

Oral Health Florida: An Evaluation of Perceptions of Organizational Effectiveness and Activities



Report to **Oral Health Florida**
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Introduction and Background

The Oral Health Florida (OHF) coalition is comprised of a broad-based group of agencies, institutions, organizations, communities, stakeholders, policymakers, leaders and other individuals whose mission is to promote and advocate for optimal oral health and well-being of all persons in Florida. Its mission is accomplished through implementation of Florida's Roadmap for Oral Health.

Originating within the Florida Department of Health, the coalition is now independent of the agency. As part of its evolution, OHF is committed to evaluating its efforts and how stakeholders perceive its work. Thus, in September 2016, OHF engaged Deborah Foote of Cypress Tree Consulting, LLC (CTC) to explore if the organization is perceived to be on the right path, to determine overall perceptions and satisfaction with the coalition, and to identify any new opportunities to improve its ability to meet its mission.

As such, CTC created three surveys:

- **An OHF Leadership Council Survey**
- **An OHF Member Survey**
- **A Potential OHF Member Survey**

OHF Focus Areas:

1. Improved access to and utilization of quality oral health care.
2. Increased access to community water fluoridation.

Results of the data collected through these surveys are included in the following report, as are the implications of these findings to OHF as it seeks to evolve and refine its efforts in its work to promote and advocate for optimal oral health and well-being of all persons in Florida.

Methods

To gain insight into the perceptions of OHF, CTC created three surveys in collaboration with OHF. The surveys were designed to assess how members of the Leadership Council (the governing body of OHF), members, and potential members perceive OHF's effectiveness, outreach efforts, organizational strengths, and areas for improvement. OHF emailed the surveys to 29 members of the Leadership Council, 463 members, and 32 potential members in October of 2016, with several reminders during the three-week period the surveys were open. A total of 62 surveys were completed (9 Leadership



Council, 48 members, and 5 potential members) for a response rate of 12% which is within the typical norm of 10-15% for membership organizations. Respondents represented a good cross section of organizations and professions.

To elicit additional feedback regarding OHF, focused conversations regarding survey findings were conducted with representatives of ten (10) organizations recommended by OHF including state agencies, professional associations, oral health service providers, local oral health coalitions and non-traditional partners. Three (3) recommended organizations did not respond to a request for a conversation.

Limitations

CTC's approach was created to avoid many limitations, however, a few should be noted. Specifically, the limitations are the sample size of responses to the surveys. For example, all survey participants were asked to indicate how familiar they are with OHF, with 100% responding very familiar or familiar. However, when asked more specific questions regarding familiarity with OHF's mission, the Roadmap for Oral Health, and the success of OHF in impacting the indicators identified in the Roadmap, there was a noticeable difference in the degree of familiarity by potential members. But given the small sample size (5), caution should be made in drawing specific conclusions. Further, because of the desire to hear from more individuals, the surveys were deliberately constructed to be a length that would require only 20-30 minutes of the respondent's time. This inhibited the extent to which open-ended data could be collected, however, there were opportunities for respondents to provide some insight into their answers and this information is incorporated in the report. Finally, the focused conversations were limited in number and perceptions are included when they enhance the understanding of the themes gleaned from the completed surveys.

Findings

The following section reviews the results from the surveys in order to understand the perceptions of the respondents.

Awareness of OHF

In order to understand the awareness of OHF, survey respondents were asked several questions. Across all three surveys, there was **strong familiarity with OHF and its mission**. However respondents were less familiar with the coalition's operating principles and the Roadmap for Oral Health, Florida's blueprint for action. OHF might want to consider **developing an orientation** for its existing members and each new member organization, or when representation changes.

TABLE 1: OHF FAMILIARITY

	Very familiar/familiar	Very unfamiliar/unfamiliar
OHF	91.8%	1.6%
OHF mission	83.6%	4.9%
OHF Operating Principles	54.0%	18.0%
Roadmap for Oral Health	63.9%	16.4%

** Responses of “neither familiar nor unfamiliar” are not included in this table.*

OHF Reputation

To identify how OHF is perceived, several questions were asked of respondents. Overall, OHF is seen as both an important and trusted organization. However, all of the respondents identifying trust to be a fair/small amount were amongst those completing the membership survey, indicating that there are **some trust issues within the membership** of the coalition.

TABLE 2: OHF REPUTATION

	Strongly agree/agree	Strongly disagree/disagree
Important organization in FL	91.8%	1.6%
	Great/moderate amount	Fair/small amount
Trusted source of information	78.6%	21.3%

** Responses of “neither agree nor disagree” or “unsure” are not included in this table.*

Roadmap for Oral Health

Respondents were asked to indicate whether they agreed or not that the Roadmap **lays out the appropriate strategy** for OHF to meet its mission, to improve oral health in Florida and if there were any critical elements missing. The findings are a bit inconsistent as there is a strong belief that the Roadmap is an appropriate strategy but also may have some critical elements missing. A significant number of respondents did not have a strong opinion. Some of the respondents may be unaware that the Roadmap is updated annually and this may help explain the inconsistency.

TABLE 3: ROADMAP

	Strongly agree/agree	Neither agree nor disagree	Strongly disagree/disagree
Lays out appropriate strategy to meet mission	73.8%	11.5%	6.6%
Lays out appropriate strategy to improve oral health	68.8%	18.0%	9.8%
Missing critical elements to improve oral health	37.7%	29.5%	22.9%

** Responses of “unsure” are not included in this table.*

OHF Effectiveness as Coalition

To glean information about OHF's effectiveness as a coalition a variety of questions were asked of the leadership council and the membership.

Regarding, OHF effectiveness as a coalition, there are areas for improvement. Significant numbers of respondents (25% or more) are less than very satisfied/satisfied with OHF's effectiveness as a membership organization.

Responses to specific questions are outlined in Table 4 and suggest room for **improvement in its operations as a membership organization and diversifying the coalition.**

TABLE 4: OHF EFFECTIVENESS AS A COALITION

	Very satisfied/ satisfied	Very unsatisfied/ unsatisfied	Neither/unsure
Engagement of members	62.5%	7.1%	30.4%
Building a strong & diverse membership	58.9%	19.3%	33.9%
Communicating with membership	75.0%	5.4%	19.6%
Operating as a membership organization	50.0%	25.0%	25.0%

These findings should be considered with the answers below relative to the respondent's relationship/interaction with OHF. **A full 63.8% of respondents are not actively engaged with OHF.**

TABLE 5: RELATIONSHIP/INTERACTION WITH OHF

Actively participate on 1+ Action Team	36.2%
Assigned to 1+ Action Team but have not been active	14.9%
Participated in development of Roadmap but not active	14.9%
Aware of OHF but not involved	34.0%

Strengthening how it communicates, operates and engages its membership will be important to sustaining the OHF coalition over time.

Organizational Leadership

To understand how effective the leadership structure is serving the organization, two questions were asked.

TABLE 6: ORGANIZATIONAL LEADERSHIP

	Strongly agree/ agree	Strongly disagree/ disagree	Neither agree/ disagree or Unsure
Leadership council effective	66.0%	28.8%	5.2%
Different leadership structure	13.6%	20.3%	66.1%

Several comments were made by respondents that they were “unsure” because they were uncertain as to what the different leadership structure might be. OHF might wish to **explore different organizational models** including becoming a 501(C)(3) organization.

Membership Composition

To learn more about the viewpoints of respondents regarding the composition of OHF's membership, two questions were asked. The findings shared the belief that although the coalition includes those necessary to effectively improve oral health in Florida, that there are areas for improvement, especially when it comes to **diversifying the coalition**.

TABLE 7: MEMBERSHIP COMPOSITION

	Strongly agree/agree	Neither agree/disagree or Disagree
Includes those necessary to improve oral health	64.4%	30.5%
	Very satisfied/satisfied	Neither satisfied/unsatisfied
Building a strong and diverse membership	58.9%	28.6%

** “Strongly disagree” and “unsure” (question 1) and “very unsatisfied” and “unsure” (question 2) were not included in the table. Question 2 only was asked of leadership and members.*

Several comments shared that the coalition is “too oral health focused” and needs to reach out to new partners, particularly those representing underserved populations, in order to better achieve its mission.

Improving Oral Health

A variety of questions were asked to elicit opinion on the impact of OHF's efforts to improve oral health in Florida.

The first series of questions seek to garner opinion on the overall efforts of OHF to improve oral health and the impact to the two specific focus areas identified in the Roadmap.

TABLE 8: OHF OVERALL IMPACT/FOCUS AREAS

	Very satisfied/ satisfied	Very unsatisfied/ unsatisfied	Neither satisfied/ unsatisfied	Unsure
Promoting/ advocating for optimal oral health	69.5%	0.5%	1.7%	28.3%
Access to dental care	52.5%	10.2%	18.6%	18.7%
Access to community water fluoridation	66.1%	0.5%	25.4%	8.0%

The majority of respondents are **satisfied with the overall impact** of OHF's in improving oral health. One item of note: all of those respondents responding "unsure" to these questions are representatives of member organizations of OHF. This suggests an opportunity to better educate the members of the coalition on its impact.

In the Roadmap, specific measurable indicators were selected that measure how efforts are impacting the identified focus areas. The specific indicator responses in Table 9 are fairly consistent with the overall trends in the data that OHF collects on these indicators. The expansion of community water fluoridation and sealant programs are seen as the most successful, followed by dental services to children eligible for Medicaid/SCHIP. The coalition has not yet focused on emergency room diversion efforts, which is reflected in the low percentage of success reported.

TABLE 9: INDICATOR IMPACT

	Very successful/ successful	Very unsuccessful/ unsuccessful	Neither successful/ unsuccessful	Unsure
% Medicaid/ SCHIP eligible children receiving any dental service	55.9%	13.6%	16.9%	13.6%
Total ER cost/ visit due to preventable oral health conditions	27.1%	20.3%	35.6%	17.0%
% schools with sealant program	69.5%	8.5%	6.8%	15.2%
Medicaid/ SCHIP eligible children receiving sealant on permanent molar tooth	52.5%	11.9%	13.6%	22.0%
% population on community water system receiving fluoridated water	71.1%	3.3%	13.6%	12.0%

Another set of questions seeks to elicit the believed impact of OHF's efforts on the public perception of oral health. The respondents overwhelmingly believe that OHF has a role in **increasing the public's interest in oral health** (98.3%).

TABLE 9: PUBLIC PERCEPTION OF ORAL HEALTH

	Strongly agree/agree	Strongly disagree/disagree	Neither agree/disagree
Has increased interest	59.3%	6.8%	25.4%
	Very satisfied/satisfied	Very unsatisfied/unsatisfied	Neither satisfied/unsatisfied
Building interest in oral health	66.1%	10.2%	23.7%
Educating on importance of oral health	52.5%	16.9%	25.4%

* "unsure" was not included in this table

The responses do show a **gap between increasing the public's interest in oral health and building awareness of its importance**. There may be an opportunity for OHF to modify/target/increase its messaging to improve awareness of the importance of oral health to well-being.

Resources

Respondents were asked questions regarding the adequacy of funding and human resources to execute the mission of OHF. The majority (53%) believe that the **current level of funding is inadequate** for the organization to execute the Roadmap (49% did not provide a specific opinion). However, for the level of funding available, the majority (52.5%) believe OHF is fairly well-administered (44.1% did not provide a specific opinion). The lack of opinion by many may indicate a gap in knowledge about OHF's funding and administrative support. This suggests an area that OHF could improve on.

OHF Conference

OHF offers professional development through its annual conference. The respondents strongly believe that the **annual conference is a valuable offering** of the coalition (81.2%).

Impressions

Another way to evaluate overall impressions is to ask respondents to quickly think of three words that come to mind when they think of OHF (whether positive or negative). The result of this question is to provide important insights into the views of OHF's identify as well as potential areas for improvement. Figure 1 provides a visual representation (word cloud) of the most frequently mentioned words. Larger words indicate a greater response frequency with **“advocacy”** having the most responses (13).

FIGURE 1: TOP-OF-MIND WORDS



As this finding is reviewed, it is important to consider what words OHF would like to have associated with the coalition (but did not come up on the list) and related strategies to promote.

Recommendations

These recommendations were developed from information gleaned from the surveys (including the comment sections) and the focused conversations. As previously mentioned, focused conversations were conducted with representatives of ten member organizations to garner additional information on themes gleaned from the survey results. Key themes emerged and are presented here for OHF to consider.

Advocacy

There is broad support for OHF becoming **more involved in advocacy**, specifically at the State Capitol. Participants noted there are a number of public policies changes that all members of the coalition can agree on. Many OHF member organizations have lobbying capacity which could be leveraged and coordinated to build legislative champions and promote policy changes to improve oral health in Florida. This focus also could help strengthen engagement of certain key members organizations and trust amongst the membership.

Currently, the OHF Operating Principles require a 2/3 majority vote for policy issues. OHF should consider adopting a **consensus model for decision-making**.

Diversify Membership

To broaden the voices championing oral health, and to build greater capacity for public policy change, OHF should **diversify its membership** to include more non-dental organizations, especially those representing **people experiencing oral health disparities**. Given that over 60% of the OHF membership is not engaged in coalition activities, this should be coupled with specific **new opportunities for engagement**.

Leadership

As OHF grows and diversifies, a **different organizational model** may be needed to assure that all member organizations have a voice in decision-making.

Currently OHF's Operating Principles require that the Leadership Council be composed of eighteen (18) members. The thirteen (13) voting members represent 6 specifically identified organizations, five (5) are not prescribed, and two represent local oral health

coalitions. The five non-voting members are specifically identified and represent dental education and state agency/board. The current arrangement is seen by a number of participants as overly dental focused and its size, at times, is not conducive to effective decision-making. Numerous studies show that the optimal size for problem solving teams is about six people. After there are seven people in a decision-making group, each additional member reduces decision effectiveness by 10%, according to Marcia W. Blenko, Michael C. Mankins, and Paul Rogers, authors of *Decide and Deliver: Five Steps to Breakthrough Performance in Your Organization*. Best practices encourage nonprofit boards to have *ad hoc* committees study complex issues and bring options to the full board for action, the full board still makes the decision. The idea that a larger board creates broader buy-in is often illusory. A large board may provide political or social cover, but it will probably not make better decisions than a smaller board.

Currently OHF must use a fiscal agent to manage its grant awards. Most typically, fiscal agents charge a 10% administration fee, funding which could be better used to support the activities of OHF. For example, a \$200,000 award results in a \$20,000 administration fee- sometimes for only completing a minimal number of transactions.

To operate as a true membership organization and to have greater autonomy, OHF should consider becoming a **501(C)(3) organization with its Board of Directors elected by the membership**. The OHF Operating Principles allow for the establishment of “Governance Committees” and the Leadership Council could create a committee specifically to explore this and possibly other organizational alternatives and bring their recommendations to the Leadership Council for its consideration.

Administration

Most recently OHF has had a coordinator (embedded in a position within the FL Department of Health) which has experienced significant turnover. This position has had a fairly limited scope of responsibilities, leaving most programmatic tasks to OHF members. As the members are volunteers, it is challenging to complete Roadmap activities in as timely and through a manner as is desired, explore and apply for funding, and have consistent leadership. When funding has been available, OHF has utilized consultants to support certain projects and complete website updates.



It is suggested that OHF explore **contracting/hiring a part-time executive director** to lead the organization and assure implementation of any recommendations resulting from this report.

Building Public Will for Oral Health

As a “trusted source for information” OHF has an opportunity to increase awareness of the importance of oral health. A number of respondents noted that while more diverse voices are needed within OHF, there currently are no formal activities to engage them. OHF should explore developing an **educational campaign of prevention** that includes both the individual and the community's responsibility to improve oral health. The campaign should consider targeting those experiencing greater oral health disparities. Additionally, significant thought should be given to focusing on poor oral health and its ties to other diseases, its impact on learning and employment, and its role in total well-being.

Communications

OHF has a number of opportunities to improve its use of social media as a communications tool to its members and the general public. The general impression of the OHF website is that it is member-focused, not updated in a timely manner, and provides little information on oral health for the average person. OHF should consider a **website overhaul** that makes it more “forward-facing” and move much of the member content to a “members only” page.

While the OHF FaceBook page has regular posts and valuable content, it might improve its penetration by occasionally “boosting” its posts- especially on Florida- specific content. The OHF Twitter feed also tweets regularly and has valuable content.

OHF should consider **adopting a regular electronic newsletter** that provides information to members and other interested parties about the ongoing efforts of OHF, opportunities to participate, and general information of interest (such as research, funding opportunities, educational campaigns, etc.) to its stakeholders.

Collaboration

In order to align more closely with state agencies that seek to improve oral health, it is

suggested that representatives of OHF have **regular meetings with each agency to discuss priorities and to align activities**. The Leadership Council meetings are not conducive to this type of detailed discussion and conversations with several agencies demonstrated a desire for this type of arrangement.

Recognition

Currently, under contract with the FL Department of Health, OHF distributes the annual Florida Fluoridation Quality Awards. OHF should consider its own **awards for oral health “champions”** that could include state and local elected officials, advocates, educators and organizations that have moved the needle on oral health. Presenting annual awards can have a variety of benefits including building good will, raising organizational awareness, and highlighting the importance of oral health.

Final Comments

It is well-recognized that OHF is under-funded. There also is a clear desire to take on more (e.g. advocacy, education). However, to attract more funding, OHF must demonstrate that it is able to bring together the key players to improve oral health in a collective manner. The recommendations in this report are designed to move OHF down the path to becoming **a collective voice for oral health in Florida**.