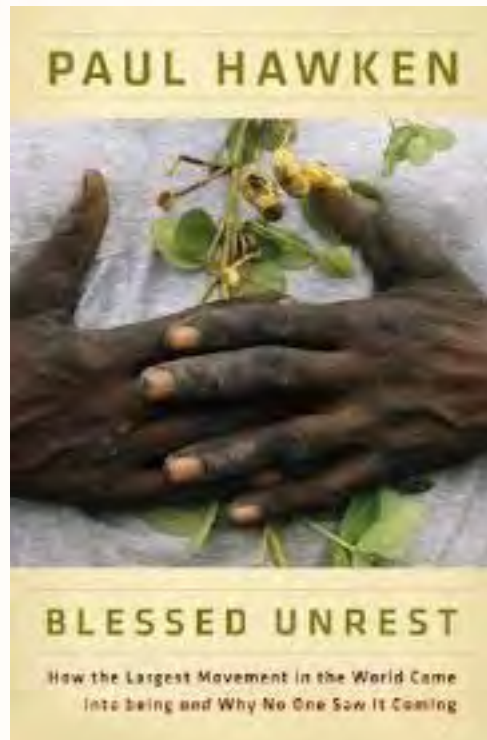# Development of a Network Infrastructure to Achieve Systems Change in Oral Health

Matt Bond, Stacey Chazin, Gail Brown, Santra Dennis
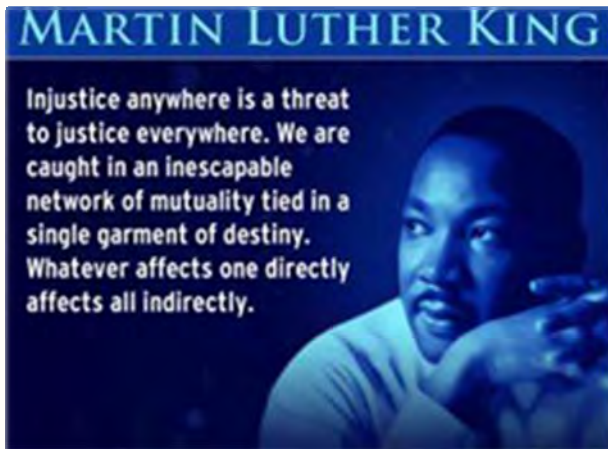The Oral Health 2020 Network

ORAL HEALTH FOR ALL 2020℠

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PAUL HAWKEN

BLESSED UNREST

How the Largest Movement in the World Came into being and Why No One Saw it Coming

What I see everywhere in the world are ordinary people willing to confront despair, power, and incalculable odds in order to restore some semblance of grace, justice, and beauty to this world.
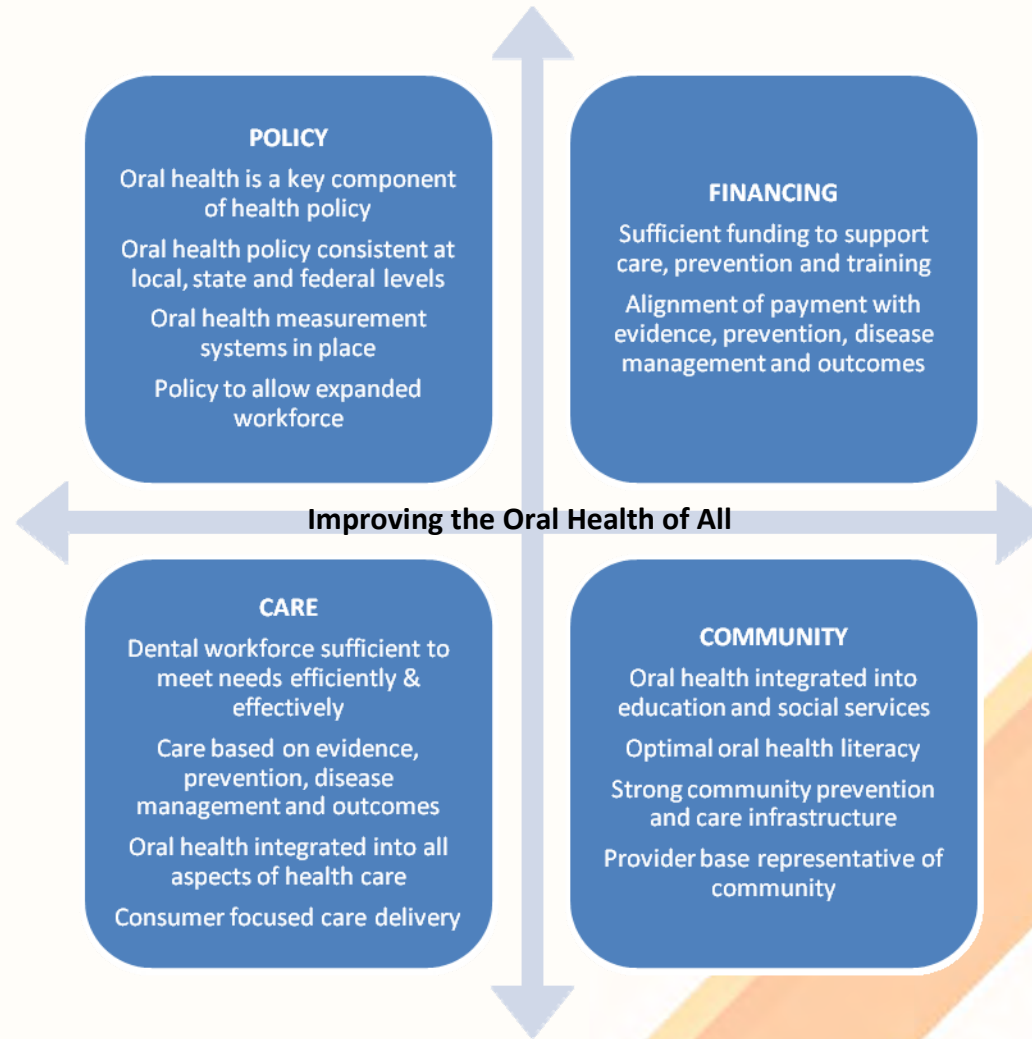
Paul Hawken

ORAL HEALTH FOR ALL 2020

Oral Health as a Social Justice Issue

MARTIN LUTHER KING

Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly.

- Everyone should have the same opportunities to live a healthy life.

- A person in poor oral health is not healthy.

- Nobody should suffer from a chronic disease that is completely preventable.

- Until we all have an equal opportunity to live happy and healthy lives, we will live in an unjust society.

- It's our responsibility to advocate for and mobilize the many who don't have access to oral health care and prevention.
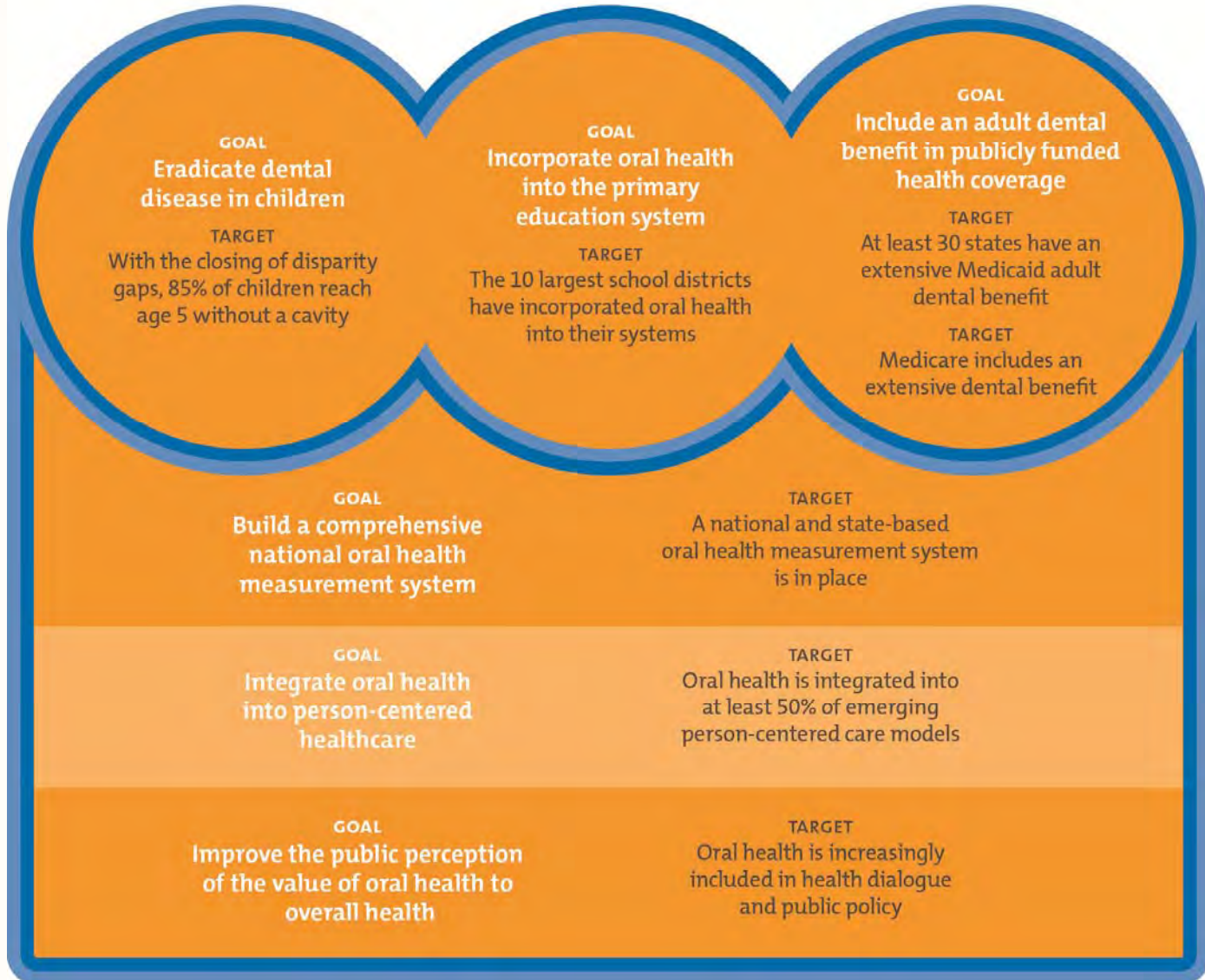
A Systems Frame for Oral Health

POLICY

Oral health is a key component of health policy

Oral health policy consistent at local, state and federal levels

Oral health measurement systems in place

Policy to allow expanded workforce

FINANCING

Sufficient funding to support care, prevention and training

Alignment of payment with evidence, prevention, disease management and outcomes

Improving the Oral Health of All

CARE

Dental workforce sufficient to meet needs efficiently & effectively

Care based on evidence, prevention, disease management and outcomes

Oral health integrated into all aspects of health care

Consumer focused care delivery

COMMUNITY

Oral health integrated into education and social services

Optimal oral health literacy

Strong community prevention and care infrastructure

Provider base representative of community

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VISION
Oral health is essential to lifelong health and wellbeing.

GOAL
Eradicate dental
disease in children

TARGET
With the closing of disparity
gaps, 85% of children reach
age 5 without a cavity

GOAL
Incorporate oral health
into the primary
education system

TARGET
The 10 largest school districts
have incorporated oral health
into their systems

GOAL
Include an adult dental
benefit in publicly funded
health coverage

TARGET
At least 30 states have an
extensive Medicaid adult
dental benefit

TARGET
Medicare includes an
extensive dental benefit

GOAL
Build a comprehensive
national oral health
measurement system

TARGET
A national and state-based
oral health measurement system
is in place

GOAL
Integrate oral health
into person-centered
healthcare

TARGET
Oral health is integrated into
at least 50% of emerging
person-centered care models

GOAL
Improve the public perception
of the value of oral health to
overall health

TARGET
Oral health is increasingly
included in health dialogue
and public policy

Oral Health & Grassroots Engagement

Catalyst Miami

- Founded in 1995 as a Miami-based nonprofit 501(c)3 organization, Catalyst Miami, formerly the Human Services Coalition (HSC), identifies and launches innovative strategies to help people and communities thrive and to create a more equitable and caring society.

Catalyst Miami: What We Do

- What we've learned from nearly two decades in our line of work: making our vision a reality requires focus on three community building strategies:

  PROSPER: Community residents must be healthy and financially secure.
  - We connect residents to Basic Need Services (Medicaid, KidCare, ACA, SNAP (Food Stamps), etc.) and Wealth Building Resources (Family Budgeting, VITA Free Tax Prepartation, Savings Programs, etc.)

  LEAD Residents of our community must recognize their leadership potential.
  - We connect caring children, teens and adults to civic leadership classes to teach and mentor them to lead citizen change efforts with "seed grants" to spark positive change. Examples: Public Allies Program, Parent Leadership Training Institute, Step Up Miami, etc.

  CATALYZE: Organizations and networks promoting community well-being must build power and impact. We must work together, across sectors, to create change that improves the quality of life for residents.
  - Examples: Social Justice Table, Community Scholars, etc.

Grassroots Engagement Initiative

- Investment in community engagement in six states:
  - Arizona
  - California
  - Florida
  - Michigan
  - Pennsylvania
  - Virginia
- Develop oral health leadership capacity
- Amplify the voice of people most affected
- Develop a robust communications strategy

Context: An oral health movement that is seeking to improve lifelong oral health and eradicate dental disease in children as a matter of social justice is gaining momentum across the country.

Goals of the Process: To engage stakeholders within our community/state to:

• tap the leadership and wisdom of those most impacted by dental disease and oral health inequities, and - with them –

• develop a plan that will build awareness, change perceptions of oral health, and influence public policy so that oral health is integrated into overall health and, ultimately, oral health is no longer predictable by race, ethnicity, socioeconomic status, or zip code.

• create the conditions that will build authentic relationships and deepen the connections among and between change agents working on health equity and oral health

Grassroots Engagement Strategy

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March 2015   March 2016   March 2017   March 2018

Year 1 **(April 2015 – March 2016)**	**Year 2** **(April 2016 – March 2017)**	**Year 3** **(April 2017 – March 2018)**

Community Engagement ——————————————————————————————————————→

- Develop a collaborative planning process to engage and solicit input from community-based stakeholders
- Assess oral health landscape, with input from community stakeholders
- Develop a 2016 plan to engage/empower/equip community stakeholders in changing the public perception of the value of oral health

Changing Public Perception —————————————————————→

- Implement strategies (year 1 plan) to engage/empower/equip community stakeholders to change public perception of the value of oral health

Oral health Priorities Plan ————→   **Implementation** —————————————————→

- Community driven oral health priorities identified
- Develop plan with specific strategies to address oral health priorities

- Implement strategies (year 2 plan) to address oral health priorities (strategies should incorporate the local grassroots network of stakeholders and should start to engage the grassmiddles/tops network)
- Inform overall network strategy and bring community voice to the forefront

Learn
Assess
Plan

Engage
Empower
Equip

Act in community
Act in network

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NHOHC New Hampshire Oral Health Coalition

"Optimal Oral Health for the People of New Hampshire"

- Collaboratively convened in 2002 by the NH DHHS and the Endowment for Health

- Statewide, broad-based, multidisciplinary group of in-state and national organizations/individuals

- Purposed to explore the oral health status and needs of NH residents

- Developed a plan of action to guide oral health advancement within the state – 2003 published The NH Oral Health Plan: A Framework for Action

- Joined the DQF work in 2014

www.nhoralhealth.org

Gail T. Brown, gbrown@nhoralhealth.org

Joining the Network: State Level – Grass Middles

Testing and Gaining Stakeholder Commitment to Building a Network

- Explore the interest from existing Coalition members and other key oral health stakeholders statewide; small regional coalitions, professional associations, policy makers, etc.,
- Identifying topics of mutual interest
- Defining common values and goals
- Selecting a "Black Box" – choose a project to work on that had common-value with the stakeholders -

Obtained initial commitment from a planning team to move forward with the Coalition at the hub

If you want to go fast, go alone.

If you want to go far, go together.

African Proverb

Functioning as the Hub: Key Functions and Supporting Tools

- Convener
- Facilitator
- Communicator
- Connector
  - Engagement with the network
  - Closing triangles
  - Linking state projects to national leaders and experts
- Conduit of information between national work and the state work

- Norms
- Common Vision
- Common Goals
- Visual Maps of the Process
- Notes/Summaries/Reports
- Webinars
- Presentations/Conference Calls

Systems Approach Iceberg from The Interaction Institute for Social Change

Event
Issue
Goal
Patterns
Underlying Structures
Mental Models
Cultural and Institutional
Values

Deeper understanding and increasing leverage
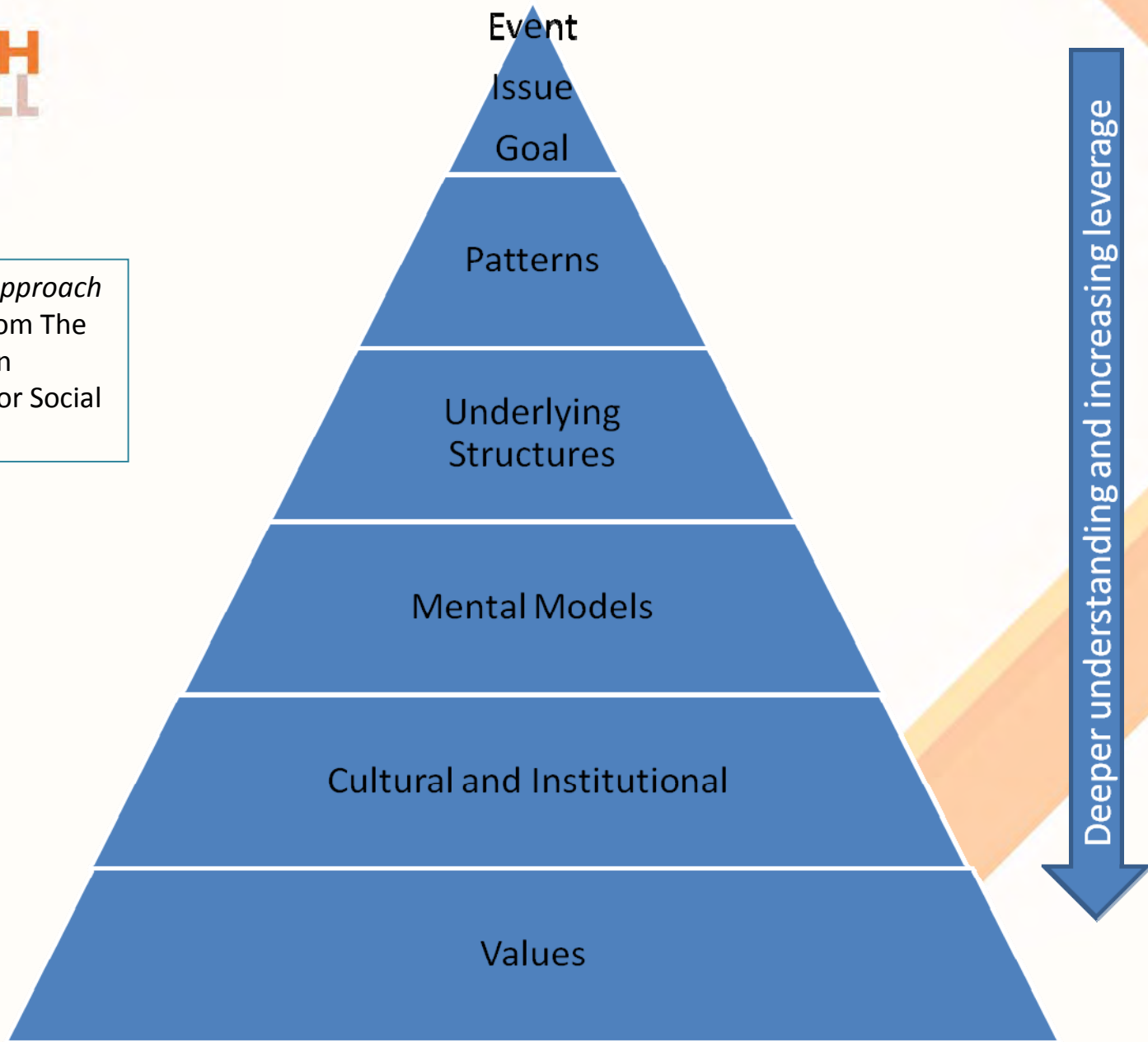
Challenges

- *Paradigm shift* from "product" to "process"
  - Employees
  - Steering Committee
  - Local Funders
- Stress of *ambiguity* – allowing things to happen organically
  - Trust within the team
  - Collaborative vision and goal setting
- *Time* factor - allowing incubation, alignment, availability
- Ensuring effective *consumer* representation
- *Change, change, change*
  - Retirements, job changes
  - New stakeholder engagement
  - Changes in funding support
  - Revision of the plan
- *Letting go* – shifting responsibility and workload from the hub into the network; adjusting roles

Lessons learned

- *Assume relationship* – Don't hesitate, approach openly and identify common interest, vision and ground
- *Connect, connect, connect* – "closing triangles." Even in a small state we learned that key players did not know each other
- Work is slow – *persevere*
- *Repetition is key* - always someone new, we all hear more the next time, the context has changed and we will hear it differently. DO repackage when you can – turn a list into a graphic;
- *Build and advance*…add on and recheck. Learning, new information matters…it is the goal.
- *Expect growing pains*
- *Expect change*; it brings opportunity
- *Don't underestimate entropy.* As the process slows, we all go back to the familiar, our own primary interested, and those of our funders

Key Impacts

Enlarging and strengthening the network by

– Increased participation from hygienists, medical providers, health system representatives, health department, pediatric society, dental and hygiene schools in plans, work teams, and projects

– Engagement with the minority/refugee community

– Collaborative projects with local researchers at the university

– Participation with stakeholders in completing the updated state oral health and oral health communication plans

– Convened well-attended legislative breakfast and two medical-dental forums

– Participated in legislative commission that will be recommending implementation of an adult Medicaid dental benefit

– Completed a statewide Baseline Survey of community-based oral health programs
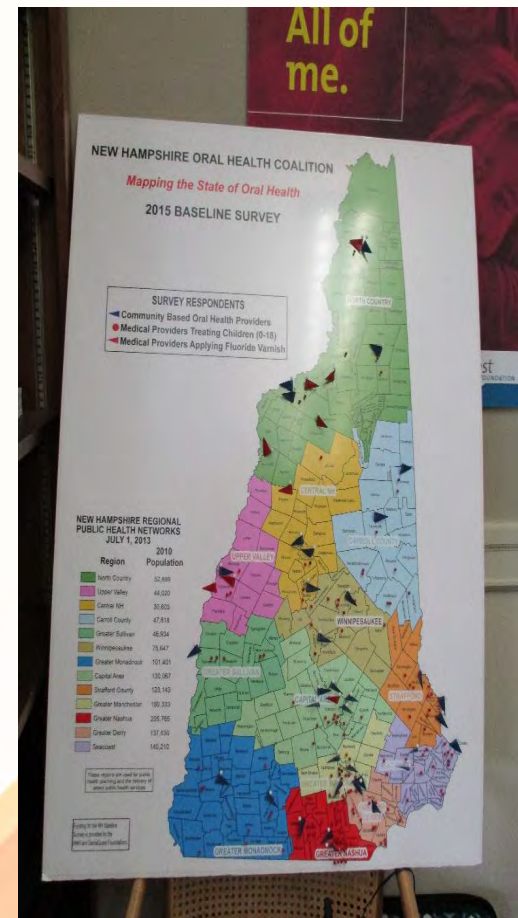
About the Center for Health Care Strategies

A non-profit health policy center dedicated to improving the health of low-income Americans
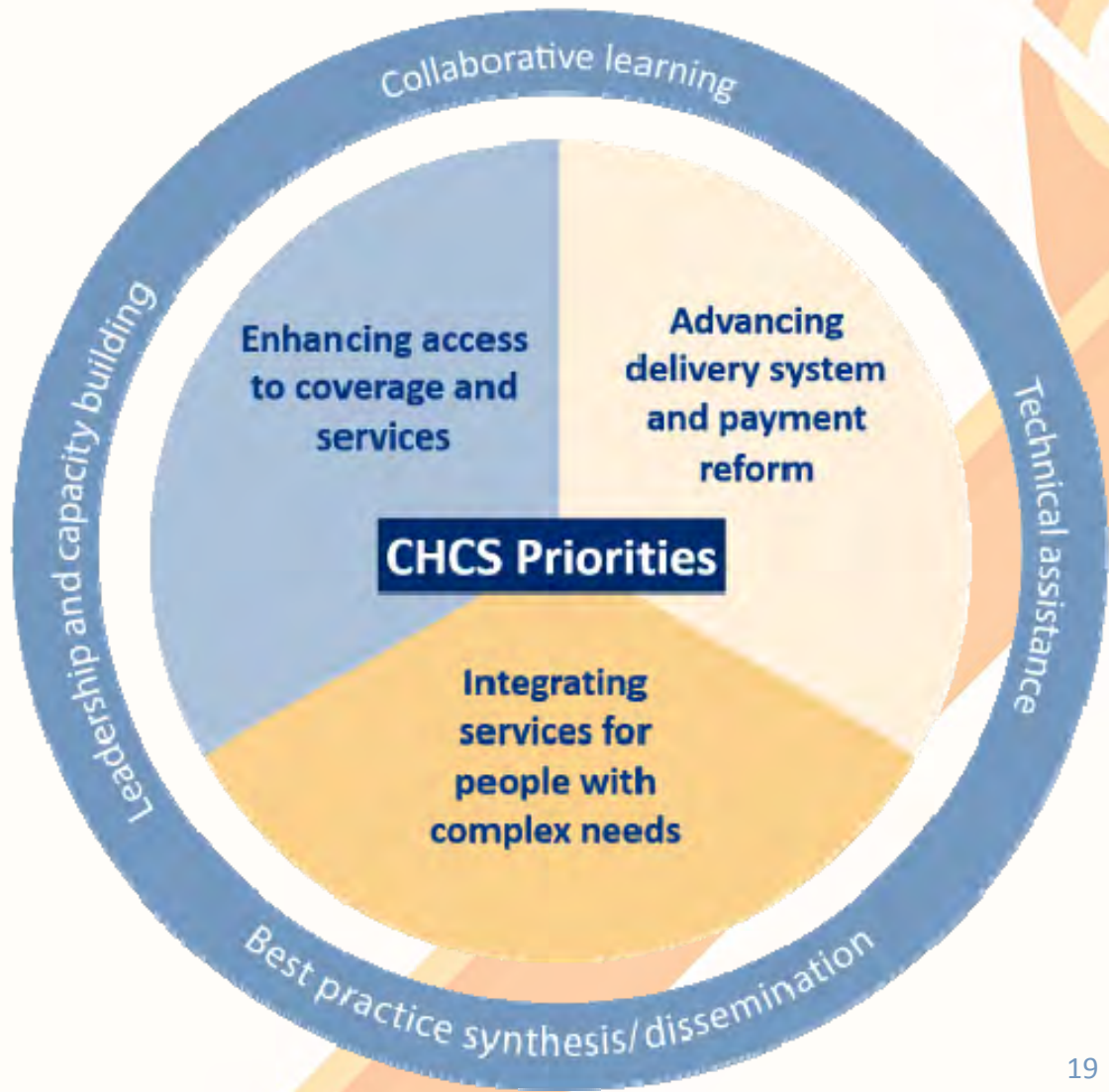
Medicaid's Purchasing Power

Medicaid serves 70 million Americans

With Medicaid expansion, may serve more than 80 million

45% newborns

33% children

Many people with chronic illnesses and disabilities

Many frail elderly

Poor health care quality is an issue for all Americans; however, the gap is substantially greater for Medicaid beneficiaries

As the largest purchaser of health insurance, Medicaid can leverage its purchasing power to:

Access performance data

Identify and address gaps in quality

Select CHCS National Initiatives

Enhancing Access to Coverage and Services	Advancing Quality and Delivery System Reform	Integrating Care for People with Complex Needs	Building Medicaid Leadership and Capacity
Technical Assistance for State Health Reform Assistance Network Charity Care Affinity Group	Technical Assistance for the State Innovation Model Resource Center* Medicaid and CHIP Learning Collaboratives* Advancing Medicaid Accountable Care Organizations: A Learning Collaborative	Complex Care Innovation Lab Technical Assistance for CMS Integrated Care Resource Center* CMS Medicaid Health Homes Technical Assistance *	Medicaid Leadership Institute Annual Medicaid Boot Camp

*Federally-funded initiatives

Working at the National Level to Advance Oral Health in Low-Income Populations

- Supporting state Medicaid agencies, contracted plans, and other stakeholders to improve oral health care access, quality, outcomes, and costs for low-income children and adults.

- Focus on leading multi-state learning collaboratives and technical assistance initiatives.

- Conducting retrospective analysis of Medicaid data to assess dental service utilization and expenditures among nonelderly, adult Medicaid beneficiaries.

- Part of DentaQuest Foundation workgroup to create new rubric for defining "extensive" dental benefits.

Leveraging the Network to Advance our Work

- Engage members of the national network to serve as webinar presenters, participate in inquiries, and contribute to issue and technical assistance briefs.

- Solicit recommendations for resources, tools, and examples to incorporate into the technical assistance we provide to states.

- Vet study designs and results with oral health and other relevant subject-matter experts from the network.

- Utilize network distribution channels to disseminate the findings of our work.

Increased Change Potential of the Network

- The "multiplier effect" is at play.

  - Generally defined as how an increase in some activity starts a chain reaction that generates more activity than the original increase.

  - Typically used in economics.

- In the national oral health network, activities performed by national organizations – or other organizations that disseminate their work nationally – prompt and enhance the effectiveness of work undertaken by other organizations.
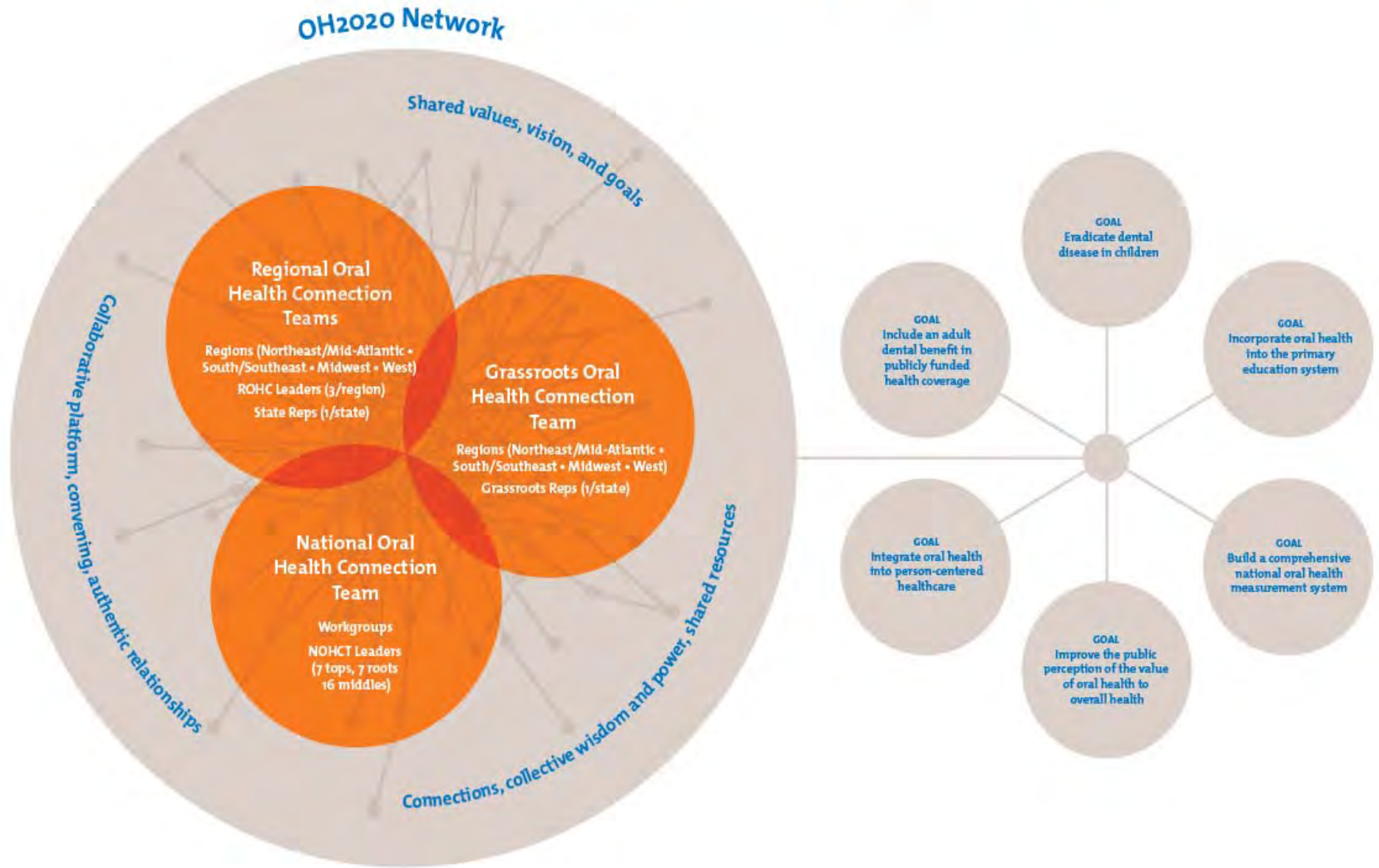
The Network Support Infrastructure

Evolution of the Oral Health 2020 Network

1999-2010	2011-2014	2014-2016	2016-2020
Fragmented National Oral Health Activity	DQF Catalyzes National Network in Role as Hub	Network Expands, Infrastructure Emerges, Leadership Decentralizes	Network Infrastructure Becomes Independent and Sustainable
Scattered Clusters	**Hub-Spoke**	**Multi-Hub**	**Core-Periphery**
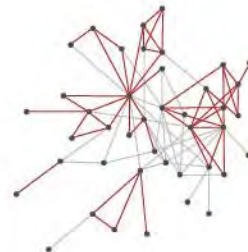
Oral Health 2020 Network Infrastructure

OH2020 Network

Shared values, vision, and goals

Collaborative platform, convening, authentic relationships

Connections, collective wisdom and power, shared resources

Regional Oral Health Connection Teams

Regions (Northeast/Mid-Atlantic • South/Southeast • Midwest • West)

ROHC Leaders (3/region)

State Reps (1/state)

Grassroots Oral Health Connection Team

Regions (Northeast/Mid-Atlantic • South/Southeast • Midwest • West)

Grassroots Reps (1/state)

National Oral Health Connection Team

Workgroups

NOHCT Leaders (7 tops, 7 roots 16 middles)

GOAL
Eradicate dental disease in children

GOAL
Include an adult dental benefit in publicly funded health coverage

GOAL
Incorporate oral health into the primary education system

GOAL
Integrate oral health into person-centered healthcare

GOAL
Build a comprehensive national oral health measurement system

GOAL
Improve the public perception of the value of oral health to overall health

Introducing the National Oral Health Connection Team

What the NOHCT?

- Nationwide oral health leaders

- From all levels of the network

- Wide range of knowledge and experience

- Represent many sectors including providers, public health professionals, community advocates, representatives of professional associations, etc.

- Working together to create a backbone for the network
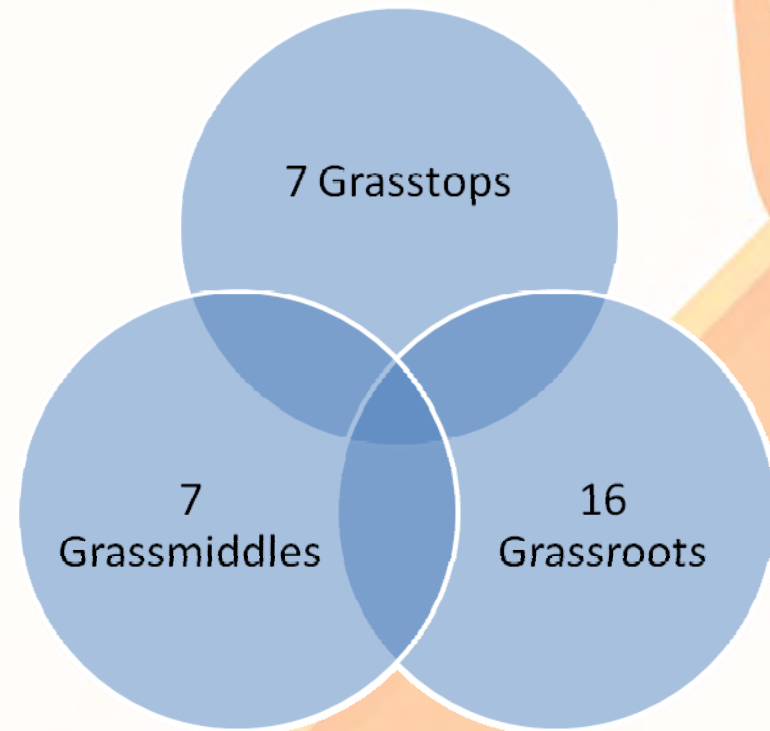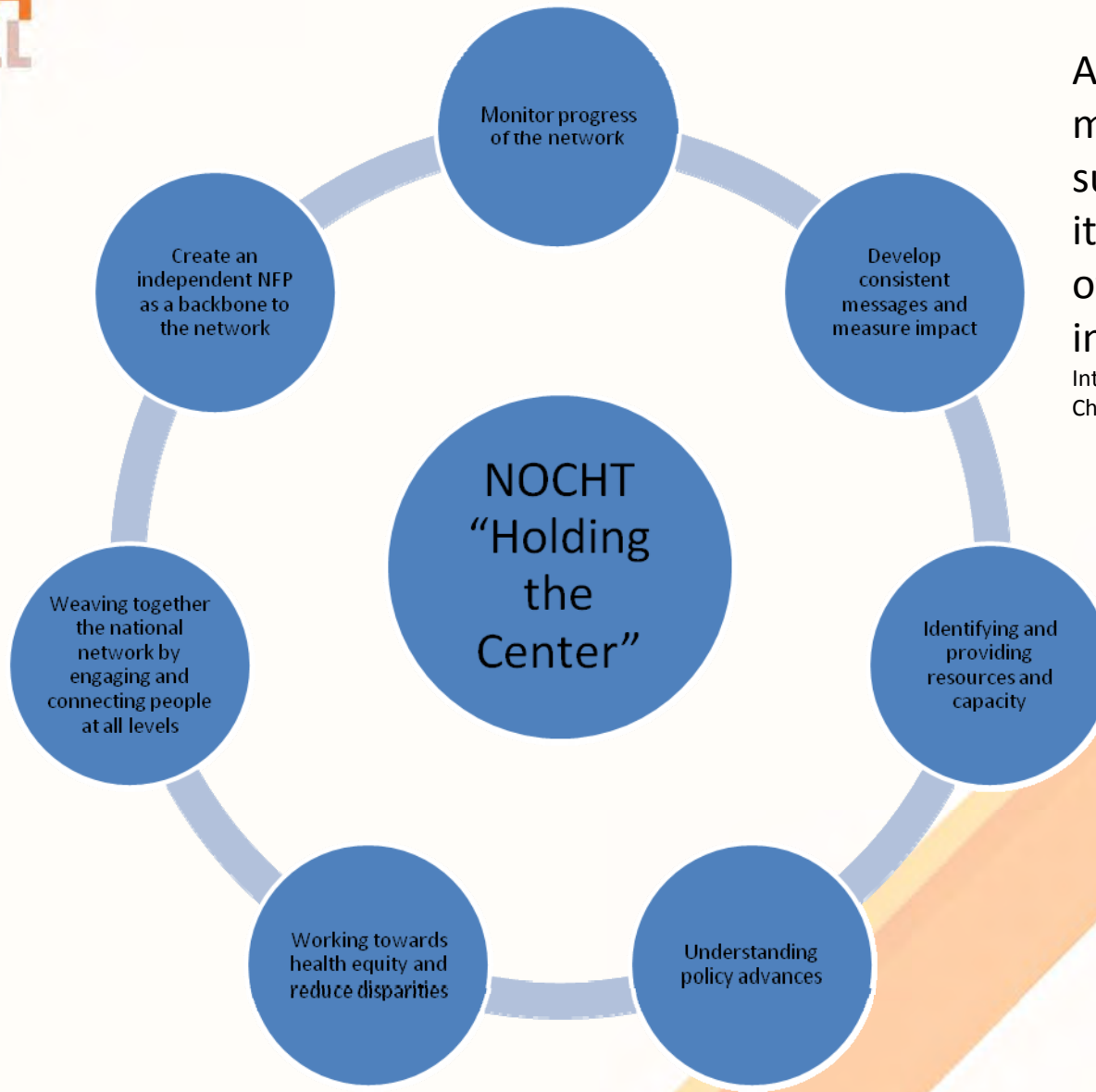
7 Grasstops

7 Grassmiddles

16 Grassroots

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Monitor progress of the network

Create an independent NFP as a backbone to the network

Develop consistent messages and measure impact

Weaving together the national network by engaging and connecting people at all levels

NOCHT "Holding the Center"

Identifying and providing resources and capacity

Working towards health equity and reduce disparities

Understanding policy advances

A system is more than the sum of its parts; it is the product of their interactions.
Interaction Institute for Social Change

Methods for collective impact through networks

- Define a common agenda
- Develop shared measurement
- Participate in mutually reinforcing activities
- Facilitate continuous communication with feedback loops

A system is more than the sum of its parts; it is the product of their interactions.

Interaction Institute for Social Change

What do members want from the network?

- Individual connectivity – How do I fit in the network? What do I do?

- Support in onboarding into the network – Learning new language? Concepts? How do I participate? Addressing feeling overwhelmed?

- Interest in learning new topical information including best practices, new subject areas, and new skills.

- How can we use the network for effective advocacy?

Key Team Functions

Communication and Messaging
- Developing the message

Coordination and Knowledge Management
- Designing the onboarding process for new members to the network including the tools and materials
- Developing an organizing toolkit
- Designing national target convenings
- Finalize the Oral Health 2020 strategy maps

Health Equity Leadership
- Build the network's health equity capacity

Network Stewardship and Learning
- Manage information including input into the online communication platform – Socious
- Learn together and share promising approaches
- Strengthen network leadership capacity

Sustainability and Funder Engagement
- Increasing the financial sustainability of the network
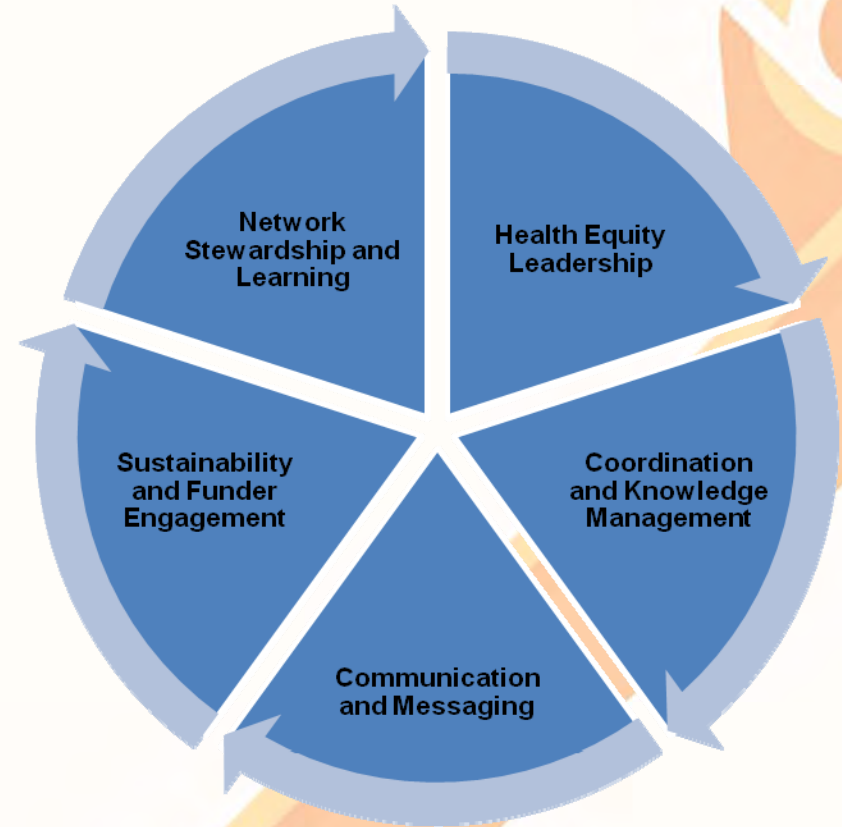
ROHC Team: Overarching Goals and Purpose

- To establish a network of highly functioning and informed state representatives across each of four regions that understands its role as connectors in the network, within each state, and across the region, and individually are taking steps to build alignment between state activity and the Oral Health 2020 vision and goals.

- To weave and strengthen relationships among oral health leaders across states, facilitating the sharing of promising practices and practical resources, as well as collaborative problem-solving.

- To advance, through this network, significant oral health improvement within each state.

ROHC Team: Structure

- Four regional teams: Northeast/Mid-Atlantic, South, Midwest, and West

- Three leaders of each regional team

- One state rep for each state

- One grassroots rep for each state

ROHC Team: Roles for State Reps

- Serve as connectors among local, state, and national stakeholders.

- Weave relationships across all levels of the network within their state and across the region.

- Identify and engage stakeholders in their state, including non-traditional partners, in regional network activities.

- Build authentic working relationships with grassroots organizations in their state.

- Actively share information with the regional and national network about what is going on in their state.

- Provide input around the network's online platform development.

ROHC Team: Who are the State Reps?

Represent a wide range of oral health stakeholder organizations and interests, including:

- State Medicaid agencies or departments of health
- Oral health coalitions
- Primary care associations
- Child advocacy organizations
- Oral health providers
- Independent consultancies

ROHC Team: Roles for Grassroots Reps

- Assess the level of oral health awareness in their state/ community.

- Promote an oral health and health equity dialogue, as well as awareness-building.

- Identify opportunities to bring network resources to grassroots communities in their states.

- Build authentic, working relationships with the state reps and the ROHC Team in their region.

- Participate in network national, regional, and state activities.

- Carry the voice of the grassroots into the network.

ROHC Team: Who are the Grassroots Reps?

- Seeking individuals who are community connectors and network leaders and have a passion for health equity and racial justice.

- Knowledge of oral health is not required or necessary.

- Representatives of grassroots organizations currently applying to play role.

ROHC Team: Assessing State Needs

- Conducted a systems survey to assess each state's status in working the four Oral Health 2020 goals and targets related to policy, financing, the care system, and the community system.
    - Results provided to state reps/teams to identify gaps to address and opportunities to leverage.
- Regional leads hold regular calls with state reps to discuss the focus of their oral health work, engagement of stakeholders, and support needed.

ROHC Team: Collaborative Learning

- Periodic calls, webinars, and meetings allow for cross-state sharing of promising practices and tools, as well as peer-to-peer learning and problem-solving.

- ROHC team leads convene virtually to share identified needs of individual states and opportunities for peer support – particularly between states with common.

- Encouragement provided to use and contribute to the broader national oral health network.

Local Oral Health Connection Teams

Grassroots Influence & Experience

- One Community = One Community

- Cultural Competency
  - More than just addressing language

- Policy Makers and Grass Roots Organizers:
  Sharing the Work

Florida

- Investment in two communities in Florida to do Grassroots work:
  - Tampa Bay Area- Tampa Bay Healthcare Collaborative
  - Miami Dade County- Catalyst Miami
  - Works closely with Florida Institute for Health Innovation (Grass Middle)
- The same collaborations are occurring across the network.

Questions