THE POLICY TOOL GUIDEBOOK:

Steps for Creating a Successful Oral Health Policy Tool Session

PREPARED BY:
the Children's Dental Health Project (CDHP)
in collaboration with the Centers for Disease Control and Prevention (CDC)

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Policy Tool Guidebook

Contents / Reproducible Resources

This Guidebook contains a series of templates that can be reproduced and adapted to meet specific needs.

Introduction

What is the Oral Health Policy Tool and why was it developed?

A two-part Policy Tool was developed collaboratively by the Division of Oral Health (DOH) of the Centers for Disease Control and Prevention (CDC) and the Children's Dental Health Project (CDHP) to support a facilitated process for oral health stakeholders to join together to make decisions about priorities based on suggested criteria. The Policy Tool also provides a planning checklist to move forward strategically once consensus about priorities is achieved. The Policy Tool was piloted in five CDC-funded states (2007-08), and evaluation results suggest that it is both usable and useful for stakeholders in settings that range from a policy committee meeting to an annual oral health summit.

Who is the audience for the Policy Tool Guidebook?

This Guidebook is intended to assist state oral health stakeholders prepare for and successfully work with the Oral Health Policy Tool. A state dental director or coalition chair may take the lead in proposing to use the Policy Tool; however, roles for multiple stakeholders are identified in the materials.

How do I use the Guidebook?

The Guidebook offers a series of reproducible/downloadable (www.cdhp.org) documents, including the Policy Tool and planning, evaluation, and reference materials. The information can be used as a source:

- for planning documents (e.g., agenda) that will make the job of organizing a Policy Tool session as easy as possible;
- for information on "lessons learned" (e.g., meeting environment and technology) based on incorporated feedback from those who have used the Policy Tool;
- for reference materials (e.g., glossary of terms) related to policy development; and;
- for developing data (e.g., in survey instruments) that will contribute to evaluation of policy development activities.

1 – Policy Tool

Ready to Move, But Where's the Map?

A Tool for Setting Oral Health Priorities and Moving Oral Health Policy and Systems Development in States

INTRODUCTION

Assessing Opportunities and Developing a Plan for Policy Change and Systems Development

Developing capacity and infrastructure for a state oral health program involves building leadership, a surveillance system, community-based prevention interventions such as community water fluoridation and school-based or linked dental sealant programs, health systems and an adequate dental health workforce.

Support systems also need to be developed to sustain oral health programs. State plans, broad-based coalitions and partnerships are integral to successful programs. Strategies for developing socio-political, systems and policy changes that support oral health initiatives are important and may sustain long-term oral health activity at the state level.

How can a state oral health program prioritize actions, gain momentum, be recognized for its successes, yield the greatest good for the effort involved, and establish the path to further growth and stability? The Centers for Disease Control and Prevention (CDC) engaged the Children's Dental Health Project (CDHP) in a Cooperative Agreement to assist states with policy development. Through this partnership, and with significant input from pilot-project states (AR, MI, ND, NV, and SD), a Policy Tool has been developed to assist states in assessing opportunities and developing a plan for policy change and systems development.

This is a two-part tool designed to assist state oral health programs, as follows[1]:

Part I – Assess Opportunities for Socio-Political, Policy and Systems Change
Part II – Develop Policy Action or Systems Development Plan

BACKGROUND

Policy Making and Oral Health Programs

Policymaking is a process of decision-making through which programs are prioritized and resources (e.g. time, personnel, dollars, programmatic authorizations) are allocated.

Often defined as a "plan of action," a policy determines what is and is not possible with the resources available. Priorities may also be determined based on factors such as the perceived importance of the issue or the timeliness of the application. There are decision-makers at all levels in state government. The primary policymakers are the Governor and the Legislature. Decisions made by each and every authority who sits between the oral health program and the Governor (e.g. Health and Human Services Secretary, Health Director, etc) effectuates policy by allocating resources "down the food chain."

Partner organizations also are governed by policymakers who are typically elected officers of associations and executives and boards of private businesses. In a world of finite resources, every decision that allocates resources and those that require no resources belie an underlying policy and reflect the authority of the policymaker. The oral health program is a policymaker, working with planning, budget, personnel, and programmatic authorities to effectuate oral health improvements in the state. To whatever degree of latitude the program management has in allocating and utilizing resources, it has the authority of a policymaker.

At all levels and in all circumstances, systems and policy changes are ultimately evidenced through programs and subsequent actions. Technical assistance and education to policymakers is one kind of policy outcome, however the Policy Tool may identify opportunities for a wide range of initiatives and programs.

BROAD-BASED PARTICIPATION IN THE POLICY TOOL EXERCISE IS KEY

It has been demonstrated that states can have success with the Policy Tool in groups of differing sizes, but diversity of participants must be a constant. It is, of course, recommended that statewide oral health coalitions develop and function with membership that is as diverse and representative as possible, and this goal is just as important when working with the Policy Tool.

TAKING TIME TO WORK WITH THE POLICY TOOL

Program mangers—including Oral Health Directors in states—have many competing demands on their time, so work with the Policy Tool may not appear to be a priority. At the same time, policies create the environmental opportunities and constraints that affect how program managers are able to develop, implement, and manage their efforts. Program managers need to be able to respond to opportunities or to create new opportunities in order for their action plans to be realized and their efforts to succeed.

1 – Policy Tool

PART I - Assessing Opportunities for Policy Change and Systems Development

The assessment component of the tool considers scientific data collection, professional judgment, community input, and feasibility. Based on this information, a state program may better understand the actual and perceived needs of communities and weigh that knowledge within the context of the environment or climate at any particular time. Repeating this process periodically[2] allows you to take advantage of opportune times to influence and move policy for the improvement of oral health resources and services.

Part I of the Policy Tool was inspired by a simple approach used by public health workers in developing countries[3] and adapted to apply aspects of the political science research of John Kingdon[4] and models developed by Vilnius and Dandoy.[5] Initial steps provide the opportunity to discuss, rate, and effectively pair "problems" with "solutions," and eventually measure these priorities against real-world factors in the political "stream."[6] As a result, what may have appeared to be an opportunity may in fact not be "doable" at the 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.

OVERVIEW OF THE STEPS FOR PART I

Step 1:

- Characterize if and how your group has used other frameworks to prioritize objectives for policy or systems change
- Ask each participant (either prior to the session or at the start) to identify five (5) options that have priority status and list the five (5) options that get the most votes overall.

Step 2:

- Rate each option (low-moderate-high) to establish the size and seriousness of the problem as well as the effectiveness of the policy (or systems) proposal (note that seriousness of the problem relates to more than one question and effectively has more weight)
- Re-order

Step 3:

- Select either a short form on page 12 (if time is limited) or a more detailed form on page 13 (if time is less limited) to factor in potential success in the policy "stream"
- Rate each option -3 to +3 based on the factor listed
- Re-order

POLICY TOOL PART 1 WORKSHEET:

Assessing Opportunities for Policy Change or Systems Development

Step 1: Review process and potential opportunities for change.

If your state Oral Health Plan, for example, includes a process for identifying and implementing potential opportunities for policy change or systems development, review and briefly note here how the process is intended to work and whether it is meeting its potential.

List opportunities for policy change or systems development identified as part of your Oral Health Plan or other source:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Have these policy opportunities been prioritized by your coalition or other? ____ yes _____ no

POLICY TOOL PART 1 WORKSHEET continued

Step 2. If the following criteria are not already part of your process, list your identified opportunities (for policy/systems change) in the middle column and rate each opportunity 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 opportunity would address?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
How **urgent** is the need for the policy or systems change addressed by the opportunity?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
To what extent does the **community perceive a need** for a policy or systems change (e.g., based on surveys or media reports)?		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	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	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5
		1	2	3	4	5

Total the scores for each:

Re-rank by score, high to low:

POLICY TOOL PART 1 WORKSHEET continued

Step 3: Factor in Feasibility for a final rank order of proposed policy or systems development initiatives:

What environmental factors compete to create barriers or opportunities to succeed?

- How difficult will it be?
- How likely is it to happen?

Eight factors (described on the next page) are offered to systematically assess the feasibility of the policy options you have identified through Step 2.

Each policy option is to be examined against the same factors and individual scores (-3 to +3) can be assigned and summary scores compared on either a short-form worksheet that includes space to list scores (page 12) or a more detailed worksheet (page 13) that requires separate score keeping.

Feasibility of change on a big scale?

It is well established that efforts to improve population-wide oral health status generally require multi-faceted solutions. With a significant "window of opportunity" in the political stream (e.g., strong executive support and/or a catalyzing event) and a strong plan and partners, multi-faceted policymaking can occur. For example, in Maryland in 2008, seven major oral health recommendations (developed through a Dental Action Committee ("DAC") convened by the Maryland Secretary of the Department of Health and Mental Hygiene) were included in the Governor's budget and approved by the legislature. (Over 60 initial recommendations by the DAC focused on areas of financing, public health safety net, education, and scope of practice led to the seven main recommendations.)[7]

Maryland's DAC had a process to identify and prioritize multi-faceted solutions[8], and the Policy Tool can similarly help an oral health coalition or other group with a framework to begin an iterative process to identify priorities (based on scientific data collection, professional judgment, community input, and feasibility) both for small scale and large-scale policy/systems change.

Additional tools are available to oral health stakeholders to systematically test approaches to overcome resistance to policy or systems change. Systems Dynamics Modeling, for example, utilizes computer simulation models to enhance insights on dynamically complex public health problems.[9]

POLICY TOOL PART 1 WORKSHEET continued

FACTORS

The previous four questions were suggested to help rate the size and seriousness of the public health problem to be addressed by each of the five policy or systems proposals, and whether a proposed change is effectively framed to reach the intended target population. The factors below are suggested to rank feasibility in the POLITICAL stream.

1) Cost effectiveness

- Rate the extent to which long-term cost can be framed as a budget "impetus" rather than a "constraint," based on evidence of cost effectiveness (e.g., every $1 invested in community water fluoridation saves approximately $38 in dental treatment costs)

2) Public and/or Private Funding—who will finance the proposal in the short term?

- Rate the extent of currently-available public and/or private funding

3) Regulatory impact

- Rate the extent of regulatory change involved—is it administratively simple or complex? (e.g. will it open a "Pandora's Box')

4) Recognized support by an "agenda setter(s)"

- Rate the extent to which there is top-down support (John Kingdon's* research identifies the importance of top-down model for agenda setting; e.g., to what extent is the Governor or Secretary of Health interested?)

5) Identified individual(s) to broker alternatives and move forward

- Rate the extent to which there is a "policy entrepreneur" (another Kingdon term*), either inside or outside government, who is always prepared to move forward

6) Strength, breadth, and history of supportive public stakeholders

- Rate the strength of support, including partnerships

7) Strength, breadth, and history of opposing public stakeholders

- Rate the strength of the opposition, including partnerships

8) Favorable timing

- Rate the extent to which timing is favorable based on a catalyzing event; change of legislative control or term limits of key players; or a coattail or other opportunity

* Kingdon (See End Note 4, page 43).

WORKSHEET TO SCORE FOR FEASIBILITY: OPTION #1 (short form)

		LEVEL 1 (negative)			LEVEL 2 (neutral)		LEVEL 3 (positive)	
1)	**Cost effectiveness**	-3	-2	-1	0	+1	+2	+3
2)	**Public/Private Funding**	-3	-2	-1	0	+1	+2	+3
3)	**Regulatory Impact**	-3	-2	-1	0	+1	+2	+3
4)	**Recognized Supporter(s) among policy agenda setters (e.g., Governor, Committee Chair)**	-3	-2	-1	0	+1	+2	+3
5)	**Individual(s) to broker alternatives**	-3	-2	-1	0	+1	+2	+3
6)	**Strength and breadth of supportive stakeholders**	-3	-2	-1	0	+1	+2	+3
7)	**Strength and breadth of opposing stakeholders**	-3	-2	-1	0	+1	+2	+3
8)	**Timing**	-3	-2	-1	0	+1	+2	+3

Compute below:

STEP 2 LIST *with scores added for each*	1) Cost Effectiveness	2) $$$	3) Regulatory Impact	4) Support of agenda setter(s)	5) Broker for alternatives	6) Proponent Strength	7) Opponent Strength/ Diversity	8) Timing	Score

WORKSHEET TO SCORE FOR FEASIBILITY: OPTION #2 (long form)

AREAS OF INFLUENCE	LEVEL 1 (negative)			LEVEL 2 (neutral)		LEVEL 3 (positive)	
Cost effectiveness	-3	-2	-1	0	+1	+2	+3
Funding Options:							
Private Funding	-3	-2	-1	0	+1	+2	+3
Public Funding	-3	-2	-1	0	+1	+2	+3
Regulatory Impact:							
State	-3	-2	-1	0	+1	+2	+3
Local	-3	-2	-1	0	+1	+2	+3
Other	-3	-2	-1	0	+1	+2	+3
Support among policy agenda setters:							
Governor	-3	-2	-1	0	+1	+2	+3
Agency Head	-3	-2	-1	0	+1	+2	+3
Committee Chair	-3	-2	-1	0	+1	+2	+3
Individual(s) to broker alternatives:							
State legislator	-3	-2	-1	0	+1	+2	+3
Coalition Representative	-3	-2	-1	0	+1	+2	+3
Strength and breadth of supportive stakeholders	-3	-2	-1	0	+1	+2	+3
Strength and breadth of opposing stakeholders	-3	-2	-1	0	+1	+2	+3
Timing	-3	-2	-1	0	+1	+2	+3

Compute separately and list total score for each of 5 topics.

LIST POLICY OPTION	TOTAL SCORE
1.	
2.	
3.	
4.	
5.	

POST- POLICY TOOL (PART I) Q & A:

QUESTION: What if work with the Policy Tool was completed and then, unpredictably, a catalyzing event or circumstance occurs?

ANSWER: If an event or circumstance occurs outside the Policy Tool process as completed, return to the Tool and assess the potential new priority or priorities with new scores. Compare with the old score(s) and with the other priority topics. Ideally, previous weaknesses will be in clear view and a plan to address those weaknesses can be developed.

QUESTION: What if final scores are within just one or two points of each other?

ANSWER: Repeating the process with just the "clustered" scores may tease out which is the strongest option, but results showing several high priorities may also emphasize a compelling need for multi-faceted policymaking.

QUESTION: CDC's Cooperative Agreement with grantee states requires activities around sealants and community water fluoridation. States have had varying experiences in working on policy development in these areas. The topics often emerge as priorities in the Policy Tool exercise, but what if they do not? Can the Policy Tool help?

ANSWER: Yes, by using the completed Policy Tool to ascertain the barriers to policies on sealant or community water fluoridation. Taking a systematic (and strategic) approach increases the chances of fixing what has failed to work in the past.

QUESTION: What if the Policy Tool exercise reveals more about who participated than about priorities (e.g.., a group that is not broad-based may simply validate its priorities and feel its work is done).

ANSWER: Achieving broad-based participation in coalition/committee/other activities is usually an incremental process, but it is important to strive to achieve a balanced Policy Tool experience. Those building broad participation often value a systematic and transparent process the most.

1 – Policy Tool

PART II: Developing a Policy Action or Systems Development Plan

The second part of the tool reflects the experience of Children's Dental Health Project in moving forward oral health policy and systems change—framed as basic sequential steps that are key to the process. This section stresses the importance of the role of state oral health stakeholders 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.

An action plan for policy change or systems development that advances the public's oral health requires a balanced approach between (1) capitalizing on existing opportunities and (2) creating new opportunities. This plan can be applied to a number of desirable outcomes.

While constitutional separation of powers requirements and limitations on lobbying activities[10] preclude some of these steps from being pursued by state employees, they are nonetheless useful, and sometimes indispensable components of moving progressive public policy. State officials can provide the expertise, information, and other background support that can make these approaches possible and effective and can thereby empower their partners and coalition members in moving policy actively, concertedly, and effectively to secure the policies that will be most supportive of your programs.

The basic sequential steps for moving public policy or systems development are included in the Worksheet for Part II. This step-by-step tool provides a checkbox for each element so that those involved in the process can track progress in attaining the desired goal.

POLICY TOOL PART II WORKSHEET:

Develop a Policy Action or Systems Development Plan

Consider all individuals who make policy as you follow the steps below.

- ☐ 1. State the Priority Policy Initiative (from Part I) as a SMART objective[11]. Know with absolute clarity the goal you seek—exactly what you want to accomplish and what you want the policymaking authority to do.

- ☐ 2. Know the costs. Have the information necessary[12] to support your desired outcome including:
  - a clear statement of need (using your oral disease burden document and oral disease 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 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.

- ☐ 5. Assess the competitive environment by:
  - detailing arguments in favor of your goal and arguments that others could use to counter your arguments; and
  - detailing the communities of interest that would favor and those that would oppose your desired action.

- ☐ 6. Identify exactly which policymakers are potentially:
  - most interested in information about the topic;
  - best positioned by virtue of their policymaking role; and
  - most critical to obtaining your desired goal and clarifying exactly why you have identified each. If possible, involve that policymaker in developing your messages and strategic plan.

- ☐ 7. Identify exactly which policymakers are potentially most opposed to your desired goal and their relative strengths in terms of motivation and position. Determine how to placate or diffuse their potential opposition with evidence that supports oral health promotion outcomes.

- ☐ 8. Identify efforts in your state that have succeeded in advancing or 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 a 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; and
  - review the "lessons learned" by all involved (including those who have moved to other positions).

9. Identify efforts from other states that have succeeded in attaining what you seek (as policymakers are favorably disposed to replicating successful efforts from other states) by determining:
   - how similar and how different those past efforts were from yours; and
   - the "lessons learned" by those who succeeded in the other state(s).

10. Develop your message(s):
   - with a clear and very succinct statement of goal and value;
   - with regard to the targeted policymaker's opportunities and interests;
   - with a strong substantiation of need;
   - if necessary, with a recognition of opposition arguments;
   - with a clear indication of breadth of support from communities of interest and constituencies;
   - with a clear and specific "ask';" and
   - be able to show how the desired policy goal supports and advances the state oral health plan and how its impact will be tracked and reported through the oral health program evaluation.

11. Develop your "message bearer(s):"
   - determine who is/are best positioned to carry the message to the targeted policymaker and why;
   - tailor the message to the particular message bearer and targeted policymaker; and
   - ensure that the message bearer is fully informed about the goal, cost, value, benefits, opposition, timeline, importance, and relevance to the policymaker(s)' interests and opportunities.

12. Identify supporting strategies that will facilitate the message bearer's potential for success including:
   - print and electronic press strategies: e.g. op ed pieces, meetings with influential press editorial staff, human interest stories for use by the press, letters to the editor, background information for reporters;
   - letter writing, hearings and briefings for policymakers, report drafting and dissemination, policy positions by influential organizations;
   - public events: e.g. press conferences, speaking and photo opportunities for policymakers, high visibility events, sponsorships, report releases;
   - private events: e.g. private dinners or meetings for policymakers with key constituents and supporters, engagement of those who have personal relationships with they key policymaker(s); and
   - capitalizing and leveraging national associations of state policymakers that may have dealt with your issue.[13]

13. Determine which of these supportive strategies can be appropriately (and legally) provided by you, by your coalition members, by your partners, or by others. Determine what financial, human, and organizational resources are available to support these strategies. Refine these attendant strategies to best fit your overall goal and strategic plan.

14. Refine your policy action plan by working with key coalition members, partners, and designated message carriers to:
   - assure that everyone is in sync and fully supportive of the effort (so that the policymaker won't possibly hear different "asks" from different groups);
   - 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 tracked, reevaluated, modified, and sustained.

15. Implement your policy action or system development plan.

16. Reassess and modify your plan until success is accomplished.

Related Questions for Discussion:

Leadership:

- Where in Health Department organization does the Oral Health Unit reside?
- Is there a legislative mandate for the Dental Director or Oral Health Unit?

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/ surveillance analysis?

Examples of 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 certain size communities?
- Do state regulations address optimum and acceptable concentrations, reporting to health department, split sampling, water system design review, operator training?

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?

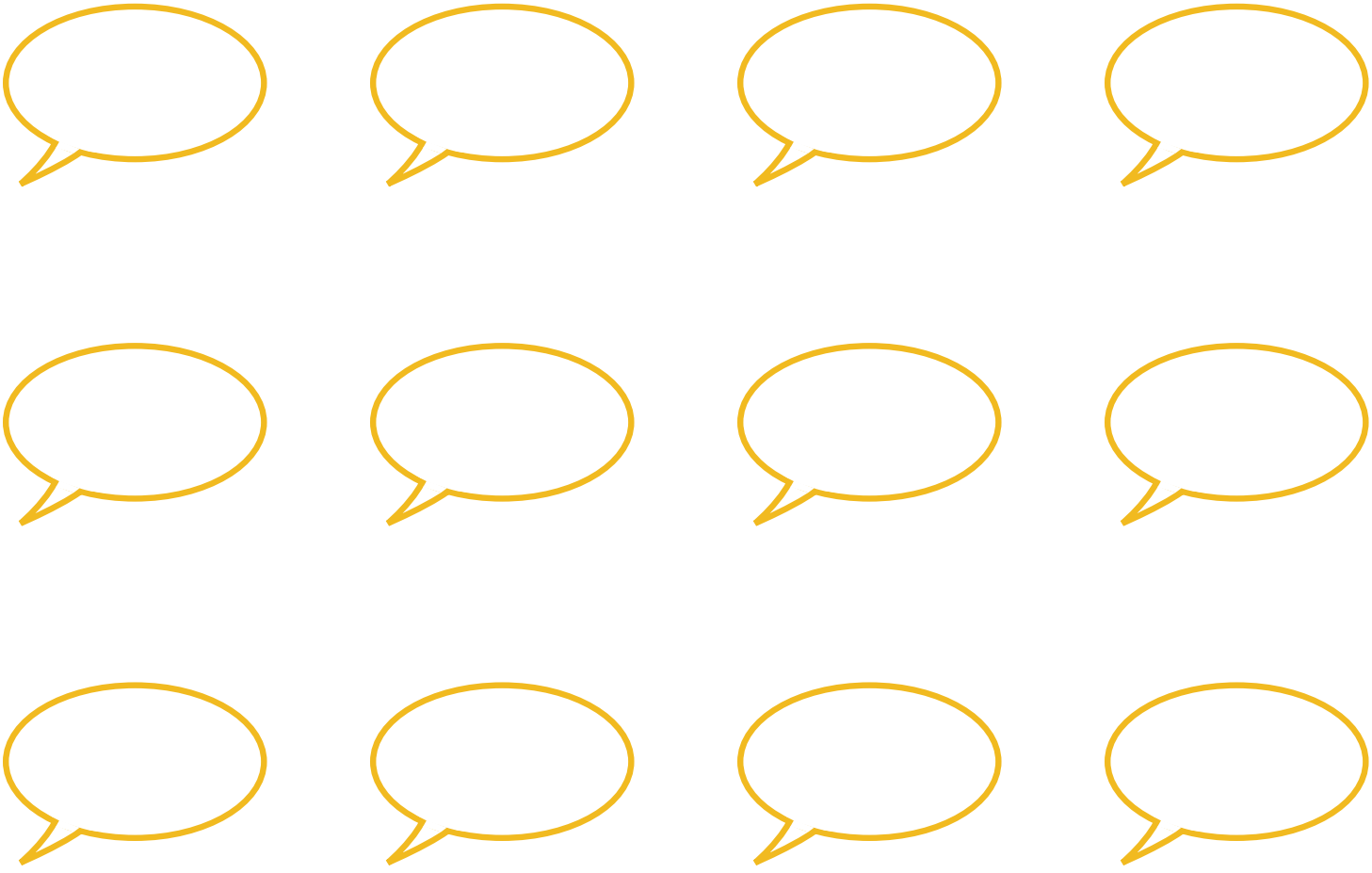
Health Systems:

- 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 policies, rules and regulations allow or inhibit reimbursement for preventive services? For treatment services? For which populations?

2 – Who has an interest in oral health?

This template is provided to trigger assessment of the breadth/diversity of potential invitees for the Policy Tool activity. Consider forming an Advisory Committee whose members are tasked to objectively identify the voices of individuals and groups who represent oral health stakeholders in your state. 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."



A template for more formal stakeholder analysis is also provided.

2 – Stakeholder Analysis Matrix

Name of Person/ Group	Basic Characteristics	Primary or Secondary Stakeholder?	Interests/ How affected by problem(s)?	Capacity to address problem(s)?	Partnership opportunities/ synergies?

3 – Sample CHECKLIST to Plan Policy Tool Activity

- ☐ Consider an Advisory Committee to review and plan for broad-based participation in the Policy Tool activity (see templates in section 2)
- ☐ Consider additional preliminary committee work to document past policy efforts (see sample policy matrix in section 8)
- ☐ Locate a meeting space within sufficient time to ensure:
  - ☐ Appropriate size and lay out for a roundtable activity
  - ☐ Appropriate materials + audio-visuals (a displayed Excel spreadsheet can be effective to record numbers for large groups)
  - ☐ Appropriate technology hook ups (see section 5 for pros/cons on video/teleconferencing)
- ☐ Identify and coordinate with a facilitator to:
  - ☐ Synchronize calendars on the full agenda as early as possible
  - ☐ Discuss travel and other arrangements early to minimize costs
- ☐ Coordinate with "team" members to:
  - ☐ Discuss expectations and share materials
  - ☐ Discuss who will introduce and who will follow up
  - ☐ Finalize list of participants with Advisory Committee
  - ☐ Finalize if participants will be "polled" for their 5 priority issues before or at the outset of the meeting
  - ☐ Finalize if numerical tracking will be done by hand on newsprint or on Excel (displayed)
- ☐ Send a packet to Invitees, including Section 6 materials:
  - ☐ Letter of invitation explaining objectives
  - ☐ Information on logistics
  - ☐ Materials for the session (Agenda, Forms)
  - ☐ Other
- ☐ Complete Dental Director evaluation survey
- ☐ Make sufficient copies of Policy Tool + participant evaluation survey for all session participants
- ☐ Test any technology prior to the Policy Tool session and:
  - ☐ Have flipcharts/newsprint + markers available
  - ☐ Have additional copies of materials available
- ☐ Other

4 – Facilitation

ROLES

The Policy Tool activity genuinely benefits from the equal participation of the state oral health director, coalition chair(s), and other "directors," so it is not recommended that regular meeting leaders facilitate. Facilitation options may change for states if they are currently in cooperative agreements with CDC, so information is provided for CDC grantees and non-grantees separately.

CDC-FUNDED PARTNERS:

You may be eligible to work with a facilitator who is already funded to assist in Policy Tool activities among the grantee states. The Children's Dental Health Project (CDHP) provides technical assistance to grantee states and makes the necessary arrangements. Forms (updated regularly) are included in section 8.

OTHERS:

The Children's Dental Health Project (CHDP) can help you identify a facilitator who has experience to work with the Policy Tool. If considering a facilitator independently, it is valuable to consider the following characteristics of an effective facilitator[14]:

- ✓ Manages the process, not the content of group interaction
- ✓ Is widely 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

Policy 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.

Consider any special needs of the group. For example, if group discussions tend to be dominated by one or more individual(s), it may require a particular skill set to be able to put the discussion on more equal footing. Is it likely that the individual will be able to work with the particular group and effectively lead discussions that result in prioritizing and planning?

UNDERSTANDING OF AND COMFORT WITH THE FORMAT:

The Policy Tool is designed to be a fairly simple, yet sophisticated framework for prioritization and planning. Part I of the Policy Tool involves three basic steps that include numerical calculations which are tracked to develop a final summary score. Even though the facilitator is not generally responsible for numerical calculations as the process moves along (a designee is best), he or she should be comfortable with the numerical format and be able to work with the data as recorded on flip charts (or projected Excel spreadsheets if the group is sizable).

UNDERSTANDING AND COMFORT WITH THE PRIORITIZATION METHOD(S):

Ask a potential facilitator to define how he or she understands the prioritization method of the Policy Tool. The process involves voting that leads to ranking. At the same time, an element of consensus decision making may also be involved if there is disagreement of a specific vote. Ultimately, the facilitator should describe an iterative process in which every participant has a chance to weigh in, accept, and support a decision.

UNDERSTANDING AND COMFORT WITH THE TIME COMMITMENT:

Be clear that an agreement to participate as facilitator is an agreement to engage not only in the session, but also some measure of pre- and post- planning and evaluation. Such activities might include:

- ✓ Preliminary planning meeting to review work plan and logistics (should the group be broken up into small-group teams?)
- ✓ Collaboration with planners to frame the agenda and housekeeping rules
- ✓ Facilitation of the Policy Tool session
- ✓ Recording and evaluation activities

ORAL HEALTH BACKGROUND:

A minimum of general knowledge about state oral health programs and practices is important. Well-rounded expertise is obviously ideal. Clarify if there are any potential conflicts that the facilitator may not have thought about.

POSITIVE AND CONNECTIVE APPROACH:

Ask a potential facilitator how he or she will keep the process moving and connect back to the full group periodically. Does the answer suggest a personality type that seeks to find the best in each participant?

5 – Meeting Environment & Technology

MEETING SPACE

As with any meeting, creating the right environment can support your meeting objectives.

- ✓ **Lesson Learned:** Plan for the right size room for the number of participants (ask your facilitator if he/she recommends break-out rooms based on the size of the group)
- ✓ **Lesson Learned:** Plan for a circular-table format rather than a lecture-room
- ✓ **Lesson Learned:** Plan ahead to avoid wiring complications for technology

PROS AND CONS OF VIDEO/TELECONFERENCING POLICY TOOL SESSIONS

Potential Advantages:

- ✓ Controls meeting and travel expenses & travel times
- ✓ Expands participation
- ✓ Structure encourages focused participation
- ✓ Single-group dynamic not likely to dominate

Potential Disadvantages:

- ✓ Body language and tone may not be communicated
- ✓ Extra planning is involved
- ✓ Major technology failure can occur even after testing equipment
- ✓ Multiple group dynamics can complicate

6 – Sample Agenda

POLICY TOOL WORKSHOP

Date:
Location:
Time: (2 to 3 hours)

AGENDA

1) **Call to Order**

2) **Welcome and Introductions**

3) **Overview of the process**

4) **Identify [or review] top "5" opportunities for change based on group votes**

5) **Part I of the Policy Tool: Steps 1 & 2**

6) **Break**

7) **Part I of the Policy Tool: Step 3**

8) **Part II of the Policy Tool**

9) **Next Steps**

10) **Adjourn**

6 – Sample Invitation

Dear _____ (e.g., Coalition Members),

Just when you think you can not manage one more meeting, here comes a proposal to set aside a few hours for a workshop to use the **Oral Health Policy Tool**! What is it? In a nutshell, the Policy Tool is a facilitated process to rate and rank your possible next steps as a group. The process takes into account not only whether policy or systems change is needed, but whether it is *feasible*. I am writing here to ask you for your participation to work with the Policy Tool and am providing a few reasons to explain why the activity can be so valuable.

Top Reasons to Take Time to Use the Oral Health Policy Tool:

- Given the many challenges to the oral health agenda in our state, identifying the most *strategic* priorities is a **great use of your time**.
- Working with the Policy Tool offers a s**tructured framework to address policy and systems development**.
- A Policy Tool *Guidebook* has been developed to make planning **easy**, and the Policy Tool activity is **efficient**.
- The Policy Tool **process is building an impressive track record**! In states such as North Dakota, the priorities developed using the Tool became legislative wins. Eight other CDC-funded states have used the Tool, with positive recommendations for the process.
- The Policy Tool allows for a **bona fide exchange of views**, while also providing a facilitated path to **build consensus**.
- The process is fully **transparent, which helps build the trust** that is so critical to working together and getting and keeping new partners.
- The process is **engaging**—you will rank policy options based on criteria and working with the numbers is lively and fun.
- The process is **illuminating**—you will hear how your fellow oral health stakeholders justify their priorities and whether, for example, the data supports the view
- **Facilitation** can be key and **advice and options** are provided to ensure a positive outcome.

Sincerely,

_____

6 – Sample List for "Starting" Priorities

Identify 5 priority issues for oral health you feel should be considered in an exercise to assess opportunities for policy change and plan to take action:

1)

2)

3)

4)

5)

7 – Pre-Survey for State Oral Health Director or Other Leader(s)

PART I

Policy Assessment Form – Baseline Capacity

The questions that follow were developed to provide baseline information on indicators for the evaluation component of the Policy Tool (i.e., to address whether policy capacity has been enhanced based on use of the Policy Tool). The approach was adapted from materials on specialized competencies for the public health workforce prepared by the Directors of Health Promotion and Education (DHPE). DHPE created a series of domains for use in policy development. Three Health Policy and Environmental Change (HPEC) Domains: (1) Analyze and articulate the problem; 2) Propose a solution; and 3) Influence the change process) are most relevant to the Policy Tool.

The response sheet will be coded numerically for evaluation purposes and no names or states will be identified. We hope, therefore, that you will feel free to provide a candid response to each question.

Consider and circle an appropriate response for each of the following as they relate to the policy component of infrastructure development in your state.

		LEVEL 1 (minimal)		LEVEL 2 (moderate)		LEVEL 3 (proficient)
ANALYZING AND ARTICULATING THE PROBLEM						
1)	**Extent to which you are able to use and/or generate oral health data to identify whether a policy solution is needed**	1	2	3	4	5
2)	**Extent to which you feel knowledgeable about the policymaking process in your state government**	1	2	3	4	5
3)	**Extent to which you are able to document and analyze past oral health policymaking in your state**	1	2	3	4	5

		LEVEL 1 (minimal)		LEVEL 2 (moderate)		LEVEL 3 (proficient)
ANALYZING AND ARTICULATING THE PROBLEM *continued*						
4)	Extent to which you feel knowledgeable about the public health agenda of key government policymakers in your state	1	2	3	4	5
5)	Extent to which you are able to assess the oral health agenda of non-governmental stakeholders	1	2	3	4	5
PROPOSING A SOLUTION						
6)	Extent to which you feel able to prioritize policy objectives	0*	1	2	3	4	5
7)	Extent to which you feel knowledgeable about the range of policy options (e.g, statutes, regulations, systems approaches)	0	1	2	3	4	5
8)	Extent to which you utilize comparative analysis of policy options (e.g., Best Practices/ Guidelines)	0	1	2	3	4	5
9)	Extent to which you are able to access analytical tools related to state policymaking (e.g., cost-benefit analysis)	0	1	2	3	4	5
10)	Extent to which you partner with other stakeholders to advance current policy priorities	0	1	2	3	4	5
11)	Extent to which you partner with other stakeholders to develop new policy options	0	1	2	3	4	5

***** *circle "0" if you are expressly prohibited from taking the described action***

7 – Pre-Survey for State Oral Health Director or Other Leader(s) *continued*

		LEVEL 1 (minimal)		LEVEL 2 (moderate)		LEVEL 3 (proficient)	
INFLUENCING THE CHANGE PROCESS							
12)	Extent to which you feel knowledgeable about employee restrictions on policymaking (e.g, policy effort must be preceded by a written request for assistance from a higher-level official)	0*	1	2	3	4	5
13)	Extent to which you feel knowledgeable about restrictions on communications with elected officials	0	1	2	3	4	5
14)	Extent of your development of a strategy to communicate with government officials	0	1	2	3	4	5
15)	Extent of your development of a strategy to communicate with non-governmental stakeholders (e.g. advocacy groups)	0	1	2	3	4	5
16)	Extent to which you are able to develop and disseminate resources related to a communications strategy	0	1	2	3	4	5
17)	Extent to which you able to develop a plan/ system to monitor the change process	0	1	2	3	4	5

***** *circle "0" if you are expressly prohibited from taking the described action*

PART II

Interview Responses to Trigger Questions

In order to provide context for the answers above, the following questions will be included as part of the overall self report.

ANALYZING AND ARTICULATING THE PROBLEM

- What does it take to initiate a policy change in your state?

PROPOSING A SOLUTION

- How do you identify the right policy change at the right time?

INFLUENCING THE CHANGE PROCESS

- What range of actions influence the policy change processes in your state?

OTHER

7 – Participant Survey: Policy Tool Evaluation

OBJECTIVE 1.1. Increased structure for communication among stakeholders about policy and systems development opportunities.			
QUESTION:	YES	NO	COMMENTS:
Did the structure of the Policy Tool result in a high level of participation among stakeholders attending?			
Did the structure of the Policy Tool result in substantive communication among stakeholders 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:
Were the steps for developing a priority among policy or systems development opportunities successfully completed?			
Was the time allocated for completing the steps sufficient?			
Was the facilitation appropriate and useful? If not, would you recommend more facilitation or less?			
If applicable, was a power point or other background presentation useful?			
Were any aspects of the process particularly useful?			
Were any aspects of the process of no utility or cumbersome?			
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:
Was each checklist component for devising a plan of action understandable?			
Did you increase your knowledge to prepare a plan of action based on the checklist?			
Do you feel your group can translate the exercise into practice?			
Would you recommend using the planning checklist on a regular basis?			

OBJECTIVE 1.4. Increased speed in addressing policy change and systems development			
QUESTION:	YES	NO	COMMENTS:
Did the Policy Tool facilitate more disciplined and timely decision making related to strategies for policy or systems development change?			
Would you recommend use of the Policy Tool as an institutional process for prioritizing policy opportunities or systems development changes?			

OBJECTIVE 1.5. Increased implementation and evaluation of State Oral Health Plan (or other reference framework)			
QUESTION:	YES	NO	COMMENTS:
Did you participate in the development of your state oral health plan?			
Does the Policy Tool effectively address the question of moving your oral health plan (or other framework document) from plan to action? If not, why?			
Will you recommend revisions to your state oral health plan (or other framework document) based on your experience with the Policy Tool?			

7 – Participant Survey: Policy Tool Evaluation *continued*

OBJECTIVE 1.6. **Increased satisfaction with stakeholder roles and confidence in competencies related to policy and systems development**			
QUESTION:	YES	NO	COMMENTS:
Did the Policy Tool session improve your knowledge about how to prioritize policy systems development opportunities?			
Did the Policy Tool session improve your knowledge about planning for policy and systems development change?			
As a result of the session with the Policy Tool, do you have a stronger sense of your role in developing oral health policy in your state?			
As a result of the session with the Policy Tool, do you feel increased satisfaction with your role as a stakeholder in the outcomes of oral health policy in your state?			

STATE _____ DATE _____

8 – Form to Provide Background for Facilitator

1) Have you worked with a model to prioritize before? If yes, what model (e.g., SWOT, Force Field Analysis, etc) and with what result?

2) Will you use the Policy Tool as a stand-alone activity or part of a larger Oral Health Summit, Forum, or other activity?

3) How large a group do you envision?

4) Will you likely poll participants prior to the meeting for issues each considers a priority or will a "master" list be created at the start of the Policy Tool session?

5) What else is important to know about the potential group?

8 – Form to Review Past Policy Alternatives

Sample MATRIX to Review Past Oral Health Plan Policy Alternatives

Health Plan Objective	What has been accomplished on this objective?	What, if any, related policy change has occurred?	What was the timeframe?	What materials were developed?	Who were the stakeholders Involved?	How would you weight the impact of the policy?

9 – Glossary of Key Terms

I. ORAL HEALTH TERMINOLOGY

Caries (dental decay or cavities): An infectious disease that results in de-mineralization and ultimately cavitation of the tooth surface if not controlled or remineralized. Dental decay may be either treated (filled) or untreated (unfilled). See also "early childhood caries" and "root caries."

Cleft lip or palate: A congenital opening or fissure occurring in the lip or palate.

Congenital anomaly: An unusual condition existing at, and usually before, birth.

Craniofacial: Pertaining to the head and face.

Caries experience: The sum of filled and unfilled cavities, along with any missing teeth resulting from decay.

Dentate: A condition characterized by having one or more natural teeth.

Early childhood caries (ECC): Dental decay of the primary teeth of infants and young children (aged 1to 5 years) often characterized by rapid destruction.

Edentulism/edentulous: A condition characterized by not having any natural teeth.

Endocarditis: Inflammation of the lining of the heart.

Fluoride: A naturally occurring element that strengthens enamel, helping resist tooth decay.

Gingivitis: An inflammatory condition of the gum tissue, which can appear reddened and swollen and frequently bleeds easily.

Oral cavity: Mouth.

Oral health literacy: Based on the definition of health literacy, the degree to which individuals have the capacity to obtain, process, and understand basic oral and craniofacial health information and services needed to make appropriate health decisions.

Periodontal disease: A cluster of diseases caused by bacterial infections and resulting in inflammatory responses and chronic destruction of the soft tissues and bone that support the teeth. Periodontal disease is a broad term encompassing several diseases of the gums and tissues supporting the teeth.

Pharynx: Throat.

Root caries is dental decay that occurs on the root portion of a tooth. (In younger persons, root surfaces are usually covered by gum [gingival] tissue.)

Sealants: Plastic coatings applied to the surfaces of teeth with developmental pits and grooves (primarily chewing surfaces) to protect the tooth surfaces from collecting food, debris, and bacteria that promote the development of dental decay.

Soft tissue lesion: An abnormality of the soft tissues of the oral cavity or pharynx.

Squamous cell carcinoma: A type of cancer that occurs in tissues that line major organs.

Xerostomia: A condition in which the mouth is dry because of a lack of saliva.

ADAPTED FROM: ***Healthy People 2010 Oral Health Toolkit***

II. TERMS TO ASSIST IN "MAKING THE CASE" FOR POLICY CHANGE

Advertorial: An advertorial is a piece published in a newspaper or magazine and presented as an editorial but designed as a marketing piece to "advertise" a campaign, issue, product, or organization. An advertorial is sometimes printed as a supplemental section in a newspaper.

Advocacy: Advocacy is participation in the democratic process by taking action in support of a particular issue or cause. Advocacy efforts (e.g., education, awareness building, promotion, marketing, and/or social marketing) do not constitute lobbying as long as a policy maker is not urged to take a position or action on specific legislation.

Audience impressions: Audience impressions is an estimate of the number of individuals who saw or heard a particular news story, public service announcement, or other placement, based on average circulation, audience size, and rules of thumb. For print publications, multiply the circulation by 2.5. For radio and television stations, use the station's number of average daily listeners or viewers. For online media, numbers for average daily audience impressions can be obtained for individual Internet sites through companies such as Nielsen or NetRatings, which offer online subscription services.

Backgrounders: A backgrounder is a document containing detailed descriptions of an industry, organization, activity, or special issue that is provided to media, partners, policy makers, and other target audiences to provide them with a solid understanding of the topic.

Biographical summaries: Biographical summaries (bios) are a narrative form of a résumé that recount the most pertinent facts about an individual's background, expertise, and experience. Bios may be included in press kits.

Breaking news: Breaking news is news that has just been released to the public or has just occurred. Examples of breaking news include release of the results of a large study, a significant announcement made by a government official, or a major world event.

Daybook: The daybook is the daily listing of events for journalists, including press conferences, rallies, and other media events in a city. Reporters often check the daybook first thing in the morning to see what news is being announced that day. The Associated Press produces one of the most popular daybooks.

Drop-in article: A drop-in article is a completely prewritten news or feature story that can be published verbatim in a state health department publication, partner organizational newsletters, community magazines, shopping guides, and other local materials that regularly fall into the hands of key audiences.

Editorial board briefing: An editorial board briefing is a meeting with both the governing body of editorial writers and the editors who guide the editorial voice of a newspaper or magazine. Purposes may include challenging biased editorials or trying to persuade the publication to take an editorial position on an issue or to publish an Op-Ed. An editorial board briefing can be a highly effective avenue for pitching your opinion on a topic.

Embargo: An embargo is a prohibition on reporters that delays publication and airing of news until the slated date and time. Embargo is a strategy for getting information into the hands of key journalists before an event, so they have time to prepare thoughtful, well-researched coverage in advance of the "big announcement," perhaps at a press conference. "EMBARGOED UNTIL (date and time of release)" should be written across all documents given to reporters in advance. Most responsible reporters do not break embargoes.

Environmental interventions: Environmental interventions create changes to economic, social, or physical settings and enhance the ability of those settings to support healthy decisions.

Fact sheet: A fact sheet is a concise reference document containing the essential information of an industry, organization, event, outcome, or discovery. Typically one page, it lists pertinent information such as data, key numbers, and percentages. A fact sheet is useful for reporters who do not have time to read an entire press release or are looking for just one tidbit of information.

Feature story: A feature story is used to clarify news issues, take a human-interest angle, entertain and inform, profile an individual, or provide mood, atmosphere, and emotion to a publication.

Formative research: Formative research is conducted during the development of a program to help select and describe the target audience, understand the factors that influence its behavior, and determine the best ways to reach it. This

II. TERMS TO ASSIST IN "MAKING THE CASE" FOR POLICY CHANGE *continued*

research examines behaviors, attitudes, and practices of target groups; explores behavioral determinants; and uses primarily qualitative methods to collect and analyze data. Formative research may be used to complement existing epidemiologic and behavioral data to assist in program planning and design.

Frame: When a story is "framed," it is presented from a particular perspective both to attract journalists' interest in covering it and to ensure that the story is presented in a way that communicates a position effectively.

Health communication: Health communication is the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as enhancement of the quality of life and health of individuals within the community.

Health promotion: Health promotion is any planned combination of educational, political, regulatory, and organizational support for actions and conditions of living that are conducive to the health of individuals, groups, or communities.

Hook: A hook is a way of making a story interesting to a reporter. Examples of hooks include timeliness, anniversaries, controversy, localizing a national story, and dramatic human interest.

Individual behavior change intervention: An individual behavior change intervention is aimed at motivating changes in the behavior of individuals by increasing knowledge, influencing attitudes, challenging beliefs, or promoting the acquisition of new skills.

Key messages: Key messages are important points to be conveyed to the target audience in each communication with them. These messages might include succinct statements of (1) the problem, (2) the impact of the problem, and (3) the solution to the problem through policy and environmental change.

Lead: The lead is the first line or paragraph of a news story, representing the initial and central point. News releases and media advisories should anticipate and provide the leads for reporters. If the lead of a news release doesn't grab a reporter's attention by the end of the first paragraph, he or she probably will not continue to read.

Letters to the editor: Every newspaper publishes a letters to the editor section on the editorial page. The purpose is to allow readers to express their point of view on a previous story or editorial. Letters can support or oppose the article or offer additional commentary.

Lobbying: Lobbying is an attempt to influence legislation through communication with legislators, staff persons, or another government official who participates in the formulation of legislation. The communication refers to a specific piece of legislation and reflects a view on that legislation.

Logic model: A logic model is a systematic and visual presentation of the perceived relationships among (1) the resources for operating a program, (2) the planned activities, and (3) the changes or results to be achieved.

Media advisory: A media advisory is a document sent to media outlets that provides basic information (who, what, when, where, and why) about an upcoming event, such as a press conference, that offers opportunities for interviews and/or photographs. Advisories are usually not more than one page long and contain information on how to contact the media liaison.

Media advocacy: Media advocacy is the strategic use of mass media to reframe issues, shape public discussion, or build support for a policy, point of view, or environmental change.

Media contact list: A media contact list is a list of the print, broadcast, and online reporters and other media outlets targeted for outreach. Lists typically include contact persons, titles, addresses, telephone numbers, fax numbers, and e-mail addresses.

Media lead sheet: A media lead sheet is designed to generate media interest in a selection of key issues, news angles, and/or feature ideas. This sheet usually includes three to five capsulated story suggestions.

Media liaison: The media liaison is the individual designated as the point of contact with the media. This person finds answers to questions posed by the media, provides information, contacts the media with news, identifies spokespeople, and helps to schedule spokesperson interviews.

II. TERMS TO ASSIST IN "MAKING THE CASE" FOR POLICY CHANGE *continued*

Media partnership: A media partnership is a formal, established partnership with the promotion or advertising arm of a local media organization. In exchange for becoming associated with an important issue in the community, media partners may support local health education campaigns by publishing public service announcements or advertorial supplements, producing and airing television and radio public service announcements, and/or sponsoring special events.

Media pitch letter: A media pitch letter is a brief, targeted letter or e-mail message written to a journalist to convince him or her to cover a story. The letter should be written using the format of a standard, professional letter that outlines the information to be shared and why it is important.

Media relations: Media relations refers to establishing a positive working relationship between individuals in the organization and members of the news media to increase the likelihood that an issue will be covered favorably, thus helping to advance the program goals related to the issue. Media relations entails getting to know individual reporters, including the scope of their work and their interest areas; serving as a reliable, proactive provider of credible information about the issue; and being timely and responsive to media requests for interviews, additional contacts, and other resources.

News release (press release): News releases are the single most important method for communicating news to reporters. They summarize the news and provide print, broadcast, and online media with the relevant information about an upcoming activity or story idea. News releases are typically written like a news story. They contain quotes from a spokesperson(s) and background, and they use an inverted-pyramid style of writing, with the most important information in the first paragraph. If a reporter's attention is not piqued by the headline or by the end of the lead paragraph, he or she is not likely to read any further.

Op-Ed (opinion-editorial): An Op-Ed is typically written in the form of a letter, statement, article, or short essay that is submitted to a newspaper editor by a reader or a representative of an organization. The Op-Ed usually expresses a strong opinion or point of view about an issue and is backed by well-researched and documented facts. Op-Eds appear on the page opposite the editorial page or during the "point/counterpoint" portion of radio and television shows. An Op-Ed is useful to communicate about an issue in a person's own words, but it should also clearly state the key messages.

Outcome evaluation: Outcome evaluation is the systematic collection of information to assess the impact of a program and to measure the extent to which it has accomplished its stated goals and objectives. This information can be used to form conclusions about the merit or worth of a program and to make recommendations about future direction or improvement of the program.

Photo op (photo opportunity): A photo op is a staged, high-impact image that communicates a message. It is useful because a photograph or a strong television picture can move an audience much more directly than words.

Pitch: To pitch is to provide an idea for a news story to reporters, producers, or editors and get them excited about covering it.

Policy intervention: A policy intervention influences the development of formal and informal policies (laws, regulations, and rules) that affect health.

Policy maker: A policy maker is a person who has the authority and position to influence the development of formal and informal laws, regulations, and rules. Policy makers include legislators, hospital administration staff, health maintenance organizations, the heads of governmental agencies that set regulatory policy, and the presidents and chief executive officers of work sites.

Population-based strategy: A population-based strategy is an intervention that focuses on an identified population, community, or system, as opposed to individual behavior change. Strategies should include communication to raise awareness and generate support for policy and environmental changes that help promote oral health.

Press kit (media kit, press packet, or information kit): A press kit is generally handed out in a folder that opens to reveal two pockets and contains such items as a news release, fact sheets, biographies, copies of statements delivered at a press event if the kit is being distributed at a press event, and possibly a copy of a report that is being released. A press kit developed for a specific issue can be handed out at an event or mailed to reporters who cannot attend. A generic press

II. TERMS TO ASSIST IN "MAKING THE CASE" FOR POLICY CHANGE *continued*

kit, which is not specific to an issue, can also be helpful. This kit typically contains information about the organization and can be handed out to reporters at any time to provide background information.

Press release: See news release.

Primary audience (target audience): The primary audience is the main object of a campaign. For example, if a workgroup seeks to educate legislators about dental sealants, the primary audience would likely be policy makers.

Primary prevention: Primary prevention targets populations that are at increased risk for a dental disease.

Priority populations: Priority populations are population groups that have higher documented rates of dental disease; lack access to services; or represent greater socioeconomic disparities than those in the general population.

Process evaluation: Process evaluation is the systematic collection of information to document and assess how well a program is being implemented. Process evaluation includes assessments, such as whether materials are being distributed to the appropriate people and in sufficient quantities; whether and to what extent program activities are occurring; whether and how frequently the target audience is being exposed to relevant advertisements; and other measures of how well the program is being implemented. This information can help to determine whether the original program is being implemented as designed, and it can be used to improve the program's delivery and efficiency.

Public health communication: As a form of health communication, public health communication involves a translation process that begins with the basic science of what is known about a health topic. From the science, public health professionals derive messages about attitudes and behaviors that the public should adopt and policies that organizations and government should enact to support population health.

Public service announcement (PSA): A public service announcement is a form of advertising that is delivered free of charge via a media outlet (e.g., magazine, newspaper, radio station, television station, Web site, outdoor venue). Risk factor: A risk factor increases a person's chance of developing a disease.

Secondary (gateway) audience: A secondary audience is a group that influences the primary audience or has a strong interest in promoting an intervention in the primary audience. For example, if a workgroup seeks to educate legislators about sealants, the primary audience likely would be policy makers whose actions may be influenced. The secondary audience would be groups of individuals who influence policy makers such as public health professionals, advocacy organizations, and constituent groups.

Secondary prevention: Secondary prevention targets populations with established disease to prevent recurrent events.

Settings (health care sites, work sites, schools, and the community): Settings are major social structures that provide channels and mechanisms of influence for reaching defined populations and for intervening at the policy level to facilitate healthful choices and address quality-of-life issues. Health promotion and primary and secondary prevention may occur within these individual settings or across all of them.

Spokesperson: A spokesperson is the messenger of your issue or organization. He or she embodies the professionalism of an organization and communicates the urgency of an issue. It is important to identify key spokespeople and make them available to reporters for quotes and interviews. The spokesperson can be an organizational leader or community member. The best spokespeople command media attention; present a poised, confident, and persuasive image; and stay on message.

Stakeholder: A stakeholder is an individual or group with an interest in the success of an organization in delivering intended results and maintaining the viability of the organization's products and services. Stakeholders influence programs, products, and services.

Strategic communication: Strategic communication is the process by which information is formulated, produced, and conveyed to achieve specific objectives vital to an organization's mission.

II. TERMS TO ASSIST IN "MAKING THE CASE" FOR POLICY CHANGE *continued*

Strategic frame analysis: Strategic frame analysis is an approach to communication research and practice that is used to help people deal with public issues. "Framing" refers to the construct of a communication—its language, visuals, and messengers—and the way it signals to the listener or observer how to interpret and classify new information. "Strategic" refers to an approach that deconstructs the dominant frames of reference that drive reasoning on public issues; it identifies the alternative frames most likely to stimulate reconsideration of an issue on the public agenda.

Wire service: A wire service is a news source that files stories to newspapers and radio and television stations across the country. Media outlets then "pull" the stories off the wire to print or air them locally. Local stories posted through a wire service can be picked up by newspapers nationwide. Examples of mainstream wire services include: Associated Press, Reuters, Copley, Dow Jones, Gannett, Knight-Ridder, New York Times News Service, Scripps-Howard, States, and United Press International. PR Newswire and Business Wire are two large public relations wire services that transmit news releases and story ideas directly into newsrooms for a fee.

Workgroup: A workgroup is a coalition of people and organizations working specifically on communication interventions related to oral health. Workgroups can enhance existing state coalitions, facilitating overall program development and implementation.

ADAPTED FROM: *CDC Division for Heart Disease and Stroke Prevention-Taking Action-Tools and Resources,* citing sources, as follows: CDC CVH Branch Strategic Plan, August 2001, Healthy People 2010, and Promising Practices in Chronic Disease Prevention and Control, 2003; CDC Office on Smoking and Health (OSH) Glossary; Institute of Medicine, Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century, November 2002; and Karel, F. Getting the Word Out. To Improve Health and Health Care 2001: The Robert Wood Johnson Foundation Anthology. San Francisco, CA: Jossey-Bass, 2001; and NCI/NIH, Making Health Communication Programs Work, 2003.

End Notes

[1] See e.g., CDC Grantee Recipient Activities (6) and (7).

[2] Typically as often as every 6 months to 1 year.

[3] Hines, E., MPH, RDH (Centers for Disease Control and Prevention), adapted from Morley, D. *Pediatric Priorities in the Developing World.* (Reprinted 1979). Butterworth Inc.

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

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

[6] Kingdon (see note 4).

[7] *Access to Dental Services for Medicaid Children in Maryland: Report of the Dental Action Committee*, September 11, 2007. Available at: www.fha.state.md.us/pdf/oralhealth/DAC_Final_Report.pdf.

[8] ibid.

[9] Homer JB, and Hirsch GB. System Dynamics Modeling for Public Health: Background and Opportunities. *Am J Public Health.* 2006;96(3):452-458.

[10] AR-12 Lobbying Restrictions published by CDC (Program Announcement 3022, CDC/DOH 2002) cautions that "[r]ecipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation." AR-12 also states, however, that "[t]he provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation."

[11] SMART objective: Specific, Measurable, Achievable, Realistic, Timed

[12] See e.g., *Access to Dental Services for Medicaid Children in Maryland: Report of the Dental Action Committee*, September 11, 2007. Available at: www.fha.state.md.us/pdf/oralhealth/DAC_Final_Report.pdf.

[13] Examples include the National Governors Association, National Conference of State Legislatures, Association of State and Territorial Health Officers, Association of Maternal and Child Health Programs, National Association of Chronic Disease Directors, National Academy for State Health Policy, and Council of State Governments.

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

CHILDREN'S DENTAL HEALTH PROJECT

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