Western Public Health Casebook 2018

As we continue to develop new cases and refine their application in the classroom, we would welcome feedback on these cases and testimonials about how you have used them. Any corrections to this set of cases will also be gratefully received. Please get in touch with us via the program's email: publichealth@schulich.uwo.ca.

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CASE 5

Making Oral Health Care More Palatable

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INTRODUCTION

In a time of governmental change and a shift to patient-centered care, a local community health centre (CHC) realizes the need for reform in the way oral health care is being provided, spurred by a recent influx of underserved residents and increasing rates of dental decay. Under the leadership of this CHC, with a vision of equitable oral health care, Emily, a health promoter with experience in oral health promotion and Nick, a Master of Public Health candidate with oral health research experience, are in charge of devising a way to improve the accessibility and quality of oral health in the municipality.

CHCs are not-for-profit, community-governed, values-based health organizations providing inter-professional services to promote health, prevent illness and injury, and build capacity. They provide these services through different clinics including diabetes, HIV, physician, and dental clinics. In the largely privatized Ontario dental industry, there are many barriers that at-risk individuals face. The dental clinic team at the CHC delivers oral health services to at-risk and vulnerable groups such as youth and the elderly who qualify for the Healthy Smiles Ontario (HSO) program, Ontario Works (OW), or the Ontario Disability Support Program (ODSP). In an effort to reduce dental inequities within the large municipality, Emily and Nick must collaborate and determine the appropriate measures to improve the oral health of the population. Historically, there has been little attention paid to population level oral health interventions other than water fluoridation.

A needs assessment was conducted by the CHCs using the coalition building tool to identify patients in each CHC's respective catchment areas who access oral health services. The assessment also identified barriers to access of oral health care (Exhibit 1). It was found that there was a need to improve the accessibility of oral health care; the cost of dental care was the leading reason preventing patients from accessing this service. These findings were reinforced by an in-depth analysis and report on the regional oral health status. The analysis found that, while there are basic services available to underprivileged youth and the elderly through HSO, ODSP, OW and the Region's Seniors' Dental Program (RSDP), there are still many gaps in research and coverage for other residents. The drawback of these programs is that the household income cut-off is quite low and is strictly enforced, leaving many residents to fall through the gaps, including working, middle-aged patients as well as youth and seniors whose income exceeds the cut-off.

Informed by the reports and by direction from the CEO of the CHC to implement an oral health coalition, Emily and Nick begin conducting some research to determine the best way to have widespread effects on improving oral health access. Looking to the United States as an example, the Centers for Disease Control and Prevention (CDC) has encouraged a state-wide

oral health coalition to drive initiatives to improve oral care on a united front. These oral health coalitions are shown to have great success and sustainability in the United States, as some oral health coalitions have advocated for the public for over 10 years (ASTDD, 2008).For this reason, Emily and Nick want to develop a regional oral health coalition.

DEMOGRAPHICS

The region is one of the most diverse municipalities in Ontario, covering a large geographic area. The region currently has over 1.3 million residents, where around 50% of the population are immigrants. In addition, 7.8% of the residents are new immigrants, making the region culturally diverse and requiring targeted and culturally appropriate care. This includes making care more accessible for residents with different needs and those who have trouble accessing care for socio-demographic reasons. It is estimated that the median annual household income after taxation is around $69,000, with a prevalence of low income of 12.6%. Due to the vast geographic area, ranging from heavily populated urban centres to small rural farmland, there are many challenges to servicing all subgroups of this population.

ORAL HEALTH DISEASE

Poor oral health is a silent epidemic that affects the most vulnerable citizens. It is essential to deliver equitable and accessible oral health services to avoid dental caries health, as it can have extreme repercussions to overall health. The World Health Organization (WHO) defines oral health as "a state of being free of mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing" (WHO, 2012). Untreated tooth decay has risen in prevalence and is one of the most common conditions worldwide (FDI World Dental Federation, 2015). Oral health disease has been linked to increased risk of nutritional deficiencies, HIV infection from oral sores, cardiovascular disease, cancers, diabetes, and respiratory disease (FDI World Dental Federation, 2015). This emphasizes the global burden that oral health disease poses on population health, as it affects nutrition, overall health, and psychological wellbeing. It is also difficult to access care for the many health conditions that result from oral health disease. The prevalence of oral health disease is most commonly found in under privileged individuals and vulnerable groups with low socio-economic status. For these reasons, these groups are also disproportionately negatively affected by the symptoms of dental disease. Dental caries are still a major oral health problem in most industrial countries, affecting 60-90% of the population (WHO, 2012).

Canadians spend around $12.5 billion annually on dental services (Canadian Dental Association, 2013); however, there are still inequities in accessing these services and a strong polarization of dental services in favour of southern Canadian cities. These high costs are incurred due to the privatization of the dental field. Reports show that Canada has one of the lowest rates of publicly funded dental care, equating to 6% of total spending, whereas the United States' oral care funding equates 7.9% of government funds (Picard, 2014). In the European context, such as the NHS in the United Kingdom, dental care is included in the universal health care coverage plans, therefore, reducing the financial barriers in accessing dental care (NHS, 2018). When oral health disease progresses to the point where it is severe, emergency treatment and a visit to the Emergency Room (ER) is needed. It is estimated that such dental ER visits cost the US approximately $1.6 billion in 2012 (Wall & Vujicic, 2015). This is the equivalent of $749 per visit for a preventable disease.

ORAL HEALTH CARE IN THE REGION

Oral health is an important contributor and indicator for the overall health of an individual. Dental decay is also preventable. While it may not be life threatening, it can have physical, social, and psychological impacts that lead to more costly treatment options. Dental decay prevention is widely regarded as a pressing issue, and municipal water fluoridation is regularly accepted as the most common and most cost effective method of preventing dental caries. Water fluoridation is the sole, population-based, oral health initiative, as individual practices, such as regular brushing and flossing, are not well practiced at the population level.

Currently, there are approximately 62 dentists per 100,000 residents in the region, which means that the area is well served. Nick notes that this is close to the Ontario average of 66 dentists per 100,000. However, only 66% of residents have access to dental insurance, and the type of coverage varies between age groups and immigrant status, leaving some with full coverage and others with little to none. Due to the high costs associated with oral health care, many of those who cannot afford to go to a dentist end up delaying their visits for routine checkups until they visit a dentist for an emergency procedure, either at a clinic or at the hospital.

In the Ontario healthcare system, oral health is not covered under the Ontario Health Insurance Plan (OHIP), which covers most fees associated with basic health care for residents of Ontario (Ontario OHIP, 2017). For those who do not have the coverage needed through dental insurance or through personal savings, there are some government funded programs. However, on average, the household income cutoff for these programs is approximately $20,000, depending on the number and demographic of family members within the household (Ontario Works, 2012) (Exhibit 2). This income cutoff for government assistance is strictly enforced, leaving many stranded when trying to access financial help and dentists who accept these government programs (such as the CHC dental clinic).

ONTARIO ORAL HEALTH INSURANCE COVERAGE

For those who need financial assistance with oral health services, Ontario provides a few options. Children under the age of 17 from families of financial hardship can qualify for preventative and emergency services under the HSO program (Ministry of Health and Long-Term Care, 2016). The region also provides similar services for seniors who can prove they need preventative treatment, extractions, root canals, or one-time prostheses. However, those who are not able to access youth or senior programs due to age are left with little assistance. Individuals with low household incomes and those with disabilities have access to OW and ODSP; however, these programs require a significant amount of paper work and are strictly enforced with their requirements. Another challenge is that these programs are not well advertised and residents are often not aware of them.

ORAL HEALTH COALITION

Oral health coalitions have shown that a broad-based committee could work to improve the oral health of a region, as seen in multiple circumstances in the United States (ASTDD, 2008). The coalitions that have already been developed have multiple stakeholders from different backgrounds who have a large network of constituents as seen in the oral health coalition frameworks developed by the CDC (Exhibit 3). This broadens the legitimacy and the public power of the coalition, giving them the power to set the agenda for oral health care.

A coalition has two definitions: "an organization of individuals representing diverse organizations, factions or constituencies who agree together in or to achieve a common goal"; and "an organization of diverse interest groups that combine their human and materials resources to effect a specific change the members are unable to bring about independently"

(ASTDD, 2008). Using these definitions, an oral health coalition would bring together multiple interest groups with similar visions and backgrounds in different areas of expertise to improve the oral health of a population of interest. Oral health coalitions also aid in the alignment of priorities for oral health initiatives in the region.

In the United States, there are currently eight state-level oral health coalitions, four collaborative partnerships developed through commissions and task forces, and five collaborative partnerships with a focus on oral health. These coalitions and partnerships are paving the way for best practices and unity among oral health providers. The best Canadian example is the Saskatchewan Oral Health Coalition. Other regional coalitions include the Toronto Oral Health Coalition and the Niagara Dental Health Coalition, both in the province of Ontario.

STEERING COMMITTEE

Since the founding of the region's CHC, the CEO has aimed to implement an oral health coalition for the region in order to improve the oral health of its residents, and it is now up to Emily and Nick to bring it to fruition. Previously, the political climate was not ideal for oral health reform, but, with municipal and provincial elections within a year, the political climate is perfect for change. With the strong leadership and backing of the region's CHC, Emily was able to collaborate with the regional oral health manager. Using her expertise in health promotion, Emily was in charge of gathering a small group of powerful decision makers, such as councilors, influential dental professionals, and community leaders, in order to form a steering committee for the coalition. Emily worked tirelessly, reaching out to the community to gain interest and further her vision for oral health in the region. This passion was also shared by Nick, who has a similar vision and passion for oral health. At first, Nick spent weeks catching up on reports, council meeting minutes, and the demographic composition of the region in order to gain a better understanding of the residents. Nick was in charge of developing the supplementary material to help support and inform the groundwork for the development of the coalition. Informed by the American examples, Nick developed a stakeholder list for the steering committee and briefing note (Exhibit 4) on the frameworks that different oral health coalitions use as a basis to start the regional coalition.

The steering committee consists of the CEO, the region's oral health director and manager, the oral health manager from the CHC, and the CEO of a social change advocacy group, as well as Emily and Nick. Before the first meeting, Emily and Nick spent weeks revising all the presentation materials and planned an agenda for the steering committee meeting with the CEO of the CHC. The agenda consisted of developing a purpose for the coalition, terms of reference, framework, and future meetings for the steering committee.

The first meeting was chaired by the CEO, and all the members of the steering committee were in attendance. Meeting members called upon Emily and Nick as references to the research that they conducted surrounding oral health coalitions and what has been done before. During the first meeting, the steering committee agreed upon the utility of an oral health coalition. However, the purpose of the coalition still needed to be determined, including whether the coalition would be focused on creating programs or participating in advocacy work. Although the framework of a broad-based coalition was insisted upon, a community led partnership would result in the best sustainable outcomes. Organizational roles were also determined. The CHC would be the driver and main face of the coalition moving forward; however, the region would provide resources and data. The social planning council would lend a hand in the expertise needed for building coalitions and engagement of the community as it plays a governing role in community building initiatives in the region. The committee agreed to communicate over the next few months to develop a specific mission and vision for the coalition, terms of reference, and a purpose for the

coalition in order to provide documents when recruiting stakeholders. After the first steering committee meeting, Emily and Nick were relieved that their work had been well received and they believed the right people were at the table to kick off the coalition; however, the majority of the work had yet to be done.

COALITION BUILDING

Oral health coalitions must have a broad base of stakeholders in order to engage more public action. The steering committee decided that, in order for the coalition to be successful, they must be a grass-roots initiative and have a close tie to the diverse, local community. As directed by the steering committee, the next steps are to create the mission and vision of the coalition, garner support, maintain financial stability, and engage stakeholders who align with the mission and vision of the coalition (Exhibit 5). The coalition must identify the key stakeholders to lead the group. These stakeholders would hold a permanent seat in the coalition and will have the most input into the coalition's agenda. In addition, other influential organizations and people will need to be recruited for different roles in the development of the coalition. Emily and Nick must now help create a purpose and terms of reference for the coalition as well as decide on a strategic plan to determine which stakeholders should sit on the coalition as it is developed and what is the correct communication plan for each of the stakeholders. With limited resources available, it is important to maximize and prioritize stakeholder engagement techniques.

CONCLUSION

Emily and Nick return to their office and stare at each other, grinning. Their work has kick-started an oral health coalition in the region; however, the hard work has just begun. Without adequate resources, they are left to determine the best way to develop this oral health coalition's purpose, terms of reference, stakeholder list, and engagement plan on a tight budget and limited support. They sit at a round table, referring to the regional oral health coalition briefing note (Exhibit 4), trying to determine the best way to proceed. Stacks of paper and journals surround them, as they are about to start the implementation process of the oral health coalition. They are left with many questions: What stakeholders should they invite to the coalition? Who are the best representatives? How will they engage the stakeholders? How can they engage and garner more participation from the community to improve oral health for the region? How will the coalition be sustainable? The first coalition meeting is a month from now. Nick stands up and closes the door as they get to work.

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EXHIBIT 1
Coalition Initial Needs Assessment

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1. If your Coalition has a written mission statement, please write it below.

2. If your Coalition has written goals or objectives, please write them below. If they are in the form of an action plan or formal document, please include a copy.

3. In general, what are the main functions of your Coaliton? (Check as many as apply)
    □   Information and Resource Sharing
    □   Planning and Coordination
    □   Technical Assistance and Training
    □   Advocacy and Community Change

4. How many organizations are represented on your Coalition?

5. Please list your Coalition's most active and committed member organizations (or attach a member roster).

6. How often does your Coalition meet?

7. If your Coalition has working committees, please list them below.

8. If your Coalition has elected leadership, please list the offices held.

9. Thinking about your Coalition, what are its most significant successes, i.e., what accomplishments are your coalition members most proud of?
    a.
    b.
    c.

10. Again, thinking about your Coalition, what are its most significant challenges, e.g., lack of resources, commitment, time, organization?
    a.
    b.
    c.

11. If your Coalition could develop further and implement significant change, what could you imagine being achieved?
    •   Within the next few months…
    •   Within the next year…
    •   Within the next five years…

12. Add any other information that would help us to learn more about your Coalition.
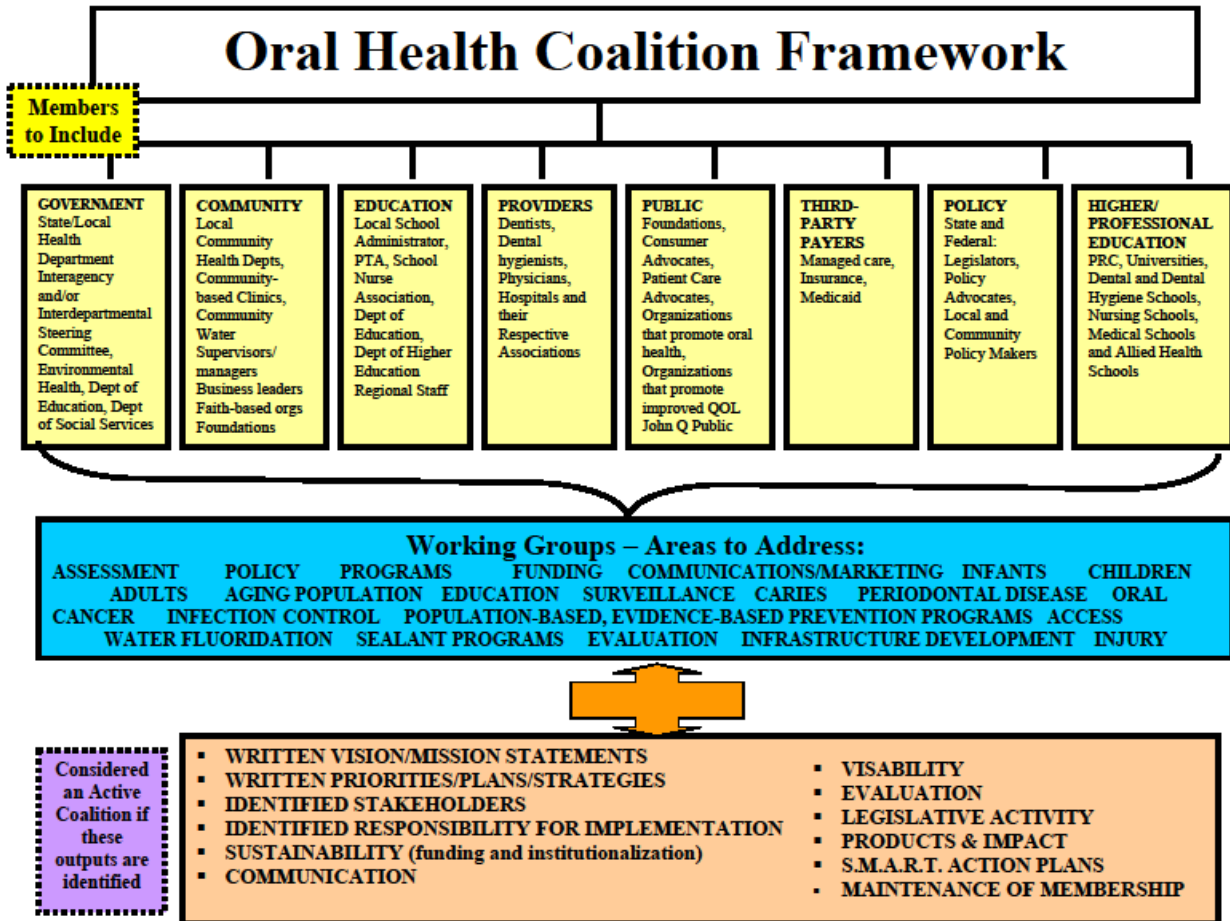

Source: Coalitions Work, n.d.

EXHIBIT 2

Table 3: Total income from all sources compared to common poverty measures for selected households on Ontario Works and the Ontario Disability Support Program Toronto April 2010				
Household	Total income	Percent of common poverty measures for Toronto		
		After tax low-income measure	After tax low-income cut-off	Market Basket Measure
Ontario Works				
Single adult	$7,878	($16,810) 47%	($18,930) 42%	($16,642) 47%
Two adult couple	$13,669	($23,534) 58%	($23,039) 60%	($23,298) 57%
Lone parent - one child	$18,351	($23,534) 78%	($23,039) 80%	($23,298) 79%
Lone parent - two children	$23,384	($28,578) 82%	($28,688) 82%	($28,292) 83%
Two adult - one child	$20,141	($28,578) 70%	($28,688) 70%	($28,292) 71%
Ontario Disability Support Program				
Single adult	$13,362	($16,810) 80%	($18,930) 71%	($16,642) 80%
Two adult couple	$20,557	($23,534) 87%	($23,039) 89%	($23,298) 88%
Lone parent - one child	$24,795	($23,534) 105%	($23,039) 108%	($23,298) 106%
Lone parent - two children	$29,996	($28,578) 105%	($28,688) 105%	($28,292) 106%
Two adult - one child	$27,197	($28,578) 95%	($28,688) 95%	($28,292) 96%

Source and assumptions: Calculations by Social Assistance Review Advisory Council; two adult couple on Disability Support assumes one with disability; one child under 6; two children one under 6 and one over 6; no earned or other income; low income measure from 2007 up-dated to 2010 by CPI; low income cut-off from 2008 updated to 2010 by CPI; Market Basket Measure from 2007 up-dated to 2010 by CPI. The Market Basket Measure and the low-income cut-off are geographically specific. Toronto was chosen as the highest cost and most populous region in Ontario. The poverty measures listed do not take into account the additional costs of disability and so overstate the relative financial position of the Ontario Disability Support Program.

Source: Government of Ontario, 2012.

EXHIBIT 3

Oral Health Coalition Framework

Members to Include

GOVERNMENT	COMMUNITY	EDUCATION	PROVIDERS	PUBLIC	THIRD-PARTY PAYERS	POLICY	HIGHER/ PROFESSIONAL EDUCATION
State/Local Health Department Interagency and/or Interdepartmental Steering Committee, Environmental Health, Dept of Education, Dept of Social Services	Local Community Health Depts, Community-based Clinics, Community Water Supervisors/ managers Business leaders Faith-based orgs Foundations	Local School Administrator, PTA, School Nurse Association, Dept of Education, Dept of Higher Education Regional Staff	Dentists, Dental hygienists, Physicians, Hospitals and their Respective Associations	Foundations, Consumer Advocates, Patient Care Advocates, Organizations that promote oral health, Organizations that promote improved QOL John Q Public	Managed care, Insurance, Medicaid	State and Federal: Legislators, Policy Advocates, Local and Community Policy Makers	PRC, Universities, Dental and Dental Hygiene Schools, Nursing Schools, Medical Schools and Allied Health Schools

Working Groups – Areas to Address:

ASSESSMENT   POLICY   PROGRAMS   FUNDING   COMMUNICATIONS/MARKETING   INFANTS   CHILDREN   ADULTS   AGING POPULATION   EDUCATION   SURVEILLANCE   CARIES   PERIODONTAL DISEASE   ORAL CANCER   INFECTION CONTROL   POPULATION-BASED, EVIDENCE-BASED PREVENTION PROGRAMS   ACCESS   WATER FLUORIDATION   SEALANT PROGRAMS   EVALUATION   INFRASTRUCTURE DEVELOPMENT   INJURY

Considered an Active Coalition if these outputs are identified

- WRITTEN VISION/MISSION STATEMENTS
- WRITTEN PRIORITIES/PLANS/STRATEGIES
- IDENTIFIED STAKEHOLDERS
- IDENTIFIED RESPONSIBILITY FOR IMPLEMENTATION
- SUSTAINABILITY (funding and institutionalization)
- COMMUNICATION

- VISABILITY
- EVALUATION
- LEGISLATIVE ACTIVITY
- PRODUCTS & IMPACT
- S.M.A.R.T. ACTION PLANS
- MAINTENANCE OF MEMBERSHIP

Source: CDC, n.d.

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EXHIBIT 4
Regional Oral Health Coalition Briefing Note

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Findings

Regional oral health coalitions can provide guidance and recommend specific direction for public initiatives and government programming to improve oral health status. The coalition can also identify areas of need and problems at the local level, provide support, set priorities, and develop plans to improve oral health. It will also help increase collaboration between sectors to reach a united goal and streamline processes to make them more efficient, therefore, cutting costs. Best practices show that an oral health coalition should be compromised of multiple parties and a broad variety of constituencies, so that oral health becomes a pressing issue that extends beyond regular borders and fields that respond directly to the problem. The literature shows seven points regarding the importance of coalitions:

- ➢ Enable organizations to become involved in new and broader issues
- ➢ Demonstrate and develop public support
- ➢ Maximize power and public perception of individuals and groups in a joint effort
- ➢ Minimize duplication and centralize decision making
- ➢ Mobilize action, resources, and initiatives in ways only a larger organization can
- ➢ Provide an avenue for recruiting participants and public engagement
- ➢ Exploit new resources

Enable organizations to become involved in new and broader issues

Organizations that have been in the community and work alongside the community know the key issues and stakeholders to contact in the region. However, there can usually be a large disconnect between organizations and the people they serve. For this reason, coalitions can facilitate knowledge transfer, so that community members can have a voice and advocate for what they need, as oppose to organizations determining the agenda. By bringing a broad base of stakeholders to the table, it creates a forum where the diffusion of knowledge can be catalyzed in the environment of the coalition. This transfer can spark new ideas and initiatives, steering the dialogue to the interests of the community.

It is often seen that organizations and departments have become more siloed, even more so for specialized departments in large organizations. The departments lose sight of the bigger picture and fail to communicate and share information, therefore, leading organizations who might have similar goals to "reinvent the wheel". By creating this forum for open discussion and collaboration, new projects can include organizations with special skills that may not be the organization's main area of focus; however, their skills would be a great asset. This would create a multidisciplinary team that can carry more integrated and difficult projects that individual organizations cannot undertake on their own. This also relieves some individual organizations, who feel burdened by the responsibility to manage and carry out the projects. With more collaboration, the workload can be spread out and managed more efficiently.

Demonstrate and develop public support

The most interesting component of a coalition is the way that it harnesses the interest and knowledge from a large, broad, diverse group of individuals and organizations within a region. Although many have differing visions of what they want to see, when proper collaboration occurs with multiple organizations with similar visions and missions, the skills they bring to the coalition would have great potential in creating change in the community. With input and

collaboration along side community members and advocates, the coalition can gain more public support and trust from the community they serve. Those with lived experiences and who want to make a change in the community are crucial in developing the agenda for the coalition. This will allow for a broader acceptance of the advocacy work and interventions that the coalition develops, as the community would feel like they have a voice and means of input to the coalition.

When the community has an open line of communication with the coalition, it is possible to serve the community better as well as determine the unmet needs of the community. Once the needs are known, the committee can develop an appropriate intervention based on input from community advocates. This process can gather and develop widespread public support and action for the coalition.

Maximize power and public perception of individuals and groups in a joint effort

The development of the coalition and the process of coalition building can bring many benefits to both the community and the organizations that are collaborating. By bringing together a broad base of organizations, both large corporations and smaller companies, organizations with input from the community have the potential of garnering more power in the region. The larger organizations may have more power in the markets but can also be disconnected from the community, therefore, gathering more information and connectivity with the people they serve through smaller organizations and community groups. However, the community groups, advocates, and small organizations can gain more power from the larger organization which allows them to have more support in order for them to be heard, which otherwise might be more difficult to attain.

The coalition will especially increase the legitimacy and the backing in recourses behind community efforts. By creating a larger base of individuals with the same vision and mission, different credentials can increase the effectiveness of the actions of the coalition and individuals. It will also help any single individuals or organization achieve goals that may be beyond scope individually.

Minimize duplication and centralize decision making

Coalitions tend to unify and encourage collaboration among a multidisciplinary group; therefore, it can help reduce redundancies and centralize efforts. It is common to see that large organizations lack communications across the sector and seem to "reinvent the wheel" by working on similar projects but do not share their work or methods with others. This is commonly seen in public health and can also occur in other oral health coalitions. Sharing methods and information across disciplines and sectors can improve the efficiencies of organizations and their initiatives to result in widespread change and success. The coalition can reduce these tendencies of repeating similar work and services between smaller groups, thus, centralizing efforts that can increase positive outcomes and productivity.

Coalitions can also act as a central hub for both information and decision making. Having a centralized area for information on specific issues with multiple resources available can be useful for community members and policy makers when it comes to improving oral health outcomes, especially when coordinating large-scale projects. Bringing together professionals and community advocates to the same table concentrates the skillsets needed to develop the proper policies or actions that adequately fill the needs of the community in a sustainable and

effective way. This can also improve the trust and communication between groups who may not normally work together or between groups who may normally compete with one another.

Mobilize action, resources and initiatives in ways only a larger organization can

Coalitions give the opportunity for actions to be taken on many initiatives that are pressing for the local community. The benefit of having a coalition is the united front it provides and the multiple individuals collaborating to take action on multiple projects. This makes it easier and adds more power and resources behind initiatives that may otherwise fizzle out before implementation. Coalitions, therefore, have the ability to get the ball rolling and mobilize multiple talents from different organizations and sectors and coordinate the appropriate resources and approaches to implement actions. Without the coalition, these actions may not come to fruition, as single individuals or organizations may not possess the resources or power needed to achieve the same results.

Provide an avenue for recruiting participants and public engagement

Coalitions are multidisciplinary collectives of individuals and organizations, therefore, providing a forum that forms a diverse group. For this reason, it is possible to create an avenue to recruit new individuals and groups who were not part of the original coalition as it begins to grow. The coalition can include and recruit a broad base of participants; such as political representatives, local businesses, professionals, human services, social and religious groups, educational institutions, and grassroots groups and individuals. All participants can join as long as they align with the mission and vision of the coalition as they could bring more resources and power to the coalitions to achieve actions.

Exploit new resources

The multidisciplinary broad base of participants in the coalition creates an environment that encourages flexibility. By recruiting new and multiple participants, it allows the coalition to reach into resources from a larger resource pool that single organizations would not be able to access. This allows the coalition to exploit new resources from different areas and unify them for one cause—which is essentially what makes the coalition more efficient in achieving goals and actions set out by the coalition.

The literature has also identified seven factors of alignment to enhance coalitions' impacts by changing behavioral and population level health:

- ➢ Clear vision and mission
- ➢ Action planning and programing
- ➢ Developing and supporting leadership
- ➢ Iterative feedback process
- ➢ Technical assistance and support
- ➢ Securing financial resources
- ➢ Importance of outcomes

Vision and mission

In any collaboration, especially in large groups, it is essential to develop and determine a clear mission and vision at the beginning of the coalition. This will help with alignment of all other groups who will be partners as well as set the agenda for the coalition. Having an established

vision and mission that are clear can help streamline the work process of the coalition to achieve the appropriate actions. This process can generate support and awareness of the coalition while reducing conflicts of interest when partners are recruited. If the partners are included and collaborate in the process, it strengthens the partnership making the coalition more efficient. Once the vision and mission is developed, it is important to evaluate it as the coalition begins to operate; they may need to revise and re-develop to adapt to the changes in the environment.

Action planning and programing

Open communication and planning is imperative for success in an open partnership. For oral health coalitions, action planning refers to the planning processes that will inform and lay out the actions of the coalition. Much like a needs assessment, this planning process will identify areas where the coalition will focus efforts as well as find the resources required to achieve them. The process will also establish timelines, communication plans, ways to gain support, and accountability.

Developing and supporting leadership

Strong and transparent leadership is crucial for effective collaborative partnerships. For oral health coalitions, leadership teams are a small group of decision makers who have experience in the dental field, in community outreach, and in coalition building. Also, it is important to build partnerships with community champions in key sectors to gain more support in specific communities. By including members in decision making through consensus and democratic processes, it will increase support and satisfaction, community participation, and the effectiveness of the coalition. Leadership needs and skills may change through the maturity of the coalition. At the beginning stages, it will be important to have good facilitations, planning, and listening skills at the table in order to get the coalition started while gaining insight and support from those who want to be part of the coalition. When the coalition is more established, they will need strong advocacy, negotiation, and mitigation skill to bring change to the community. When the leadership team is successful, they will inspire strong collaboration, commitment, and action within the coalition and the community. Through strong leadership, it will be easier to create a broad-base of stakeholders and create involvement that is sustainable.

Iterative feedback process

System level change and health partnerships tend to be a long-term commitment where outcomes are realized over time. In order to achieve the aim of population-level, health outcome improvement, iterative feedback is required to constantly evaluate the coalition and sustain support. By evaluating outcomes, especially intermediate ones, we can determine what is working and how to improve what is not. This will help document the progress of the coalition, publish its accomplishments, identify barriers, and reconfigure actions in order to be more effective in achieving outcomes.

Technical assistance and support

Technical assistance and support can enhance the partnership by improving community assessments and leadership organizations and by facilitating meetings, action planning, evaluation, social marketing, and fundraising. These improvements are usually conducted by consultants or external parties from the coalition; however, it can also be conducted by the

coalition members if there is capacity to do so with assistance from different resources, such as written materials and toolkits.

Securing financial resources

In order for the coalition and partnership to be sustainable, it is important to constantly secure funding for the coalition. The funding is usually used for social marketing, mobilizing community partners and action, or new initiatives. Hiring members to implement actions can have a better outcome within the community. However, attaining financial supports may depend on the communities and the amount of community buy-in and support.

Importance of outcomes

Usually outcomes of the coalition are important to a core group of members and community members, however, by incorporating them into the coalition, there would be more widespread consensus of prioritizing these outcomes. The more positive outcomes and messaging that are promoted by the coalition, the more the community will begin to realize the issue at hand, which can help secure human and financial resources to benefit the desired outcomes. This can be achieved by constant documentation and updates to the community on key indicators and by distributing reports to key stakeholders, funding organizations, media, and community members. With a constant evaluation process of outcomes, the development of the coalition and its importance in the community can be demonstrated.

Since the oral health coalition will be a public entity, the evaluation of the coalition should be a crucial element when providing quality services to the region. The evaluation will help create quality improvements in the coalition and the programs it develops. The evaluation should also include their outcomes and impact based on the mission and values sought out by the coalition. The evaluation can help

➢ Build capacity of coalition and community;
➢ Achievement of objectives and ways to improve them;
➢ Provide accountability;
➢ Educate leadership; and,
➢ Improve best practices and effectiveness of oral health coalitions.

Recommendations

The governance structure in the US is different. Its government encourages oral health coalitions through the Centers for Disease Control and Prevention, creating a market and foundation for the formation of coalitions by providing a framework. However, in Ontario, there has neither been much precedence set for oral health coalitions nor best practices for oral health coalitions; for this reason, the recommendations for the Oral Health Coalition (OHC) will be primarily based off of US oral health coalitions as well as well-established Canadian coalitions.

Action plan for coalition development:

➢ The formation of the OHC should have four stages: (1) steering committee formation, (2) coalition formation, (3) implementation, and (4) outcomes
  1. Formation of a small influential group (five to six members) with large networks and resources to recruit the necessary key stakeholders for the coalition

- Create OHC mission and vision statement
- Determine key stakeholders

2. Formation of the OHC with a broad base of stakeholders from multiple levels of government and from the public and private sectors. Stakeholders must have similar visons and missions as the OHC and should align on a common goal of improving the oral health of residents of the region. Organizational representatives must have power within their agencies to make decisions on behalf of the organization.
3. Implementation of initiatives, policy and action discussed in regular coalition meetings
4. Outcomes of each action should be measured and evaluated

➢ Implement the best practices of oral health coalitions as stated above section findings

Action plan for coalition:
➢ Creation of strategic plan
➢ Iterative evaluations of initiatives
➢ Shift perceptions of public, policy makers, and health providers around oral health
➢ Build an effective health infrastructure that meets the oral health needs of the region
➢ Remove barriers in accessing oral health
➢ Foster partnerships

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Source: Created by authors.

EXHIBIT 5

COALITION VISION, MISSION & GOALS

SWOT Analysis
- **Strengths** - internal factors that allow coalition to take advantage of opportunities or reduce barriers
- **Weaknesses** - internal factors or challenges that prevent coalition from taking advantage of opportunities or reducing barriers
- **Opportunities** - external factors that allow coalition to take action, build membership, or improve community
- **Threats** - external factors that hinder goal attainment, sustaining momentum, or long-term survival

VISION
- Shared by members & easily communicated
- Broad enough to include diverse viewpoints
- Inspiring & uplifting

Smoke Free ____ is a community where all residents are healthy and tobacco free!

MISSION
- Describes what group is going to do
- Concise: Gets point across in 1 sentence
- Outcome-oriented: Explains outcomes coalition is working   to achieve
- Inclusive: Doesn't limit sectors or strategies that may be involved in projects

To bring diverse organizations and individuals together to change policies, systems and environments related physical activity.

- Phrase used to brand coalition or market it to public
- Short & "catchy"

Eat Better --- Move More!

GOALS
- Broad statements that refer to specific results of initiative
- Long range – not time dependent – Dreams with Deadlines

STRATEGIES
- How organization will reach goals & objectives
    - Fit resources & opportunities; Minimize barriers
    - Reach priority populations
- Should be well defined:
    - Measurable
    - Directly related to objectives
    - Identify those responsible for carrying them out

Source: Coalitions Work, (n.d.).

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INSTRUCTOR GUIDANCE

Making Oral Health Care More Palatable

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BACKGROUND

Oral health is a major indicator for overall health; however, it is not covered under the Ontario Health Insurance Plan (OHIP), making oral health care relatively inaccessible to a large population. A large and diverse municipality has recently conducted a needs assessment that shows that there is a need to improve accessibility to dental care for its citizens. A Community Health Centre (CHC) spearheaded the development of an oral health coalition to help unify and steer the direction of oral health care in the region. The goal of the coalition is to bring oral health to the forefront of healthcare. Under the supervision of the CHC's CEO, a health promoter, Emily, and a Master of Public Health candidate, Nick, must help inform and develop the oral health coalition through a steering committee. This set-up is based on the American example of state-wide oral health coalitions. With the guidance of regional oral health leadership, Emily and Nick must develop a stakeholder engagement plan which identifies key stakeholders, a purpose, and terms of reference for the coalition, all with backing from the literature and other oral health coalitions.

The goal of this case is for the reader to practice skills in identifying a broad base of stakeholders, engagement, and health promotion strategies and in developing multidisciplinary work. Through the development of the case, readers will work in groups to determine appropriate stakeholders and the utility of coalition building. These skills relating to stakeholder engagement, critical thinking, and planning in a multidisciplinary team can be used in multiple areas of public health when needing to garner a broad-base of support for programs or initiatives for policy change.

OBJECTIVES

1. Develop a stakeholder analysis and engagement plan.
2. Apply health promotion strategies to help the community improve their oral health (Health Belief Model).
3. Understand the importance of coalition building and multidisciplinary team work by identifying methods of improving health equity and the relevant social and cultural determinants of health that can be targeted.

DISCUSSION QUESTIONS

1. What key stakeholders did your team identify?
   a. Why are they important members for the coalition?
   b. How would you go about engaging them?
2. What is the utility of an oral health coalition?
   a. How can coalitions be used in public health?
   b. What is the mission and vision that you came up with for the coalition?

3. How would you organize and facilitate development of the coalition?
4. Should the region make oral health a priority?
    a. How would they go about it?
    b. From the team perspective, would an oral health coalition improve oral health outcomes in the region?

KEYWORDS

Oral health; coalition; collaboration; health promotion; health equity.