



Dental Public Health Activities & Practices

Practice Number: 40004
Submitted By: Oregon Public Health Division, Office of Family Health, Oral Health Program
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| SECTION I: PRACTICE OVERVIEW | | |
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| Name of the Practice: Oregon's State Oral Health Coalition | | |
| Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Use of State Oral Health Plan Assurance – Oral Health Communications Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Intervention | | |
| Healthy People 2010 Objectives: 21-1 Reduce dental caries experience in children 21-2 Reduce untreated dental decay in children and adults 21-3 Increase adults with teeth who have never lost a tooth 21-4 Reduce adults who have lost all their teeth 21-5a Reduce gingivitis among adults 21-5b Reduce periodontal disease among adults 21-6 Increase detection Stage I oral cancer lesions 21-7 Increase number of oral cancer examinations 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars 21-9 Increase persons on public water receiving fluoridated water 21-10 Increase utilization of oral health system 21-11 Increase utilization of dental services for those in long-term facilities 21-12 Increase preventive dental services for low-income children and adolescents 21-13 Increase number of school-based health center with oral health component 21-14 Increase number of community health centers/local health depts. with oral health component 21-15 Increase states with system for recording and referring oro-facial clefts 21-16 Increase number of states with State-based surveillance system 21-17 Increase number of State & local dental programs with public health trained director | | |
| State: Oregon | Region: Northwest / Region X | Key Words for Searches: State oral health coalition, partnership |
| Abstract: Building off the success of statewide oral health summit in 2004, the Oregon State Oral Health Program, with guidance from its Oral Health Advisory Board (OHAB) began development of a broad based statewide oral health coalition (SOHC) in 2005. The OHAB expanded membership to form a Coalition Steering Committee which coordinated the planning of three major activities: 1) release of the first ever state oral health plan, 2) the convening of a second oral health summit (Forum) in May 2006, and 3) the launch of the first ever statewide oral health coalition. The Steering Committee began by identifying a broad based list of stakeholder organizations and individuals to invite as founding members of the Coalition. A draft Charter was created which identified the Purpose, Mission, Fundamental Functions and Interim Operating Principles for the Coalition. The State Oral Health Program agreed to provide resources to the newly formed Coalition for its first 18 months of development which included communications, facilitation, meeting space and planning, conference calling, minute taking and other operational support. The Steering Committee also completed planning of an all day summit (Forum) followed the next day by the first ever SOHC business meeting with the 50 invited members in attendance. A Leadership Group was charged with completing the Coalition Charter, planning the next Coalition business meeting, and develops a plan for future independent status of the Coalition. As of this writing the Leadership Group has completed the Charter, agreed to establish 501c (3) status, appointed an interim Board of Directors, and drafted a set of By-Laws. The Coalition By-Laws include the official name of the Coalition, description of membership types, description of officer duties, election process, operations of the Board of Directors, and description of the Standing Committees. | | |
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

Prior to 2000, the Oregon Oral Health Program consisted of only one part time staff person conducting a statewide school based fluoride tablet and rinse program. In 2000 the Oregon Public Health Division embarked on two significant efforts that set the framework for future funding efforts and establishment of a comprehensive oral health program: 1) the Oregon Public Health Division participated in the National Governors Association's Policy Academy on Oral Health and 2) Oregon Public Health Division participated in an ASTDD Oral Health Program Review. The recommendations that grew from these two efforts set the stage for Oregon receiving a CDC Chronic Disease Prevention and Health Promotion Oral Health Cooperative Agreement award in 2002, a RWJ Oral Health Prevention Demonstration grant, and a HRSA SOHCS grant. These grants and awards allowed for full staffing and program development to begin, including the recommendation of development of the Best Practice Approach of a state oral health coalition.

Justification of the Practice:

According to recent studies conducted in Oregon, Oregonians, regardless of socioeconomic status, suffer from oral disease and inadequate oral health care. While there are many groups, organizations and state and local health agencies individually working in Oregon on efforts to improve oral health of citizens, there was no comprehensive, coordinated approach to addressing the issues of oral/dental health. A statewide coalition was envisioned to provide a vehicle that empowers the efforts of existing entities, partnerships and local jurisdictions through sharing, dialogue and collaborative problem solving improvement efforts.

The approach of forming a broad-based state oral health coalition has been shown to be effective in pooling resources, increasing communication, launching initiatives, and using political clout to create long-term social change.

Inputs, Activities, Outputs and Outcomes of the Practice:

An Oral Health Advisory Board (OHAB) to the Oral Health Program was formed in 2003. The OHAB, beginning in September of 2005, acting as a Steering Committee to Shepard the process of development of a state oral health coalition. A professional consultant/facilitator was contacted to work with the Steering Committee during the planning and development process. The Steering Committee, knowing the need for broad based membership of a state coalition, grew in size and diversity as planning progressed in 2006.

The Steering Committee building on the success of an earlier Oral Health Summit in 2004, planned activities for a two day event in May of 2006 to launch the coalition. The activities were: 1) release of the first ever state oral health plan, 2) the convening of a second oral health summit (Forum) and 3) the launch of the first ever statewide oral health coalition.

The Steering Committee began by identifying a broad based list of stakeholder organizations and individuals to invite as founding members of the Coalition. Stakeholder organizations and individuals identified for membership came from a broad base including, state and local government, education, providers, third party payers, policy makers, professional schools, foundations, business and advocates.

A draft Charter was created which identified the Purpose, Mission, Fundamental Functions and Interim Operating Principles for the Coalition. The State Oral Health Program agreed to provide resources to the newly formed Coalition for its first 18 months of development which included communications, facilitation, meeting space and planning, conference calling, minute taking and other operational support. The Steering Committee also completed planning of an all day Summit (Forum) followed the next day by the first ever SOHC business meeting.

The Summit, attended by 150 stakeholders, included sessions on "Why a Coalition?" introduction of the State Oral Health Plan and feedback sessions on priorities in the Plan and recommended activities for the newly formed Coalition. Included in the attendees were about 50 invited Coalition members.

The Coalition's first meeting was held the next day with the 50 invited members in attendance. The agenda included review of the Summit outcomes, identification of priority activities, adoption of the interim Charter and establishment of subcommittees which included a leadership group, standing committees and subject committees. The adopted mission of the Coalition is to be a central source for advocacy, information, and communication about oral health issues in Oregon and to organized stakeholders' individual strengths into a collective power for oral health. The Coalition's adopted primary purpose is to improve the general health through oral health for all Oregonians. The Coalition's adopted objectives are to provide leadership to: 1) formulate and advocate public policy, 2) Shepard statewide oral health planning processes, 3) convene oral health events, 4) communicate oral health information, 5) support local coalitions, and 6) integrate oral health with general health in prevention, promotion and care delivery.

The Coalition Leadership Group was charged with completing the Coalition Charter, planning the next Coalition business meeting, and develops a plan for future independent status of the Coalition. As of this writing the Leadership Group has completed the Charter, agreed to establish 501c (3) status and appointed an interim Board of Directors, and drafted a set of By-Laws. The second business meeting was conducted in December 2006. The agenda included, updates from the Board of Directors on the current status of the coalition development, a By-laws discussion, subcommittees reports on their work to date and a discussion of the process to establish policy priorities and legislative endorsements of the Coalition.

The Coalition By-Laws include the official name of the Coalition (Oregon Oral Health Coalition, OROHC), description of membership types, description of officer duties, election process, operations of the Board of Directors, and description of the Standing Committees.

It is too early to assess any benefits and achievements of OROHC. However, the Coalition has been approached to advocate for, support or sponsor several oral health bills in the upcoming legislative session that would improve oral health or Oregonians. The development of Coalition appears to be bringing together other coalitions, advocacy groups, organization and stakeholders in oral health and focusing their initiatives into a strong collaborative effort.

Budget Estimates and Formulas of the Practice:

Direct costs associated with this project included the contracted consultant, event costs of the two day event, staff time to provide input and support the process. It is estimated that costs, to date, are about \$25,000. Costs to the Oral Health Program are continuing, until the coalition becomes independent, anticipated to be in 2008.

Lessons Learned and/or Plans for Improvement:

Leadership during the early formative process of a broad based statewide coalition is critical. If the leadership component can not found among new members, if is critical that the State Oral Health Program provide that function. A small group of committed individuals other than state staff is often the best way to meet the leadership void. If that does not happen, the state program must step forward, early on in the development.

Fundamental operating principles adopted by the coalition that strive to foster a culture of purpose with primary focus on whole systems improvement, contribution, collaboration and service to the "greater good" of improving oral health is a critical component of success. Further, coalition members must agree that seeking common ground and appropriate opportunities to advance their personal and organizational interests, agendas and need must align with serving that "greater good". These thoughts were incorporated into the Charter, as it was adopted.

Available Information Resources:

Oregon State Oral Health Plan
Oregon's Burden of Oral Disease
Oregon's Oral Health Surveillance System Components
CDC Coalition Evaluation Tools (Coalition Effectiveness Inventory, Meeting Effectiveness inventory, Member Satisfaction Surveys)
Oregon State Oral Health Coalition Charter
Oregon Oral Health Coalition (OROC) draft By-laws
Oregon Oral Health Coalition (OROHC) member list

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

It is too early to assess the impact and effectiveness of the Oregon Oral Health Coalition. Non-profit status and adoption of the By-laws is anticipated to be complete in 2007. In the mean time coalition committees are working on prioritizing and supporting efforts to improve oral health, establishing a web-site, and develop other communication strategies. Policy areas include adoption of a risk assessment tool, promotion of use of fluoride varnish and school based dental sealants, and Medicaid coverage issues.

A small grant has been received, corporate in-kind assistance obtained and corporate contributions received.

The new Board of Directors has agreed to support a statewide community water fluoridation bill to be introduced into the Oregon 2007 legislative session and to support the efforts of the Coalition sponsoring the bill. Other legislative initiatives and recommendations will be considered as the coalition Policy Committee develops a process to adopt legislative and policy positions.

Another example of early efforts that can be linked to establishing of a coalition and raising awareness is the introduction of a bill that would institute state loan repayment forgiveness in rural areas of the state. The State Office of Rural Health, a founding coalition member organization, introduced the legislation.

The Oral Health Program is currently planning for a program evaluation in 2007 by a contracted agency to evaluate all Oral Health Program projects including the coalition development.

Efficiency

It is too early to determine efficiency. However, the Coalition is expected to form partnerships that will leverage resources to implement strategies, as well as coordinate, collaborate and reduce duplication in efforts to improve the oral health of Oregonians. This will contribute to efficiency.

Demonstrated Sustainability

The State Oral Health Program agreed to provide resources to the new coalition from inception through June of 2008. A list of resources was provided to the coalition membership and presented at the May Forum. Resources include:

- 1) clerical-note taking, meeting space arrangements, distribution of minutes, photocopying, distribution of agendas and conference call arrangements and support;
- 2) coordination- creation of email groups and listservs, links with state programs, and sharing information about state programs;
- 3) communication- dissemination of coalition information, promotion of coalition activities and sharing information about statewide activities;
- 4) surveillance- sharing data, analysis, tracking emerging issues, sharing reports and publications;
- 5) evaluation- input on evaluation methods;
- 6) administration- manage financial account of coalition dollars, technical assistance on website creation, grant writing, facilitation and transitional leadership.

A small grant has been received to assist in gaining non-profit status for the Coalition.

Collaboration/Integration

About 150 stakeholders participated in the Forum, inputting recommendations to the coalition. About 50 volunteer and invited founding coalition members remain active in coalition activities 7 months after the first ever meeting.

Objectives/Rationale

Other than the work on support of legislation mandating community water fluoridation, it is too early to assess whether the coalition has addressed national or state objectives or rationale.

Extent of Use Among States

Example of coalition successes in other states include legislation creating scholarships for dentists who agree to practice in underserved areas, adoption of a statewide oral health school curriculum, and required oral health screening for all children entering school. Oregon along with other states funded by a CDC cooperative agreement to build oral health infrastructure have established oral health coalitions. These funded states include: Alaska, Arkansas, Colorado, Illinois, Michigan, Nevada, New York, North Dakota, South Carolina, Rhode Island, Texas and the Republic of Palau.