Community Partnering and Coalition Development: Finding Solutions to Oral Health Care Problems Together

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The concepts of community partnering and coalition development have emerged as the silver bullets of the new millennium to end a variety of social, political, cultural, educational, and welfare problems. “Building partnerships and developing coalitions”—it sounds pro-active, exciting, productive—and it is. The willingness to embrace these concepts is reflective of a national desire to roll up our sleeves and do something to make the world a better place.

According to a report released by the Pew Partnership for Civic Change, “Americans are neither selfish nor apathetic by nature. To the contrary . . . a large number of citizens are actively engaged with others in their communities in efforts that they feel make a difference.” The report also states that “While proof abounds that Americans are actively engaged in their communities, the perception persists that public apathy limits our ability to solve critical problems. Seventy percent of respondents [in a survey by the Pew Partnership for Civic Change] said that people do not get involved enough in their communities. That is countered by 41 percent who said that they would get involved if they knew how and where they were needed.”

We know that disparities in oral health care exist across the country, especially among children, the elderly, minorities, and people with disabilities. Those who need care the most are often unable to afford or access it for a variety of reasons. It may be hard to imagine what can be done to make a difference, and where to find the time to do so. However, with some creativity, coalition development and community partnering can be integrated into work.

The Institute of Medicine’s study, Dental Education at the Crossroads, recommends that in order to “increase access to care and improve the oral health status of underserved populations, dental educators, practitioners, researchers, and public health officials should work together to secure more adequate public and private funding for personal dental services, public health and prevention programs, and community outreach activities, including those undertaken by dental school students and faculty, and address the special needs of underserved populations through health services research, curriculum content, and patient services, including more productive use of allied dental personnel.”

The Institute of Medicine study is buttressed by similar recommendations from major foundations—both health care and non-health care related—which have increasingly come to favor community-based or grassroots organizations as essential to the improvement of access to health care and health care services.

Through collaboration with others, dental educators can serve as community leaders and begin to identify solutions to problems that may seem overwhelming at first. Community partnering can be effective precisely because it means that no one has to solve these problems alone.

“Community partnering and coalition development do not ordinarily come easy for dental professionals and those in allied interests,” says Robert Klaus, president and CEO of Oral Health America, a public benefit corporation dedicated to improving the nation’s oral health. “But given the mix and limits of resources for meeting issues of access, dental edu-
cators, dentists and dental auxiliaries need to learn to be comfortable supporting coalitions that address health issues that go beyond dentistry or oral health. If we expect others to help carry our burdens we have to do the same or risk being further isolated from the larger questions of health care in the United States.”

In some cases, making a difference may mean bringing your interests and talents to an already-existing coalition or partnership. In other cases, it may mean mobilizing others to help.

Developing Partnerships and Building Coalitions

When two or more people from two or more organizations come together to try to find a solution to a community problem, they are forming a partnership. When they commit to addressing the problem, and identify others who could help, they are well on their way to forming a coalition.

“The first questions to ask are: who is going to belong to the coalition; what are we going to do; and where are we going to get our resources,” says Lois Reynolds, Oral Health America’s director of coalition development. “These questions are often interrelated. For example, you may want to make sure you have some influential people on the board of your coalition—which may help you answer where you are going to get resources. What your coalition plans to do will also affect whom you ask to participate.”

Coalitions exist across the country at national, state, and local or regional levels and function in many different ways; some are focused on access to care issues and others focus on more specific projects such as sealant drives and school-based education programs. Some coalitions have a board of directors and a membership, while others are less structured.

“Successful coalitions should include both traditional and non-traditional partners,” says Reynolds. “Educators and practitioners from both the oral health care community and from general health care will help create a link between oral health and general health. Other key partners can include businesses, foundations, nonprofits, schools, faith-based organizations, government agencies, community groups, associations, etc. Representatives from these different groups are able to bring a variety of invaluable resources including knowledge, experience, delivery systems, communications expertise, and funding necessary for positive outcomes.”

One such coalition was started in West Virginia by the Welfare to Work program. The West Virginia Welfare Reform Coalition recognized the importance of a healthy smile for individuals seeking employment and asked Richard Meckstroth, D.D.S., Professor and Chair of the Department of Dental Practice and Rural Health at West Virginia University’s School of Dentistry to chair an oral health task force. Through partnerships with other health professionals, business people, community leaders, dental hygiene programs, and associations, the West Virginia Oral Health Task Force was formed. The task force was successful in securing a grant to provide staff support, and subsequently played an instrumental role in having seven million dollars earmarked to provide dental and eye care for former welfare recipients entering the workforce. With this success the task force has gone beyond welfare reform and is looking at expanding services to underinsured adults and children. West Virginia Governor Bob Wise recently supported the task force’s participation in a National Governor’s Policy Academy on Oral Health Issues.

“People forget how important oral health is,” says Dr. Meckstroth. “I’ve found that concerned people are out there and if you want to make a difference, you have to develop a team. As chair of the task force, I try to provide guidance and support, but encourage others to take ownership of projects. For example, a Randolph County nurse recognized spit tobacco use as a major problem in her community and wanted to do something with the local newspaper. I provided her with a packet of information about spit tobacco use and she developed an educational insert about the dangers of spit tobacco that was distributed in the local newspaper. The following year the West Virginia Tobacco Prevention Program supported the insert distribution in newspapers across the state, and it is now getting attention from tobacco control groups in other states. A speakers’ bureau is being organized, and briefcase containing tobacco education materials is being distributed to dental societies in other states. A speakers’ bureau is being organized, and briefcase containing tobacco education materials is being distributed to dental societies in the state. The West Virginia Tobacco Prevention Program supports a statewide spit tobacco education program that is coordinated through the School of Dentistry. We are currently nurturing a relationship with the Council on Churches to help promote tobacco education and the importance of oral health.”

“As a part of a team, you have to be as interested in others’ issues as your own,” Dr. Meckstroth
says. “Being in a partnership takes time and projects often go slower than you hope, but in the long run, it’s worth it. On a personal level, my position at the School of Dentistry makes it possible to form partnerships and work with coalitions to better meet the needs of individuals—more so than I ever did in private practice. It’s very rewarding.”

Finding Solutions

Once a group has engaged a variety of partners and identified problems in a community that the coalition would like to address, it is time to find solutions. Solutions can come from within the group, but often coalitions need to look beyond what they already know.

“Finding a solution often involves looking to other communities for successful models, learning from others who are also working on the same issues, and coming up with new ways to think about the problem,” says Lois Reynolds.

For example, concerned citizens in the Red River Valley Region on the North Dakota/Minneapolis border teamed up with Apple Tree Dental, a nonprofit dental practice based in Minneapolis, Minnesota, to address access to care problems in their area. Oral Health America was brought in to develop and facilitate planning meetings with community leaders, and help identify resources available through corporate entities, government agencies, and voluntary organizations. With public and private support, the Red River Region is now bringing sustainable oral health programs to its underserved populations with an Apple Tree-run central clinic and mobile delivery systems for nursing homes, Head Start centers, and community facilities.

“The initial meetings, with input from outside, mobilized leaders in the Red River Valley to take action to overcome barriers to oral health care,” says Dr. Michael Helgeson, Chief Executive Officer of Apple Tree Dental. “Many people in the community were frustrated with the lack of access to dental care, and it wasn’t clear what could be done to improve the situation. The chemistry created by getting everyone together created a set of common goals. Since the very first meetings, the group has fostered a ‘can-do’ spirit that has been formalized into the Red River Valley Dental Access Project. The regional strategic plan has helped bring federal, state, and local support into the community, and has helped make the organization very effective in supporting dental access legislation in Minnesota and North Dakota. The fact that the project is in its fourth year is a testimony to its success.”

Southern Illinois University’s School of Dental Medicine created a Dean’s Advisory Board made up of faculty, students, alumni, local businesses, community leaders, and dental industry to respond to the Surgeon General’s Report, *Oral Health in America,* with a multi-year campaign, “Oral Health is Better Health—The Time is Now.” The board also collaborates with local and state dental societies, the state department of health, and state dental director to launch oral health initiatives throughout the state.

Patrick Ferrillo, Jr., D.D.S., Dean of Southern Illinois University’s School of Dental Medicine, says “We are working on a grant to provide oral health education in community health centers throughout the state; bringing Oral Health America’s National Spit Tobacco Education Program (NSTEP) to local baseball events; and planning oral cancer screenings throughout the state to coincide with the American Cancer Society’s Great American Smokeout on November 15. The campaign is designed to elevate the public’s perception of oral health, bring recognition and visibility to the school and dental education, and help build working relationships for future projects.”

Another example is the University of Missouri-Kansas City dental school’s new outreach program to help five community centers treat an overwhelming burden of Medicaid patients by rotating dentists, dental hygienists, and dental and dental hygiene students through the facilities. The program is funded by a three-year grant from The Robert Wood Johnson Foundation, which is matched dollar-for-dollar by eight local funding partners.

Coalitions started at the local/regional level can also link into state coalitions and programs to find solutions. For instance, local/regional coalitions in Kentucky can tap into the ten-year-old Kentucky Dental Health Coalition, which has a broad membership base and an influential board of directors. It serves as a third-party advocacy group that gets involved in legislation at the state level and oversees statewide projects that deliver dental services to low-income populations. These statewide projects utilize dental and dental hygiene students, with volunteer dentists and dental hygienists screening patients and serving as mentors for the students.
“In addition to resources at the state level, there are a number of efforts at a national level to help states improve an oral health infrastructure,” says Lois Reynolds. “The Health Resources and Services Administration (HRSA) is holding state summits with key players to discuss oral health for vulnerable populations and develop strategies that will lead to solutions at the community and state levels; and the National Governors Association Center for Best Practices is selecting states to participate in academies to help governors formulate and implement policies and programs to address children’s oral health care. At Oral Health America, we are providing coalition development consulting services to a number of groups at the local, regional, and state level. Our goal is to serve as a resource and provide technical assistance, support, model programs, and advice on many levels.”

Conclusion

Educators are leaders by nature. Dental educators are leaders who have the ability to make a difference in oral health and oral health care by reaching out to colleagues, students, and to members of the community they teach in—to ask the right questions and help find solutions. The first step can be as simple as talking to others to find out what is or is not happening in your community to address oral health issues you are concerned about.

For more information about Oral Health America’s programs or coalition development services, call 312-836-9900 or contact Lois Reynolds at lorey@concentric.net.

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