

Dental Public Health Activity Descriptive Summary

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Director of Health's Task Force on Oral Health and Access to Dental Care

In 2009, the Ohio Department of Health convened the Director of Health's Task Force on Oral Health and Access to Dental Care to develop strategic and implementation plans to improve access for vulnerable Ohioans and to address other oral health issues. This process built on previous strategic planning processes conducted in 2000, 2004 and 2006. The task force was comprised of a broad base of state and local partners, and met six times from December 2008 through August 2009. Regional meetings were also held in February and March 2009 to enable local stakeholders to provide input on access to dental care and other oral health issues. This information was considered by the task force in drafting the strategic and implementation plans. The final report of the task force contains recommendations and short- and long-term strategies for implementation that were deemed essential to ensuring that all Ohioans have optimal oral health.

The recommendations were focused on the following areas: 1) community-based/community-wide dental disease prevention; 2) financial barriers; 3) dental care delivery system (workforce, safety net dental programs, and primary care providers and other non-dental professionals); 4) public awareness; 5) individuals with special needs; 6) diversity and cultural competence; and 7) partnership. A dashboard provides details about progress made on each of the strategies contained in the implementation plan.

The ODH received a HRSA Workforce Grant to cover the cost of hiring a consultant to facilitate all aspects of task force and regional stakeholders meetings; to conduct follow-up to these meetings; and to write all drafts and the final version of the report. Grant funds were also used to print and disseminate the final report. Costs to ODH included the use of staff to oversee and administer grant activities, participate in development meetings, and monitor performance and accountability of contractors.

The involvement of the director of health raised the visibility of access to dental care as a priority in the department, and helped engage an important group of stakeholders and advocates in the process. The development of a dashboard creates a framework for periodically "checking in" with members of the task force to gauge progress on strategies for which they are responsible. Obtaining support from task force members and others throughout the state for activities being conducted by the Oral Health program and including those activities in the strategic plan increases the program's credibility and helps sustain funding.

One of the recommendations in the report called for convening an inclusive statewide oral health advocacy and action group to bring focus and continuity to Ohio's oral health agenda. Shortly after the task force issued its report, the Children's Oral Health Action Team (COHAT) was formed, a group of 20-plus member organizations who are well-versed in children's oral health policy or have a key stake in improving children's oral health in Ohio. During its first year, COHAT formed its organizational framework and identified three goals: effecting change in the Medicaid system; ensuring the inclusion of oral health in childhood development policies; and increasing the capacity of Ohio's primary care providers to improve the oral health of Ohio's children.

Lessons Learned:

It's essential to have an "outside" person serve as a facilitator of the process, someone who has no personal stake in the outcome and can assist the task force in navigating through contentious issues

and in crafting recommendations that can be supported by the group. It is also crucial to have active involvement from a Cabinet-level representative, as this helps bring other key players to the table and increases the credibility of the product. Getting input from local stakeholders (e.g., the public, advocacy groups and health professionals) was time-consuming and added considerable cost, but the product was enhanced by including others in the process. It is always a challenge to get a group of people to attend a series of meetings; in this case, a core group of people attended most meetings and a few were seldom present. Sharing meeting minutes and drafts electronically helped to solicit feedback from the people who rarely came. Teleconferencing is an option that is more commonly used nowadays, and would be a way to involve most members in at least a portion of each meeting. It is important to make the process and outcome as transparent as possible by publishing meeting minutes and draft reports on the agency Web site and to maintain a dashboard of progress made for the recommendations included in the final report.

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