**Translating Evidence into Policy**

**Homework #6**

**Funding to Translate Research into Policy**

**Engagement Plan for NISODA**

**IDENTIFICATION OF KEY STAKEHOLDERS**

NISODA is a multi lateral effort directed towards improving the oral health status of the state's traditionally underserved and vulnerable populations.It is important to note that NISODA is not simply an advisory group; rather, it is an action oriented organization whose members are committed to accomplishing the work necessary to bring about systemic change. NISODA teamed with Dental Assistant's Association and Dental Hygienist Association to evaluate the status of oral health in the state of California especially in and around Oakland. The results were as follows :

- Percent of children ages 6-19 years with untreated dental caries: 15.6%
- Percent of adults ages 20-64 years with untreated dental caries: 23.7%
- Percent of children ages 2-17 with a dental visit in the past year: 82.3%
- Percent of adults ages 18-64 with a dental visit in the past year: 61.6%
- Percent of adults ages 65 and over with a dental visit in the past year: 61.8%

From this data, NISODA planned to expand into high need and uninsured group of individuals of California, beginning with Oakland; through participation in the free community clinics and organizing free clinics quarterly and lastly also intends to create an evening oral health club that provides not only the video lectures and free supply of oral hygiene products to homeless population but also free meals twice a week.

Multiple other support organizations such as Anti-tobacco groups, family oral health counselling service groups, after school curriculm teaching groups as well as local dental school student groups and water fluoridation program groups are also partners in this project and in the development of the proposal.

**DESCRIPTION OF ENGAGEMENT FREQUENCY AND TYPE**

Conception – Nisoda approached Dr. XXY, Head of Dental auxillaries Association with the idea of expanded free oral care for the uninsured and vulnerable communities.

Proposal Planning – During the course of planning, 6 community-based organizations that are interested in the proposed work have been involved. Dr. XXY and a research staff member from NISODA spoke with each of the organizations at length. These discussions brought out thoughts on the locations and frequencies of the dental free clinics in Oakland, concepts of team tele

conferences, monthly team meetings, volunteer recruitement program for the events, possible financial budget for each clinic and healthcare campaign programs.

**BARRIERS ASSESSMENT**

A potential barrier to efforts for the delivery of oral healthcare is that patients may be unaware of the events and expected number of people may not show up. To implement the full effort that we designed, it requires the existence of an electronic media/advertising system.

I am confident that our team of healthcare professionals and stakeholders, who have been brought together through the NIDCR ( National Institute of Dental and Craniofacial Research ) grant announcement, will do amazing things for high need communities, now and in the future. It has been in the production of this grant proposal that we have gotten to know each other and work closely with each other. We are looking forward to the possibility of working together more if this grant is funded as it will further solidify the budding relationships between our organizations. We have already begun to see how we can help each other advance our mutual goal to improve the delivery of oral care. This group of stakeholders and investigators are true-believers and extremely dedicated to improving the oral health status of the citizens. They are the strength of this grant proposal.