State Oral Health Plan User Survey

2012

STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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Introduction/Background

The State of Michigan Oral Health Plan (SOHP) was originally developed in 2006 and revised in 2010 through a cooperative effort between the Michigan Department of Community Health (MDCH), the Michigan Oral Health Coalition (MOHC), and a variety of other stakeholders across the state. The strategies outlined in the plan are intended to guide and direct a strong statewide movement in support of achieving accessible and affordable oral health for all Michigan residents.

The revised 2010 SOHP document is based on oral health indicators identified in the HP2010 Oral Health Objectives. The Plan is structured to provide the reader with detailed, Michigan-specific insight into statistics describing prevalence and risk factors of oral disease, disparity/oral health inequity issues, and access to care (including insurance and workforce issues).

The document outlines Michigan's strategic plan to contain oral disease by identifying areas of needed improvement and highlighting prevention programs currently being implemented by the state. In addition, ten specific Goals, each with action steps, resources needed, responsible organizations, monitoring mechanisms, and timeline for evaluation are included. The SOHP goals are similar to those contained in the MDCH Oral Health five-Year Strategic Plan, but the SOHP was developed in a collaborative effort statewide effort. The SOHP was developed to guide community-based efforts that focus on prevention, increase oral health access, and enhance the oral health status of Michigan residents.

The SOHP document has been widely disseminated to Federally Qualified Health Centers (FQHC), school-based/-linked health centers, elected public officials and legislators, oral health service providers, dental and dental hygiene faculty and students, as well as a variety of oral health-related advocacy groups and professional associations. The SOHP was also placed as a link on both the MDCH Oral Health Program and the MOHC websites, where they are easily accessible to the public. In August 2012, a Mid-term Progress Report was developed and links placed on the websites with the SOHP. A Mid-term Progress summary pamphlet was sent along with a copy of the SOHP directly to more than 500 individual and organizations around the state that are considered to be oral health advocates.

Evaluation Focus / Methods

In October 2012, a request to complete a SOHP User Survey was sent by e-mail or delivered in hard copy to the same group of individuals and organizations that received the mid-term report mailing. The letter contained a link on SurveyMonkey® to an electronic survey questionnaire that had been previously pilot tested through distribution to a select group of stakeholders and organizations. In addition, links to the survey were placed on the MDCH and MOHC websites. Responses that were received between October and December 2012 were analyzed for this report. The survey website remains open and subsequent responses will be monitored for suggestions that will help improve the usefulness of the SOHP.

The survey contained six forced-choice and three open-ended questions that focused on how the respondent learned about and received a copy of the SOHP and also which components of the SOHP were most useful to support, inform, or provide a framework for the respondent or

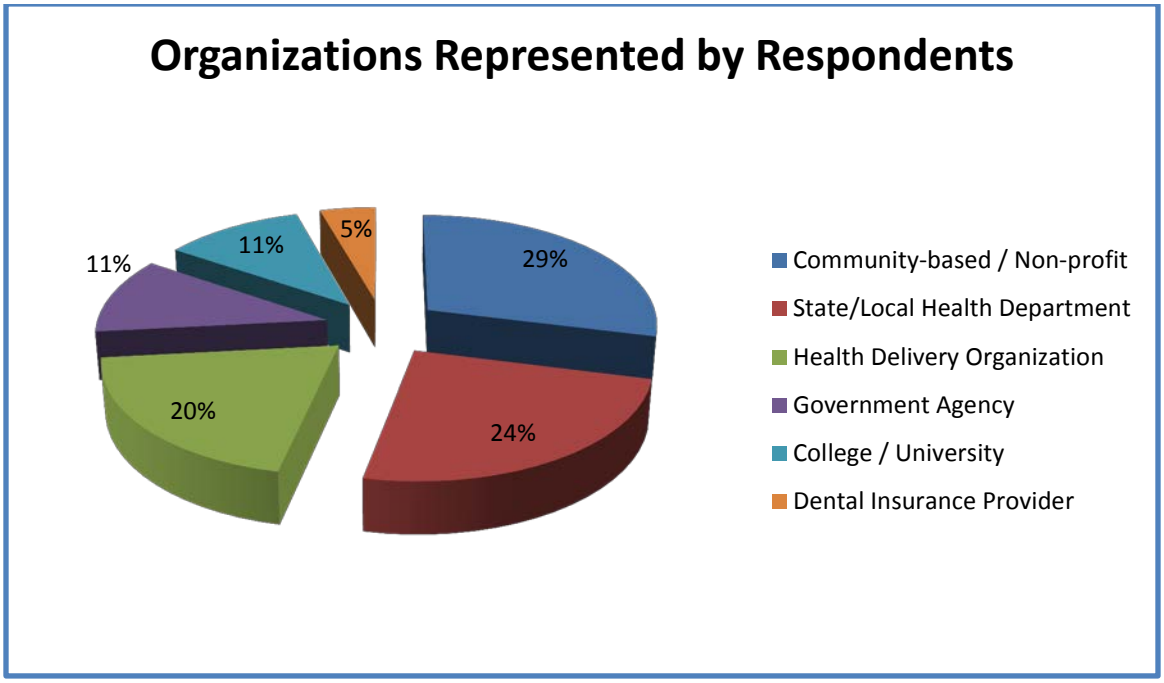
organization's oral health-related activities. Respondents were also asked what suggestions they had for improving the usefulness of the SOHP for their organization.

Results

Surveys completed by 43 respondents were analyzed for frequency of closed-response answers and also for trends and highlights retrieved from open-ended responses. The survey website has remained open and any responses that continue to come in will continue to be monitored to identify suggestions for improving the usefulness of the SOHP.

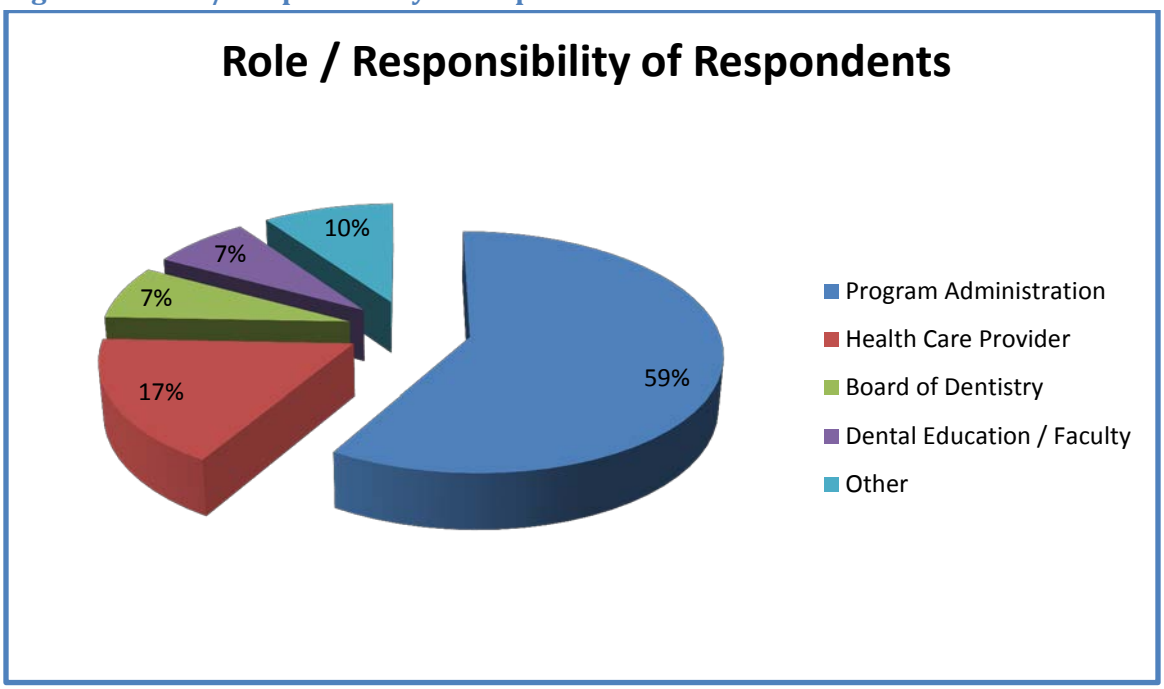
Organizations represented by respondents are identified in ***Figure 1***. At least five respondents represented each of the organizations that were included in the closed-response portion of the question with the exception of Media organizations, which was not selected by any respondents. In addition, two respondents selected the "other" category and indicated that they were from a dental insurance provider organization. That organization, Delta Dental, is involved as a partner/stakeholder in a variety of MDCH and MOHC activities.

Figure 1 – Organizations Represented by Respondents



The roles/responsibilities of the respondents within the various organizations are illustrated in ***Figure 2***. Additional roles identified by respondents checking the "other " category for this question include policy analyst, public affairs, government relations, and a SEAL! Michigan grantee.

Figure 2 – Role / Responsibility of Respondents



Most respondents stated that they received a paper copy of the SOHP document (***Figure 3***), which makes sense because the survey directly followed a mass dissemination of paper copies of the document by mail to the same organizations that were identified by MDCH as potential users of the SOHP for purposes of the survey. Interestingly only 12 percent of respondents indicated that they heard about the document directly from MDCH or MOHC. While 35 percent indicate that they received an electronic copy of the SOHP, only 30 percent indicated that they downloaded that copy from the internet (either MDCH or MOHC websites or through an on-line search).

Figure 3 – How SOHP Was Accessed

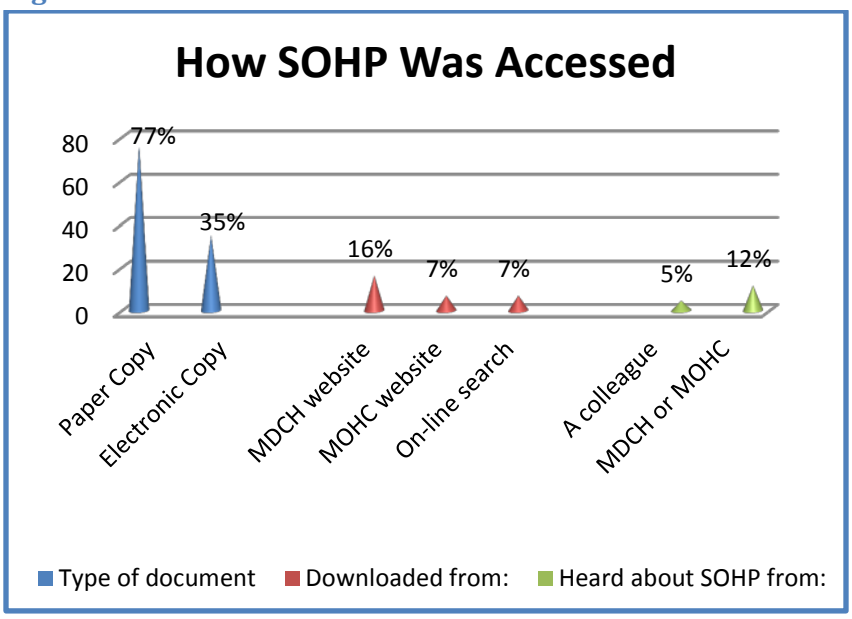


Figure 4 indicates that respondents are interested in the data that SOHP contains related to access to oral health services (lack of dental visits and utilization of dental services). Statistics related to oral cancer were considered useful by the fewest number of respondents. *Figure 5* also highlights the respondents' interest in access issues by placing Goal 7 (access for underserved) and Goal 6 (Comprehensive care for all) among the top three goals considered to be most useful for planning their organization's oral health activities. Interestingly, Goal 7 (access for elderly) was judged as a useful goal by the fewest respondents. Information in *Figure 6* completes the picture by indicating that the largest percent of responding organizations are planning or providing dental service delivery activities.

Figure 6 also shows that four respondent organizations indicated that their oral health activities were related to providing either community-based or professional education related to oral health, although some of the respondents in the "Multiple Activities" group also included oral health education in their list of activities. Five respondents indicated that their organizations are not currently planning or providing any oral health related activities; only two respondents indicated that their organization was engaging in oral health advocacy.

Figure 4 – Usefulness of SOHP data for Planning Oral Health Activities

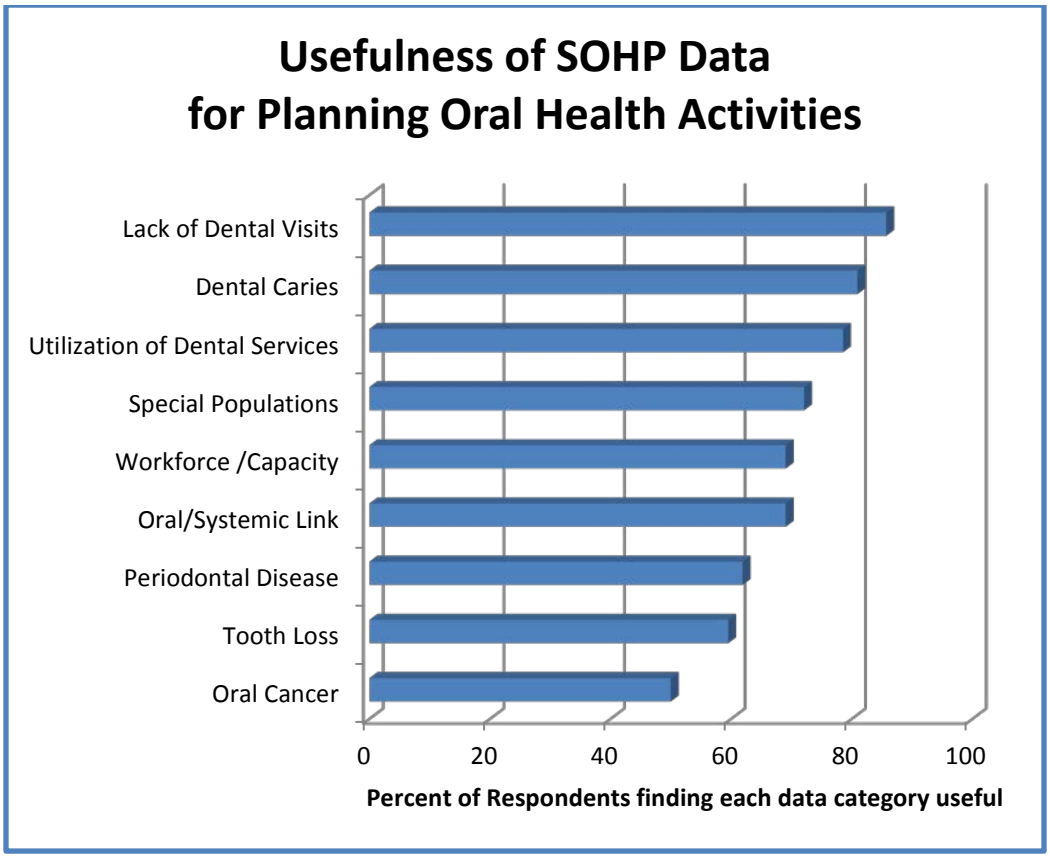


Figure 5 – Usefulness of SOHP Goals for Planning Oral Health Activities

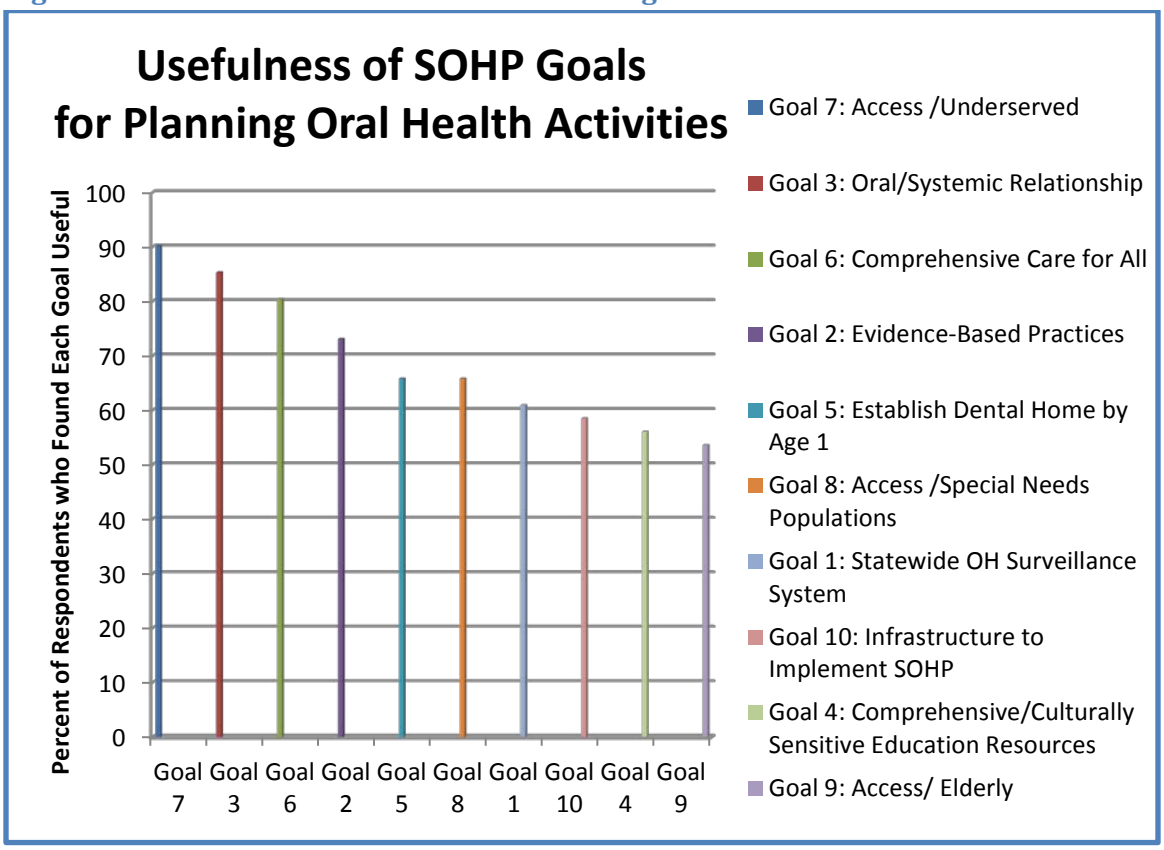
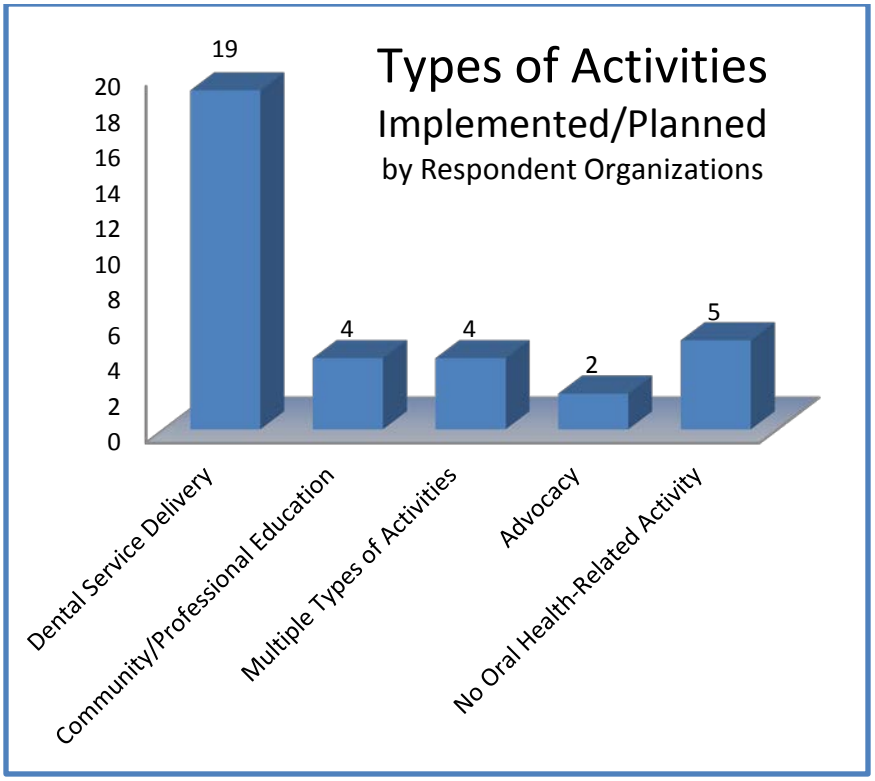


Figure 6 – Oral Health Activities Planned or Implemented by Respondent Organizations



A final open-ended question asked respondents to make suggestions for improving the usefulness of the SOHP to their organization. Many respondents provided no specific recommendations or commented that the SOHP and MDCH were good resources. One respondent suggested that the SOHP might be simplified by limiting it to five goals to be accomplished in five years.

Several respondents recommended including or providing oral health statistics that are as current and as local as possible. Several asked for more frequent communication regarding the SOHP; regular updates, a quarterly newsletter, and annual meetings were suggested. Two respondents commented that MDCH should highlight success stories and another suggested providing more direction about strategies/activities that might be implemented to achieve the goals. Two respondents suggested that information identifying funding sources would be helpful.

Discussion

Findings suggest that the SOHP goals are useful to some extent in providing a framework for stakeholder organizations that are planning or implementing oral health related activities. Those who responded to the survey seem mostly focused on the goals and activities related to "Access to Care" and not quite so focused on helping the state reach its goals related to other aspects of oral health and oral health education. Although many of the stakeholder agencies identified when the survey request was sent out could be powerful advocates for increasing the oral health status of Michigan residents, only a very small minority of the organizations responding to the survey indicate advocacy activity.

However, the fact that there were only 43 respondents out of more than 500 requests limits the reliability of the data. Most useful in the survey were responses related to improving the usefulness of the SOHP. Although many appreciate the value of the SOHP, it appears that at least some stakeholders think that providing them with more frequent and more comprehensive information is called for. This speaks to a need for MDCH and MOCH to communicate about the SOHP in a different way

The SOHP document is already being made available for attendees at the annual Michigan Oral Health Conference in May and at the Fall MOHC member meeting. Links to a PDF copy of the document are available on both the MDCH and MOHC websites. However, it seems that at least some number of important stakeholders may not be utilizing this conference as an opportunity to receive updated information that is often presented at that meeting about the SOHP goals, about funding opportunities, or about successful oral health activities being implemented around the state.

The SOHP Mid-term report developed in August 2012 was used as an opportunity to widely disseminate the 2010 SOHP after its original release and to remind stakeholders about the SOHP and about oral health activities that MDCH had implemented since the release of the goals, but the direct mailing process was expensive and time consuming.

Conclusions/Recommendations

The SOHP is and can continue to be useful to community-based stakeholders planning oral health-related activities. More regular communication about the SOHP and its goals can help inform and guide stakeholders as they plan and implement oral health-related activities. Regular communication with these stakeholders can assist the MDCH and MOHC to coordinate oral health-

related activities happening all around the state to form a more cohesive system to address the oral health needs of Michigan residents.

Recommendations for increasing awareness and enhancing the usability of the SOHP for stakeholders who are planning and implementing oral health activities in the State of Michigan:

- Consider simplifying the SOHP goals (for example: defining five goals to be reached in five years as suggested by one respondent) and also listing goals in a "priority order" during the next revision cycle planned in 2015.

- Link community-based oral health activities around the state to one or more SOHP goals and to promote and "advertise" the connection of these activities to the SOHP goals.

- Develop regular MOHC and MDCH communication/updates, sent by e-mail to all stakeholders, highlighting SOHP goals and identifying MDCH and MOHC accomplishments and activities related to SOHP goals. For example: information could be highlighted in the monthly MOHC newsletter and a user-friendly yearly SOHP report patterned after the mid-term report released in 2012, could be e-mailed widely to stakeholders listed in the SOHP dissemination list.

- Highlight and present "success stories" of programs that are helping to meet the SOHP goals; Success stories could be presented at the MOHC annual conference and also as part of the new communication efforts (previous bullet).

- Highlight funding opportunities for programs developed by stakeholders that are related to the SOHP goals

- Provide information for SOHP stakeholders about oral health advocacy opportunities that are related to SOHP goals. Consider adding increased oral health advocacy efforts as an SOHP goal for the next revision.