

Association of State and Territorial Dental Directors



**DPH Leadership Development Initiative
Plan**

Draft

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DPH Leadership Development Advisory Committee

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Table of Contents

1. Background
 - a. History of the ASTDD DPH Leadership Development Initiative Project
 - b. Emerging Issues

2. Conceptual Model of the DPH Leadership Continuum

3. Framework for DPH Leadership Development
 - a. Vision
 - b. Mission
 - c. Focus Areas

4. DPH Leadership Development Initiative Goals and Objectives

5. Progress as of April 15, 2003

6. Appendix: HRSA Cooperative agreement objectives relating to Leadership for 2002 and 2003

Background

History of the ASTDD DPH Leadership Development Project

In August 2000 the Health Resources and Services Administration, Maternal and Child Health Bureau issued a Request For Proposals for “Partnership for State Oral Health Leadership”, a 5-year cooperative agreement with a professional organization representing the dental public health community at the State level. ASTDD submitted an application and was subsequently awarded the grant. One of ASTDD’s goals is to “assure that the dental public health workforce has capacity and expertise to effectively address oral health needs.” Its primary focus is on states and territories, although recently the association is doing more at the regional and community level.

One major 5-year objective of the Cooperative Agreement is to “design and implement a plan for ASTDD’s role in a dental public health workforce development initiative that complements efforts of other agencies and organizations.” Annual objectives are developed in concert with HRSA MCHB staff. Workplans for years 02 and 03, which were developed before the formation of an advisory committee, are attached.

Potential target audiences for the initiative include:

- New, mid-level, or seasoned dental public health professionals who need to increase their skills in specific areas
- Dental health professionals (dentists, dental hygienists, dental assistants) who need public health training for leadership or management positions
- Managers of oral health or dental financing programs (non-dental professionals) who would benefit from additional public health and/or oral health knowledge
- Professionals who are in/will be in management or programmatic positions in federal, regional, state, or community-based oral health programs (not primarily doing clinical care or supervising clinical care)

A Leadership Development Advisory Committee was formed with broad representation from national organizations. It is chaired by Kneka Hayward, Arizona state dental director and an ASTDD executive committee member, and staffed by Beverly Isman, ASTDD cooperative agreement manager. Don Marianos currently serves as a consultant to the committee. The Leadership Development Steering Committee has held teleconferences over the past two years and conducted a two-day meeting for the entire Leadership Committee in Scottsdale, AZ in July 2002. Small subcommittees have begun to work on selected activities over the past year.

Emerging Issues

During the July committee meeting, members brainstormed potential problems that impact the field of dental public health and leadership development, including the following:

- There is often a disconnect between the theory of dental public health and the realities of practice

- Recruitment and retention of qualified personnel is difficult, particularly in light of budget restrictions and competition from the private sector
- Funding for public oral health programs is inconsistent and insufficient
- Sustainability of programs is an problem given the budgetary and personnel issues
- There is no collective vision of where dental public health should be going
- Every state has a different infrastructure
- Career ladders for both dentists and dental hygienists in dental public health are lacking
- Many DPH leaders are aging and retiring
- Just as there is a lack of understanding about public health, there is a lack of understanding of dental public health
- The placement of many oral health programs within MCH programs limits the focus and ability to expand to address other areas of concern
- Opportunities for skill development and leadership development in dental public health are limited or not well promoted
- There has not been a comprehensive needs assessment of what skills and resources are needed by professionals currently working in or wanting to work in dental public health programs.

To address the lack of needs assessment information, the committee looked at recent informal surveys that have been conducted to assess the training and communication needs of professionals working in various dental public health settings. These are summarized briefly.

1999/2000 Dental Director Survey

The purpose of this survey was to assess the training needs of dental hygienists and other professionals working in state and territorial dental public health programs. The survey, administered and analyzed by Kneka Hayward and Dr. Don Altman at the Arizona Department of Health Services, was distributed to all state and territorial dental directors or contacts in December 1999. Follow-up surveys were mailed to non-respondents two months later and a third distribution occurred one month later. The 1999 Association of State and Territorial Dental Directors' Membership Directory was used for the mailing. A response rate of 82 percent (47/57) was obtained with 42 responses from states and 5 from territories.

Of the 47 respondents, 37 (79%) employed and/or contracted at least one dental hygienist and of those states, 29 (78%) had positions requiring dental public health knowledge and skills. Of those 29 states/territories, nearly all (97%) had hygienists (100) with a need for training in dental public health. In addition, 26 respondents identified 134 other professionals in need of some aspect of dental public health training. At the time of the survey, 20 (71%) respondents with hygienists needing dental public health training were able to provide some financial support for 33 hygienists to receive such training. Funding could not be identified for the remaining 67 hygienists. The survey revealed a total of 234 professionals working within state and territorial dental public health programs who have unmet dental public health training needs. The state and territorial dental directors identified a clear need for this training yet limited funds were identified within their own programs to access such training.

2001 National Oral Health Conference Survey

This survey was distributed to over 400 people who attended the 2001 National Oral Health Conference in Portland, Oregon. Data based on 143 responses were stratified according to work

setting. Over 80% of both state and community respondents use multi-day conferences, focused topic conferences and state or local meetings for continuing education/professional growth. Between 40% and 55% of both groups use self-study and distance learning opportunities, while less than 30% participate in leadership/fellowship/residency/ certificate programs. Many suggestions were given for topics for future NOHC meetings. Respondents also outlined their plans to use information learned at the meeting upon returning home. Almost 70% of the community and state respondents said they personally met and talked with 1 to 20 new people at the NOHC, while the the other 30% talked with more than 20 new people. The NOHC, therefore, seems to be fulfilling goals for relevant continuing education, networking, and information dissemination for professionals who work in state and community-based programs.

2001 Dental Public Health Continuing Education Survey

This survey was distributed with a joint ASTDD/AACDP/NNOHA newsletter in August 2001. Data based on 96 responses were analyzed by total responses and then stratified by 1) professional background (dentists vs. dental hygienists), 2) professional role (clinicians vs. managers), and 3) work setting (state vs. community-based programs).

Although the response rate was less than anticipated, the mix of responses based on work setting was useful: 35% state oral health programs, 30% county/city/local health departments, 19% community health centers, and 16% other. Two questions addressed potential barriers to increasing skills via continuing education. Three of the greatest barriers to dental public health skill development are lack of relevant courses offered locally (90% note that such courses are “sometimes” or “seldom” offered locally) and receiving information about CE opportunities (72% note they “sometimes” or “seldom” receive such information), and dental public health journals do not provide self-study credits (84%). More than 50% of respondents note that employers rarely allow out-of-state travel, provide time off for CE, or pay for CE. Alternative avenues for CE also are limited, particularly in community-based programs where 47-64% seldom have access to facilities or equipment for conferences via video, telephone, or satellite. About 40% of respondents do not have adequate equipment for accessing the Internet and downloading materials.

Over 40% indicate that the following four strategies would enable them to participate in more DPHCE opportunities:

- offer partial scholarships (72%)
- offer courses locally (64.5%)
- publicize opportunities through Websites, listservs and newsletters (52.7%)
- offer short courses vs. multi-day conferences (49.5%)
- offer more Internet-based courses (41.9%).

Interest in CE topics varied somewhat by work setting. This is shown in the following table of the topics receiving the most interest.

State Oral Health Program	Community-Based Program or Clinic
Integration of oral health into other services and programs (60.6%)	Coordinating oral health with WIC, MCH and Head Start programs (57.1%)
Evidence-based approaches to DPH practice (54.5%)	Public and private financing systems for dental care (57.1%)

Program evaluation (54.5%)	Making the case and seeking funds for program development (55.4%)
Coordinating oral health with WIC, MCH and Head Start programs (54.5%)	Evidence-based approaches to DPH practice (55.4%)
Oral health surveillance systems and data sources (51.5%)	Integration of oral health into other services and programs (50%)

2002 NOHC Survey

This survey was distributed during the ASTDD business meeting and at the AACDP session at the 2002 NOHC in Danvers MA (see copy of survey in Appendix). Only 19 responses were received; Although the results from these surveys cannot be considered representative of the entire dental public health workforce, or even of the membership of ASTDD, AACDP or NNOHA, they do reveal some of the needs and interests of individuals who work in dental public health positions.

The first question asked participants to identify five public health skills they would like to improve that would make them more effective and confident in their current public health positions or would allow the participant to apply for a higher level or different public health position. A total of 48 public health skills were identified. The most frequent responses were program development and public policy/advocacy (five responses each); surveillance, statistics, program evaluation, grant writing (four responses each); and data analysis, epidemiology, public speaking (three responses each).

The second part of question #1 asked people who had staff or were trying to find qualified staff what important skills appeared to be lacking or needed improvement. Nineteen skills were identified. Public health background and written and oral communication skills received five responses each, followed by program development/management, and community partnership/coalition building each receiving two responses.

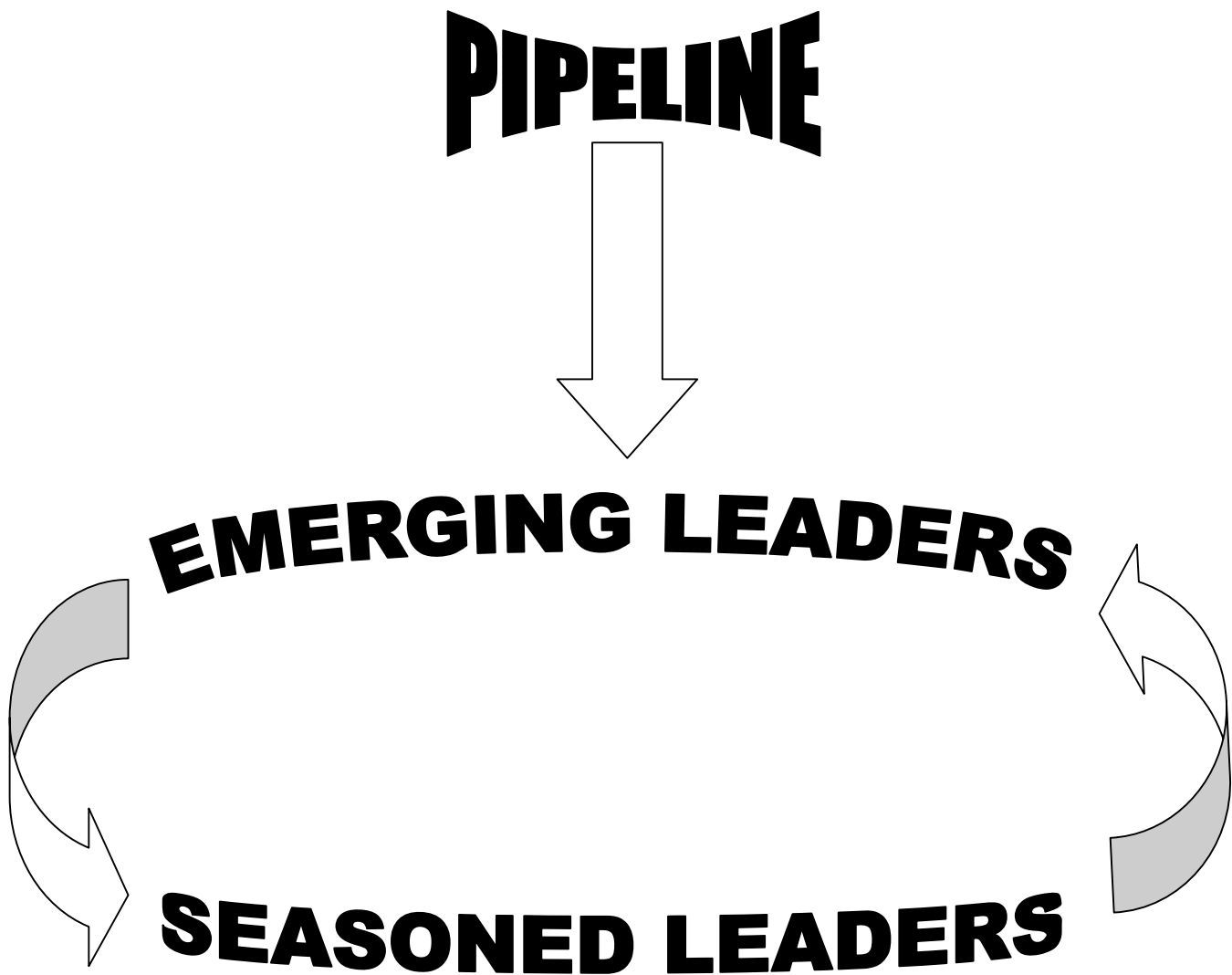
The next question asked what other meetings people attended that would be good venues to hold skill-building workshops. The top four responses were APHA, ADHA, ADA and IADR/AADR. The last question asked, "If you could design a "dental public health leadership institute" that would meet your needs, what would it look like?" Most frequently identified topics were a desire to learn from state programs that are evidence-based/best practice models, learning to conduct a needs assessment, networking/collaborative partnerships, mentoring, core functions of public health, and program funding. Other suggestions included making the institute mobile, Web based instruction as well as face-to-face courses, providing short-term rotations, and "informatics" internships to develop program software skills.

ASTDD Mentoring Program

Feedback forms were sent to mentors and mentees in September 2002 to evaluate the first year of the program. Dr. Joseph Doherty, mentoring program coordinator, developed a report summarizing the findings as well as an analysis of a portion of the mentee applications. Copies of the report are available on the ASTDD website.

Vision:

Effective leadership to improve oral health



Framework for DPH Leadership Development

Vision

To assure effective leadership to improve oral health

Mission

To develop oral health leaders throughout the health system

Focus Areas

For 2003:

- Draft a plan (framework) for the DPH Leadership Development Initiative
- Develop a funding plan for sustainability.
- Collect, categorize and summarize information for an online educational resource directory.
- Incorporate the ASTDD mentoring program into the ASTDD Leadership Initiative.
- Design a continuum of DPH leadership development opportunities in collaboration with other organizations.
- Make leadership development opportunities available at the National Oral Health Conference and other national, regional or state venues.
- Develop and pilot a dental public health leadership self-assessment tool.
- Create a list of professionals in the dental public health workforce for purposes of marketing leadership development and employment opportunities.

For 2004:

- Develop a dental public health “think-tank” or “visioning” group.
- Capture a history of dental public health through the thoughts of dental public health leaders, and use for marketing/teaching purposes.
- Provide a continuum of DPH leadership development opportunities in collaboration with other organizations.
- Secure additional funding or sponsorship for specific leadership development activities.
- Develop a plan for a certification/credentialing program that complements the current MPH, DrPH and DPH residency programs.

For 2005:

- Establish a certification/credentialing program with articulation mechanisms.
- Achieve sustainable funding for the DPH Leadership Development Initiative.

DPH Leadership Development Initiative Goals and Objectives

The following goals and objectives are based on recommendations of the ASTDD Leadership Development Advisory Committee. They will be used to develop an action plan to outline ASTDD's role in the Leadership Development Initiative.

2002-04 Goals and Objectives:

Goal 1: Develop a sustainable plan for assuring an adequate cadre of dental public health leaders.

Objectives:

- A. Complete and distribute ASTDD plan for DPH leadership development.
 - Submit plan to ASTDD Executive Committee and members for input.
 - Share plan with national organizations for input.
 - Invite additional partners to participate in the initiative.
 - Convene a meeting of partners to plan collaborative strategies and outline roles.
 - Prioritize activities and create timelines based on current resources.
 - Draft goals and objectives for 2004-05
- B. Develop a funding plan to initiate and sustain plan objectives.
 - Identify and prioritize areas of need for additional resources in the strategic plan.
 - Identify funding options for specific needs.
 - Write letters of intent/inquiry to potential funders.
 - Submit 1 or more proposals with strategic partners to potential funders.

Goal 2: Provide leadership development opportunities for professionals at all levels of the dental public health continuum.

I. Objectives Targeted to Recruitment and Entry of Professionals into the Dental Public Health Field and DPH Positions

- A. Develop strategies to assist states and local health departments in obtaining qualified DPH personnel.
 - Develop and distribute informational packets for state health officials, Maternal and Child Health Directors, and local health officials to include:
 - Benefits of hiring trained/skilled dental public health professionals
 - Sample position descriptions
 - DPH competency statements
 - Resource list of organizations, websites, and publications that may be useful
 - Develop liaisons with appropriate state and local officials.
 - Assist states in arranging for formal reviews of oral health programs needs and positions.
 - Create a companion document to the *ASTDD Guidelines for State/Territorial Oral Health Programs* to build on and provide a framework for local/community-based dental public health programs.

- Establish a web-based system for advertising dental public health employment opportunities.
- *[Training needs addressed under Emerging Leaders]*

II. Objectives Targeted to Emerging Dental Public Health Leaders

- A. Develop and adopt a DPH leadership self-assessment tool.
 - Use ASTDD Guidelines and other documents as a vehicle to identify criteria for leadership development.
- B. Develop a Web-based DPH educational resource directory to include:
 - Leadership institutes
 - Fellowship and residency opportunities
 - Masters and Doctoral programs
 - Certificate programs
 - CE opportunities (courses, distance learning, home study, etc)
- C. Provide networking opportunities
- D. Provide opportunities for leadership development for dental public health professionals including:
 - National Oral Health Conference workshops
 - In conjunction with other national, regional, state or local meetings
 - Through fellowship program sponsorship (e.g., Brooking Institute, Robert Wood Johnson, National Health Policy Scholars)
 - Regional Forums
 - As part of existing leadership institutes
- E. Develop oral health components to augment leadership institutes for non-dental public health professionals.
- F. Continue to implement and improve the ASTDD mentoring program to include:
 - State dental directors and state dental public health program staff
 - Local dental public health directors and dental public health program staff
- G. Create a list of professionals who might be interested in DPH leadership development opportunities
 - Create a master list of professionals who belong to DPH national associations (e.g., ASTDD, AAPHD, APHA Oral Health Section, AACDP, NNOHA)

III. Objectives Targeted to Seasoned Dental Public Health Leaders

- A. Promote life-long learning through use of DPH leadership self-assessment tool and educational directory
- B. Establish a directory of seasoned leaders.
 - Provide opportunities and involvement via mentoring program, serving as workshop/course faculty, committee members, consultants
 - Share lessons learned with students and emerging leaders
- C. Inventory existing histories of dental public health leaders at a national, state and local level.
- D. Involve seasoned leaders as part of a Dental Public Health visioning group.

Progress through April 15, 2003

Some accomplishments to date include:

- Developed and implemented state dental director mentoring program: 13 state dental directors are being mentored
- ASTDD sponsored two skill-building courses at the 2002 National Oral Health Conferences (NOHC): 1) Grant writing and 2) Public Policy and Oral Health
- ASTDD is sponsoring or co-sponsoring the following skill-building workshops at the 2003 NOHC: 1) Communicating with the Media, 2) Dentistry 101 for non-dental professionals), 3) CDCynergy: A Tool for Effective Health Communication, 4) Evaluation Through Logic Modeling, and 5) Dental Public Health Leadership Institute Phase I: Overview of Leadership and Mentoring.
- ASTDD sponsored Lynn Mouden, ASTDD president, to attend the Health Disparities Leadership Summit in Washington DC in July 2002.
- Continuing to collect, summarize, and categorize models of existing leadership and continuing education opportunities to eventually create an online educational directory.
- Developed a draft framework and plan to meet the HRSA 5-year cooperative agreement objective.
- The New England Oral Health Conference included an all-day workshop to pilot some of the teaching strategies, content and handouts for the Leadership Institute at the 2003 NOHC.
- Submitted a letter of intent to CDC for partial funding for “A Workshop to Plan a Continuum of Methods to Enhance the Dental Public Health Workforce and Improve the Nation’s Oral Health Infrastructure.” CDC has requested a full proposal, so we are now in the process of meeting with partners and will submit the proposal by May 15, 2003.
- Beginning to identify and collect information for developing the DPH history piece.

Appendices

Year 02 Workplan

Objectives	Rationales	Activities	Responsible Parties	Indicator Measures	Outcome Measures and Methods
<p>Year 05 Objective</p> <p>3. By July 31, 2005, ASTDD will design and implement a plan for ASTDD's role in a dental public health workforce development initiative that complements efforts of other agencies and organizations.</p>	<p>Many professionals working in state and local oral health programs do not have sufficient experience or knowledge in all areas of core public health functions. A 1999 survey of state dental directors revealed a need for training of over 230 professionals who have very diverse needs.</p>				<p>Long-term Outcome</p> <p>ASTDD members will be able to identify and access a variety of professional development opportunities.</p>
<p>Year 02 Objectives</p> <p>Objective 3.1. By July 31, 2002, ASTDD will implement the mentoring program for new oral health program directors, including mentoring visits to 3 state programs and 2 local programs.</p>	<p>Mentoring efforts need to be integrated with new member orientation so that requests can be handled in a coordinated and timely manner.</p>	<p>Combine Mentoring Advisory Committee and ASTDD Orientation committee. Continue contractor to coordinate mentoring and orientation activities. Distribute orientation materials as needed.</p> <p>Select 3 state programs and 2 local programs from requests submitted using the new mentoring forms and protocols. Match requests with mentors from the mentor list. Facilitate site visits and review mentoring reports.</p>	<p>Orientation and Mentoring Committee</p> <p>Contractor</p> <p>State mentors</p>	<p>List of new committee members</p> <p>Contract renewed</p> <p>Reports from mentors and programs selected for site visits</p> <p>Quarterly committee reports of requests and how they were handled</p>	<p>Year 02 Outcomes</p> <p>Requests for mentoring or orientation materials from new oral health program directors will be more coordinated, timely, and specific. (review requests, reports, mentee evaluations)</p> <p>Oral health program directors will indicate increased knowledge and application of core oral health functions and resources. (post-mentoring tool)</p>
<p>Objective 3.2. By July 31, 2002, ASTDD will convene a multi-agency committee with the NOHPC to develop recommendations for leadership opportunities and a framework for a Dental Public Health Leadership Institute.</p>	<p>There are no national or regional training/ leadership courses or institutes for dental public health professionals.</p> <p>Leadership is important for increasing awareness and raising priorities for oral health among a broad constituency.</p>	<p>Convene a committee of representatives from various agencies/organizations and hire contractor to coordinate the activities.</p> <p>Review summary of models and materials used for leadership activities with other health professionals and collect additional ones.</p> <p>Hold teleconferences and a face-to-face meeting to develop the recommendations and Institute framework.</p>	<p>Form new committee on Leadership Development</p> <p>Contractor</p>	<p>Contract negotiated</p> <p>Commitment from committee members</p> <p>Minutes from committee meetings</p> <p>Report covering recommendations and framework for DPH Leadership Institute</p>	<p>The report will be used in Years 03 and 04 to develop the structure and offerings of a Dental Public Health Leadership Institute, and to leverage additional funding. (analysis of report)</p>
<p>Objective 3.3. By July 31, 2002, ASTDD will pilot 2 skill-building continuing education workshops for professionals in state and community-based oral health programs.</p>	<p>Currently only degree programs or multi-day conferences are available to enhance dental public health knowledge. Short workshops that build on current skills and experiences are needed for busy professionals.</p>	<p>Identify workshop topics based on a needs assessment.</p> <p>Select workshop faculty, design content and format, and secure CEUs. Support honoraria and travel stipends for faculty for the workshops.</p> <p>Consider holding the workshops prior to the official opening of the NOHC and/or the Primary Care Meeting in Sedona.</p>	<p>Leadership Development Committee</p> <p>NOHC Program Committee</p> <p>Primary Care Meeting Program Committee</p> <p>Workshop faculty</p>	<p>Prioritized list of potential workshop topics</p> <p>Commitments from selected faculty</p> <p>Workshop outlines, marketing materials, course materials, attendance list, and evaluation summary.</p>	<p>Workshop attendees will indicate increased skills in the workshop topics and ways they have used skills to improve their oral health programs. (course eval forms and follow-up survey)</p> <p>Attendees will indicate a need for development of additional short courses with preferred formats and locations. (survey)</p>

Year 03 Workplan

Objectives	Rationales	Activities	Responsible Parties	Indicator Measures	Outcome Measures and Methods
<p>Year 05 Objective</p> <p>3. By July 31, 2005, ASTDD will design and implement a plan for ASTDD's role in a dental public health workforce development initiative that complements efforts of other agencies and organizations.</p>	<p>Many professionals working in state and local oral health programs do not have sufficient experience or knowledge in all areas of core public health functions. Results of needs assessments over the past year show a great need for skill-building opportunities and leadership experiences.</p>				<p>Long-term Outcome</p> <p>ASTDD members will be able to identify and access a variety of professional development opportunities.</p>
<p>Year 03 Objectives</p> <p>Objective 3.1. By July 31, 2003, ASTDD will continue the mentoring program for new dental program directors by assigning new mentors when requests are received, and evaluating benefits and outcomes for mentors and mentees.</p>	<p>Mentoring efforts need to be coordinated and integrated with other skill-building experiences.</p>	<p>Continue contractor to help coordinate mentoring and orientation activities.</p> <p>Distribute orientation and mentoring materials as needed.</p> <p>Assign mentors to new dental directors based on specific requests and other characteristics. Facilitate site visits and acquire feedback on the mentoring process and outcomes.</p> <p>Plan orientation session for NOHC.</p>	<p>Orientation and Mentoring Committee</p> <p>Contractor</p>	<p>Reports from mentors and mentees</p> <p>Quarterly committee reports of requests and how they were handled</p>	<p>Year 03 Outcomes</p> <p>Oral health program directors will indicate increased knowledge and application of core oral health functions and resources and satisfaction with the mentoring process. (post-mentoring tool)</p>
<p>Objective 3.2. By July 31, 2003, the Leadership Development Committee will continue to develop and implement recommendations for leadership opportunities and a framework for a Dental Public Health Leadership Institute.</p>	<p>There are no national or regional training/ leadership courses or institutes for dental public health professionals.</p> <p>Leadership is important for increasing awareness and raising priorities for oral health among a broad constituency.</p> <p>Currently degree programs or multi-day conferences are available to enhance dental public health knowledge. The workshops piloted at the 2002 NOHC received high ratings. Workshops that build on current skills and experiences are needed for busy professionals.</p>	<p>Renew contracts with consultants to coordinate the project activities.</p> <p>Hold teleconferences and 2 face-to-face meetings to develop the recommendations and Institute framework.</p> <p>Prioritize workshop topics based on continuing needs assessment and evaluation data.</p> <p>Select workshop faculty, design content, format, and evaluation; secure CEUs. Support honoraria and travel stipends for faculty for the workshops.</p> <p>Schedule the workshops prior to the NOHC and other national or regional meetings.</p>	<p>Leadership Development Committee</p> <p>Contractors</p> <p>NOHC Program Committee</p> <p>Workshop faculty</p>	<p>Minutes from committee meetings</p> <p>Report outlining a continuum of skill-building opportunities and a framework for a DPH Leadership Institute</p> <p>Prioritized list of potential workshop topics</p> <p>Commitments from selected faculty</p> <p>Workshop outlines, marketing materials, course materials, attendance list, and evaluation summary.</p>	<p>The report will be used in Years 03 and 04 to develop the structure and offerings of a Dental Public Health Leadership Institute, and to leverage additional funding. (analysis of report)</p> <p>Workshop attendees will indicate increased skills in the workshop topics and ways they have used skills to improve their oral health programs. (course eval forms and follow-up survey)</p> <p>Attendees will indicate a need for development of additional short courses with preferred formats and locations. (survey)</p>

