indicate opportunities for oral health program advancement and opportunities for oral health program improvement.

Opportunities for Oral Health Program Advancement

The internal environmental scan highlighted many supporting factors within Iowa's oral health environment. The following items were identified as current strengths that advance oral health in Iowa.

- Personnel resources
- School-based/school-linked dental sealant programs
- OHC partnerships with traditional partners (Delta Dental, Iowa Public Health Association, Head Start, University of Iowa College of Dentistry, etc.)
- OHC focus on prevention vs. intervention programs
- Ability of OHC to provide training and technical assistance to local agencies
- Federal financial resources (grants, Department of Human Services match) for OHC
- Ability of OHC to seek external funding sources
- Ability of OHC to provide stakeholders with information (data, reports, other)
- Mandatory dental screening
- Private foundation financial resources for OHC

Opportunities for Oral Health Program Improvement

The internal environmental scan also highlighted some inhibiting factors within the state oral health program. The following items were identified as opportunities for program improvement.

- Communication with the governor's office and Legislature
- Diverse, statewide oral health coalition
- IDPH hiring process/policy
- Dental Practice Act
- State government planning process
- Relationship between OHC and state dental society

- Fluoridation regulations
- Statistician/evaluator position
- Relationship between OHC and private medical providers
- Relationship between state dental society and Legislature

Comparison of 2014 and 2016 Environmental Scan Survey

The 2016 environmental scan survey asked respondents the same questions as the 2014 survey. This allows for a direct comparison of results to see where improvements have been made over the last two years. Table 1 below shows, in order, the environmental factors that had the greatest increase in average score from 2014 to 2016. This indicates that improvements have occurred in these areas.

Table 1: Environmental Factors with Greatest Score Improvement from 2014 to 2016			
Environmental Factor	2014 Average Score	2016 Average Score	Average Score Increase
Fluoridation Manager Position	-1.80	3.78	5.58
Oral Health Program Manager Position (leadership level under dental director)	0.29	3.78	3.49
IDPH placement of division/bureau responsible for fluoridation	-0.71	2.67	3.38
Fluoridation initiatives	0.83	3.00	2.17
Private foundation financial resources for OHC	1.13	3.22	2.10
Support staff positions	1.13	3.13	2.00
Number of state oral health staff vs. contract employees	1.14	3.14	2.00
Comprehensive oral health burden of disease document	0	2.00	2.00
Stability of IDPH (reorganization happens often or not)	-0.75	1.22	1.97
Ability of OHC to seek external funding sources	1.25	3.22	1.97

Table 1: List of the environmental factors with the greatest average score increase from the 2014 to the 2016 survey. This indicates improvement with these environmental factors.

These improvements can be explained by initiatives that have occurred over the last two years. A fluoridation manager was hired in 2015, which led to increased scores for fluoridation-related environmental factors. Additionally, changes to the OHC structure to allow for positions that serve as a leadership level below the dental director have been viewed positively. A comprehensive burden of disease document was finalized in 2015 and made available via IDPH’s website. Finally, the OHC relies on numerous sources of external funding to improve the oral health of Iowans. These external funding sources include federal grants from the CDC and the Health Resources and Services Administration, other state agencies such as the Department of Human Services, and private foundation funding from the Delta Dental of Iowa Foundation.

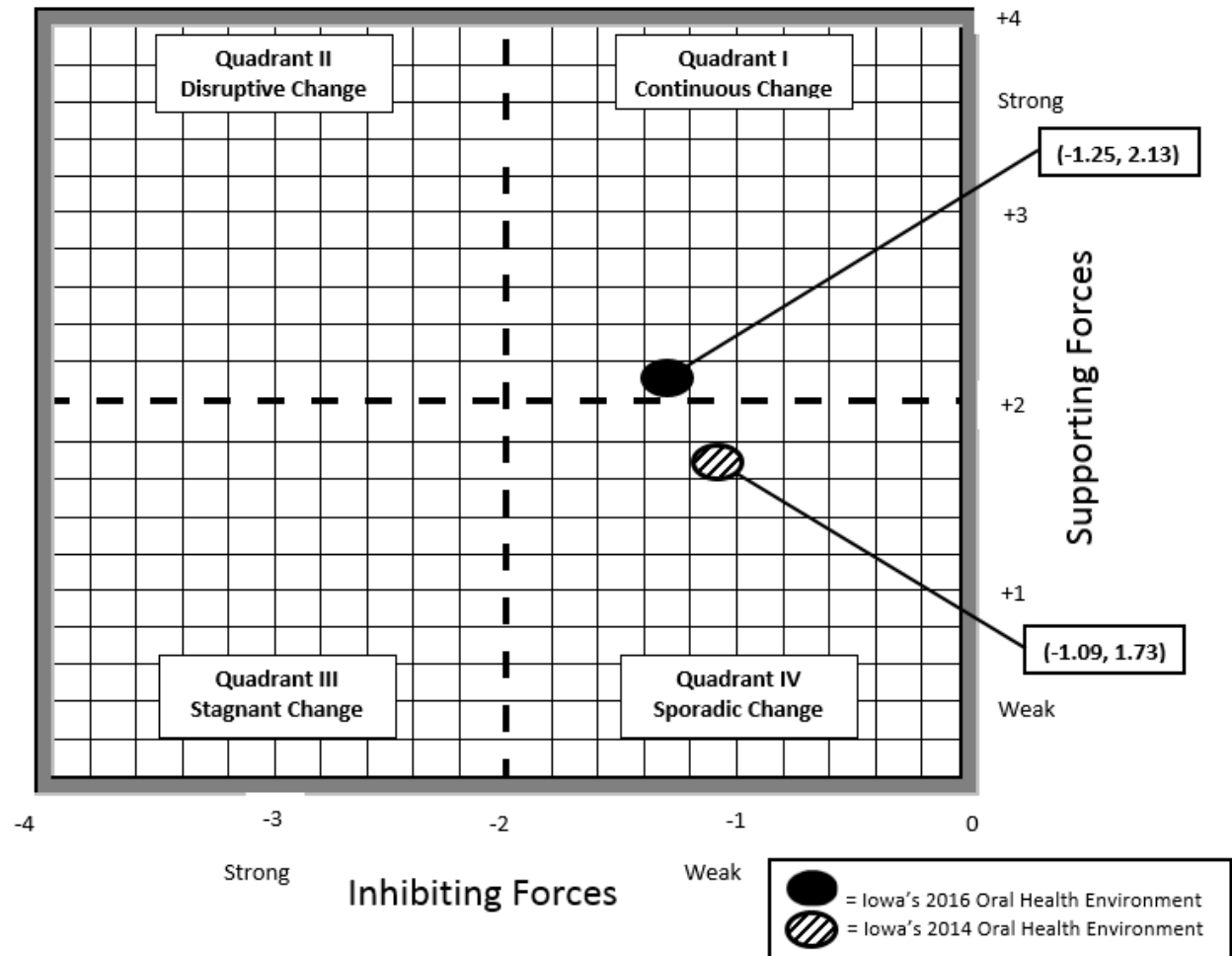
Change Force Analysis Grid

The CDC's *Environmental Assessment Instrument* evaluation tool provides a graphical template to display the results of the environmental scan. This template, titled the Change Force Analysis Grid, compares the average of all positively rated environmental factors to the average of all negatively rated environmental factors (see Figure 1).

In 2014, Iowa's oral health program was placed in Quadrant IV when displayed graphically on the Change Force Analysis Grid. At this time, both the positively rated environmental factors (supporting factors) and the negatively rated environmental factors (inhibiting factors) were considered weak. Based on this, the *Environmental Assessment Instrument* indicated that the best strategy for oral health program advancement was to use partnerships to build leverage points and aim for incremental changes.

In 2016, Iowa's oral health program is placed in Quadrant I in the graphical representation. The average of all negatively rated environmental factors was -1.25. According to the *Environmental Assessment Instrument*, this indicates that overall, inhibiting factors remain weak. The average of all positively rated environmental factors in 2016 was 2.13. With strong supporting factors, the environmental assessment instrument indicates that the oral health program should actively monitor changes in the environment and utilize partnerships and leverage points.

Figure 1: Change Force Analysis Grid



Conclusion

Overall, the environment surrounding the state oral health program has improved since 2014. The factors that inhibit the state oral health program remain weak and factors that support the state oral health program have strengthened. In 2016, 87 of the 109 environmental factors within the survey were rated positively to indicate their overall supportive nature toward the state oral health program. Twenty-two factors received negative scores and could be areas for the oral health program to seek improvements.

Areas for potential improvement that remained consistent from 2014 to 2016 include communication with the governor’s office and Legislature; collaboration with the state dental society; communication between the state dental society and Legislature; IDPH hiring process/policy; and the lack of a diverse, statewide oral health coalition. Environmental factors newly added as areas for improvement in 2016 include the Dental Practice Act; state government planning process; fluoridation regulations; statistician/evaluator position; and relationship between OHC and private medical providers.

Areas identified as program strengths that remained consistent from 2014 to 2016 include the ability of OHC to provide training and technical assistance to local agencies; OHC's focus on prevention versus intervention programs; school-based dental sealant programs; mandatory dental screenings; and personnel resources. In 2016, additional program strengths include OHC partnerships with traditional partners (such as Delta Dental, Iowa Public Health Association, Head Start, College of Dentistry, etc.); federal financial resources (such as grants, Department of Human Services match); ability of OHC to seek external funding sources; ability of OHC to provide stakeholders with information (data, reports, other); and private foundation financial resources for OHC. The results of this survey can inform strategic planning efforts to improve the future of the state oral health program.