Advocacy, Community and Education: A new mission for the Irish Society for Disability and Oral Health

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Abstract

Background: The Irish Society for Disability and Oral Health (ISDH) was established in 2002. The organisational statements of the Society at that stage had limited usefulness because they were too all-encompassing and aspirational.

Aims and objectives: This study describes the development of updated ISDH Vision and Mission Statements, in an effort to define its purpose and identity.

Methodology: A consensus process was initiated in 2016 to agree Vision and Mission Statements by adopting the VMOSA framework. Attendees at the 2016 ISDH annual conference were invited to respond to three questions to elicit their aspirations for the ISDH.

Results: Sixteen conference attendees responded with 56 separate items. After review, this was reduced to 14 items. This list was circulated to members (n = 157) via an online software survey package (Survey Monkey©), and was ranked by 41 respondents (26%), who suggested two additional items. The revised list of 16 items was sent to consenting respondents (n= 21) for re-ranking. Thirteen responses (62%) were received. The 16 items were coded, allied to emergent themes. The themes that emerged were Advocacy, Community and Education. From this, draft Vision and Mission Statements were generated and were sent to twenty-one outside groups as part of the validation process. There were eight responses from three external agencies.

Conclusions: The VMOSA process is a practical blueprint that enabled a small society with minimal previous experience and resources to navigate the preliminary stages of the strategic planning process.

Key words: *Strategic planning, Vision and Mission Statement, non-profit, Special Care Dentistry, Society*

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Introduction

The Irish Society for Disability and Oral Health (ISDH) was established in 2002 by a number of Irish dentists with an interest in Special Care Dentistry (SCD). Since its establishment, the ISDH has become a member of the International Association of Disability and Oral Health (IADH), with an ISDH member sitting on the IADH Council. Currently, the ISDH has approximately 100 members consisting of dentists with specialist training in SCD, general and community dentists with an interest in SCD, dental care professionals and a small number of non-dental healthcare

providers. The ISDH is normally constituted as a Society with a president, immediate past-president, president-elect, honorary secretary, honorary membership secretary and honorary treasurer. These officers, along with a number of general members, make up the ISDH committee, which manages the business and running of the Society.

At its inception, the intent of the Society was to facilitate mutual support and educational opportunities for members for the benefit of those they served and to satisfy the requirements for recognition of the specialty, that is, the existence of a specialist society. The ISDH declared its mission to: "promote, preserve and protect the oral health of people with disabilities". This, it was hoped, would steer the Society in achieving its stated aims:

1. To consult with disability groups to identify their needs and the demands of people with disabilities
2. To promote links with organisations representing people with disabilities
3. To address the barriers relating to the provision of oral healthcare for people with disabilities
4. To encourage undergraduate and postgraduate education, and training of the dental team, in the subject of oral health care for people with disabilities
5. To encourage research in the field of oral healthcare for people with disabilities.

These aims, agreed by a group of founding dentists in 2002, helped develop the role and identity of the emerging Society and remained unchanged for many years. Yet as the years passed, the Society did change: incrementally, subtly and totally in response to emerging demands and a shifting environment. Over time this change led the Society to assume an identity distinct of the idealistic aims of the embryonic Society. Over time, these aims were increasingly exposed as too aspirational and indiscriminate to guide how the Society operated. This limited their usefulness as the committee turned to their vision to guide strategic decisions perennially. The outcome was that there was increasingly little coherence between the day-to-day workings of the ISDH and this original vision. Moreover, the context in which the Society operated had become almost unrecognisable, particularly during a period that had seen the worst economic downturn in generations and a changing technological and healthcare environment. It was timely, therefore, to redefine the identity and direction of the ISDH using a process of strategic planning.

Strategic planning describes a "deliberative, disciplined approach to producing fundamental decisions and actions that shape and guide what an organization is, what it does and why it does it." (Bryson, 2018). The ISDH committee decided to undertake a strategic planning process for five reasons:

1. To determine what members wanted the society to achieve
2. To clarify the future direction of the ISDH strategically rather than reactively
3. To define what is and is not the role of the ISDH
4. To develop a goal that is realistic within the resources of the ISDH
5. To inspire action and engage membership.

A fundamental aspect of this process is capturing an organisation's *raison d'etre* and uniqueness through organisational statements. There are many ways in which these organisational statements can be constructed and presented (Cady *et al.*, 2011). Often tools such as Vision and Mission Statements are applied (Hamel and Prahalad, 1993). These tools serve critical purposes: They communicate the purpose of the organisation, they inform strategic decisions and they help shape measurable metrics of performance. They may also evoke energy and action (Verma, 2009). Clearly, the development of organisational statements seemed a fundamental step in defining the identity and strategy of the ISDH. In fact the *Journal of Disability and Oral Health* has previously highlighted the utility of clear vision for the IADH and its members (Emmanouil, 2014). The Japanese Society for Disability and Oral Health have previously reported a process of reviewing service developments and academic output in their own Visioning process (Ogata *et al.*, 2014). This article summarises the organisational statement development of the ISDH to highlight the importance of strategic development within similar societies. The research question is what was the process and outcome of a consensus-driven strategic development process undertaken by the ISDH.

Material and method

Design

This report describes the process followed by the committee and membership of the ISDH in agreeing a new Vision and Mission Statement as an initial and important step in strategic planning.

Process

The executive committee sought to explore processes that would maximise membership involvement in the strategic planning process because it is recognised that consensus among members is important in strategic development (DS, 2011). Such consensus is recognised to offer a sense of fairness, which can be facilitated by using formal decision-making frameworks and engaging members early (Hearld *et al.*, 2013). It was thus hoped to ensure a close match between the aim of the organisation and the values of the members it represents. Given the limited resources and expertise in strategic planning available to the ISDH, a process was sought that was: easy to navigate with distinct steps; maximise membership involvement; easily communicated with membership; inexpensive and time limited; demonstrate openness and accountability.

We initially considered professional consultancy to facilitate this process. However, it was felt that this was costly considering the limited resources available and the expectations on the committee to direct resources for maximum impact rather than internal processes. A self-directed process was therefore sought and after consideration of the many resources available online, it was decided to undertake the visioning process according to the Vision, Mission, Objectives, Strategies, and Action Plans (VMOSA)

Table 1: Steps involved in consensus development of Vision and Mission

1. Item generation
2. Item reduction and initial ranking
3. Re-rank reduced item list with membership.
4. Categorisation of items to understand themes across suggestions.
5. Review outcomes of step 1 to develop interim Vision and Mission
6. Internal and external Review
7. Finalise Vision and Mission Statements

principles. This is a practical planning process designed to help community groups define a vision and develop practical ways to enact change themselves (Nagy and Fawcett, 2009). This process avoided the involvement of costly formal strategic planners, an approach that has a number of potential shortcomings (Mintzberg, 1994). The VMOSA process on the other hand encourages consensus, in order to identify and realise a group's dream by laying out what needs to happen to achieve the vision. The process, according to Community Toolbox, gives an opportunity to develop the vision and mission together with those in the community. By involving those who will be affected it is more likely that the work of a group will address a community's real needs and desires, rather than what the organisation leadership might think they should be. It thus encourages community ownership of the vision and mission (Nagy and Fawcett, 2009) . The VMOSA process therefore was selected by the ISDH executive committee to follow clearly defined steps to achieve a Vision and Mission Statement agreed by consensus. The steps in which this process was undertaken are summarised in *Table 1*.

Results

Item generation from membership

In June 2016, all attendees (n=67) at the ISDH annual conference were invited to respond to three simple questions to elicit their dreams for the ISDH. Sixteen attendees responded (13 members and 3 non-members, response rate 23.9%). In total, 56 separate responses were provided. *Table 2* itemises the questions, the responses to which are listed in full on the ISDH website (www.isdh.ie).

Item reduction and initial ranking

With a view to reducing and organising these 56 suggestions, duplicate items were removed and the list of similar item responses were coalesced, in order to reduce the overall list of suggestions to 14 items, which together reflected the original responses. This reduction was undertaken by two of the authors (CMGP and PQ) independently. To understand the relative importance of these suggestions to the Society, this composite list was entered into an online software survey package (Survey Monkey©) and circulated to all members of the society (n=157 email addresses) for ranking. Over a two-week period, (19.01.2017-04.02.2017), 41 respondents (response rate 26%) completed an online ranking task. Responses were anonymised. Two additional items were suggested by respondents at this stage, increasing the final list of items to 16.

Re-ranking and theme generation

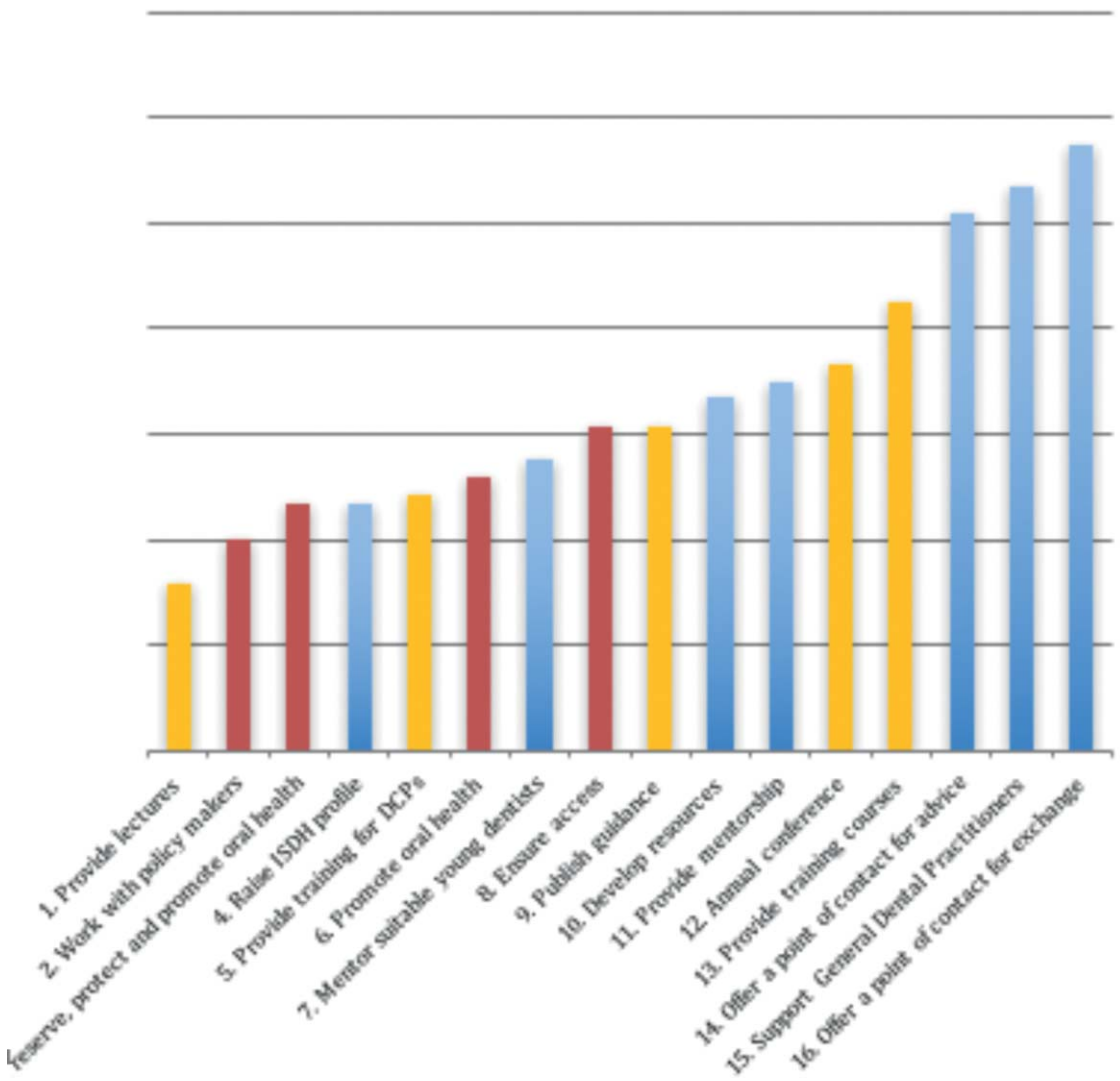
All respondents who had previously agreed to be contacted again as well as the committee members (n= 21 invitees) received the items for re-ranking. Thirteen responses (response rate 62% of invitees) were received. At this stage the 16 items were coded, allied to emergent themes, by one author (CMGP). This coding was reviewed by a second author (PQ) independently and disagreements discussed. Coding was felt to be important so that the 'topics', which the membership had prioritised, would be captured in the Vision and Mission rather than the individual suggestions, which were potentially more useful at later stages. The themes that emerged at this stage were Advocacy, Community and Education. *Figure 1* ranks these items with colour coding to demonstrate the relative importance of themes.

Table 2: Summary of item development

Prompt[1]	Number of responses
What is your dream for the ISDH?	12
What do you think should be the purpose of the ISDH?	25
What should ISDH do to achieve this?	19

1. multiple responses were allowed for each item.

Figure 1: Priorities generated, ranked and re-ranked by members to inform Vision and Mission statements. (See legend for full description of each item.)



Colour coding by themes: Yellow = Education, Red= Advocacy; Blue=Community*: 1. Provide lectures at locations throughout the country, throughout the year; 2. Work with policy makers, such as the Chief Dental Officer, to promote the oral health of people with disabilities in Ireland; 3. Preserve, protect and promote the oral health of people with disabilities in Ireland; 4. Raise ISDH profile through networking with similar organisations; 5. Provide training/run short courses open to all the auxiliary dental team not just dentists; 6. Provide a strong voice in promoting the oral health of people with disabilities; 7. Mentor suitable young dentists; to encourage them to undertake formal postgraduate training to build a sustainable specialist base and leadership for the future; 8. Ensure that people with disabilities access appropriate oral health services; 9. Publish guidance on topics of relevance to those providing oral health care to people with disabilities; 10. Develop resources for Special Care dental teams to share; 11. Provide mentorship for those providing oral health care to people with disabilities; 12. Continue to provide an annual conference; 13. Provide training courses on topics of relevance to those providing oral health care to people with disabilities; 14. Offer a point of contact for clinicians working with people with disabilities to seek advice from their peers; 15. Support General Dental Practitioners in providing oral health care to people with disabilities; 16. Offer a point of contact for clinicians working with people with disabilities to exchange information and views*

Developing an interim Vision and Mission

Members of the executive committee met in June 2017 to discuss the outcomes of ranking and thematic coding. The output from the re-ranking process (*Figure 1*) was comparable to the ranking from the first round. This review stage gave the committee an opportunity to quantify the priority given to each suggestion and each theme. These data incorporated the thoughts and aspirations of the membership and reflected their involvement in the process. This meeting was facilitated to generate interim Mission and Vision Statements. The interim Mission Statement was *Empowering communities involved in Special Care Dentistry to achieve accessible oral health for all, through advocacy, support and education* and the interim Vision Statement was *Equal access for healthy mouths.*

Internal and external review

This interim Vision and Mission was circulated to the membership and comments were solicited. Five responses were received by email. One helpful response suggested emphasising the link between oral health and general health, while another focused on the wording of the interim vision so as to avoid coming across as mawkish or trite. These suggestions helped mould the interim Vision and Mission that, in December 2017, was sent to 21 outside groups to offer external input as a final step in the validation process. There were eight responses from three external agencies, all of which were dental- or healthcare- rather than disability oriented. Three questions were posed:

1. How acceptable is this Vision Statement to you and those you represent?
2. How acceptable is this Mission Statement to you and those you represent?
3. Please list any areas for improvement for these Vision and Mission Statements.

Vision and Mission Statements

Following this process, the consensus on the Vision and Mission Statements was achieved. The Mission Statement was: *"Empowering people with special healthcare needs and those who support them to achieve oral health through advocacy, community and education."*

The agreed Vision Statement was: *"Equal access, oral health for all".*

Discussion

The ISDH executive committee aimed to generate and share a common dream, grounded in and embodying the very essence of the Society. The ISDH adopted the VMOSA process as a practical blueprint that enabled a small society with minimal previous experience to navigate the strategic planning process. The development of the Vision and Mission Statements as part of this process is the subject of this paper. As conceptualised, this vision and mission process was achieved. This report encourages openness and accountability and demonstrates the potential benefits to other societies. While there are examples from other non-profit organisations in the literature (McHatton *et al.*, 2011), it was felt that sharing this process would be useful. The strength of VMOSA was that it guided us towards structured consultation with the membership of the society at an early stage. This should promote commitment to the vision and mission (Hearld *et al.*, 2013).

This study and the process described also have limitations. The sample is small and by its nature consisted of a convenience sample of those members who attended an annual conference, with contributions from the general membership taking part in subsequent rounds via email. In general, the response rate in each of the VMOSA steps was lower than we would have hoped. This could have caused a response bias, as the views of the members who responded may not fully represent the views of those members who were less engaged with the process.

Most people involved were dental professionals rather than disability advocates or patients with disabilities. This meant that the process was inevitably introspective for the Society. This suggests to the authors that the process undertaken was limited because we failed to secure wider engagement in our strategic development. Therefore, the emerging vision is probably overly focused on the profession, rather than people with disabilities themselves. The risk arising from this, of course, is a resultant mission that serves the profession rather than the patient.

Reflexivity is a process that challenges researchers to examine their own agenda, assumptions, beliefs and opinions, and how these influence the research (Mauthner and Doucet, 2003). Within this development process the qualitative data were analysed by two presidents of the society and the authors are all current or past presidents, who have their own opinions on the current and future role of the Society. In order to reduce reflexivity bias both dentists involved in the analysis coded items independently and analyses were reviewed and modified by the remaining committee members at key points. In addition, the process in its totality was extended over the course of three years, meaning that three separate society presidents led the process, reducing the impact of their individual views and opinions.

The data reported in this article are freely available as part of the transparent reporting of this process. Yet, ethical issues arise when data collected for organisational development are presented as research. Ethical issues were managed by ensuring that the data collected at all stages were anonymous, or for the small segment of data that was not anonymous (data from the latter stages as final feedback was received by email input), anonymised prior to analysis. These issues were considered when ethical approval was granted for this study from Trinity College Dublin.

Implications for practice

It is important to emphasise that it is *strategic thinking* rather than *strategic planning per se*, that some authors consider the true catalyst of change for organisations like the ISDH (Mintzberg, 1994). The development of vision and mission are but a step in the continuous refinement and implementation of strategy. As such, it is important to continue to adapt in response to this process rather than try to adhere too tightly or for too long to these statements as outcomes. According to Bart and colleagues missions are most effective when they align to organizational structure (Bart *et al.*, 2001). In keeping with this principle, the ISDH are integrating our new mission and vision across the structures of the society. For example, standing items on committee meetings are now structured according to Advocacy, Community and Education rather than according to Officer Roles (e.g. Website Manager, Membership Secretary Etc.). Nominated members are leading the process of agreement around objectives and action plans according to these three pillars. The emphasis on these emergent themes is expected to promote a broad outward perspective going forward. The challenge for the ISDH now will be to

maintain the momentum generated in the development of the Vision and Mission Statements. Early signs are promising as we reshape from an introspective procedural view towards an uncertain yet exciting outlook.

Conclusions

A small society like the ISDH can apply frameworks such as VMOSA to achieve direction and identity through consensus-driven development of Vision and Mission Statements. This process has uncovered the identity and aim of the Society. This is already changing why and how the ISDH operate. While the outcomes of this remain unclear, the process can be recommended.

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