


Building and Sustaining Successful Oral Health Coalitions:

Lessons learned from Kansas, Michigan and Virginia

National Oral Health Conference
April 12th 2011



Our Agenda


- Who We Are
- Broadening Voice and Leverage
- Advocacy
- Evaluation
- ANOHC



Kansas, Michigan and Virginia: Why us? What do we know?

Many differences...


- **Virginia Oral Health Coalition:**
 - Formalized in 2010 – established as an all-volunteer coalition in 2003
 - Coalition of organizations and individuals
 - Operating budget of \$180K
 - Funded through DQF grant support and membership dues
 - Co-located with VDA
- **Michigan Oral Health Coalition:**
 - Established in 2003
 - Coalition of 120 organizations and individuals
 - Operating budget of \$130K
 - Co-located within Michigan Primary Care Association
 - CDC infrastructure grant support, membership dues, conference and webinar fees
- **Oral Health Kansas:**
 - Established in 2003
 - Advocacy organization with over 1,100 supporters
 - Operating budget of \$500K
 - Created and supported by state health foundations




Kansas, Michigan and Virginia: Why us? What do we know?

...Yet we share virtually identical missions.


- Excellent oral health for all Virginians through advocacy, public awareness and innovative new programs
- Improve oral health in Kansas through advocacy, public awareness and education
- Improve oral health in Michigan by focusing on prevention, health promotion oral health data, access and the link between oral health and overall health




Oral Health in Our States



The Cost of Delay
State Dental Policies Fall One in Five Children





	Kansas	Michigan	Virginia
PEW Grade	C	C	C
Fluoridated water % (2006)	65%	90.9%	95%
School-based sealant program (2009)	> 25%	> 25%	> 25%
Dentist exam mandatory prior to sealant (2009)	No	No	Yes
Medical providers reimbursed for preventative oral health care	Yes	Yes	Yes
Medicaid reimbursement - % usual and customary	53%	40%	62%
Medicaid utilization rate	41%	41%	41%
Dentist/population ratio	1:1,999	1:1,547	1:1,737
Kids on Free/Reduced lunch	47%	57%	46%



What Makes a Healthy Coalition?

According to Webster:
A coalition is an alliance of distinct parties, persons or states for joint action

What Makes a Healthy Coalition?

A Healthy Coalition = Engaged and Active

Members = Success

But how do you get there?



A Healthy Coalition

- Defined Mission
- Clear Operating Structure
 - Board of Directors
 - Staff (if applicable)
 - Meetings
 - Committees
 - Regional Coalitions
 - Decision Making Process
- Resources
- Members
- Concise and Frequent Communication



Stages of Coalition Development

- **Formation:** Build organization – recruit staff, members and leaders
- **Implementation:** Set up rules, roles, operating procedures – assess community, plan and implement strategies to address goals
- **Maintenance:** Engage members to commit time, talent and resources to sustain coalition and activities until goals are accomplished
- **Institutionalization:** Attain goals by collaborating



Butterfoss & Kegler, 2002

Stages of Coalition Development

- Process is not linear – coalitions develop in stages & recycle through when new members are recruited, plans are renewed, or new issues are added.
- At each stage, certain factors (history, resources, leadership) enhance coalition function, accomplishment of tasks and progression to next stage.



Butterfoss & Kegler, 2002

Resources:

How Can a Coalition Sustain Itself?

What kind of funding sources do coalitions currently have?

- Foundation grants/contributions
- HRSA grants
- CDC grants
- Fundraising by the Board of Directors
- Membership dues
- Conference registration fees
- In-kind support: Meeting costs, printing, food, admin support

Basic funding sources available to coalitions:

- Membership dues
- Grants
- Education
- Donations

A combination of several helps a coalition withstand bumps in the road!



Resources:

Sample Budget from Michigan

INCOME	Source	CDC	MOHC	COMBINED
	FY 2010 Grant Income	\$45,890.00		
	FY 2009 Encumbered (M-DOOR)	\$5,109.00		
	FY 2009 Encumbered (Workforce Activities)	\$4,175.00		
	FY 2009 Encumbered (Special Needs)	\$6,000.00		
	FY 2009 Encumbered (Contractors)	\$7,046.60		
	Verizon Grant	\$8,490.00		
	Conference Registrations		\$21,269.40	
	Conference Sponsorships		\$5,000.00	
	Membership Dues		\$33,300.00	
	Total			\$136,280.00
EXPENSES				
	Salaries and Wages	\$30,000.00	\$20,000.00	
	Fringe Benefits	\$11,400.00	\$13,600.00	
	Employee Business Expense		\$4,000.00	
	Supplies and Subscriptions	\$4,490.00	\$300.00	
	Equipment		\$200.00	
	Board and Committee		\$1,000.00	
	Indemnification Insurance		\$900.00	
	Education and Conference		\$21,000.00	
	Administrative (MPCA)		\$16,500.00	
	Physical Facilities (MPCA)		\$4,400.00	
	Verizon Grant		\$8,490.00	
	Total			\$136,280.00



Coalition Structure – Staff

Virginia:

- Part-time Executive Director (0.6); 1 part-time associate/admin; contract lobbyist (pending)
- Accounting/payroll outsourced

Michigan:

- Full-time Executive Director
- Accounting/payroll/IT is provided through admin agreement with Michigan Primary Care Association
- Americorps employee – part time (pending)

Kansas:

- Full-time Executive Director, 1 program staff, 1 admin, contract lobbyist
- Accounting/payroll is partially done in-house and partially outsourced



Coalition Structure - Board

Virginia:

- 13 member Board of Directors (up to 15)
- 3 year term; 3 term maximum
- Meets 4 times per year

Michigan:

- 9 member Board of Directors
- 2 year term; 3-term maximum
- Meets 4 times per year

Kansas:

- 15-20 person Board of Directors
- 2 year term; 3-term maximum
- Meets 4 times per year



Coalition Structure – Lessons Learned

- Set yourself up to win. Ensure newly hired staff does not supplant the work of coalition members.
- Create a board structure which encourages new voices to join the chorus on a regular basis.
- Determine how regional coalitions will interface with the state organization early on.
- Require board members sign off on a well-developed position description.
- Create detailed descriptions of each committee responsibility.
- Communicate, communicate, communicate.



Broadening Leverage and Voice



Membership or Supporters?

Members (dues)

- Virginia and Michigan approx. 100 members
- Administrative burden
- Hierarchy issues – tiered benefits
- Turf battles
- Revenue
- Credibility
- Engaged members

Supporters

- Kansas: 1,100+ supporters
- Little administrative burden
- Broader base
- No revenue
- Lower level of commitment
- Easier decision making process



Membership – Virginia

Membership Category	Annual Commitment
Community Members*	\$50
Nonprofit Organizations*	<ul style="list-style-type: none"> • Community based care providers • \$100 • Associations/Foundation/Hospitals • \$250
Corporate	Several levels of sponsorship available
Advisor: Federal and State employees who will not participate in advocacy efforts	\$0



Membership – Michigan

Membership Dues: 25% of operating budget

Diamond Member - \$5,000

member's logo featured on Coalition letterhead
10 representatives receive membership benefits
member's logo with weblink highlighted on homepage

Platinum Member - \$2,500

5 representatives receive membership benefits
member's name with weblink on website

Gold Member - \$1,000

3 representatives receive membership benefits
member's name highlighted on website

Silver Member - \$500

2 representatives receive membership benefits
member's name highlighted on website

Bronze Member - \$250

1 representative receives membership benefits
member's name highlighted on website

Individual Member - \$50



Member Recruitment

Understand why you need them:

- Credibility
- Political Influence
- Capability
- Community Endorsement
- Knowledge Base and Volunteer help
- Financial stability



Adapted from: The Nonprofit Membership Toolkit; Ellis M.M. Robinson

Member Recruitment

- Determine what it means to be a member
 - Benefits
 - Vote regarding legislative policy
 - Reduced fees
 - A chatcky?



Member Recruitment

"If you want to move people, it has to be toward a vision that's positive for them, that taps important values, that gets them something they desire, and it has to be presented in a compelling way that they feel inspired to follow."

- Maya Angelou



Why do Individuals Join Coalitions?

- The mission
- Networking and a sense of community
- To leverage influence – be one of many
- To gain knowledge
- To access coalition events and services
- Because someone asked them to



Adapted from: The Nonprofit Membership toolkit; Ellis M. M. Robinson

Why do Partners Join Coalitions?

- Believe in coalition mission: want to create broader vision for own organization
- Experience threat: fear that coalition might reframe public debate and undermine their funding, position or credibility
- Remain up-to-date on particular issue
- Be part of movement that coalition represents
- Mandated to join coalition by funder
- Because they were asked



Cohen & Gould, 2003

Member Recruitment – Elevator Pitch

The Virginia Oral Health Coalition -Draft

The Virginia Oral Health Coalition works to bring excellent oral health to all Virginians through policy change, public awareness and new initiatives. Dental disease is entirely preventable, yet it is the most common chronic disease of Virginia's children and represents the number 1 reason uninsured adults go to the emergency department. By joining the Virginia Oral Health Coalition your voice will help bring oral health care to everyone in the Commonwealth.

The Sierra Club of British Columbia

For those who love super, natural, British Columbia, its spectacular forests, wild salmon and wildlife, the Sierra Club of British Columbia is an organization committed to protecting B.C.'s wild lands and waters. As a champion for conservation, The Sierra Club of British Columbia provides responsible grassroots action and a voice backed by credible information, and serves as an environmental watchdog for industry and government.



Member Recruitment

- Get Out There
 - Speeches
 - Op eds
 - PSAs
 - Programs
 - Community Foundations
- Make it easy
 - Pay pal for membership dues
 - Website links
 - Postage paid envelopes
 - ASK!



Reach our beyond usual suspect – but consider that who you think is a usual suspect may not consider themselves one

Member Recruitment – Organization

- Diabetes Association
- Heart Association
- Hospital Associations
- American Cancer Society and Tobacco control groups
- School nurses
- Medical Societies
- County Supervisors
- School Superintendents
- Physician Assistant and LPN programs
- Nursing Home Associations
- Disability Service organizations
- Area Agencies on Aging
- Business Leaders
- Civil rights organizations
- Parent organizations
- Health Foundations
- Veterans Groups
- ARC
- Supporters of all of the above



Member Recruitment – Individuals

- Look beyond organizational affiliation
 - Visionaries – raise the view of the possible
 - Strategists – chart the vision and achieve what's attainable
 - Statespersons – elevate the cause in the minds of both the public and decision-makers
 - Experts – wield knowledge to back up the movement's positions
 - Outside Sparkplugs – goad and energize, fiercely holding those in power to account
 - Inside Advocates – understand how to turn power structures and established rules and procedures to advantage
- Cast a wide net
 - Local community foundations
 - Civic organizations
 - Bulletins in regional papers
 - Volunteers and advocates for related groups (free clinics, hospitals, schools, chronic care organizations)



Advocacy Institute, Leadership Roles Within an Advocacy Movement

Recruitment – Decision Ladder

- Perceived Need – this issue affects me and my world or my organization's world will be a better place if this issue is acted upon
- Familiarity – I've heard of your organization before
- Common Values – we have enough common ground for a good relationship
- Credibility – I perceive that your organization has the history, leadership, and other credentials needed to be accountable. I trust you will do good work.
- Believability – I understand and share your organization's objectives and agree they can be accomplished
- Perceived urgency – I must act now
- Opportunity – I have an easy/convenient way to join now.



The Nonprofit Membership Toolkit Ellis M. M. Robinson 2003

Communication

- Regularly update members, potential members, decision makers
 - Coalition operations
 - Coalition activities
- Varied media
 - Coalition newsletter, website, meetings, meetings of other organizations/agencies
 - Other organization newsletters
 - Op eds in local papers
 - Blogs



Deamonte Driver:
Our Daily Reminder for the Need for Change



Advocacy: Getting in the “Game”



Community Water Fluoridation Health Insurance Exchanges Provider Tax



Dental Sealants Health Reform Extended Permit Hygienists

Your Advocacy Program

- Understanding the Issues
- Knowing Key Players – Elected Officials & Staff
- Developing an Advocacy Team
- Understanding the Legislative Process
- Meeting with Elected Officials
- Communicating with Elected Officials
- Media and the Message
- Developing Relationships
- Developing a Written Grassroots Advocacy Plan



Michigan Politics 2011

- January Revenue Estimating Conference, Jan. 14
- State of the State, Jan. 19
- Governor’s Budget Released, mid-February
- May Revenue Estimating Conference
- 2-Year Budget in Place by June 30



Coalition Efforts



Communication

- Coalition Legislative Workgroup
- Board of Directors
- Educate Legislators (and staff) on Coalition’s Legislative Priorities
- Legislative Action Day, March 15, 2011
- Public Hearings
- Provide Timely Updates to Members and Engage them in Legislative Process
- Align (state and national) with other advocacy groups as appropriate (i.e. primary care association, hospital association, consumer advocacy groups, other safety net providers, etc.)



The Need for Data



Your Members' Challenge? Make It Personal

- Schedule a face-to-face meeting
- Write a letter
- Send an email
- Call your legislator's office
- Follow the legislator on Facebook and/or on his listserv
- Attend an upcoming town hall meeting or in district coffee hour
- Incorporate the Coalition's policy statements and the 2011 Check-Up on Oral Health to personalize your message



Evaluating an advocacy organization's progress



Advocacy Evaluation

- To be the independent voice for oral health for all people, coalitions must be able to evaluate their effectiveness.
- Measuring the success of an advocacy program is far different from measuring the success of a traditional service program.
- The effectiveness of an advocacy program cannot be measured in numbers of people served.
- Collecting the number of emails sent or people at a workshop does not give meaningful feedback about the effectiveness of an advocacy program either.
- Many funders are beginning to wrestle with how to measure the effectiveness of the advocacy programs they fund.



What is the Challenge?

- According to the Center for Evaluation Innovation, based in Washington, D.C., the unique challenges of advocacy evaluation involve:
 - Complexity
 - Extended timeframe
 - Shifting contexts and strategies
 - Tight resources
- Many funders are beginning to suggest advocacy organizations adopt a prospective evaluation approach, which allows organizations to imbed evaluation in their advocacy plans and use it to adapt and respond when circumstances dictate it.



Which is More Provocative?

- Is the advocacy effort making progress?
- Is the advocacy effort achieving its intended outcomes?
- How effective is the advocacy effort's media strategy in reframing the policy issue of interest?
- Is the advocacy effort increasing public will among its target audiences?



**Questions are from the Center for Evaluation Innovation*

Begin with a Theory of Change

"A theory of change lays out what specific change the group wants to see in the world, and why a group expects its actions to lead to those changes."

-Catherine Crystal Foster,
The Challenge of Assessing Policy and Advocacy Activities



Increase media coverage on the lack of health insurance for children
so that
public awareness increases
so that
policymakers increase their knowledge and interest
so that
policies change
so that
more children have health insurance.

Draft OHK Theory of Change

Oral Health Kansas will produce a variety of educational materials promoting oral health and the benefits of all people having access to dental services
so that
OHK stakeholders increase their understanding of oral health and the current issues and opportunities
so that
lawmakers and policymakers learn about the benefits of increasing access to and public education about oral health services.
so that
their support results in changes in statutes and state policies
so that
there is increase access to oral healthcare for people who do not have ready access.



Frame Your Work in Terms of Your Outcomes

Process & Outcome Indicators

- Number of meetings organized
- Testify at a hearing
- Number of people on mailing list
- Number of fliers mailed



"From 'The Challenge of Assessing Policy and Advocacy Activities'"

Outcomes Indicators

- Increase in proportion of community members exposed to the policy issue.
- Organization's statistics used in formal meeting summary
- Increase in the number of people using the organization's website to send emails to elected officials
- Increased awareness of issue, as measured in public opinion polls

Putting Advocacy Evaluation to Work

- Create data that can inform your advocacy efforts as they occur.
 - What activities/tactics will you use?
 - What interim outcomes do you hope to achieve?
 - Where in the policy-making process is your target policy and where are you trying to move it?
 - What social impact will your advocacy work (and that of others) achieve?
- Map how you are going to get where you want to go.
- Identify the signposts you need to look for along the way.
- Prepare contingency plans for roadblocks, traffic jams, and wrong turns along the way.



"From the Center for Evaluation Innovation"



American Network of Oral Health Coalitions

A network is easier than Google!

- Oral Health Coalitions are a relatively new phenomenon. Most are less than 10 years old.
- Karlene, Sarah and Tanya were relatively new to our positions when we found each other early in 2010.
- We have few staff, so we needed to reach out to connect and see who else is out there. We needed colleagues!
- We all felt isolated and wanted to be able to talk to someone else who does what we do. The only tool we had was Google.
- We don't want other coalitions to have to resort to Google for help.



Purpose of American Network of Oral Health Coalitions

- Provide a way for coalition leaders to become acquainted with each other
- Facilitate collaboration on projects/issues of mutual interest among the state coalitions
- Share successes and ideas to ensure state coalitions do not have to reinvent the wheel
- ANOHC: Support by and for Oral Health Coalitions





American Network of Oral Health Coalitions
Participating Coalitions
January 2011



- Alaska
- Arkansas
- Arizona
- California
- Connecticut
- Florida
- Illinois
- Kansas
- Maine
- Maryland
- Massachusetts
- Michigan
- Mississippi
- Oregon
- Pennsylvania
- Rhode Island
- South Dakota
- Virginia
- Washington
- West Virginia
- Wisconsin

Questions



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