

Oral Health Coalition Survey, 2009

Results of a May-June 2009 Survey of North Dakota Oral Health Coalition Partnership Members

Purpose of the Study:

The key objective of this study was to conduct an assessment of the past fiscal year's activities relating to oral health needs in North Dakota. Specifically, the study elicited feedback from the North Dakota Oral Health Coalition Partnership members regarding their work to advance oral health care in North Dakota. The goal was to better understand the challenges and barriers that members faced this past legislative year in order to explore the most effective ways to move forward.

Study Design and Methodology:

The staff at the North Dakota State Data Center worked closely with Kimberlie Yineman, Director of the Oral Health Program of the North Dakota Department of Health to design the survey instrument. Themes included in the questionnaire were a) how well the oral health needs of North Dakotans are being met, b) the effectiveness of the Oral Health Coalition in the past fiscal year, c) amount of representation on the Coalition of different constituency groups across the state, and d) barriers/challenges to improving oral health in North Dakota. The survey was composed of 6 questions and took about 5 minutes to complete. The survey was administered electronically using Survey Monkey. The list of Coalition members' email addresses was obtained from the Oral Health Program. Data collection began in late May and concluded in early June, 2009. From 96 invitations, 44 respondents completed the survey, for a response rate of 46 percent.

Presentation of the Results:

Results are presented according to key findings, including comments. The survey cover letter and instrument are also provided.

Key Findings:

1. How well the oral health needs of North Dakotans are being met (see Table 1)

- Among the oral health needs listed, respondents felt that fluoridation needs were being met the best (mean=4.21) followed by oral health education to professionals (mean=3.53).
- Respondents felt that some needs were not being addressed well; these included access to oral services for vulnerable populations (mean=2.32) and access to oral health services for rural populations (mean=2.59).

2. The effectiveness of the Oral Health Coalition in the past fiscal year (see Table 2)

- Overall, respondents felt that the Coalition has been moderately effective in various areas in the past fiscal year. They felt the Coalition has been slightly more effective at advancing the mission of Coalition, which is to "develop and promote innovative strategies to achieve optimal oral health for all North Dakotans" (mean=3.86) and at building partnerships (mean=3.84). They felt the Coalition has been slightly less effective at educating the public about the value of good oral health and its impact on overall health (mean=3.10) and implementing prevention interventions (mean=3.21).

3. Amount of representation on the Coalition of different constituency groups across the state (see Table 3)

- Large proportions of respondents felt that there is not enough representation from the elderly (71 percent said not enough), vulnerable populations (69 percent), and families (62 percent) on the Coalition.
- Approximately half of respondents wanted to see more representation from policy makers (56 percent said not enough), long-term care representatives (54 percent), dental professionals (51 percent), and educators (51 percent).
- Other Comments:
 - Greater representation from disparate populations.
 - Communication professionals.
 - Indian Health, Public Health nurses, Parent groups.
 - Too many state employees.
 - Refugees, each of the Native American tribes represented in North Dakota, seasonal migrants.
 - Perhaps NDSU Extension-they are located in all counties and a great resource for youth groups as well as communities.

4. Barriers/challenges to improving oral health in North Dakota (see Table 4)

- All of the barriers/challenges listed were seen by respondents to have at least moderate potential to prevent the Coalition from achieving its goals.
- Respondents feel that the strongest barriers/challenges are access to affordable dental care (mean=4.38), lack of oral health education among parents with young children about the need for oral health care (mean=4.27), availability of providers (mean=4.23), and lack of oral health education among vulnerable populations (mean=4.21).
- Other Comments:
 - Medical and dental services should continue to be separated - not together - information between the two yes - but not procedures.
 - While the coalition has a core group of committed members, it should expand its grass roots efforts.
 - Investment and commitment from dental providers in policy solutions.
 - Lack of money.
 - I thought preventive care is covered by insurers. We've done nothing for the elderly that I'm aware of. Increasing reimbursement rates only helps the providers, never the patient.
 - The people in the coalition do a fantastic job but there is so much to do and not enough people or money. Innovative ideas come up at these meetings but there is no one to implement them, no funding to get people to do them or to try something new. Health care is an ongoing challenge of much need on many levels but society gives it a low priority at times. We, who do health care, do care a great deal but this depth of commitment is lacking in other groups and society in general. How do you make people care when they are not in crisis mode?
 - I think transportation in rural areas is huge. I think the education piece is critical. I would suspect that children know more than adults sometimes because of health curriculums and programs in elementary schools.

4. Additional information (see Table 5)

- Among respondents, approximately half attended one to three meetings in the past year (48 percent). Another 43 percent attended four or more meetings.
- Other Comments:
 - I am supposed to be on the coalition but never get meeting minutes or agenda/ meeting notices/ information.
- Additional Comments:
 - Most meetings conflict with my schedule, which is very inflexible.
 - After I left my position with the Tobacco Division, I have not been able to attend Oral Health Coalition meetings, but I have observed oral health activities that have been

promoted by the committee. In school, I met several children who benefited by dentists willing to help them regardless of income. I see the Oral Health Committee as being a great success.

- Coalition has a number of strong committed partners. They made tremendous strides in the Legislative session this year on access to care issues.
- Appreciate the opportunity to participate in meetings electronically.
- Possible change of meeting site from Bismarck to Fargo for some of the meetings giving people from eastern ND a chance to attend.
- Thank you for all the hard work that has been completed this past legislative session!
- The Oral Health Coalition needs to develop a communication plan among the various partners to ensure that the oral health policies, protocols, legislation, oral health education information is getting out to the common people (grassroots, not to just the grass tops) throughout the entire year, rather than just before the legislative session every two years.
- E-mail summaries of these meetings to the stakeholder groups would be good.
- Prior to not being able to attend meetings, I have been involved for 5 years and rarely missed any meetings.

Table 1. How well oral health needs of North Dakotans are being met

Oral health need	Mean	How well need is being met (1=not at all well, 5=very well)					Prefer not to answer	Total
		1	2	3	4	5		
Fluoridation (water, mouthwash, and varnish) (N=44)	4.21	0.0	4.5	11.4	40.9	40.9	2.3	100.0
Access to oral health services for rural populations (N=43)	2.59	9.3	32.6	41.9	11.6	0.0	4.7	100.1
Access to oral services for vulnerable populations (N=43)	2.32	14.0	44.2	30.2	7.0	0.0	4.7	100.1
Oral health education to consumers (N=43)	2.90	0.0	32.6	41.9	14.0	4.7	7.0	100.2
Oral health education to professionals (N=43)	3.53	0.0	9.3	39.5	30.2	14.0	7.0	100.0
Promotion of preventive oral health services (N=42)	3.15	0.0	28.6	33.3	23.8	9.5	4.8	100.0
Preventive oral health services (N=43)	2.95	2.3	25.6	41.9	25.6	0.0	4.7	100.1
Monitoring and surveillance of programs (N=43)	3.07	2.3	30.2	27.9	27.9	7.0	4.7	100.0

Table 2. How effective Oral Health Coalition has been in the past fiscal year

Area	Mean	How effective Coalition has been in past fiscal year (1=not at all effective, 5=very effective)					Prefer not to answer	Total
		1	2	3	4	5		
Building partnerships (N=43)	3.84	0.0	4.7	23.3	55.8	16.3	0.0	100.1
Educating the public about the value of good oral health and its impact on overall health (N=42)	3.10	2.4	28.6	33.3	28.6	7.1	0.0	100.0
Building community capacity to address oral health needs (N=43)	3.28	2.3	23.3	27.9	37.2	9.3	0.0	100.0
Communicating oral health needs to policy makers and the public (N=42)	3.76	0.0	16.7	14.3	42.9	23.8	2.4	100.1
Establishing and advocating for public and private policies to improve access to or the delivery of oral health services (N=43)	3.67	0.0	14.0	18.6	51.2	14.0	2.3	100.1
Implementing prevention interventions (N=43)	3.21	2.3	16.3	41.9	32.6	4.7	2.3	100.1
Interacting with members/stakeholders (N=43)	3.72	2.3	11.6	18.6	46.5	20.9	0.0	99.9
Advancing the mission of the Oral Health Coalition* (N=43)	3.86	0.0	7.0	20.9	51.2	20.9	0.0	100.0

*North Dakota Oral Health Coalition Mission: Develop and promote innovative strategies to achieve optimal oral health for all North Dakotans.

Table 3. Amount of representation the Coalition has from various partners

Partners	Amount of representation			Prefer not to answer	Total
	Not enough	Just the right amount	Too much		
Dental professionals (N=39)	51.3	46.2	0.0	2.6	100.1
Educators (N=39)	51.3	41.0	0.0	7.7	100.0
Elderly (N=38)	71.1	21.1	0.0	7.9	100.1
Families (N=37)	62.2	27.0	0.0	10.8	100.0
Foundations/non-profits (N=39)	23.1	69.2	2.6	5.1	100.0
Long-term care (N=39)	53.8	33.3	0.0	12.8	99.9
Oral health consultants (N=39)	5.1	84.6	7.7	2.6	100.0
Other health care professionals (N=39)	23.1	69.2	5.1	2.6	100.0
Policy makers (N=39)	56.4	30.8	2.6	10.3	100.1
Vulnerable populations (N=39)	69.2	23.1	0.0	7.7	100.0

Table 4. Barriers/challenges that may prevent the Coalition from achieving its goal of improving oral health in North Dakota

Barriers/challenges	Mean	How much of an effect barriers/challenges have (1=not at all, 5=a great deal)					Prefer not to answer	Total
		1	2	3	4	5		
Preventive care oral services are not well promoted (N=40)	3.65	2.5	2.5	40.0	37.5	17.5	0.0	100.0
Preventive care oral services are not covered by insurers (N=40)	3.88	7.5	7.5	17.5	25.0	42.5	0.0	100.0
Access to affordable dental care (N=40)	4.38	2.5	2.5	7.5	30.0	57.5	0.0	100.0
Transportation issues (N=40)	3.93	2.5	2.5	25.0	40.0	30.0	0.0	100.0
Availability of providers (N=40)	4.23	0.0	7.5	12.5	30.0	50.0	0.0	100.0
Reimbursement rates for providers are inadequate (N=40)	3.68	0.0	7.5	42.5	25.0	25.0	0.0	100.0
Lack of integration of medical and dental services (N=40)	3.95	5.0	0.0	17.5	50.0	27.5	0.0	100.0
Lack of buy-in from primary care providers (N=40)	3.70	2.5	7.5	32.5	32.5	25.0	0.0	100.0
Training primary care providers to do oral health screenings and fluoride treatments (N=40)	3.65	0.0	7.5	42.5	27.5	22.5	0.0	100.0
Lack of oral health education among parents with young children (under age 3) about the need for oral health care (N=40)	4.27	0.0	2.5	12.5	40.0	45.0	0.0	100.0
Lack of oral health education among elderly (N=40)	3.82	2.5	2.5	25.0	47.5	20.0	2.5	100.0
Lack of oral health education among vulnerable populations (N=40)	4.21	0.0	2.5	15.0	40.0	40.0	2.5	100.0
Lack of oral health education among pregnant women (N=40)	3.74	0.0	2.5	35.0	45.0	15.0	2.5	100.0

Table 5. Number of meetings (regular coalition, sub-committee, or ad-hoc committee) respondent has attended in the past year

Number of meetings	Percent of respondents
None	7.5
1 to 3	47.5
4 to 6	27.5
7 to 10	5.0
11 or more	10.0
Prefer not to answer	0.0
Other	2.5
Total	100.0

Cover Letter and Survey Instrument:

From: kyineman@nd.gov
To: [email address]
Subject: Please complete this short Oral Health Coalition survey
Date: 29 May 2009 10:59:21 -0700

Dear [First Name]:

We are conducting an assessment of this past fiscal year's activities relating to oral health needs in North Dakota. Specifically, we are looking for feedback from the North Dakota Oral Health Coalition Partnership members regarding their work to advance oral health care in North Dakota. We also wish to better understand the challenges and barriers that members faced this past legislative year in order to explore the most effective ways to move forward.

Please take a few minutes to complete this short online survey by June 8.

If you have any questions, please contact me at 701-328-4930 or kyineman@nd.gov or Ramona Danielson at the North Dakota State Data Center (who is conducting the survey) at 701-231-9496 or ramona.danielson@ndsu.edu.

Here is a link to the survey:

http://www.surveymonkey.com/s.aspx?sm=3FdBTLbY4dSpAaeG8NCkQH04P2YrkMexwTKwv5DIDPA_3
[Type equation here.d](#)

Thank you for your time and assistance,
Kimberlie Yineman, Oral Health Program Director
North Dakota Department of Health

Please note: To automatically be removed from our mailing list, click here:

<http://www.surveymonkey.com/optout.aspx>

Oral Health Coalition Survey

1.

We are conducting an assessment of this past fiscal year's activities relating to oral health needs in North Dakota. Specifically, we are looking for feedback from the North Dakota Oral Health Coalition Partnership members regarding their work to advance oral health care in North Dakota. We also wish to better understand the challenges and barriers that members faced this past legislative year in order to explore the most effective ways to move forward.

North Dakota Oral Health Coalition Mission: Develop and promote innovative strategies to achieve optimal oral health for all North Dakotans.

1. Using a one to five scale, with one being "not at all well" and five being "very well," how well are the following oral health needs of North Dakotans being met?

	1=Not at all well	2	3	4	5=Very well	(Prefer not to answer)
Fluoridation (water, mouthwash, and varnish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to oral health services for rural populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to oral services for vulnerable populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health education to consumers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health education to professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotion of preventive oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring and surveillance of programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Using a one to five scale, with one being "not at all effective" and five being "very effective," how effective has the Oral Health Coalition been in the past fiscal year in each of the following areas?

	1=Not at all effective	2	3	4	5=Very effective	(Prefer not to answer)
Building partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educating the public about the value of good oral health and its impact on overall health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building community capacity to address oral health needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating oral health needs to policy makers and the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing and advocating for public and private policies to improve access to or the delivery of oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing prevention interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with members/stakeholders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advancing the mission of the Oral Health Coalition (see top of page)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.

Oral Health Coalition Survey

3. The North Dakota Oral Health Coalition is a chartered, collaborative, statewide coalition comprised of a variety of public and private agencies, organizations and individuals focused on improving the oral health of North Dakotans. In your opinion, what amount of representation does the Coalition have from each of the following partners?

	Not enough representation	Just the right amount of representation	Too much representation	(Prefer not to answer)
Dental professionals	jñ	jñ	jñ	jñ
Educators	jñ	jñ	jñ	jñ
Elderly	jñ	jñ	jñ	jñ
Families	jñ	jñ	jñ	jñ
Foundations/non-profits	jñ	jñ	jñ	jñ
Long-term care	jñ	jñ	jñ	jñ
Oral health consultants	jñ	jñ	jñ	jñ
Other health care professionals	jñ	jñ	jñ	jñ
Policy makers	jñ	jñ	jñ	jñ
Vulnerable populations	jñ	jñ	jñ	jñ

Please list any other organizations, agencies, groups, or individuals that you think should be represented in the Coalition:

Oral Health Coalition Survey

4. Below is a list of barriers/challenges that may prevent the Coalition from achieving its goal of improving oral health in North Dakota. Using a one to five scale, with one being "not at all" and five being "a great deal," how much does each of the following items affect the improvement of oral health?

	1=Not at all	2	3	4	5=A great deal	(Prefer not to answer)
Preventive care oral services are not well promoted	jn	jn	jn	jn	jn	jn
Preventive care oral services are not covered by insurers	jn	jn	jn	jn	jn	jn
Access to affordable dental care	jn	jn	jn	jn	jn	jn
Transportation issues	jn	jn	jn	jn	jn	jn
Availability of providers	jn	jn	jn	jn	jn	jn
Reimbursement rates for providers are inadequate	jn	jn	jn	jn	jn	jn
Lack of integration of medical and dental services	jn	jn	jn	jn	jn	jn
Lack of buy-in from primary care providers	jn	jn	jn	jn	jn	jn
Training primary care providers to do oral health screenings and fluoride treatments	jn	jn	jn	jn	jn	jn
Lack of oral health education among parents with young children (under age 3) about the need for oral health care	jn	jn	jn	jn	jn	jn
Lack of oral health education among elderly	jn	jn	jn	jn	jn	jn
Lack of oral health education among vulnerable populations	jn	jn	jn	jn	jn	jn
Lack of oral health education among pregnant women	jn	jn	jn	jn	jn	jn

What other barriers or challenges has the Coalition experienced regarding improving oral health care in North Dakota?

3.

Oral Health Coalition Survey

5. In the past year, how many meetings (regular coalition, sub-committee, or ad-hoc committee) have you attended?

None

1 to 3

4 to 6

7 to 10

11 or more

(Prefer not to answer)

Other (please specify)

6. Please share with us with any additional comments you have.

Thank you for completing our survey and assisting us in our assessment. Click "Done" to exit the survey.