

Guidebook for Policy Consensus Tool

***Steps to Create a Successful***

***Oral Health Consensus-Building Session***

*Includes a Policy Profile Template to track current programmatic, professional, & public policies*

#### Originally prepared by the Children’s Dental Health Project (2014)

#### A purple squares with black text Description automatically generatedRevised by the Association of State and Territorial Dental Directors (2024)



### Acknowledgements

##### Original Primary Authors: Lynn Olson, Special Projects Consultant and Matt Jacob, Director of Communications & Outreach, formerly of the Children’s Dental Health Project. Additional thanks to former CDC Division of Oral Health staff Elizabeth Hines and Karen Sicard; Lynn Mouden, ASTDD lead facilitator from 2009-2011). Additional facilitation by Lori Cofano and Matt Jacob. 2024 review and revisions by ASTDD consultants Lori Cofano, Bev Isman, Matt Jacob, and Kimberlie Payne and ASTDD Executive Director Christine Wood.

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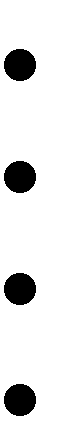
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### Overview

##### PURPOSE AND AUDIENCE

The purpose of this user’s guide is to assist oral health partners with aggregating partner input and building policy consensus priorities for new oral health initiatives. This Guidebook contains a series of templates that can be reproduced and adapted to meet specific needs.

This guide offers:

Background and worksheets for a two-part tool (Section 1)

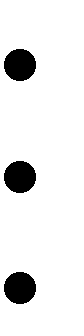
A policy profile template to track a range of policies (Section 2) Sample templates for organizing a policy tool session (Attachments) Facilitator tips

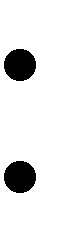
The audience for this User’s Guide is a coalition of partners that is usually led by either a state oral health program or an oral health coalition. Activities designed to “foster coalition building and consensus on public health initiatives” are not considered lobbying but are educational. However, lobbying by government employees is prohibited, as is the use of federal funds for direct lobbying.

##### VALUE AND BENEFITS

Think about the Policy Consensus Tool (hereinafter referred to as “the Tool”) as a method for bringing oral health partners together for structured, facilitated communication and assessment of systems change and public health policy -- broadly defined as professional, programmatic, and public policy.

This Tool will:

Support a process for identifying and prioritizing policy issues Enhance strategic thinking about oral health in the state

Structure and aggregate input on feasible priorities for use in updating state oral health improvement plans, committee work, and/or other planning purposes

Increase partner satisfaction through a strategic use of time

Strengthen communication among oral health advocates by encouraging an open and frank exchange of views, while providing a path to consensus

Encourage transparency in obtaining and aggregating partner input.



##### GENERAL GUIDANCE

ASTDD can provide a facilitator who has experience with this tool or will assist an outside facilitator who has extensive group-process experience to conduct this process. The ‘outsider’ status is key; all participants should feel their views are being treated impartially and that no one with “an axe to grind” is leading the priority selection process.

##### Prior to Using the Tool

 Use the guidebook’s Task and Timeline Guide (Attachment 3) to develop your work plan.

 Appoint a *planning* committee to identify invitees for broad-based participation.

The number of participants most often averages 30-35. Less than 50 is an ideal number. The committee can also help with logistics and on-site organization.

 Use the Policy Profile Template (Attachment 2) or another template to gather or update past policies.

 Communicate regularly with the facilitator. See Attachment 5 for guidance.

##### During the Tool Session:

* Partners will meet for +/- 6 hours (includes lunch).
* Firstly, in a group as a whole;
* Secondly, in two successive break-out groups;
* And thirdly, reconvening as a whole.
* Each partner contributes, and input is aggregated through numerical scoring. Part I of the Tool is designed for a diverse partner group to arrive at five (5) statewide policy priorities.

 Part II of the Tool is reviewed by the facilitator and a sponsoring group leader as a template for action to build momentum.

**After Using the Tool** *(within 30 days)*

 The session facilitator will provide a written report to the lead group.

* The lead group conducts a post-session interview.
* Leader(s) calendar action planning for implementation.



The Policy Consensus Tool Session

### Part I – Method for Gathering Partner Input

The initial steps of the Tool ask participants to consider scientific data, professional judgment, community input, and feasibility in ranking suggested priorities. Based on this information, partners may better understand the actual and perceived needs of communities and weigh that knowledge when assessing the environment for systems change and public health at any particular time. Repeating this process periodically enables partners to take advantage of the most current information.

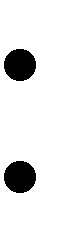
Part I of the Tool was inspired by a simple approach used by public health workers in developing countries1 and adapted to apply aspects of the political science research of John Kingdon2 and models developed by Vilnius and Dandoy.3 Initial steps provide the opportunity to discuss, rate, and effectively pair the public’s oral health “problems” with “solutions,” and eventually measure these priorities against real-world factors in the political “stream.”4

As a result, what may have appeared to be an opportunity for change may in fact not be “doable” at a particular time. Alternatively, the group may discover that an activity that originally did not stand out, once measured against these criteria, is a real opportunity.

Step 1:

 Ask each participant to create an initial list of 5 priorities for state oral health policy and systems change by responding to a survey (Attachment 1).

Step 2:



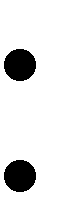
Step 3:





Step 4:





Display priority list (from survey).

The facilitator works with the group to narrow the list of priorities to five.

In small groups, use Worksheet #1 (on the next page) to rate each priority (low- moderate-high) to establish the size and severity of the problem as well as the effectiveness of the policy (or systems change) proposal.

Re-order the priorities according to their scores.

In small groups, participants use Worksheet #2 to rate the five (5) priorities against real-world environment (e.g., feasibility factors).

Rate each option -3 to +3 based on least to most potential. Re-order the rated priorities.

1 Hines, E. MPH, RDH (Centers for Disease Control and Prevention), adapted from Morley, D.

*Pediatric Priorities in the Developing World.* (Reprinted 1979). Butterworth Inc.

2 Kingdon, J. W. *Agendas, Alternatives and Public Policies* 2nd ed. (New York: Longman, 2003).

3 Vilnius D. and Dandoy S. ”A Priority System for Public Health Programs.” *Public Health Reports*, 105(5):463-470 (1990).

4 Kingdon (see note 4)

###### Step 2.

WORKSHEET #1: Rating Partner 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 **problem** (as quantified through **data** 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 **urgent** 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 **state/community perceive a need** 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 **reach and be effective for** the intended target **population**? | ***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:**

6

##### Step 3.

**Factor in *Feasibility* for a final rank order of proposed priorities.**

What environmental factors create barriers or opportunities to succeed?

##### How difficult will it be? How likely is it to be accomplished?

Eight factors are offered to assess the feasibility of the policy options you have identified through Step 3. In small groups, participants will score each policy option/system change priority against these factors of influence.

FACTORS OF INFLUENCE

##### Cost Effectiveness

* + Rate the extent to which we have data showing return on investment that will offset much or all the long-term costs (e.g., every $1 invested in community water fluoridation saves approximately $32 in dental treatment costs.)

##### Public and/or Private Funding

* + Who will finance the proposal in the short term?
  + Rate the extent of available public and/or private funding.

##### Regulatory Impact

* + Rate the extent of regulatory change involved.
    - Is it administratively simple or complex?

##### Recognized Support by “Agenda Setter(s)”

* + Rate the extent to which there is a “policy entrepreneur” either inside or outside government, who is prepared to overcome periodic obstacles and move forward.

##### Identified Individual(s) to Broker Alternatives and Move Forward

* + Rate the extent to which there is a “policy entrepreneur” either inside or outside government, who is always prepared to overcome periodic obstacles and move forward.

##### Strength, Breadth, and History of Supportive Public Partners

* + Rate the strength of support, including partnerships.

##### Strength, Breadth, and History of Opposing Public Partners

* + Rate the strength of the opposition, including partnerships.

##### Favorable Timing

* + Rate the extent to which timing is favorable based on a catalyzing event such as a change of legislative control or term limits of key players, or a coattail or other opportunity.

7

WORKSHEET #2: Feasibility and Partner Priorities

*(5 worksheets per participant)*

Addressing the feasibility of :

##### Level 1 Level 2 Level 3

**(**negative**) (**neutral**) (**positive**)**

*(if a criterion 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 |
| Social Services | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| Health Professionals | -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 Populations | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| **Past policy focus on this topic:** | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| **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 |
| **Strength of Potential Partnerships:** | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| **Timing:** | -3 | -2 | -1 | 0 | +1 | +2 | +3 |
| **Other Areas of Influence:** | -3 | -2 | -1 | 0 | +1 | +2 | +3 |

#### TOTAL FEASIBILITY SCORE:

Compute separately and list total score for each of 5 topics

|  |  |
| --- | --- |
| List Policy Option | Total Score |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

COMPUTE THE FINAL RANK:

Final Rank:

1)

2)

3)

4)

5)

*Congratulations, you have just completed all the steps for Part 1 of the TOOL!*

### Part II: Developing an Action Plan

The second part of the Tool reflects the experience of the Children's Dental Health Project and ASTDD in providing technical assistance and education based on the evidence developed through burden documents, surveillance efforts, and evaluation activities. Communication is a key theme both within coalitions and beyond, as individuals engage partners and carry forward their oral health prevention message.

Follow-Up Checklist

*(Review now and check off steps as they’re completed over time.).*

* **1. State the *Priority* as a SMART objective5.** Know with absolute clarity the goal you seek – exactly what you want to accomplish and what you want the policymaking-authority to do.

*Example 1****:*** Deliver community water fluoridation training to 60% of the state's rural water system operators by June 30, 2026.

*Example 2:* Evaluate and report on the effectiveness of our state’s dental sealant programs by December 30, 2026.

* **2. Know the costs.** Have the information necessary to support your desired outcome including:
  + a clear statement of need (using your *oral health data documents* and

*oral health surveillance system*);

* + potential result, if implemented;
  + dollar costs; and
  + value in terms of benefit per dollar to be spent.
* **3. Establish a clear argument** regarding the:
  + importance;
  + timeliness; and
  + public health benefit to be derived from your goal relative to other related policy goals that may be sought by others or are of current relevance to policymakers (using your *environmental assessment Tool*).
* **4. Develop as broad a base of support** as you can from your *statewide oral health coalition* members and from your *partnerships* and engage them in reviewing and updating activities 1-7.

##### 5. Assess the competitive environment:

* + Identify the communities of interest that would favor and those that would oppose your desired action.
  + Detail arguments in favor of your goal and arguments that others could use to counter your goal.

5 SMART objective: Specific, Measurable, Achievable, Realistic, Timed

* **6. Identify existing or potential “champions”** with questions such as:
  + Who is most interested in information about the topic?
  + Who may have a personal experience that is relevant?
  + Who is best positioned to be an effective champion?
  + Who can best persuade a reluctant champion?
* **7. Identify exactly what information is needed for a specific champion** and, if possible, include it in developing a plan and a message for meeting oral health

policy goals (institutional memory can be short and you may have more capital than you realize):

* + Review “successes” of all types, including examples such as: chronic disease partners; leadership recognition (e.g., Governor accepts spot as keynote speaker for coalition); corporate sponsors; and widely accessed web-based materials.
  + Determine how similar and how different those past efforts were from yours.
  + Review the “lessons learned” by all involved (including those who have moved to other positions).
* **8. Identify efforts from other states** that have succeeded in attaining what you seek.
  + How similar and how different are those past efforts from yours?
  + What are the “lessons learned” by the states that were successful or not successful?

##### 9. Develop your message(s):

* + with a clear and concise statement of goal and value;
  + with an understanding of policymakers’ perspectives and interests;
  + with a strong substantiation of need; and
  + with a clear connection to the *state oral health improvement plan* and how its impact will be tracked and reported through an *oral health program evaluation.*

##### 10. Develop your “message bearer(s):”

* + determine the person(s) best positioned to carry the message to a specific audience; and
  + ensure that the message bearer is fully informed about the goal, cost, value, benefits, opposition, timeline, importance, and relevance.

##### 11. Identify supporting strategies that will facilitate the message bearer’s potential for success, including:

* + providing fact sheets and other information for hearings and briefings for policymakers, report drafting and dissemination, policy positions by influential organizations;
  + providing information for public events: e.g., press conferences, speaking and photo opportunities for policymakers, high visibility events, sponsorships, report releases;
  + providing information for private events: e.g., private dinners or meetings for policymakers with key constituents and supporters, engagement of those who have personal relationships with key policymaker(s); and
  + leveraging outreach through national associations and other groups.

##### 12. Determine which supporting strategies can be appropriately (and legally) provided by the oral health program, coalition members, partners, or others.

* + Determine which financial, human, and organizational resources are available to support these strategies**.** Refine these strategies to best fit your overall goal and strategic plan.
* **13. Refine the action plan** to:
  + include a kit of sample social media messages that can be posted by partners at a designated day/time;
  + assure that everyone is in sync and fully supportive of the effort (so that the policymaker won’t possibly hear different messages or priorities from different members);
  + obtain consensus on exactly who will do what, when, and with whom to carry out the plan; and
  + determine how and by whom the process will be measured, tracked, reevaluated, modified, and sustained.
* **14. Implement your plan.**
* **15. Reassess and modify your plan until success is accomplished.**

**Related Questions for Discussion:**

**Leadership**

Where in the Health Department organization does the Oral Health Program

Is there a legislative mandate for the Dental Director or Oral HealthProgram?

##### Surveillance:

 Do Department of Education policies, rules and regulations allow or inhibit conducting Basic Screening Surveys?

 Do Medicaid Agency policies allow or inhibit access to Medicaid data for public health/analysis?

Example Questions Related to Prevention Interventions

###### Community Water Fluoridation

 Does state legislation or administrative rules allow decisions by city councils, water utility boards, or local boards of health?

 Does legislation or administrative rules allow decisions by voter referendum or initiative?

 Is there state legislation or administrative rules mandating fluoridation for communities above a minimum population?

 Do state regulations address optimal and acceptable concentrations, reporting to health department, split sampling, water system design review, operator training?

 Does the Department of Health require cities or towns to provide advance notice to their residents of a council or board vote on whether to stop fluoridation?

###### School-Based/Linked Sealant Programs:

 What are the current rules for dental practice/supervision concerning screening and placement of sealants?

 Do Department of Education policies, rules and regulations allow or inhibit establishing school-based/linked sealant programs?

 Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for school-based/linked sealant programs?

 Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for school-based/linked sealant programs by community health centers or local health departments?

###### Health Systems:

 What are the current rules for dental practice/supervision concerning screening and placement of sealants?

 What are the current rules for medical/dental practice/supervision concerning placement of fluoride varnish?

 What are the current rules for dental practice/supervision concerning screening and preventive treatment in nursing homes or other public health practice sites?

 Do Medicaid Agency and CHIP Program policies, rules and regulations allow or inhibit reimbursement for preventive services? For treatment services? For which populations?



A group of people running on a road

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**Guidebook for Policy Consensus Tool**

Attachment 1

# Pre-Session Survey

### Attachment 1: Pre-Session Survey

#### Sent to all confirmed participants by the lead agency or facilitator:

[Welcome to [name of event] on (day, date).](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650)

[We'll work with a policy tool process to set new oral health policy priorities and/or](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650) [systems change recommendations for the state’s oral health system.](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650)

[To get started and make the most of our time together on (date), please share](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650) [your own "Top 5" new priorities for either policy and/or system changes. We want](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650) [to break new ground, so please choose new initiatives and policies or ways to reimagine current priorities.](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpscjEFtW4rgrXzmNeB984F6U&TB_iframe=true&height=450&width=650)

**Please list your priorities (up to 5) with #1 being the most important and so on.** *We'll tabulate the results, combine similar responses and hit the ground running at the meeting.*

1.

2.

3.

4.

5.

[*Thank you for sharing your priorities.*](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpsdNOj42dMlbpO2ABbwvhO9a&TB_iframe=true&height=450&width=650)

[When you arrive on XXXXXX morning for breakfast (8:30 am), please sit with](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpsdNOj42dMlbpO2ABbwvhO9a&TB_iframe=true&height=450&width=650) [someone you don't know. This will help us build camaraderie and strengthen](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpsdNOj42dMlbpO2ABbwvhO9a&TB_iframe=true&height=450&width=650) [networking.](https://www.surveymonkey.com/MySurvey_EditPage.aspx?sm=K1qxd4Owl2oBVNWmx8ttlsSaAbDTPH3nXTZW%2f%2bywpsdNOj42dMlbpO2ABbwvhO9a&TB_iframe=true&height=450&width=650)



**Guidebook for Policy Consensus Tool**

Attachment 2

# Policy Profile Template

(to identify, monitor and track state oral health programmatic, professional, and public policies)

### Attachment 2: Policy Profile Template

A template follows to assist you in monitoring and tracking your state oral health policies. An original template was devised by the Children’s Dental Health Project based on three categories (professional, programmatic and public policies) with topics populated from CDC’s State Oral Health Plan Index. The attached version was adapted by Maryland’s State Oral Health Program (and is further adaptable by your state).

Examples of each category are:

 Professional policies – (*e.g.,* 8-Week Mini-Pediatric Dentistry course for GP DDS)

 Public policies in laws, regulations, other (*e.g*., statewide fluoridation mandate)

 Programmatic policies (*e.g.,* MOU with your Department of Environment)

#### Tips:

1. Begin with one category – the public policy category (*i.e.,* laws on the books) is a great starting point.

 Laws are available on almost every State Legislative website and State Board of Dental Examiners website.

 A centralized database (FLUID) is available for community water fluoridation nationwide at [www.fluidlaw.org](http://www.fluidlaw.org/)

 National and State policy briefs, white papers, and other materials are also helpful

1. Adding professional and programmatic policies enables a State to crosswalk information to educate, plan, evaluate and for other purposes.
2. The Policy Profile adds value because it provides information for: New partners who are unlikely to be aware of existing policies

Long-standing partners who may not be clear on nature and extent of

policies

 Planning/education/outreach/evaluation, which requires up-to-date information

 Historical knowledge to inform and enhance Policy Consensus Tool activity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **State Policy Activity Related to Oral Health Professional, Public and Programmatic Policies** | | | | | | |
|  | **Date** | **Professional Policies** | **Date** | **Public Policies** | **Date** | **Programmatic Policies** |
| **ACCESS STRATEGIES** | | | | | | |
| 1. Access for Children |  |  |  |  |  |  |
| 2. Access for Adults |  |  |  |  |  |  |
| 3. Access during perinatal period |  |  |  |  |  |  |
| 4. Access for seniors |  |  |  |  |  |  |
| 5. Access for populations experiencing disparity |  |  |  |  |  |  |
| 6. Access for populations experiencing special needs |  |  |  |  |  |  |
| 7. Access for low-income populations |  |  |  |  |  |  |
| 8. Dental or dental hygiene education |  |  |  |  |  |  |
| 9. Pediatric dentistry and/or residency |  |  |  |  |  |  |
| 10. Medical-dental integration |  |  |  |  |  |  |
| 11. Public health dental hygienist focus |  |  |  |  |  |  |
| 12. Public health in schools |  |  |  |  |  |  |
| 13. Loan repayment program |  |  |  |  |  |  |
| 14. Licensure issues |  |  |  |  |  |  |
| 15. Screening/Referral for care |  |  |  |  |  |  |
| 16. Safety nets or clinics |  |  |  |  |  |  |
| 17. Coordinate management or system of care |  |  |  |  |  |  |
| 18. Medicaid/CHIP |  |  |  |  |  |  |
| 19. Portable equipment or mobile vans |  |  |  |  |  |  |
| 20. Private insurance |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **State Policy Activity Related to Oral Health Professional, Public and Programmatic Policies** | | | | | | |
|  | **Date** | **Professional Policies** | **Date** | **Public Policies** | **Date** | **Programmatic Policies** |
| **TOOTH DECAY** | | | | | | |
| 1. Experience |  |  |  |  |  |  |
| 2. Untreated decay |  |  |  |  |  |  |
| 3. ECC |  |  |  |  |  |  |
| 4. Use minimally invasive care techniques such as SDF |  |  |  |  |  |  |
| 5. In children or youth |  |  |  |  |  |  |
| 6. In marginalized groups |  |  |  |  |  |  |
| 7. In adults |  |  |  |  |  |  |
| 8. In pregnant women |  |  |  |  |  |  |
| 9. In seniors |  |  |  |  |  |  |
| 10.In special needs populations |  |  |  |  |  |  |
| **EDUCATION and/or AWARENESS PROGRAM(s)** | | | | | | |
| 1. Public awareness |  |  |  |  |  |  |
| 2. Policymaker outreach |  |  |  |  |  |  |
| 3. On non-traditional settings |  |  |  |  |  |  |
| 4. Provider training and/or awareness programs |  |  |  |  |  |  |
| 5. School-based education |  |  |  |  |  |  |
| 6. Other |  |  |  |  |  |  |
| **INFECTION CONTROL ISSUES** | | | | | | |
| 1. Dental waterline testing requirements |  |  |  |  |  |  |
| 1. Continuing education requirements |  |  |  |  |  |  |
| 3. Other safety or IPC issues |  |  |  |  |  |  |
| **INTEGRATION OF ORAL HEALTH with OVERALL HEALTH / PARTNERSHIPS** | | | | | | |
| 1. Integration with disease prevention programs and coalitions |  |  |  |  |  |  |
| 2. Establish a diverse, statewide oral health coalition |  |  |  |  |  |  |
| 3. Other |  |  |  |  |  |  |
| **ORAL AND FACIAL INJURIES** | | | | | | |
| 1. Face masks/mouth guards |  |  |  |  |  |  |
| 2. Awareness / Education |  |  |  |  |  |  |
| 3. Other |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **State Policy Activity Related to Oral Health Professional, Public and Programmatic Policies** | | | | | | |
|  | **Date** | **Professional Policies** | **Date** | **Public Policies** | **Date** | **Programmatic Policies** |
| **ORAL CANCER** | | | | | | |
| 1. Early detection |  |  |  |  |  |  |
| 2. Awareness / Education for risk reduction |  |  |  |  |  |  |
| 3. Coordination with tobacco/cancer programs |  |  |  |  |  |  |
| 4. Other |  |  |  |  |  |  |
| **PERIODONTAL DISEASE** | | | | | | |
| 1. Screening for periodontal disease in clinical settings |  |  |  |  |  |  |
| 2. Awareness / Education |  |  |  |  |  |  |
| 3. Interface with other diseases |  |  |  |  |  |  |
| **PREVENTION STRATEGIES** | | | | | | |
| 1. Fluoridation |  |  |  |  |  |  |
| 2.Water testing |  |  |  |  |  |  |
| 1. 3. SDF |  |  |  |  |  |  |
| 4. School-based, School- linked sealant programs |  |  |  |  |  |  |
| 1. 5. Fluoride Varnish Program |  |  |  |  |  |  |
| 6. Common risk factors |  |  |  |  |  |  |
| **SURVEILLANCE** | | | | | | |
| 1. Public health data collection |  |  |  |  |  |  |
| 2.Data documents and dashboards |  |  |  |  |  |  |
| 3. NOHSS Reporting |  |  |  |  |  |  |
| 4 Other |  |  |  |  |  |  |
| **OTHER** | | | | | | |
|  |  |  |  |  |  |  |
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**Guidebook for Policy Consensus Tool**

Attachment 3

# Task & Timeline Guide

### Attachment 3: Task & Timeline Guide

|  |  |  |
| --- | --- | --- |
| **When** | **What** | **Who** |
| Week 16 | Choose several workable dates and meeting locations; target number of participants; check facilitator’s availability | State lead agency/ facilitator |
| Week 15 | Survey meeting locations available for desired dates  Secure meeting space with these specs for 30- 50 participants (depending on your target number):  One large room for seating in rounds (6-8 per table)  Two 8’ tables for materials and registration  One breakout room for 2-3 groups of 5-8  Overflow breakout space if needed  F&B: Continental breakfast, morning refreshment break, lunch  A/V: projector and screen; flip charts, easels and markers for groups of 5-8 depending on total group size, (tabletop charts okay; need at least one full size easel and chart); one mic  Appoint planning committee | State lead agency/facilitator |
| Week 14 | Decide elements of policy | State lead agency/facilitator |

|  |  |  |
| --- | --- | --- |
|  | profile to be completed for  session; outline timeline and responsibilities |  |
| Week 11 | Make preliminary invitation list; review with key leaders | State lead agency/facilitator |
| Week 8 | Set up pre-session onsite meeting; facilitator book hotel if needed and  travel | State lead agency/facilitator |
| Week 6 | Develop agenda. Invite kickoff speakers (oral health director, coalition chair, for example).  Clarify who will emcee the day by giving brief opening remarks and introducing the facilitator(s) | State lead agency/facilitator |
| Week 5 | Send invitations  w/agenda | State lead agency |
| Week 3 | 2nd round of invitations/reminders | State lead agency |
|  | Facilitator/ state check-in | State lead agency/facilitator |
|  | Work with onsite providers on menus, A/V, room setups—finalize all | State lead agency/facilitator |
|  | Review all handouts and  PowerPoints | State lead agency//facilitator |
| Week 2 | Final reminder to those who have not responded/cutoff at end of week | State lead agency |
|  | Send survey monkey asking for priorities | State lead agency |
|  | Arrange for copying of handouts, registration list, agendas, name tents, tags etc; assemble  packets | State lead agency supplies worksheets and agenda |
| Policy Consensus Tool  Session Week | review day in detail | State lead agency/facilitator |

|  |  |  |
| --- | --- | --- |
|  | Last check with onsite service providers. Make sure registration location is set and staffed | State lead agency |
|  | Conduct the session | Facilitator and emcee |
|  | Follow-up  Send email to all advising that feedback survey is on Survey Monkey | State lead agency |
| Week following meeting | Thank you’s to all participants with final priority scores/ results. | State lead agency |
|  | Schedule follow-up action planning | State lead agency |
|  | Reminder to complete  feedback survey | State lead agency |
| 2 weeks after meeting | Compile survey results  and send to facilitator | State lead agency |
| 4 weeks after meeting | Final report to State lead agency | Facilitator |



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Attachment 4

# Assessing Partners

### Attachment 4: Assessing Partners

This template is provided to trigger assessment of the breadth/diversity of potential invitees for the Tool activity. Consider forming an Advisory Committee whose members are tasked to objectively identify the voices of individuals and groups who represent a variety of oral health partners in your state. Also consider whether it would be helpful to invite a leader/staff person from one or more organizations that advocate for historically marginalized groups. How can broad-based representation in the Policy Tool activity best be ensured?

For *informal discussion*, begin to list who is currently “at the table” and who has an interest in oral health but is not currently “at the table.”

## Partner Analysis Matrix

*A template for more formal partner analysis is also provided.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of**  **Person / Group** | **Description** | **Primary or**  **Secondary Partner** | **Interest or**  **impact for Partner** | **Capacity for Involvement** | **Partnership/**  **Synergy Opportunity** |
|  |  |  |  |  |  |
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**Guidebook for Policy Consensus Tool**

Attachment 5

# Organizing Facilitation

### Attachment 5: Organizing Facilitation

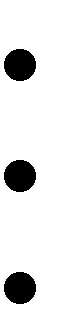
Experienced facilitation is key for the Tool activity.

ASTDD can assign a facilitator who has experience working with the Tool if your funding permits. To request an ASTDD facilitator and determine the fees involved, complete the Policy Consensus Tool TA Request form.

If engaging a facilitator independently, please consider the following characteristics of an effective facilitator6:

* Manages the process, not the content of group interaction
* Is acceptable to those participating
* Remains neutral at all times
* Refrains from decision making
* Stresses the needs of the group first
* Balances input
* Maximizes group effectiveness.

Tool activities include a series of group discussions, strategic thinking, and planning. An individual who has direct experience with these activities is ideal. Regardless of professional experience, strive for an individual who is open minded and well-organized but flexible.

*A Tool facilitator should also:*

Understand and be comfortable with the format

Understand and be comfortable with the prioritization method(s)

Understand and be comfortable with the time commitment (pre- and post-session work involved)

 Be knowledgeable about oral health and public health issues and strategies.

6 Vareela F & Chene R. *Introduction to Group Facilitation Skills Course Outline,* University of New Mexico, 1999.



**Guidebook for Policy Consensus Tool**

Attachment 6

# Sample Agenda

### Attachment 6: Sample Agenda

Date, location, time Address

**Title of session**

Agenda

*8:30 am* Registration and Continental Breakfast

*9:00 am* Welcome and Introductions

*9:15 am* Update and Today’s Goals & Objectives

#### 9:45 am -- Break

*10:00 am* Oral Health Policy Consensus Tool

*Name of Facilitator(s)*

Why use the ASTDD Policy Consensus Tool? (include the following in a slide but not in the actual agenda)

* Enhance strategic thinking about oral health in (your state)
* Strengthen communication among advocates by encouraging an exchange of views, while providing a path to consensus
* Support process for identifying and prioritizing policy issues

Encourage transparency in obtaining and aggregating partner input.

* Enhance implementation of policies
* Promote incorporation of findings into a statewide a State Oral Health

Improvement Plan.

*10:15 am* Consensus-Building: Top 5 Oral Health Priorities

*11:45 am* Morning Review and Afternoon Preview

#### 12:00 pm -- Networking Luncheon

*1:00 pm* Oral Health Policy Tool Session Continues: Small group work

*2:00 pm* Small Group Reporting and Final Priority Determination

*2:30 pm* Policy Consensus Tool--Part II: Developing the Implementation Plan

*2:45 pm* Session Review and Feedback

**3:00 pm – Adjourn**



**Guidebook for Policy Consensus Tool**

Attachment 7

# Sample Invitation

### Attachment 7: Sample Invitation

Dear (*e.g.,* coalition Members, key partners):

As a key oral health partner in (name of state), you are invited to participate in [*insert name of your meeting*]. You’ll join other oral health partners to engage in a facilitated process to build consensus on new oral health policy and system changes. The Policy Consensus Tool provides an engaging, interesting, and helpful exercise for aggregating partner input. We hope you will think so too!

The Tool is being promoted by the Association of State and Territorial Dental Directors (ASTDD). It is designed to assist states on several objectives such as:

* **Strengthening communication** among partners by encouraging a bona fide exchange of views, while also providing a path for coming to a clear resolution.
* Create or strengthen the state’s **structure for prioritizing**.
* Enhancing processes for **thinking and acting** **strategically**.
* Increasing **transparency** in aggregating partner input.
* Enhancing **implementation of policies.**
* **Promoting incorporation of findings into** a **State Oral Health Improvement Plan**.
* Please RSVP to [*insert contact name/info*] by [*date*].

We hope that you will join us!

Sincerely,



**Guidebook for Policy Consensus Tool**

Attachment 8

# Participant Survey: Tool Evaluation

### Attachment 8: Participant Survey – Tool Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1.1:** *Increased structure for communication among partners about policy and systems development opportunities.* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 1. Did the structure of the Tool result in a high level of participation among partners attending? |  |  |  |
| 2. Did the structure of the Tool result in substantive communication among partners attending? If applicable, was the level of communication improved over  previous experience(s)? |  |  |  |
| **Objective 1.2:** *Increased structure for prioritizing policy change and systems development opportunities* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 3. Were the steps for developing a priority among policy or systems development opportunities successfully completed? |  |  |  |
| 4. Was the time allocated for completing the steps sufficient? |  |  |  |
| 5. Was the facilitation appropriate and useful?  If not, would you recommend more facilitation or less? |  |  |  |
| 6. If applicable, was a power point or other background presentation useful? |  |  |  |
| 7. Were any aspects of the process particularly useful? |  |  |  |
| 8. Were any aspects of the process of no utility or cumbersome? |  |  |  |
| 9. If applicable, did use of the Tool improve processes over previous experience(s)? |  |  |  |
| **Objective 1.3:** *Increased structure for planning for policy change and systems development* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 10, Was each step understandable? |  |  |  |
| 11. Did you increase your knowledge based on the process? |  |  |  |
| 12. Do you feel your group can translate the results into next steps? |  |  |  |
| 13. Would you recommend using the planning checklist on a regular basis? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective 1.4:** *Increased ability to strategize* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 14. Did the Tool facilitate more disciplined and timely decision making related to strategies for policy or systems development change? |  |  |  |
| 15. Would you recommend use of the Tool as  an institutional process for prioritizing oral health initiatives? |  |  |  |
| **Objective 1.5:** *Increased incorporation of policies into any oral health plans* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 16. Did you participate in the development of any state oral health or health plans? |  |  |  |
| 17. Will the Tool help incorporate policy recommendations into any oral health plans in the state? If not, why? |  |  |  |
| 18. Will you recommend revisions to your state oral health improvement plan or other plan based on your experience with the Tool? |  |  |  |
| **Objective 1.6:** *Increased satisfaction with partner roles and confidence in competencies related to policy and systems development* | | | |
| **Question:** | **Yes** | **No** | **Comments:** |
| 19. Did the Tool session improve your knowledge about how to prioritize policy  systems development opportunities? |  |  |  |
| 20. Did the Tool session improve your  knowledge about planning for policy and systems development change? |  |  |  |
| 21. 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? |  |  |  |
| 22. As a result of the session with the Tool, do you feel increased satisfaction with your role  as a partner in the outcomes of oral health policy in your state? |  |  |  |

State Date