

## Chapter 2. Mobilizing Community Assets for Collaborative Efforts

### Chapter Description

Chapter 2 reviews methods for creating and using oral health coalitions or other collaborative planning efforts to address oral health problems. Worksheets provide a framework for deciding what collaborative relationships might work best for your community and the type of issues identified as priorities. Links are provided to resources, examples of oral health coalitions, and funding sources for collaborative oral health projects.

### Chapter Overview

Funders and community planners are focusing more on community collaboration as a way to address and improve health problems. In past years, however, many communities looked solely to dental professionals to reduce the incidence and burden of oral diseases such as dental caries (tooth decay). Dental care in the US is delivered in private dental offices or in clinics that are supported by government or other types of funding, often in isolation from other forms of health care. Access to dental care is hampered by a number of the barriers identified in Chapter 1. Dental professionals cannot be expected to, nor are they necessarily always effective in single handedly trying to assure the public's oral health. The situation calls for a number of partners. Prevention of oral diseases occurs not just in dental offices but through individual self-care behaviors such as toothbrushing, and through public health efforts such as community water fluoridation or application of fluoride varnishes in preschools (see Chapter 4).



Assuring that people possess the knowledge to prevent oral diseases and have access to preventive measures and regular dental care, requires a great deal of coordination and significant resources.

### Self-Assessment: Identifying Potential Partners and Collaborative Relationships

What resources are needed to address the issues you prioritized in Chapter 1? Refer back to the brainstorming discussion in that chapter to list individuals, community groups and businesses that might be potential partners. Make the list as exhaustive as possible and then prioritize which ones should be enlisted first and by what means. Examples of categories of some potential partners are included in the box. A [partners worksheet](#) is provided for you to use to create your own list.

Potential Partners  
Health Department/ MCH Program  
Social Service Agencies  
School Nurses and Social Workers  
Dental Society  
Dental Assisting Society  
Dental Hygiene Society  
Medical Society  
Nursing/Nurse Practitioner Society  
Physician Assistant Society  
Early HS/Head Start  
Prenatal Outreach Programs  
WIC  
Service Clubs  
Parent Groups  
Health Clinics  
Hospitals  
Media  
Policy Makers  
Local Businesses  
Church Groups  
Community Foundations

Mobilizing for Action When enlisting people's help, have them identify their strengths (assets) and assess their interest in specific activities. You might need to describe examples of ways they can help with efforts to plan, market, implement or evaluate oral health activities. View a list of [ways people can contribute](#); customize this list for your own situation. How do you motivate people to want to join in a collaborative effort?  
All community members can be potential advocates for oral health. It just may take someone with a passion for oral health issues to awake an interest in other people. Facts don't motivate people to act. You need to personalize the issue for them-put a face on it.

## Colleges Advocacy Groups

How do you personalize an issue?

- Have people discuss oral health problems they have experienced or family members have experienced that caused them to miss school, be in pain, be self-conscious, or lose teeth.
- Show a series of photos of healthy children with healthy mouths next to photos of children with dental decay in increasing levels of severity and health outcomes such as swollen faces and extracted teeth.
- Appeal to beliefs in "social justice" and the opportunity for all children to start life healthy and to stay that way. "Every child has a right to good overall health, including good oral health and absence of dental pain."
- Tap into a spirit of volunteerism and the importance of sharing one's knowledge and expertise.
- Show how individual efforts can make a difference in the community.
- Share preliminary ideas for collaborative efforts.

Once you have identified interested parties, convene a meeting to review the oral health issues and priorities discussed in Chapter 1, and develop a structure to work as a group to move forward. Some communities have formed task forces, while others have formed coalitions. The structure may depend on whether you primarily have a gathering of individuals or a gathering of agency representatives, and if there is an existing agency or organization that is willing to lead the initial effort.

Initial enthusiasm can be quickly dampened if there is no organization to serve as the coordinating body for oral health activities, or if an organization has nobody willing to act as coordinator. Somebody has to step up to the plate or somebody has to be hired as a coordinator.

### **Developing Your Mission, Vision, Goals and Objectives**

Once the group has decided to function as a unit, developing mission, vision and goal statements is a useful exercise to clarify the current and future focus.

A Mission statement for a coalition defines the purpose or role of a group or organization.

"The mission of the Alliance is to promote and assure the oral health of young children living in California Eastern Sierra counties."

A Vision statement describes what the group wants to do—a picture of what the future should be.

"The Alliance is driven by the vision of a region in which all children and their families have access to the full continuum of oral health care services that allows them to achieve optimum oral health status. In achieving this vision, the Alliance and its members will be leaders for high quality, cost effective preventive measures, clinical care, education, and advocacy for children and their families."

Using the priorities developed in Chapter 1, the group should next develop some Goals for the future. Goals are broad conceptual statements such as:

Goal 1. Increase the public's awareness and knowledge of oral health issues for young children.

Goal 2. Increase the capacity of health professionals to promote oral health, prevent oral diseases, and refer children with disease for dental care.

Goal 3. Increase the availability, affordability and timeliness of comprehensive dental care for children.

Goal 4. Improve systems for coordinating and tracking dental referrals and follow-up

care for young children.

Goal 5. Expand the options for community based preventive measures to improve the oral health of children.

*Objectives* should be more specific, measurable, achievable, relevant to the mission, and include a timeframe. For example:

1. By July 1, 2005, reduce the prevalence of early childhood caries to 10% of 3-5 year olds attending Head Start programs that participate in the fluoride varnish program. (baseline: 25%)

2. By July 1, 2005, 90% of children attending the Early Head Start programs in the county will have a documented "dental home." (baseline: 30%)

3. By July 1, 2004, the county Health Department will have implemented a case management and tracking system for dental referrals of children ages 0-18. (baseline: no current system)

4. By Sept 1, 2004, 85% of parents attending a series of oral health workshops will demonstrate effective oral care of their infants on five criteria from an established evaluation scale. (baseline: none)

5. By July 1, 2005, reduce the average interval from time of diagnosis of early childhood caries requiring hospital care to time of treatment to 1 month. (Baseline: average of 6 months)

Objectives should be focused on outcomes rather than process. Specific activities to achieve the goals and objectives will be addressed throughout the chapters in this resource guide.

### Examples of Successful Coalitions

A number of statewide, regional or community-based coalitions have emerged in the past few years to address the ever worsening problem of access to dental care for low-income and other disenfranchised groups. View the websites of the following groups for a description of how they have structured their oral health initiatives.

"Communities are improved because individuals convinced other individuals to think and act differently."

Winer and Ray, *Collaboration Handbook*, 1994.

- Illinois IFloss (<http://www.ifloss.org/>)
- Red River Valley (<http://www.rrdentalaccess.com/index.shtml>)
- Monterey, CA (<http://cohpmc.org/about.htm>)
- San Diego, CA ([http://www.sharethecaredental.org/website/about\\_us/index.html](http://www.sharethecaredental.org/website/about_us/index.html))

As mentioned in Chapter 1, a number of states and US territories have developed coalitions as a result of funding provided by the Health Services and Resources Administration (HRSA) for state dental summits and Head Start oral health forums. They have issued reports and action plans based on their meetings of stakeholders. View the list of states and their reports at <http://www.mchoralhealth.org> or <http://www.astdd.org> (go to projects/HRSA/dental summits or Head Start forums). They provide ideas for the types of organizations to "invite to the table," processes for generating solutions to problems, and structures for maintaining momentum.

When assembling coalitions, and later on, when assessing the effectiveness of your coalition, consider the following important characteristics:

- Inclusiveness
- Cohesiveness
- Sustainability

## Developing Ideas for Projects and Strategies

Many of the other chapters in this resource guide describe strategies and options for solving oral health problems of young children and their families in a community. As you consider each option, ask the following questions:

- Is it scientifically sound?
- Will it result in the health outcomes you want to achieve?
- What are realistic timelines for achieving short-term and long-term objectives?
- Is it appropriate for the target audience you have chosen?
- How will you evaluate effectiveness?
- Who will be the champion for this idea?
- Will it be supported by the community? What are potential barriers that need to be overcome?
- What resources are needed? Is it feasible to do with current resources? If not, can you actually find and acquire the resources you need, e.g., pediatric dentist?
- Who else has conducted programs like this? What were their experiences?
- Is it fundable? Who are the potential funders?
- How much effort will be required to 1) secure the necessary resources, and 2) carry out and evaluate the program? Who will do this? Is it worth the effort?

Examples to consider for some of these questions are presented in a table [Analyzing Project Ideas](#). Prioritize each of your ideas separately in terms of 1) importance to the oral health of the target population, and 2) feasibility of getting the resources and doing it. Then pick your top 3-5 ideas, write a summary of each based on the answers to the previous questions, and get input from a larger group, if possible. Decide if you want to select one idea, or select 2-3 that complement each other and do them simultaneously or in phases. Develop a detailed plan for how you will develop, implement, manage and evaluate the idea(s) you have chosen; include timelines and assign responsibilities. Evaluation considerations will be addressed throughout the chapters of this resource guide.

## Types of Resources You May Need

Taking the time and effort to plan what resources you need and how to obtain them is a crucial step in beginning any oral health program. Resources include more than just money.

### Human Resources

#### 1. Professionals who know something about community-based oral health programs

Oral health coalitions benefit from involving someone who has knowledge and experience in creating and evaluating oral health programs for pregnant women, infants, and young children. Also look for someone who knows the realities, challenges and resources of rural areas. These skills generally are not taught in most dental and dental hygiene schools. Try to contact a dentist or dental hygienist who also has a background, degree, or experience in public health. How can you find someone with this expertise?

- Go to <http://www.astdd.org> (Association of State and Territorial Dental Directors) to see a list of state dental directors, or if any of the individuals listed as associate members live in your area.
- Call the American Association of Public Health Dentistry (see contact info on <http://www.aaphd.org>) to see if there are any members in your state and if any live near you.
- Call the Dean's office at dental schools or dental hygiene schools in your state and ask if any of their faculty have public health experience or degrees.
- Go to <http://bphc.hrsa.gov> to see what community health centers are in your area that may employ a dental professional with some public health knowledge.

If you identify someone but they are unable to travel to provide technical assistance, they might at least be willing to review your tentative plans, make recommendations, and link you to other resources or references.

#### 2. Worker bees

These are people who live in the community who are willing to participate in a variety of activities related to an oral health coalition or program. Hopefully you already have identified some of them through the Potential Partners form. Everyone has different and useful skills. Depending on the type of activities that are planned, try to match people's skills and schedules with those that are needed through the various stages of the project. Be creative and considerate.

- Don't expect busy dental professionals who work in private practices or community clinics to attend meetings when they have patients scheduled or to adjust their schedules on short notice.
- Teachers, child care workers, and health department personnel might be willing to incorporate oral health activities into their regular job responsibilities.
- Parents might want to participate in activities that are scheduled in conjunction with their children's school or sports.
- Retirees may also be willing to help with a variety of activities, especially around fundraising and mailings.
- Children's groups such as 4-H, Girl Scouts, or Boy Scouts can be enthusiastic participants and role models at health fairs or other community-based events for families and young children.

### **3. Organizers and Coordinators**

These are people with passion, authority, or just the drive to get things done. They do not necessarily have to have a dental background as long as they understand the goals, objectives, and logistics needed for the projects that are chosen. Coordination and organizational skills are important for providing direction, identifying and filling gaps, and scheduling and sustaining whatever activities are planned. You cannot conduct a project with just worker bees. In many cases, hiring someone to serve as a coordinator is preferred to relying on volunteers whose time may be interrupted by other commitments. This should be a local person who can easily communicate with all stakeholders and attend meetings.

#### **"Space" Needs for Meetings and Projects**

Identify types of meeting space and other facilities you might need. Usually meeting rooms can be obtained at no cost through agencies that are part of your coalition or in public buildings such as libraries, community centers, schools, colleges or recreation centers.

Preventive dental programs such as fluoride varnishes, prenatal counseling, and infant oral exams can be integrated and conducted onsite in programs such as WIC, Well child clinics, Head Start, hospitals, preschools, child care centers, or family resource centers. Dental treatment programs for young children are best performed in clinical settings that are designed for comfortable, safe, efficient provision of care, such as private practices, community clinics, hospitals, or mobile vans.

#### **Equipment and Supplies**

Specific needs in this category will depend on the type and location of activities planned. Some recommendations and examples are included in Chapter 4 under each type of preventive measure or in other chapters. Note that most equipment and some supplies can be used for extended periods of time, while other supplies (e.g., exam gloves, paper products) are considered "disposables" and must be ordered periodically. Equipment and supplies should be included in some type of inventory tracking system. Contact programs that already conduct these types of activities to see if they are willing to share their equipment and supply lists and costs, as well as recommendations for where to obtain the items, and inventory systems. Spend some time discussing any "lessons learned" that would help you make decisions or avoid mistakes. Sometimes leasing equipment (e.g., especially office equipment) may be a better option than purchasing it.

#### **Other**

Inevitably you will think of resources you need that don't fit into any major category and that you may have forgotten to initially plan for. This might be some type of insurance, travel stipends, training stipends, or food for a meeting.

#### **Summary**

This chapter has asked you to brainstorm a list of potential partners and possible activities for their participation that would benefit your oral health coalition or other oral health efforts. It provides an overview and examples of how to develop mission and vision statements as well as goals, objectives and potential strategies. An overview of resources that might be needed is presented. All of these elements will help you organize your efforts to improve the oral health of young children in your community.

### **Resources-Publications**

Centers for Disease Control and Prevention, Division of Oral Health. Oral Health Coalition Framework. <http://www.rrdentalaccess.com/index.shtml>.

Community Catalyst, Inc. A Guide to Organizing Community Forums. July 2002. (<http://www.communitycatalyst.org>.)

Health Care for All. Community Catalyst. Addressing Oral Health Needs: A How-to-Guide available at [http://www.communitycatalyst.org/acrobat/Dental\\_How\\_To\\_Guide.pdf](http://www.communitycatalyst.org/acrobat/Dental_How_To_Guide.pdf)

Sierra Health Foundation We Did It Ourselves. Guidelines for Successful Community Collaboration. Sacramento, CA, 2000.

State of Washington Department of Health. Community Roots for Oral Health: Guidelines for Successful Coalitions. Olympia, WA, 2000. (<http://www.doh.wa.gov/cfh/OralHealth/manuals/Roots/Roots.html>)

Winer M and Ray K. Collaboration Handbook. Creating, Sustaining and Enjoying the Journey. St Paul, MN, Amhearst H Wilder Foundation. 1994.

### **Evaluation**

What did you learn or accomplish as a result of reading this chapter? Did it help you to organize your thoughts about how to mobilize community assets around oral health issues in your community? If you already have formed a coalition, do you have a written mission and vision statement, as well as goals and objectives? Were the resources and examples helpful? Complete the [feedback form](#) and tell us what was useful and not useful for you.